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Intergenerational Trauma in the Occupied Palestinian Territories: Effect on Children and Promotion of Healing

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INTERGENERATIONAL TRAUMA OPT

**Intergenerational Trauma in the Occupied Palestinian Territories:
Effect on Children and Promotion of Healing**

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INTERGENERATIONAL TRAUMA OPT

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Ethics: Ethical approval was not required for this conceptual paper.

Keywords: intergenerational trauma; collective trauma; children; Palestine

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4 **on Children and Promotion of Healing**
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14 Abstract
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17 Addressing a gap in the trauma recovery literature, the current study seeks to deepen
18 understanding and encourage discussion of intergenerational trauma for Palestinian children
19 living under military occupation. Differing definitions of intergenerational trauma and the
20 plethora of terms used to describe children’s traumatic experiences are explored. A historico-
21 political and social context analysis is applied to understanding the creation and maintenance
22 of intergenerational trauma in the occupied Palestinian territories. The cumulative impact of
23 historical and collective trauma and loss, and daily humiliation on children’s symptoms are
24 analyzed using a developmental trauma framework. Effective healing of intergenerational
25 trauma is then set within cultural beliefs and the formation of identity. Finally, a framework
26 for shaping future research is proposed.
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42 *Keywords:* intergenerational trauma; collective trauma; children; Palestine
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1 Intergenerational trauma in the occupied Palestinian territories: Effect on children and
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3 promotion of healing
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6 Intergenerational trauma is a concept that has been around for some time and applied
7
8 to the transmission of child maltreatment across generations (Seng et al., 2013) and to a wide
9
10 variety of communities in adversity across the world. Some of the most disturbing examples
11
12 include the subjugation of indigenous peoples. Brave Heart and DeBruyn (1998) explored the
13
14 nature of intergenerational trauma of American Indians; Hirshberg and Sharp (2005) studied
15
16 Aboriginal abuse and assimilation into the dominant culture in Canadian boarding schools;
17
18 DeGruy (2005) identified post-traumatic slave syndrome in children from Black families; and
19
20 Klain and Pavic (2002) assessed the re-activation of childhood trauma in war-torn Croatia. A
21
22 more hidden example of intergenerational trauma relates to the children of Nazis. Hardtmann
23
24 (1998) described how children struggled to cope with parental denial and the repressed
25
26 feelings projected onto them. Finally, much has been written on the holocaust and
27
28 intergenerational trauma within Jewish societies. Kahane-Nissebaum (2011), for example,
29
30 studied third generation holocaust survivors and found ongoing negative psychological,
31
32 cultural, and social consequences. With regards to the last example, inter- as well as intra-
33
34 community dynamics have developed within a context of threat, e.g., children and families
35
36 living near Gaza experience the unpredictability of missiles and for many Israelis there is a
37
38 threat of war from different Arab countries at different times (Dovidio, Saguy & Shnabel,
39
40 2009).
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51 The current study, while recognizing Israel's precarious situation in the Middle East
52
53 and the intergenerational trauma experienced within Jewish families, focuses instead on
54
55 intergenerational trauma for Palestinian children living under military occupation that
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57 includes violence. Addressing a gap in the literature, this paper seeks to develop the
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1 conceptual foundations for the empirical exploration of intergenerational trauma for children
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3 living in the occupied Palestinian territories. To achieve this, seven factors are explored: (i)
4
5 differing definitions of intergenerational trauma and the plethora of terms used to describe
6
7 children's traumatic experiences; (ii) theoretical perspectives of intergenerational trauma; (iii)
8
9 the political and military context in which intergenerational trauma is created and sustained
10
11 (iv) historic and collective trauma and loss; (v) the cumulative impact of daily humiliation;
12
13 (vi) children's resultant symptoms from a developmental trauma perspective; and finally (vii)
14
15 the implications for culturally-sensitive approaches to trauma recovery. These factors are
16
17 presented within a framework (see figure 1) to summarize the analysis and to provide a
18
19 structure for future research into intergenerational trauma within contexts of military
20
21 occupation, or oppression.
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28 **Definition and language**

