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Teaching Clinical Social Work Under Occupation: Listening to the Voices of Palestinian Social Work Students

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ABSTRACT

The authors were invited to teach clinical social work in the Palestinian West Bank. In order to teach, we designed a study exploring how 65 Palestinian social work students described the psychological and social effects of working under occupation. Students described social stressors of poverty, unemployment, lack of infrastructure, violence, imprisonment, separation of families, and severe constraints on travel. They identified depression, suicide, anxiety, and war-related trauma as emerging from these conditions. Many experienced the same psychosocial problems as their clients in coping with harassment and delays at checkpoints. Implications for teaching social work theory and practice are discussed.

KEYWORDS

Occupation; pedagogy; teaching; trauma

Introduction

This study emerged after the U.S.-based authors were invited to teach clinical social work to Palestinian BSW and MSW students at a university in the Palestinian West Bank. Rather than import cultural, social, and psychological concepts common in clinical social work training in the United States, we wanted to understand more deeply the contexts in which these students study and practice. We sought to explore how Palestinian West Bank students understood the psychological and social problems facing their clients and their roles in addressing them under the Occupation. More specifically we focused on learning the following from Palestinian social work students: what brought them to social work, the populations they identified as most at risk, what they identified as the most significant social and psychological problems, the obstacles to practice that they encountered, and the theories and methods they needed to learn in working with their clients. We think that this kind of study is important to undertake when teaching globally, especially in countries under occupation.

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Brief historical overview of the Israei-Palestinian occupation

Twenty years after the founding of Israel, during the Six-Day War in 1967, the Israeli military captured the West Bank and East Jerusalem from Jordan, the Gaza Strip and Sinai Peninsula from Egypt, and the Golan Heights from Syria. As a result, many Palestinians became refugees and faced worsening living and economic conditions, limited job prospects, and humiliation under the control of the Israeli military and Israel's civil bureaucracy. Many Palestinians became homeless, lost social status, and suffered economic deprivation. Refugee camps were built quickly and still today house ever-increasing numbers of Palestinian people throughout the territory. There also is a lack of food, water, and adequate sanitation (Al-Khatib et al., 2003; Giacaman, Abu-Rmeileh, Husseini, Saab, & Boyce, 2007). Palestinians have witnessed the imprisonment of many youth and adults, the separation of families, and violence and killing of loved ones (Al-Krenawi, Graham, & Sehwail, 2007) in this context of increasing Israeli settler activity (Shapira, 2012).

Two consequential intifadas—or uprisings—erupted among Palestinian people against Israeli oppression, from 1987 to 1993 and from 2000 to 2005. The first intifada emerged as a coordinated movement among Palestinians in the Gaza Strip, the West Bank, and Israel, aiming to resist Israeli occupation and repressive policies and to build Palestinian identity through national and Islamist political organizations, education, and social services (Pappe, 2006; Shapira, 2012). During the second intifada, and the 5 years immediately following, an estimated 6,371 Palestinians were killed by the Israeli military; 1,317 were minors. During the same period, 1,083 Israelis were killed, 124 of them minors, primarily through Palestinian suicide attacks (B'Tselem, 2010).

In 2002, the Israeli government began the construction of a barrier wall to separate the West Bank from Israeli territory. The wall limits travel between the territories only to Palestinians who hold a permit or Israeli identity card. Even Palestinians with travel permits are often subjected to unpredictable detainment at checkpoints, as well as ongoing intentional and pervasive humiliation by Israeli soldiers (Giacaman et al., 2007; Shawahin & Çiftçi, 2012) Palestinians with travel permits for work also face oppressive and discriminatory policies, including a policy effectively banning Palestinian workers from riding Israeli buses (along with Israeli settlers) back and forth between the Israeli territory and the West Bank (Levinson, 2014).

A devastating assault against Gaza occurred in the summer of 2014, resulting in the death of 2,104 Palestinians, including 1,462 civilians (Booth, 2014). There was unprecedented destruction in the already compromised Gaza area, which left more than 100,000 people homeless (Filiu, 2014). Another significant effect on Palestinians is that their overall physical health has been compromised. For example, Palestinian people in the territories today live

10 years fewer than Israelis, and infant mortality is 5 times higher (18.8 deaths per 1,000 births as compared to 3.7) (New Physicians for Human Rights, 2015).

