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International Journal of School and Cognitive Psychology

Review Article

The Hegemonic School of Psychology and the Needs of Palestine

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ABSTRACT

Cultural hegemony is placed in relation to Kurt Lewin's action research and the psychological theories of social conflict by Lewin himself, Carolyn Wood Sherif and Muzafer Sherif and Henri Tajfel. Consonances between Gramsci's ideas and these psychological theories are brought to the fore. Assuming this theoretical perspective, the results of an action research conducted in Arab Israeli schools to reduce dispersion highlight the heuristic value of Gramsci's ideas in the Israeli Arab conflict context. Thus the contradictions of that conflict emerge and together with them, the possibility of a solution.

Although many Palestinian mental health professionals have been educated in the wealthy nations of Europe and the United States, they often return to Palestine with a perspective on health and illness that does not line up with the psychological realities found at home. Why is this? We outline here some of the gaps between the western approach to psychology and the challenges faced by our community.

Keywords: Palestine; Heuristic value; Gramsci's ideas; Kurt Lewin's action

INTRODUCTION

In this article, community psychology in Palestine is illustrated through master's program at Birzeit university and community-centered work enactments [1]. One might trace the origins of community psychology to the grassroots action and community organizing that characterized the 1987 first Intifada. In the post-1993 Oslo Agreement era, when international donor funding and institutional arrangements prioritized the establishment of Non-Governmental Organizations (NGOs) and research on Post Traumatic Stress Disorder (PTSD), focusing on Palestinian victims of military violence, these early enactments that affirmed community voice and supported national liberation began to fade.

These enactments leaned towards community psychology's unreflexive, customised modalities. The Birzeit agenda, on the other hand, is presented as an effort to carry on and expand upon the spirit and content of the crucial enactments found in the first intifada. Given Palestine's history of protracted colonial occupation and disenfranchisement, this article makes a case for the establishment of critical community psychology in that country [2].

This study looks at how Israeli Muslim women of Palestinian descent are developing their crucial religious identities. The results of this study show that the feminist, Islamic-religious interpretation of the Quran that these women use to navigate their daily personal lives is the foundation of their critical religious selves. These findings are based on in-depth interviews with 33 women who identified as religious Muslims and described how they perform their daily lives with an emphasis on the hijab, sexuality and divorce. Their religious identities contribute to a larger trend of psychological agency founded in Islam, which underpins their feminist Islamic religious knowledge and sense of strength.

One major problem emerges from the Western research model, which relies on reified evidence as the gold standard of treatment programs. Research-based evidence is often demanded by the NGO's and international donors who fund clinical programs in Palestine. But evidence from abroad has been gathered in contexts which have the time and the money to invest in randomized controlled trials and similar expensive undertakings, luxuries not available in resource-challenged countries. As a result, evidence that proves the efficacy of approaches such as EMDR as treatments for trauma in the west

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Received: 12-Feb-2024, Manuscript No. IJSCP-24-29567; **Editor assigned:** 15-Feb-2024, PreQC No. IJSCP-24-29567 (PQ); **Reviewed:** 29-Feb-2024, QC No. IJSCP-24-29567; **Revised:** 13-Jan-2025, Manuscript No. IJSCP-24-29567 (R); **Published:** 20-Jan-2025, DOI: 10.35841/2469-9837.25.12.438

Citation: Jabr S, Berger E (2025) The Hegemonic School of Psychology and the Needs of Palestine. Int J Sch Cogn Psycho. 12:438.

many not work well in Palestine but because such techniques have a reputation as "evidence-based," Palestinian professionals are expected to use them [3].

Lacking the necessary infrastructure to support Western-style research, Palestinian academics often illustrate their observations through clinical micro-stories and anecdotes. These observations convey valuable knowledge but these findings are often not acknowledged since they are not generated through processes in parallel with those of Western institutions. The western world of academic research and its industrialized arm of scholarly publications and scientific meetings are generally inaccessible to Palestinians, who lack the financial backing to publish and present research; restrictions on travel make it difficult to attend conferences; students and libraries face barriers to the accessibility of expensive journals.

LITERATURE REVIEW

On a broader level, there is often an epistemological problem discovering the truth in the context of pervasive political violence. Who decides what's the truth? Some say that "oppression masks the truth" and that only through liberation can we arrive at genuine knowledge and durable truth. A western science that prides itself on objectivity may ignore types of human experience that are hard to quantitatively assess, but are nonetheless deeply meaningful. Crucial here, for example, is the assessment of collective subjugation and its emotional consequences [4].

The Western focus on the individual as the unit of measurement used in research and clinical practice often leads to unhelpful conclusions. The world bank, for example, asserts that 71% of the people of Gaza suffer from depressive disorders. The tally of depressed Gazans, viewed from this vantage point, eclipses the perspective of widespread human suffering caused by occupation and war. However, the pain of Gaza is not "depressive disorder" as pervasive psychopathology but as consequence of damage to the collective and social fabric a form of injury which we lack quantitative tools to measure.

The loss of an individual's capacity to function is often a key criterion for establishing diagnosis in the west. Yet in Palestine the deterioration in social and economic systems creates barriers to functioning across every sphere. Where unemployment and endless emergencies are the norm, people frequently appear to be passive and frozen human beings cannot function well amidst chaos. The Western yardsticks of individual pathology may help us to treat particular individuals, but the Palestinian experience also requires an understanding of collective barriers, collective needs and a grasp of the collective work necessary to meet them [5].

