



# A WEEK IN JENIN: ASSESSING MENTAL HEALTH NEEDS AMID THE RUINS

SYLVIE MANSOUR

IN THE DAYS AFTER THE ISRAELIS ended their siege on 18–19 April 2002, a veritable army of visitors descended on Jenin refugee camp—journalists, human right activists, NGO representatives, international aid workers, parliamentarians, UN personnel, solidarity delegations—for visits of varying length and objectives not always clear to the residents. My own mandate was very specific: As a psychologist who had worked in Palestine for a number of years, I was to help put together a preliminary evaluation of mental health needs and mobilizable human resources, mainly through “debriefing” sessions both with residents most directly affected by the events (e.g., the newly homeless and internally displaced) and with local personnel (e.g., medical and paramedical teams, teachers, youth workers). I was part of a team that included representatives of UNICEF and the Jerusalem Coalition for Psychology (Palestinian Counseling Center, Women’s Center for Legal and Social Counseling, Spafford) sent to help UNRWA and local NGOs working in the psychosocial field.

## FIELD NOTES

*19 April 2002.* The first thing that comes to mind upon entering Jenin camp is an earthquake: a large area completely leveled, a wider zone around the “epicenter” half in ruins. Except that there was no earthquake, and the destruction wreaked on the camp was not the consequence of geological laws but of purely human agency.

The doctor in charge of the camp’s health clinic shows us around his devastated domain. It is obvious that there was no fighting here, only a determination to destroy whatever might be useful; the dental equipment is riddled with bullets, as are the brand-new washing machine, the refrigerator for storing vaccines, the ultrasound machine, and even the infant scales. The floor is thick with spent cartridges; the ceiling a mass of bullet holes. Next door to

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the clinic, the same desolation reigns in the physical therapy center; a plaque at the entrance recalls, pathetically, that it was equipped thanks to the generosity of Japanese donors. Patient files are strewn all over the floor. Vials of medicines still on the shelves lend an air of unreality. Only the radiology equipment seems to have escaped the shooting spree.

In Jenin city, the government hospital is almost empty, as are the three other hospitals there—al-Amal, the maternity hospital of the Patients Friends Society, al-Shifa, and al-Ghazi. They were entirely empty until the Israelis pulled out, and with reason—no ambulance was allowed into the camp to evacuate the wounded, and several doctors and nurses paid with their lives for their determination to get through. Even the Palestinian doctors and nurses living in the camp were shot at while trying to reach the wounded.

Behind the clinic, narrow alleyways lead past half-ruined houses toward the apocalypse; there, mountains of rubble are all that is left of houses destroyed by Israeli bombardment and bulldozing, a leveling such that it is impossible to guess what house had been where. The last Israelis left only yesterday, and families stumbling out of half-gutted houses seem astonished to find themselves alive; unexpectedly, their faces are wreathed in smiles and they are eager to tell what they have been through in torrents of words, in a kind of manic hyperactivity. Each family wants to tell its own story, to show the extent of the damage it suffered, the gaping holes blasted out by the Israeli soldiers as they plowed their way from house to house. We hear about days spent packed together like sardines without electricity or water or food apart from bread and oil; about children crying; about the dehumanizing behavior of the soldiers. We hear sometimes horrifying accounts of summary executions, of hours spent next to a decomposing body or having to see the wounded die without being able to reach them through Israeli sniper fire, of houses being flattened by bulldozers, and, later, of bodies being pulled from the rubble and having to be identified.

*22 April 2002.* As the days pass, the residents' initial "high" has given way to demoralization and the effects of nerves sapped by fighting and siege. The unending flood of journalists, humanitarian workers, and solidarity delegations has begun to irritate; unquestionably, people want their stories told, but they also have the impression that the camp has become a kind of curiosity, even a zoo. There has been growing anger toward the UN organizations and the local authorities, all accused of not doing enough quickly enough. Emergency is everywhere, so how to work efficiently? Many of the frontline workers are themselves exhausted and facing an accumulation of traumas; they need time to regroup before being effective again.

For the psychologist, of course, the question is how to help people move beyond such experiences and recover their humanity, habitual norms, their ability to make future plans. And how can they do so under current conditions, and when the area's economic situation—bad to begin with—has become dramatic, not to say tragic? Unlike in Ramallah, few people here have

relatives working abroad who can send money, and there are no Palestinian Authority (PA) ministries for jobs. Here the main source of livelihood was the provision of services and trade with the Arab towns and villages of the Galilee just over the Green Line, but all that ended with the closures.

And with the military onslaught of April, many lost what little they had. Some managed to find relatives or friends to stay with, others had to go to shelters set up after the Israelis pulled out. More than 700 persons are being housed at the Jenin Charitable Society, with several families to a room—the total lack of privacy, lack of water, lack of food, lack of cooking equipment, and deplorable sanitary conditions are hardly conducive to recovering one's equilibrium. Fortunately, little by little families are finding relatives who are taking them in or are being placed in apartments rented in town with financial assistance from UNRWA.