Social work in Palestine

Giacaman and colleagues (2011) traced the start of formal mental health care for Palestinians to the establishment of a psychiatric hospital in Bethlehem in 1922. They maintained that British colonial rule brought a biomedical model of mental illness that governed treatments. Before British rule, they suggested, Palestinians did not use a model of mental disorders and people with apparent disturbances in psychosocial functioning primarily were cared for within family networks (Giacaman et al., 2011). Zalashik and Davidovitch (2009) stated that Jewish psychiatrists from Western Europe brought a eugenics framework aimed at correlating psychiatric comorbidity with specific ethno-racial characteristics. Reacting in part to claims in Europe that Jews were more prone to mental illness, they compared and contrasted Jewish immigrants and refugees with indigenous Palestinians, whom they saw as more culturally primitive (p. 579). In these ways, mental health care and social services have long had political and nationalistic implications in the region, for both Jews and Palestinians.

An American model of professional social work—incorporating mental health treatment and social services—was introduced to the region during the early 1930s, in collaboration with American Jewish social service agencies. However, the social workers and the social service programs that were developed primarily were aimed at serving the Jewish community in the region (Gal & Weiss, 2000). There essentially was no exploration of mental health needs of the Palestinians. Cnaan (1988) argued that even after annexation of the West Bank and the Gaza Strip in 1967, when the Israeli military assumed control and responsibility for all inhabitants, social services were not provided equitably to Palestinians because that would have been seen as "helping one's enemy … usually considered as an act of self-destruction" (p. 34).

Whatever social work services were being provided at the time were then transferred to the Palestinian Authority with the Oslo Accords of 1993. The Palestinian Authority (PLO) and Hamas competed with one another, and at times with various nongovernmental organizations, to provide better social services, in part as a means of gaining support from Palestinians who were in increasingly urgent need (Abu-Ras & Faraj, 2013; Nashashibi, Srour, & Srour, 2013).

In 1981, Bethlehem University graduated the first class of Palestinian BSW-level social workers in the West Bank. In 2008, Al-Quds University launched the first MSW degree program. Both programs offer generalist practice, research, policy, and community organization, inspired by different models developed

initially in Israel, the United States, European countries, and Egypt. The U.S.-based authors were invited to teach in the region after Palestinian faculty members in one of these schools sought to expand their curriculum in order to teach clinical interventions to address mental health concerns in the region. Palestinian clinical social work as a field is just beginning to emerge.

Social work has been a popular choice of major among students, many of whom believe it will increase their chances for employment. At present, however, finding employment as a social worker does not necessarily improve a worker's socioeconomic status (Abu-Ras & Faraj, 2013) because social work is not yet a recognized profession in Palestine.

Other researchers have pointed out that in Palestine, similar to neighboring countries such as Jordan, social work is particularly influenced by the Muslim religion (Abu-Ras & Faraj, 2013; Kokaliari, Roy, Panagiotopoulos & Al-Makhamreh, 2015). For example, mental illness sometimes is seen as demonic possession and is treated by religious leaders (Abu-Ras & Faraj, 2013), similar to practices that can be found in other Arabic countries (Al-Makhamreh & Lewando-Hundt, 2008). Concepts about the individual and the family are forged within a view of a collectivist self rather than an individual self (Al-Krenawi & Graham, 2000; Al-Krenawi et al., 2007). There also is a need to demonstrate a high level of group cohesion in response to the oppression experienced from Israeli governmental control and from the incursion of Israeli settlements into the West Bank, and these factors have implications for social work practice and curriculum.

Many current BSW and MSW students in the Palestinian West Bank were born during or after the first Palestinian intifada. They have lived through the peace negotiations of the 1990s, through the second intifada, and through the recent violent assaults on Gaza of 2014. Like many of their clients, many social work students have lost their own homes and have been disconnected from their families due to imprisonment or detainment. Their lives and their work are affected by punitive laws, and chronic humiliation (Giacaman et al., 2007; Ramon, Campbell, Lindsay, McCrystal, & Baidoun, 2006).

Although it has been recognized that Western models of clinical theory and practice should not simply be imported into Palestine without careful attention to needs and ideals specific to the political and sociocultural context (Nashashibi et al., 2013), there has been scant research into what Palestinian students want and need from social work education. Hence, taking into account the social conditions of the social work students studying in Palestine, we sought to understand the social and psychological conditions in which those students studied, along with the needs of the clients with whom they worked, in order to create a clinical curriculum that did not simply import our own cultural and educational model.

Method

To teach Palestinian social work students in the West Bank effectively, we sought to explore how they understood the problems they and their clients faced. We wanted to hear, in their words, what they felt they needed to learn as social workers working under occupation.