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30 Ongoing trauma within any community impacts at a variety of levels, e.g., historical
31
32 trauma narratives, cultural beliefs about oppression, political and military aggression, the
33
34 extent of mental illness in the community and the undermining of trust within social contexts
35
36 (Bombay, Matheson, & Anisman, 2009). Intergenerational trauma, the transmission of
37
38 trauma from one generation to the next, has attracted a range of terms, e.g., multi-
39
40 generational trauma, trans-generational trauma, historic trauma and collective trauma (Quinn,
41
42 2007). Mass trauma, another associated concept, has been defined as "a trauma that occurs as
43
44 a result of a frightening, potentially life-threatening event that is experienced by a large
45
46 number of people simultaneously" (Webb, 2004, p. 4). The ongoing military occupation of
47
48 the West Bank and the blockade of Gaza, however, only partly fit this definition. Evans-
49
50 Campbell's definition of intergenerational trauma goes beyond the focus of single events to
51
52 recognize these more pervasive aspects of trauma over time, i.e., "a collective complex
53
54 trauma inflicted on a group of people who share a specific group identity or affiliation -
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1 ethnicity, nationality, and religious affiliation. It is the legacy of numerous traumatic events a
2
3 community experiences over generations and encompasses the psychological and social
4
5 responses to such events” (2008, p. 320).
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7

8
9 In addition to this definition, Whitbeck, Adams, Hoyt, and Chen (2004) emphasized
10
11 the persistent and progressive nature of intergenerational trauma, which may predispose
12
13 individuals to other traumas. When the trauma response occurs over extended periods of
14
15 time, Anisman, Merali, and Hayley (2008) highlight the risks of deteriorating physical as
16
17 well as mental health, e.g., high blood pressure, strokes, and even neurodegenerative
18
19 disorders. Bombay et al (2009) conceptualized intergenerational trauma as a phased process
20
21 in which the first generation experience trauma from domestic or military violence, resulting
22
23 in PTSD, negative cognitive appraisals, emotional dys-regulation, and dysfunctional coping
24
25 strategies. As a consequence of unresolved historical trauma and grief, subsequent
26
27 generations experience impaired parenting including abuse and neglect. A myriad of terms
28
29 have subsequently been used to describe children’s resultant traumatic experience, e.g., post-
30
31 traumatic stress, complex trauma, developmental trauma, traumatic grief, traumatic loss and
32
33 complicated grief (Perry, 1994; van der Kolk, Pynoos, Cicchette, & Cloitre, 2009; Barron,
34
35 Dyregrov, Abdallah & Jindal-snape, 2014). For many children, there is a heightened risk of
36
37 further trauma along with an increased sensitivity and severity of response (van der Kolk et
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39 al., 2009).
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48 **Theoretical perspectives**

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50 Theoretically, a range of perspectives have been utilized to try and understand the
51
52 transmission of trauma from one generation to the next. The term transmission however, is
53
54 not without its critics; with a range of other terms proposed, e.g., multi; inter; and cross-
55
56 generational trauma process (Albeck, 1993). Regardless of the term used, Kahane-
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1 Nissenbaum (2011) outlined five main models that seek to explain how trauma is passed
2
3 from one generation to the next. Psychodynamic theory emphasizes the unconscious
4
5 absorption by children of repressed and unresolved parental traumas (e.g., Rowland-Klein &
6
7 Dunlop, 1998); socio-cultural and socialization perspectives focus more on the passing down
8
9 of cultural beliefs and norms (e.g., Kellerman, 2001); and family systems theory seeks to
10
11 understand the transmission of intergenerational trauma through analysis of interactive family
12
13 dynamics and communication (e.g., Seifter-Abrams, 1999). This includes parental emotional
14
15 dysregulation and children's attempts at shielding traumatized parents from painful
16
17 experiences. Genetic and biological explanations tend to look for genetically-based
18
19 predispositions or vulnerabilities created by trauma-induced neurobiological change and,
20
21 finally, existential understandings seek to uncover the meaning of experience for individual
22
23 children, such as the belief 'there's something wrong with me' (e.g., Perry, 1999). In addition
24
25 to these five theories, the concept of disenfranchised grief has also been applied to the
26
27 transmission of intergenerational trauma. Within this theory, children's grief is seen to be
28
29 inhibited by overwhelming traumatic loss and/or the loss of ancestral traditions and
30
31 subsequent feelings of shame. Children for example, feel they are to blame or have no right
32
33 to grieve (Doka, 2002). As a consequence, unresolved grief presents more akin to post-
34
35 traumatic stress symptoms than the natural grieving process (Dyregrov & Dyregrov, 2012).
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45 **Political and military context**