Raising the issue of the collective and therefore the political, aspect of Palestinian suffering comes into conflict with the western idea of "therapeutic neutrality" that demands that our work be fundamentally apolitical. This imposes many restrictions on what can be seen, said and done. Ignoring the collective context denies the wisdom of many of our clinical observations. We may look at anhedonia, for example, as commonplace in persons suffering from depression or schizophrenia. But a lack of enjoyment can also be typical of persons suffering from chronic political violence, racism or war. Where there is widespread misery, a lack of enjoyment can be an indicator of good reality testing. Symptoms of mental disorders as seen in the West can be symptoms of sanity in Palestine [6].

The Western therapeutic goal of homeostasis is also problematic for Palestinians because treatment aims for the patient to regain the "premorbid' state and to adjust to "reality." But what reality? under oppressive conditions, the context itself is morbid. The power structure of oppression is part of the reality that needs to be challenged. People living under oppressive regimes need change through a posture of resistance and constructive action not a return to the status quo.

DISCUSSION

The ahistoricism of Western mental health and its static view of human nature lie behind its goal of homeostasis. For Palestine, in contrast, events in history have a significant impact on mental health. We have learned that history is vitally important in determining human nature. In a Western situation of safety and of material plenty, a child's violent behavior may point to a diagnosis of conduct disorder or of oppositional defiant disorder. But contexts where aggression is pervasive, a child's capacity for counter-aggression may be adaptive; we see this among Palestinian children in refugee camps [7].

We know of a boy, age 13, who came to treatment because he was "not interested in school." His mother wanted him to be medicated with stimulants for an attentional deficit. It emerged however that this youth, a resident of east Jerusalem, had previously been a good student. He had lost interest in his classes only after the school was forced to adopt the Israeli curriculum that omits Palestinian history. The boy then placed his head upon his desk as if he were sleeping, but he did this as a show of defiance to the curriculum which he correctly perceived as an erasure.

We have observed that the emotional life of Palestinians has changed since October 7th. Historical moments change people and we require a psychology that acknowledges it.

Our history alters our understanding of psychology and demands that we take a fresh look at our terminology, to distinguish social meanings that these terms may convey in the Western world from the meanings they hold for us in Palestine. Cultures differ. The term altruism, defined as a defense mechanism in psychoanalytic theory, is for us in Palestine a fundamental virtue in both our social and our religious life. Western psychotherapies often focus on freeing the patient from inhibitions and inner prohibitions, encouraging the widest experience of enjoyment. For us in Palestine, these goals may seem limited and hedonistic in a community that values social involvement in service to others.

The model of human emotional growth, as characterized by Maslow's hierarchy of needs, suggests that genuine maturity, self-actualization and transcendence can only appear after the individual has been supported by a solid developmental foundation that has met more basic needs: Physiological

requirements, safety, a sense of belonging and self-esteem. In Palestine, we see things differently. The physicians and nurses in Gaza's Al Shifa hospital displayed heroic devotion to their patients and continued to serve them, in spite of the absence of water, food and electricity. From a developmental perspective too, these healthcare workers could not have received adequate levels of food, water, safety and a secure sense of belonging in Gaza under siege and occupation throughout their own childhoods. We must create a science of human development to accommodate these findings, the capacity for extraordinary devotion and self-sacrifice one might say, the capacity for ordinary human goodness that asserts itself in the face of cruelty and obliteration [8].

Finally, we reject vigorously the application of scientific terms as weaponized insults as recently utilized by the Israeli therapist Ayelet Shmuel, who diagnosed are entire population as "sociopaths" echoing the infamous racist remark made by the Israeli minister of justice Ayelet Shaked in 2014, who justified killing Palestinian children because they were "little snakes." Attribution of damaging stereotypes, a form of character assassination often dressed up in scientific terms, has long been a feature of western assumptions about middle east. The great Palestinian scholar Edward Said made inventory of these dehumanizing stereotypes in his exhaustive study Orientalism. The features of the "oriental" as perceived through the colonizer's lens sneaky, impulsive, greedy, sub-human, undisciplined, irrational, childlike and lacking the human dignity of a personally-centered subjectivity have saturated the western imagination. We must be alert to the narrative of the oppressor and prevent its stereotypes from creeping into our professional discourse.

Formally speaking, the Arab region is made up of the 22 Arab league members, which are spread over the continents of Asia and Africa and account for about 450 million people or 5% of the world's population (World Bank, n.a.). Occasionally, it is further separated into ill-defined sub regions according to linguistic, economic or geographic borders. The richest nations in the region are the Gulf nations of the Arabian Peninsula, which include Saudi Arabia, Kuwait, Bahrain, Oman, the United Arab Emirates and Qatar. Several of the richest nations in the world are part of these oil-rich kingdoms [9].

The exception is Yemen, one of the poorest nations on Earth, which is currently experiencing one of the greatest humanitarian crises globally as a result of a civil war between Iranian-supported Houthi rebels and a military coalition commanded by Saudi Arabia and backed by the United States (United Nations, 2022). Lebanon, Syria, Palestine, Jordan and Iraq are all part of the Mashriq subregion, also referred to as the Levant. Several of these countries have experienced foreign military invasions, occupations and significant population displacements. The most populous Arab nation, Egypt, is part of the north Africa subregion, which also includes Sudan, Algeria, Tunisia, Libya, Morocco and the disputed western Sahara. The Comoros, Djibouti, Somalia and Mauritania are additional African Arab states. While these classifications offer a practical means of segmenting the area, they conceal significant variability both within and within nations [10].

CONCLUSION

What we seek in Palestine, therefore, is to re-examine the western framework psychology leaving behind the rigid patterns of thought that reinforce its hegemony over us and deny our collective experience and wisdom. We need new forms of inquiry, new ways of understanding our fellow human beings and new approaches to healing. The exchange of knowledge can take place in both directions, enriching our perspective and our power to identify and to address human suffering in all its many forms.

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