The research team developed a survey in English, including demographic questions as well as short-answer questions with follow up prompts, asking respondents to rank and elaborate on their responses to the following questions: What brought these students to social work? Which populations did they identify as most at risk? What did they identify as the most significant social and psychological problems facing their clients? What obstacles to practice had they encountered? What theories and methods did they think that they needed to learn in order to work with their clients?

After receiving Internal Review Board approval, the survey was translated into Arabic and distributed in BSW and MSW classes at one West Bank university. Survey results then were translated verbatim back into English by one of our Palestinian coauthors.

Our research team involved both U.S.-based and Palestinian social work investigators, including two professors of social work from the United States, two professors of social work from Palestine, one U.S.-based doctoral student, and one U.S.-based research assistant. Three of the team were Jewish, two were Muslim, and one was Greek Orthodox. Three were male, and three were female.

As we tried to capture the perspectives of the social work students, and their subjective experiences working under occupation, we used a thematic content analysis informed by a phenomenological approach (Moustakas, 1994). Each interview was analyzed and coded for themes and subthemes independently by five researchers, and the results were compared until the major themes could be identified. Next, we cross-checked our themes to enhance rigor. There was strong interrater reliability among the five coders.

Participants

The sample of completed responses (N = 65) included female (n = 40) and male (n = 25) respondents. All participants were Palestinian and predominantly Muslim (n = 64). The mean age was 22.9. Most respondents (n = 40) reported monthly family incomes below 3,000 Shekels (US$800). Students reported commuting to campus from nearby cities (n = 21), villages (n = 42), and refugee camps (n = 2).

Findings

All respondents (N = 65) described that there had been an erosion of individual, family, and group well-being in Palestine due to poverty, unemployment, violence against women, imprisonment of boys and men, lack of services for the elderly and disabled, and severe constraints on medical treatment and social work services due to the separation wall and checkpoints. Overall, services were seen as insufficient and of low quality. Next we report on the key themes that emerged.

What brought these students to social work?

Students reported two major reasons for choosing social work, and both were connected to the occupation. First, students (n = 31) saw social work as a humanitarian profession that could help reduce social and psychological problems and pressures created by the occupation. For example, one student said, "I came to social work to work with children who are dealing with daily crises and disaster, and are exposed to attacks and detention by settlers" (Student 12). Another said, "We live in a society that suffers from many social problems due to occupation that need urgent solutions. Social work is a humanitarian career that can help" (Student 11). Students seemed interested in serving as community activists as well as clinicians. One student made this point succinctly, stating, "I will raise awareness about these problems and reduce them in society, and protect clients from oppression" (Student 9).

Second, students (n = 18) said they were studying social work due to personal experiences related to the occupation. Said one, "I have been exposed to so many shocks and could not help myself, so I want to assist others who have been exposed to shocks like me" (Student 36). Another saw social work as a way of giving back, having lived under oppressive conditions: "I like to help people and give assistance to anyone who needs it, especially having had to live in such hard conditions. We need solidarity and cooperation to help ourselves" (Student 21). Another said that he had become a social worker because of his own trauma and identification with a social worker:

> Due to the frequent problems and needs in the region, I love to help people and volunteer. I am also an orphan. There had been a social worker who was nice and who touched my life. He set a good example for me. (Student 35)

Another student commented, "My faith in my ability to change after many of the experiences I went through led me to study social work" (Student 7).

Populations at risk

When asked to identify those whom the students saw as most at risk, they listed children most frequently (n = 64), then women (n = 51), then people with disabilities (n = 49), then the elderly (n = 43), and finally political prisoners (n = 11). Prompted to write about their reasoning, students described children, women, and people with disabilities as "at risk" due to dangers coming from both "outside," from the Israeli occupation, as well as from "inside," within Palestinian society.

Children

Students reported that both the external military occupation and conservative patriarchal Palestinian values made children especially vulnerable in Palestine. For example, students identified orphans who were born out of wedlock as particularly stigmatized and at risk given patriarchal conservatism, where there were no laws to protect them. Similarly, orphans experienced displacement and refugee status due to Israeli policies. One student underscored this point, explaining, "Because women are subjected to violence at any moment in a male-dominated society, their children are also subjected to danger" (Student 40). Students also commented on children's vulnerability to neglect and exploitation through child labor (n = 7) and kidnappings by drug dealers (n = 4).

Many students also referred to repeated beatings, harassment, and detention (n = 12) of children by the Israeli military. One explained, "Children and youth are at a sensitive stage of age. They face the threats and dangers of occupation, including detentions and beatings" (Student 2). Another noted the chronic anxiety from unexpected detentions, saying, "Children may be let off from school, and be in detention for as long as six months" (Student 13).