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48 The above theories seek to explain the bio-psycho-social transmission of
49
50 intergenerational trauma, however, they fail to take account of the political and militarized
51
52 context in which intergenerational trauma is often created, transmitted, and sustained. This
53
54 section, therefore, seeks to identify the political and military factors that are related to
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56 intergenerational trauma in occupied Palestine. Within occupied Palestine children from a
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1 young age are the witnesses and recipients of the activities of political and military violence.
2
3 Activities include psychological and cultural dispossession, economic and physical
4
5 oppression, and the breakdown of families and communities (Barron and Abdallah, 2014).
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7

8
9 The timing and nature of these experiences across childhood is significant. Many of
10
11 the experiences of occupation begin in pregnancy, are severe and chronic in nature, and result
12
13 in ruptured attachments between parents and children (Seng et al., 2013). Catani, Schauer and
14
15 Neuner (2008) highlighted that collective trauma throughout the life course can have a
16
17 pervasive impact, creating vulnerability and dysfunction at individual, family and community
18
19 levels, i.e., trust, values, social norms, and the capacity to cope with future events can all be
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21 undermined.
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27 The vulnerability created by the interaction of early life collective and cumulative
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29 trauma, developmental immaturity, and parental traumatization has yet to be fully understood
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31 for children in the occupied Palestine. Figure 1 provides a framework that aims to understand
32
33 the multiplicity of factors involved in the creation and maintenance of intergenerational
34
35 trauma for children, families, and communities. The framework identifies situational, familial
36
37 and child factors both past and present: i.e., extended community subjugation; recurring war;
38
39 geographical divisions; traumatic loss; micro-aggression (discrimination and humiliation);
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41 parental traumatization; child development, temperament and coping styles; and children's
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43 resultant symptoms. Factors for effective healing and recovery of intergenerational trauma
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45 are also included.
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52 Insert Figure 1
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1 **Historic and collective trauma and loss**

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4 Intergenerational trauma for children in occupied Palestine cannot be understood
5
6 without grasping the significance of military violence in the region. The reader is referred to
7
8 Tessler (2009) for a detailed history that illuminates the frequency, duration, intensity and
9
10 unpredictable nature of military violence for children and families in occupied Palestine and
11
12 Israel. It is suggested that the nature of such recurrent war and an extended period of
13
14 occupation may form historic and collective trauma for families in occupied Palestine.
15
16 Literature on historic trauma, however, tends to be qualitative in nature with few empirical
17
18 studies to test the validity and reliability of concepts. Brave Heart (2003) in discussing the
19
20 trauma of native Americans, refers to a 'wounded soul' as a result of extended persecution
21
22 over the life course and across generations. A wide range of community dysfunction and
23
24 individual symptomology are encapsulated in the proposed concept of a Historical Trauma
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26 Response (HTR). Symptoms include substance misuse, suicide, depression, PTSD, anxiety
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28 difficulties and identity difficulties.
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37 Literature on the interaction of historic and collective trauma is even scarcer.
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39 Audergeron (2004) argued that, although traumatization is experienced by individuals, the
40
41 impact of the interaction of historical and collective trauma occurs at communal and political
42
43 levels. Eyerman (2001) identified collective narratives and memories that form and lead to
44
45 shifts in communal identity. Narratives of slavery, for example, have had a major impact on
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47 African American identity. Wessel and Moulds (2008) made the distinction between
48
49 collectivistic memories compared to individual social memory. The former represents
50
51 memories owned by a group, for example, shared group narratives about the horrors and
52
53 injustices of slavery done to a people. In contrast, individual social memories are owned by
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55 individuals set within a social group context, for example, latter would include an
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1 individual's memory of being beaten along with others as a 'slave'. The authors argued that
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3 the narratives that emerge from these two types of memory, although painful, have the
4
5 potential to facilitate healing, e.g., shared and thus validating stories about experiences of
6
7 injustice can lead to collective approaches to seeking human rights and societal change.
8
9 Evans-Campbell and Walters (2006) referred to a Colonial Trauma Response (CTR), which
10
11 integrates historic trauma with ongoing collective discrimination and racism. The latter
12
13 especially is seen to exacerbate long term health difficulties. As with HTR, a wide range of
14
15 symptoms are identified for families and communities across generations.
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21 The concept of intergenerational trauma also includes exposure to traumatic loss
22
23 across generations as well as to traumatic events. Traumatic loss in the occupied Palestine
24
25 can take many forms including death of family, friends and associates as well as the
26
27 dispossession of place and identity (UNWRA, 2007). The geographical separation, for
28
29 example, between the West Bank and Gaza has also contributed to political, religious, and
30
31 cultural divisions resulting in the development of two distinct communities.
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37 In summary, regardless of the terms used, intergenerational trauma in occupied
38
39 Palestine needs to be understood as a consequence of historic and collective trauma and loss,
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41 occurring within an extended period of subjugation and impacting at child, family and
42
43 community levels. Such a focus would be a new development for trauma research in
44
45 occupied Palestine.
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50 **Cumulative impact of daily micro-aggression**