Running water has still not been restored in the camp; the water pipes were punctured by mortars from tanks and helicopters. After the siege, a few water supply points were installed at the edge of the camp, but the water is not drinkable and there is not enough of it to assure satisfactory sanitary conditions. Bottles of mineral water are distributed regularly but cannot meet demand. Vaccinations of young children have been interrupted due to the problems of getting medical supply trucks through the blockades into Jenin city; the Red Cross, UNICEF, UNRWA, and all the humanitarian organizations are up against often daunting logistical problems. As a result, when people come to the health center for tetanus shots at the urging of medical personnel concerned about the health risks involved in digging through the rubble for decomposing bodies, the vaccine is often unavailable.

Problems are compounded by the fact that the camp is still without electricity and that the structural condition of the buildings in the still standing areas around the epicenter is far from certain. Yet families have returned to such potentially unsafe buildings: Most of the families are very attached to what remains of their houses, resisting any attempt to be moved, even temporarily. A technical evaluation is underway to assess which houses constitute a danger for their inhabitants, but the work is expected to take some time. As yet, no plans have been made for housing the families that will have to be evacuated.

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Another pressing problem is the undetermined number of Israeli mines and unexploded shells as well as homemade Palestinian bombs scattered around the camp, adding to the general anxiety.\* Until now the Israelis have opposed the entry of the heavy equipment necessary for such an operation

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\* In the first ten days after the Israeli army pullback, fourteen persons, including six children, were victims of such explosions; one of the children died after having his legs amputated.

(as well as for searching for bodies still under the bulldozed buildings). In the meantime, people seem to alternate between intense panic at the sight of any not clearly identifiable object and an almost irresponsible risk taking that could lead to fatal accidents.

Needless to say, it is the children—particularly the boys—who are most directly at risk in such conditions, for what could be more inviting as a “play-ground” than a half-ruined camp? The smallest play in the sand and thick dust that has settled everywhere or in puddles of polluted water. The bigger ones pick through the rubble looking for “war souvenirs”—empty or even live cartridges that they string onto fighter belts to play war. They also seem very involved in collecting pieces of aluminum, no doubt for resale. While awareness-raising sessions for families were set up almost immediately by UNICEF and young Palestinian Red Crescent Society (PRCS) volunteers—with the announcements relayed by the *muezzin* of the mosque—more than awareness campaigns will be needed to eliminate the dangers.

*23 April 2002.* Today the UNRWA schools reopened, or rather, one of the two UNRWA schools reopened. The other is still being used as headquarters for the UN delegations and the various experts working in the camp, so a double shift, morning and afternoon, will be observed to accommodate all the children. The reopening of the government schools has been delayed because of suspicious objects found in the schoolyard.

In any case, today only the teachers are back at work. Despite the traumas they themselves have experienced, they have to be in a state to help their students bind their wounds and return to the preoccupations of children, concentrating on acquiring skills and learning to build their future. The



**Palestinian children in Jenin camp following the IDF withdrawal, May 2002. (Sam Costanza)**

shadow of the recent events hangs over the day—the teachers exchange news, compare their experiences, cry, and congratulate each other on still being alive before settling down to plan for the children's return. There are also debriefing sessions for the teachers led by psychologists and counselors visiting the camp. The group that I led consisted of ten teachers from the hill villages surrounding the camp. They did not live through the siege but had to watch, powerless, what was happening below, receiving desperate phone calls from friends and relatives trapped in the camp. They also took in young men from the camp who had been released in these villages by the Israeli army after roundups and interrogations. All this took a heavy toll.

*24 April 2002.* The children were to return to school today. In fact, very few showed up—only 20 to 30 percent of the girls and not more than 5 percent of the boys. The girls who came are mostly ones who still have a roof over their heads and who are not in mourning for a family member; after being cooped up in rooms even more crowded than usual because of “refugees” taken in during the fighting and bulldozing, they were eager to get out and find their friends, especially since, for the most part, they are not allowed out of their houses alone—only very young girls are sent to fill bottles and containers at the water supply point. The boys, on the other hand, are not at all eager to abandon their vast playground and would rather keep on playing soldier and comparing the “trophies” they find in the ruins. There was no attempt this first day to follow usual school routine, but I had a session of several hours with the four young girls, aged ten to fourteen, who suffered the most direct losses. All four had lost their homes; two are not even sure of the exact location of their houses in the mountain of rubble, such was the scale of the destruction in their neighborhood. One lost her father; the others all had family members who were wounded.