Students wrote about children whose schools had been destroyed. They also described the lack of habitable space for children, including the lack of playgrounds. Children also suffered from the lack of travel permits to allow them access to medical services. One student noted the lack of medical services for "children with special needs, the blind and those with cancer" (Student 17). Others noted the indirect ways that the occupation affected children, such as increased drug usage. "The Occupation encourages the spread of drugs to destroy the youth generation" (Student 38).

Women

Many students (n = 51) described Palestinian women as facing oppression due to both the Israeli occupation and gender-based violence and oppression within Palestinian society. They described harassment and beatings by Israeli

soldiers, especially when women were related to men who had been incarcerated or killed in the context of the conflict. They were particularly concerned that even pregnant women were often mistreated. One student lamented that they were "not allowed to reach the hospital for medical treatment by stopping the ambulance for a long time at the checkpoint. …There are many women who have given birth at the checkpoints" (Student 6).

Other comments focused on internal dynamics within Palestine and discussed rape, domestic violence, forced marriages, and lack of rights as other forms of oppression of women. For example, a student wrote, "Women are forced into arranged marriages and are subject to honor killings; they are controlled either by their fathers, husbands or brothers. Widows and divorced women have no power and are deprived of rights to inheritance" (Student 13). Another wrote, "Battered women do not have laws to protect them from the oppression of men. Palestinian society is a patriarchal society where men dominate. In addition, the organizations that work to protect and serve women lack sufficient support" (Student 33). Another linked domestic violence with poverty and noted that "lack of income and the occupation (in Palestine) push men to be more aggressive and abusive" (Student 34).

Many of their comments suggested that the students saw themselves as different from others in Palestinian society, which may reflect regional, educational, or class dynamics. One wrote, "Palestinian society is patriarchal and does not give women the right to participate in society. Thus they are more vulnerable to abuse and oppression due to old traditions and customs" (Student 2).

The elderly and disabled

Students (n = 32) identified people with disabilities as at risk. They described how Palestinians with disabilities have no rights or economic resources and that social services are inadequate or ineffective. One student wrote about a need for laws to give people with disabilities "the right to self-determination" (Student 30). Others described the humiliation faced by people who are disabled. One wrote, "There is the person with special needs who is insulted, cursed at, and ridiculed" (Student 14). The same student gave an example of an elderly and disabled woman who had been humiliated and arrested for no reason and had been held for long periods at checkpoints (Student 14). Students also expressed concern about elderly people who they felt were disrespected or abandoned by their families.

Political prisoners

A number of students (n = 11) described the lack of protection for political prisoners in Palestine. One explained, "In Israel, they are in prisons for a long time without any court; their sentences are renewed every six months." They noted that political prisoners cannot contact their families and that their families are often harassed. They reported that prisoners often were tortured

and not told when and if they will be released. Students noted that political prisoners' absences led to a loss of family cohesion and to suspicion about the rest of the family. They also explained their difficulties with traveling, when a relative was a political prisoner. One student said, "I want to continue my higher education outside Palestine but was not given a permit and visa because my brother martyr was killed by Israeli soldiers and my sister is a political prisoner" (Student 37).

Social issues

When asked about the most pressing social problems, the majority (n = 56) identified poverty, followed by lack of social services (n = 54), unemployment (n = 28), restriction on travel (n = 25), and exposure to violence (n = 19).

Poverty

Students saw poverty as a direct consequence of the occupation, exacerbated by land confiscation and unemployment. The demolition of hospitals, schools, and houses and the lack of social services and resources were implicated in producing poverty. Students spoke to the limitations on goods and services to which Palestinians have access. One wrote, "The services in the community are very little and not enough due to the political situation and occupation which controls and does not allow goods; also, there is a lack of job opportunities" (Student 4). Another added how poverty was made worse with the spread of drugs, stating, "The occupation causes all the problems that happen in Palestine such as poverty, dispersion of people, and the spread of drugs and crime" (Student 17).

Loss of freedom to travel

Students described their lack of freedom due to the occupation and to the wall. They noted how the restrictions on travel affected all aspects of life: freedom, work, access to goods, education, and health care. For example, military checkpoints restrict and prevent Palestinian citizens' movements between the cities. Being unable to cross the borders restricts incoming goods and materials to Palestine (Student 12). Student 6 explained, "Checkpoints make movement hard for the clients to go to the places where they need to be." Another wrote, "Travel in Palestine is very restricted and controlled" (Student 54).