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53 In addition to traumatic loss from war events, daily accidental deaths due to the
54
55 occupation and the loss of land and identity, children in occupied Palestine experience trauma
56
57 embedded within the fabric of daily life (see Figure 1). Set within the Colonial Trauma
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1 Response, Walters (1999) referred to these experiences as micro-aggressions. Evan's
2
3 Campbell (2008) defines micro-aggressions as ongoing acts of racism, discrimination and
4
5 daily harassments. While acts of micro-aggression can appear small, the impact on those
6
7 receiving such acts may be significant, e.g. anxiety and fear. Micro-aggressions can be
8
9 chronic in nature and involve subtle rather than overt acts of violence. Indeed the offender
10
11 can even perceive such action (or words) as neutral or benevolent. Within occupied Palestine,
12
13 children walking to school, can experience the micro-aggression of derogatory comments
14
15 from groups of youths. These can experienced as intimidating, especially when these have on
16
17 occasion led to overt violence (UN OCHA, 2011). Another micro-aggression could be to hear
18
19 a political discourse from Israel and other international countries denying the existence of
20
21 Palestine. In this regard, it is argued, children can become disenfranchised, on a day to day
22
23 basis, from national identity. The experience of daily, weekly, or monthly discrimination is
24
25 significant for intergenerational trauma, in that both can lead to increased cumulative
26
27 physical and mental health difficulties (Whitbeck, McMorris, Hoyt, Stubben & LaFromboise,
28
29 2002).