*25 April 2002.* On this second day of school, most of the children are still out. A few of the girls came in without their uniforms; their houses were bulldozed and they had no time to get anything out, and they were embarrassed. They had been dreading coming in without their uniforms and books. Again today, there was no attempt to return to the school program. Instead, social workers and counselors organized recreational activities: outdoor games, drawing and coloring, and so on. Again, “debriefing sessions” were organized for the children most directly affected by the siege. And here, the different responses of girls and boys were clearly evident; when recounting the behavior of the soldiers, the girls often burst into tears and some were even seized by hysterical laughter, while the boys put on “tough guy” airs and took shelter behind hard-line political declarations.

## RESPONSES TO THE SIEGE

The adults and children in the greatest distress, obviously, are the ones who are missing a family member and have no way of knowing whether the

person in question is in an Israeli prison, dead under the rubble or in a secret grave dug by the Israeli army, or simply unable to get back to the camp from places of refuge because of continuing curfews and blockades. By this time, it is unlikely that additional survivors will be found under the rubble, especially since heavy earth moving equipment has not even been allowed into the camp.\* Adding to their worries are the rumors in the camp and the town concerning an Israeli refrigerated truck transporting bodies outside the camp.

Beyond these affected individuals, of course, intense anxiety is generalized throughout the camp, exacerbated by the shooting and shelling heard nightly in nearby villages. Everyone here is well aware of being locked into the camp, living in effect in a vast open-air prison under a pall of uncertainty. In these circumstances, it is difficult to look at the future positively and with optimism.

In the various discussion groups we have been organizing (men and women, adults and children, doctors, nurses, teachers, PRCS volunteers, social workers and counselors, etc.), the tone is generally hard-line. Many speak of vengeance and evoke ideas of dying as martyrs as the only way out. This is especially true of the adolescents, even children. How to understand this discourse, and how should the mental health professional react?

Beyond the recurring themes of anger and revenge, marked differences emerge from the narratives and remarks, particularly as a function of age. Old people, both men and women, tend to show their emotions more easily, barely controlling their tears, mixing in the same narration details of the ordeals endured during the siege of Jenin, the 1967 war, and even the 1948 war. Clearly, the older ones no longer need to put up a front, or perhaps they have long since concluded that rebellion is futile in the face of the boundless injustice of the world.

The younger adults try to suppress their grief; they seem unwilling to confront the extreme despair that has accumulated in them, apparently bent on deferring the work of mourning that is necessary after the loss of a family member, a friend, a roof, an ideal. Instead, they play and replay in their minds the violations to which they were subjected, giving vent to the rage arising from their helplessness during the siege, when they were totally at the mercy of soldiers bound by few rules and who they felt denied their very humanity. The profound sense of humiliation often came out in small details. Thus, the camp's nurses, who certainly lived through horrible scenes, would dwell on how their children got lice during the siege or developed skin rashes from the accumulated filth of their two-week confinement, when they were sometimes crammed together with near strangers. They bridled at having been roused from houses about to be bulldozed and having to walk

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\* In the first ten days after the siege ended, sixteen persons were found alive under the rubble.

barefoot through trash and past rotting corpses, or being made to take off their headscarves so the soldiers could make sure that no young men were slipping through disguised as girls. We also heard over and over expressions of outrage at religious symbols in their houses being destroyed or stomped on. Such was the sense of despair and anger that even when it came to the future of their children, they had difficulty giving themselves over to dreams; how could there be anything but fighting and blood for the new generation?

As for male adolescents and young adults, how can they find a positive image of themselves after having been arrested, stripped, and hauled away for interrogation in their underwear, their eyes blindfolded, hands bound? They were released a few days later in villages on the hills surrounding Jenin, still in their underwear, in a society where physical modesty is a rule, famished and sometimes bearing the bruises of vigorous interrogations. Some of them were barely sixteen. The mistreatment sometimes included mock summary executions. In general, the young men have trouble talking about these humiliations, especially in a group—they prefer to hold forth with cliché-filled political discourses and extravagant vows of revenge. This way, at least, they can still count on the adulation of the younger boys and their peers who, before the siege, kept posters of camp martyrs in their school bags, posters that the Israeli soldiers sometimes took out of their satchels and tore up.

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For if adolescent girls in the West collect posters of pop singers or movie stars and share their diary entries with their best friends, in Jenin they collect posters of the camp's kamikazes and regularly rewrite their wills or last testaments, which they read aloud to their friends. The process is the same; only the content differs. The question is How can one find another "content" in the daily life that Jenin has known for more than eighteen months?

We encountered few young children during the week we spent in Jenin, but the parents insisted that their children are more adaptable than the adults and that living through the siege made them stronger: "After such an experience, there is nothing that they can't handle," was the usual refrain. In fact, it soon transpired that the parents were trying to conceal from themselves their own guilt feelings at their inability to protect their children from the ordeals of the siege, and, more generally, at not having been able to offer them better chances in life. In private meetings, the brave front was dropped and the various problems their children were experiencing came to the fore: bedwetting, attention and behavior problems, panic reactions, sleep disorders, withdrawal, and so on.