37 38 **Children's resultant symptoms**

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41 The impact on children of daily life humiliations, violence, traumatic loss, and
42
43 traumatized parents fails to be captured by the concept of post-traumatic stress. While the
44
45 symptoms of intrusion, hyper-arousal, and avoidance are experienced by a high proportion of
46
47 the child population, children's symptom clusters appear to be more complex (Barron,
48
49 Abdallah and Smith, 2013). To understand the symptoms of children in a context of
50
51 intergenerational trauma, the current study utilizes van der Kolk's more pervasive model of
52
53 developmental trauma disorder (DTD) proposed for DSM V (van der Kolk et al., 2009).
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1 Developmental trauma as defined by van der Kolk (2005) includes multiple exposure
2
3 to a range of interpersonal trauma, e.g. experiencing and/or witnessing physical, sexual,
4
5 emotional abuse, betrayal, abandonment and neglect . The impact of developmental trauma is
6
7 pervasive and often predictable covering a wide range of functioning. “These experiences
8
9 engender (i) intense affects such as rage, betrayal, fear, resignation, defeat and shame and (ii)
10
11 efforts to ward off the recurrence of those emotions, including the avoidance of experiences
12
13 that precipitate them or engaging in behaviors that convey a subjective sense of control in the
14
15 face of potential threats” (2005, p 384). The developmental trauma includes 5 main elements
16
17 with regards to cause and consequence: i.e., multiple and chronic exposure; a triggered
18
19 pattern of repeated dysregulation in response to trauma cues that are not reduced by
20
21 conscious awareness (e.g., somatic, affective, cognitive, behavioral, relational and self-
22
23 blame/hate); persistently altered attributions and expectancies (e.g., negative self-attributions,
24
25 distrust of others, inevitability of future victimization); and functional impairment (e.g.,
26
27 education, relationships, employment and criminality). As currently, evidence to support such
28
29 a concept is in its infancy (van der Kolk et al., 2009), the application of developmental
30
31 trauma for children living in occupied Palestine is experimental.
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41 The symptoms of developmental trauma, although rarely labelled as such, are
42
43 increasingly being reported in children in occupied Palestine. Psychological symptoms
44
45 reported include post-traumatic stress disorder, depression, anxiety, and complicated grief
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47 (Barron et al., 2013). Because of recurring violence and the increasing enwalling of
48
49 communities, many children are unable to envisage a better future (Punamaki, Quota & El-
50
51 Sarraj, 2010). Not surprisingly perhaps children are reported by teachers as displaying
52
53 reduced levels of motivation and concentration in school (Barron et al., 2013). Behavioral
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55 difficulties are on the increase, including violent assaults among young people; substance
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1 misuse, self-harm, suicide, and higher school/college drop-out rates (PCBS, 2010). Some
2 young people become dissociated from their feelings and engage in violent resistance. This
3 however, further serves to reduce their self-esteem (Punemaki et al., 2001). Children also
4 tend to report high somatization levels (Barron et al., 2013). One possible reason for this may
5 be the cultural taboo on mental illness which acts to suppress the expression of distress
6 through behavior. Instead, children report headaches and other body pains.
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16 As referred to earlier, children in occupied Palestine may be experiencing a range of
17 identity difficulties. Some may become pre-occupied with death, including a loyalty to
18 ancestral suffering, such as the death of martyrs. Others may see themselves as ‘victim’ (a
19 generalized response to on-going adversity) and orient their lives around the trauma, while
20 others may internalize the oppressor, becoming abusive in familial and community contexts.
21 Other children may experience ‘survivor guilt’ when friends are killed. Kira (2009)
22 emphasized that identity difficulties can be collective in nature, e.g., fear of group
23 annihilation.
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37 As well as traumatic events shaping identity, political and military messages may also
38 impact children’s sense of self. For example, what are children to think of themselves when
39 Israeli military identify children as terrorists or when they experience the world’s inaction to
40 the plight of Palestinian families? Even in the Arab, world messages are mixed, e.g., the dirty
41 Arabs. The confusion of identity is particularly apparent for Palestinians living in the State of
42 Israel where children have found themselves re-named as Israeli Arabs. The consequence of
43 such acculturation, i.e., the adoption of Israeli culture, values, and practices, can lead to a
44 sense of separateness and betrayal of indigenous identity (Evans-Campbell, 2008). Some
45 Palestinian children are mistaken for Israeli Jews because of their similar appearance, which
46 may heighten a sense of invisibility (Bombay et al., 2009). Finally, children do not
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1 experience the above symptoms in isolation. The nature and impact of the co-morbidity of
2
3 such symptoms have yet to be examined.
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6
7 In summary, children in occupied Palestine are at risk of developing a wide range of
8
9 developmental trauma symptoms as a consequence of intergenerational trauma within a
10
11 context of violent military occupation. While some studies are beginning to identify a wider
12
13 range of symptoms, it is argued, there is a need for a more systematic approach to assessing
14
15 what appears to be a profound impact on children's sense of self. Bessel van der Kolk's
16
17 proposed for model of developmental trauma disorder for DSM V appears to provide a
18
19 helpful framework to guide this exploration of symptomology for future research.
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24 **Healing of intergenerational trauma**