The principle of organizing "fun days" for the children was recognized as a priority by all the local NGOs. The project first took shape on 23 April with an event organized by UNICEF with the help of young PRCS volunteers. The activities took place at the local Red Cross headquarters, a few hundred me-

ters from the camp. The idea was to get children from six to twelve years old away from the camp's overall atmosphere of mourning and sadness, not to mention unhealthiness, and to encourage them quite simply to be children with permission to play and laugh. The young volunteers had gone all over the camp announcing the "fun day" over loudspeakers, and when the children began to arrive, often accompanied by their parents and younger brothers and sisters, it was soon clear that their numbers far exceeded the expected 200. An attempt to close the iron gate of the courtyard turned out to be impossible—there was no way these parents were going to take their children back home frustrated! Some 700 children took part in the activities that day. There was even music, with long lines of children dancing the traditional *dabka*, weaving round the building and grounds, passing at each tour the burned-out chassis of an ambulance without seeming to see it. (This was one of Jenin's "monuments to the dead"; a tank had fired on the ambulance as it was trying to get into the camp to pick up wounded, and a doctor lost his life there.) The festive mood of the afternoon was a welcome proof that when children, even after such a tragic ordeal, are led back to the gates of childhood, they are eager to plunge in.

### THOUGHTS FOR THE FUTURE

What will be the consequences of these events on the mental health of families? Though acute reactions to particularly atrocious scenes have been reported to us—suicide attempts by women upon recognizing the decomposing body of a loved one, panic reactions when a body is pulled from the rubble—it is too soon to identify pathologies. The dominant tone is defiance, but this may be the only reaction possible at this time to keep from sinking into severe depression. How can one understand the fact that so many people declare themselves ready to die in suicide operations against the Israelis? Perhaps they think this is the only margin of freedom that remains for them, that they have no other way of making personal choices except by choosing when and how to die.

Mental health professionals have an important role to play in Jenin (and elsewhere in Palestine) following this new episode of extreme violence. It is essential to make sure that what are normal reactions to an abnormal situation do not become an organized, chronic pathology. This is no easy task, and the constraints are numerous:

*Limited local human resources in mental health.* This is true for Palestine in general and for Jenin in particular. There are few psychiatrists; often, general practitioners may have some psychiatric training, but their experience with severe psychiatric pathologies entails mainly prescribing medication rather than any sort of talk therapy. There are few clinical psychologists. Counselors are more numerous, but in the absence of an agreed upon definition of the profession, most of them are social workers with more or less serious

training rather than true counselors, as the term is understood in the United States and the United Kingdom.

*Deep sociocultural resistance to therapy.* In the Palestinian context, emotional and behavioral problems very quickly take a pejorative connotation, especially if the problems lead to a psychiatric consultation. It is true that the situation has evolved as a result of the second intifada, and the “crazy” situation rather than the individual is now often blamed for psychological distress. Still, the decision to seek counseling can always compromise the reputation of the potential patient and his or her entire family. Moreover, once this decision has been made, the patient too often expects immediate results and is unwilling to submit to the discipline of psychotherapy even in the short term. If the symptom does not disappear after two or three visits, the therapist loses credibility and the patient loses the motivation to continue.

The most difficult aspect in the daily reality of the Palestinians is undoubtedly the fact that, both as individuals and as a people, they no longer feel in control of their fate; they have the impression of having lost all autonomy, all possibility of protecting themselves into the future. They do not feel merely occupied but controlled by the Israelis; they are overwhelmed with feelings of helplessness and injustice. For the most part, they do not need recipes for getting rid of the symptoms but simply help in bouncing back and remobilizing their creativity. At least as much as psychosocial support, they need to feel that justice is possible. In this regard, the cancellation of the international inquiry into Jenin under the auspices of the UN Security Council only increased their deep sense of injustice. How to bind the wounds if the truth about what happened in Jenin is not known?

Since my visit in April, the Jenin Psychosocial Team is functioning and consists of members of the psychosocial organizations—both NGOs and ministries—active in the Jenin area. The focal point of their activities is the local YMCA. The emphasis in the early stages will be on community support and development, but the establishment of a clinical psychology clinic is planned.

Unfortunately, developments as of the last weeks of May, when Israeli tanks began near daily incursions into the camp, offer little room for optimism. Like Sisyphus pushing his rock, the mental health professionals try to bring the residents the support and confidence they need to build for the future, to remobilize their strength and become fully engaged again, at least on the family and community level. But at the same time Israel, with the endless comings and goings of its tanks, endeavors to crush any spirit to return to normal life, to develop plans and to dream.