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27
28 The consequences of intergenerational trauma, ongoing military conflict, cumulative
29
30 losses, daily traumas, and micro-aggressions appear to be substantial in terms of symptoms
31
32 for children. Yet, despite an increasing awareness of the context and nature and extent of
33
34 symptoms, trauma recovery programs have failed to incorporate an understanding of the
35
36 dynamics of intergenerational trauma into program design and evaluation. Global
37
38 humanitarian organizations have implemented well-meaning initiatives including play, music
39
40 and game- based activities as well as the setting up of summer camps in the West Bank and
41
42 Gaza. None of these initiatives, however, have been robustly evaluated and may bring
43
44 unintended negative consequences, including the triggering of trauma (Barron et al., 2013).
45
46
47 Although not specifically addressing intergenerational trauma, a small number of evidence-
48
49 based trauma-specific interventions have been implemented and evaluated. The aims of
50
51 programs, such as the Children and War Foundation's Teaching Recovery Techniques
52
53 (Smith, Dyregrov and Yule, 2008) or the indigenous Healing Trauma Combating Hatred
54
55 program (Abdallah, 2009) have focused on resolving the symptoms of PTSD. A number of
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1 therapeutic trauma recovery centers have also been established for PTSD as a result of
2
3 particular types of traumatic event, e.g., the treatment and rehabilitation center for victims of
4
5 torture. Given the complexity and pervasiveness of intergenerational trauma within a context
6
7 of adversity, programs and centers may be too narrowly focused.
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10
11 A report in the Palestine Chronicle however suggests some mental health practitioners
12
13 in occupied Palestine, are seeking to understand trauma recovery from a wider
14
15 intergenerational trauma perspective (Jabr, 2014). Although this is not evidenced within
16
17 academic literature, there are reports of psychiatrists addressing children's experience of self-
18
19 hatred and the internalized oppressor. Exposing and naming these feelings may reduce the
20
21 likelihood of them being projected onto others (Pyke, 2010). This would be an important area
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23 for future research to explore.
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29
30 Perhaps surprisingly from a western perspective, clues to the way ahead may come
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32 from Palestinian communal traditional healing practices (see Figure 1). Compared to trauma-
33
34 specific recovery programs, these can be more attuned to the impact of cumulative tragedy
35
36 over many generations (Walters & Simoni, 2002). Ungar (2004), however, cautions that
37
38 some traditional healing cultures may be more resilience-promoting than others. Positive
39
40 examples include the use of prayer and ceremonial grief rituals which recognize the
41
42 experience of the 'wounded soul' (Duran & Duran, 1995). Communal spiritual healing in
43
44 Palestine also incorporates a belief system that emphasizes the importance of tribal identity
45
46 and family strength in recovery. Both are important aspects for resiliency (Punemaki et al.,
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48 2001). Even in the death of loved ones, Palestinian beliefs may provide a context for healing
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50 intergenerational trauma, e.g., martyrdom enshrines the concept of heroism in keeping the
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52 memory of the loved one alive. The Palestinian communitarian aim here is not simply to cope
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54 with the loss but to thrive as family and community (Cutler, 2006).
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1 Cultural beliefs can also contribute to healing through mediating children's everyday
2 experiences, including those that are terrifying, e.g., a 'we can rebuild' attitude to house
3 demolition can support a child capacity to bounce back (Punemaki et al., 2001). Likewise,
4 Palestinian refugees are helped to experience a sense of belonging through being seen as part
5 of society to be welcomed home. Keys for example, hang on the walls of many displaced
6 families. Another potentially significant mediating cultural belief for healing is the capacity
7 to imagine a time beyond the current adversity (Dolan, 1991). In this regard, some
8 community leaders in Palestine are working, despite community fragmentation, to
9 communicate a vision of a self-sufficient Palestine with the building of cultural centers
10 (Raheb, 2004). Coupled with the Palestinian belief of giving back to the community and
11 counter to the context of dependency, this potentially fosters a sense of individual agency and
12 collective community efficacy. Finally, the Palestinian cultural-narrative approach to
13 community intergenerational history may also provide a way of mediating children's
14 experiences beyond current constraints. Stories are told of what Palestine once was and what
15 she can become again, i.e., a place of peaceful interfaith co-existence. This may create for
16 children and families, the opportunity to place their experiences within a long term
17 perspective of community survival and development.

18 Cultural beliefs about the importance of family and education may also be factors that
19 may support intergenerational trauma healing. The intergenerational structure of Palestinian
20 families, for example, may reduce familial isolation, foster parenting capacity and be part of
21 resiliency building for children (Goodluck, 2002). Beyond family to community, schooling
22 provides normality, predictability, and opportunities for new learning experiences.

23 Traditional cultural beliefs and healing practices, however, also have their down side.
24 Indeed, some cultural beliefs are part of an abuse dynamic. Women and children have been

1 marginalized and domestic violence has thrived within a patriarchal system that has affirmed
2 masculine entitlement and encouraged physical chastisement (Daniel et al., 2010). Coupled
3 with a context of denial of abuse and the stigmatization of mental illness, children have found
4 themselves demonized and punished for showing their distress through behavior. Other
5 examples of the negative influence of cultural beliefs include child deaths resulting from
6 enshrining martyrdom and for some; the refugee hanging of keys to walls may become
7 intergenerational trauma reminders or triggers (Occupied Palestine, 2010).
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19 Despite these serious concerns, the best of cultural beliefs and healing practices may
20 provide a facilitative ecology for the healing of intergenerational trauma, i.e., enabling
21 children to see and experience: a sense of belonging; a vision of self-sufficiency; individual
22 agency; collective efficacy; support and structure in home, school and community; faith in
23 something more than this world; imagining a time beyond the current difficulties; and
24 working towards a future personal and community hope. Barron and Abdallah (forthcoming)
25 stressed the need to set any trauma-specific recovery programs within cultural world views
26 that foster such protective factors. When this is done, programs empower rather than block
27 the significant change factors of cultural identity, self-determination, and autonomy (Smith,
28 Varcoe, & Edwards, 2005). In addition, Mohatt and colleagues (2008) highlighted the
29 importance of the ownership of change in addressing intergenerational trauma and argued
30 solutions need to come from the communities themselves. This often involves partnerships
31 with professionals beyond communities who work to support community goals. Such
32 practices can ensure social change and the delivery of trauma recovery programs occur in
33 culturally-sensitive ways (AHF, 2006). At the current time, studies in Palestine have yet to
34 explore the impact of traditional cultural healing beliefs on children's intergenerational
35 trauma symptoms; the impact of the interaction of trauma-specific programs set within
36 cultural beliefs; as well as the development and evaluation of broader based programs and
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1 interventions that address the wider historico-socio-political context of intergenerational
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3 trauma and oppression.
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5 6 7 **Conclusions**

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10 The current study sought to deepen understanding and promote discussion of
11
12 intergenerational trauma for Palestinian children living under military occupation involving
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14 violence. In order to begin to understand such a complex of interactive factors, the presented
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16 framework brought together the historical, social, and political dynamics of military
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18 occupation involving violence resulting in historical, collective, and intergenerational trauma.
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20 In addition, van der Kolk's developmental trauma framework enabled a way of
21
22 conceptualizing and identifying a complex of resultant symptoms in children. Addressing
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24 children's intergenerational trauma symptoms within contexts of oppression appears to
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26 require multi-layered responses at individual, community, and societal levels. Such responses
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28 may need to be attuned to and build upon indigenous peoples cultural approaches to healing
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30 and ownership of change
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37 38 **Recommendations**

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41 It is proposed that the presented framework provides a map to guide the development
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43 of research on intergenerational trauma for children in occupied Palestine. Future research
44
45 needs to focus more on the interactive impact of historical and collective traumas for
46
47 children, parents, and their communities within a context of ongoing adversity. The
48
49 framework is also applicable to other intergenerational trauma contexts characterized by
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51 oppression. More research is needed into children's resultant symptoms, including identity
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53 difficulties including internalized oppression and self-hatred and studies are needed that
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55 explore a wider range of individual, family, and community factors in identifying effective
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1 approaches to recovery. Finally, there is a need to develop longitudinal research designs that
2
3 tease out the impact of historical and collective trauma, as well as micro-aggressions for
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5 children, their families, and communities over time.
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Figure 1: Occupation and intergenerational trauma framework

Extended subjugation	Recurring War	Geographical Division	Traumatic Loss	Daily Micro-aggression
Psychological/cultural dispossession; Economic/physical oppression; Breakdown families/communities; Restrictions food, electricity, water, travel.	NAKBA; Suez crisis; Six day and Yom Kippor wars South Lebanon; 1 st and 2 nd Intifada; Operations cast lead and iron dome.	West Bank fragmentation; Separation West Bank/ Gaza; Refugees in OPT, Jordan, Lebanon, Syria, Egypt; Separation wall.	Checkpoint and electricity deaths; Parenting capacity; Unified identity; Significant others, homes and schooling.	Humiliations (Permits and checkpoints; Denied identity (forced Hebrew speaking); Discrimination (lower wages); Settlers' behaviour.
Parental trauma across generations Adversity, abuse/domestic violence and neglect Emotional dysregulation; Reduced parenting capacity and coping strategies; Mental health problems; and Drug misuse				
Child factors Period of development; Temperament; Coping style and strategies				
Resultant child symptoms PTSD/DTD; Depression; Complicated grief; Drug misuse; Self-harm; Suicide; Dissociation; Dropout rates; Violent resistance; Identity difficulties; and Somatization.				
Effective healing and recovery Belonging; Self-sufficiency; Individual agency; Collective efficacy; Home/community support; Education; Faith; Working for future hope; Cultural world views (self-determination and autonomy); Ownership of change; Identity affirming treatments; and Trauma-specific interventions				