Ongoing violence

Students reported that Palestinians are often exposed to violence, such as beatings by Israeli soldiers, unexpected detainments, and killings. Examples of violence dominated all of the students' narratives presented throughout this

article. One summarized her experience living in Palestine as "violence, beatings and harassment" (Student 56).

Of interest, some students reported the lack of privacy under the occupation as a form of violence. One student wrote, "[We have] no privacy. Every Palestinian house has no privacy" (Student 13). They noted their insecurity in being searched both on the street and within their homes without warning.

Psychological issues

We asked these students to identify the most important psychological issues that their clients faced in Palestine. Depression was listed most frequently (n = 50), followed by suicide (n = 45) and trauma (n = 41). As with the social issues identified, students saw psychological issues as inseparable from the effects of the occupation.

Depression and suicide

Students repeatedly noted how the occupation and the presence of the Israeli army led to depression. Students talked about the losses of family members and friends and of their clients' ongoing grief that caused depression. Further, students identified their own sense of depression and helplessness in the face of checkpoints and military blocks (n = 36), in response to violence (n = 30) such as severe beatings and torture.

Suicide also was associated with the struggles of the occupation and was sometimes seen as a viable escape. One student clearly stated that suicide happens because "we are a people who live in poverty and under occupation, so people turn to suicide" (Student 27). Another mentioned suicide as "a psychological problem and a response to the reality of our society, an inability of people to meet their basic needs. They start searching for ways to escape such as suicide" (Student 35). Yet another student showed how social conditions and psychological problems were inextricably linked, writing, "Occupation and the conditions of the Palestinian people and the suffering of the injustice help the spread mental illness widely" (Student 21).

Trauma

Trauma emerged as a consistent response to the occupation and took several forms: personal, collective, relational, chronic, and catastrophic. Students cited that they and their clients faced a lack of safety from unexpected night invasions and inspections and from intrusions into their mosques that prevented them from practicing religion.

Students (n = 15) also described collective trauma in the face of destruction of social services, medical services, and the lack of access to aid for people with

medical needs. They noted hypervigilance and constant anxiety about their own (and their clients') statuses as citizens. One student noted that there was heightened anxiety "especially for residents in Jerusalem who are always threatened that they will lose their I.D. and that they will be transferred from Jerusalem" (Student 56). Another student said, "Palestinian people suffer from detention and prison policies which affect them negatively psychologically" (Student 12).

Many students were concerned about the lack of safety and security for their clients. "When a client gets sick he cannot get his medical treatment in the hospital without Israeli permission to cross the checkpoints. This situation puts clients in risk" (Student 5). Another wrote,

> I'll give you an example of a child I knew and sat with who started to cry when he saw an Israeli police officer and when I asked him why he said "Israeli police officers beat my father and arrested him and I fear them." (Student 58)

Another student wrote, "A young person was shocked when the occupation military killed his father and now he will be forced to leave the school, and not continue his education, and he will also have to bear the burden all of his life" (Student 4). Students also noted that trauma emerged from the constant threats of war, fears of being blown up, heightened domestic abuse, and ongoing violence within Palestine. Finally, students reported being traumatized by members of their community whom they could not trust and who they identified as "collaborators"—Palestinian people secretly working with the Israeli military.

Occupation and its effects on social work practice

Almost all students (n = 63) reported obstacles in movement, caused by delays from road closures or at checkpoints, preventing them from reaching clients on time. "The Israeli military (through the checkpoints) disturbs the work of social workers and does not allow social workers to reach the other agencies and prevent his clients to arrive on time or keep their appointments" (Student 8). Another wrote, "Clients can't keep their appointments due to waiting at the checkpoints, or getting arrested" (Student 23). Another explained,

> Occupation does not allow me to enter Jerusalem or Israel because I carry a West Bank green identity card. The closure of roads leading to Jerusalem and other cities affected my work. It takes a long time to use the bypass road and costs more money. Most of the time we cannot help our clients, especially ones who need houses. Occupation prevents the possibility of economic empowerment. (Student 38)

Students also noted (n = 25) that they experienced a lack of work permits and that the failure by the Israeli government to recognize their social work degree was punitive, engendering their own sense of hopelessness and helplessness. One explained succinctly, "My degree from my university is not certified by

Israel so this deprives me from working in Jerusalem" (Student 10). Another wrote, "There are restrictions and obstacles towards the development, improvement and establishment of Palestinian agencies" (Student 15).

A few students (n = 6) reported having been detained. One wrote, "Israeli soldiers arrest social workers and prevent them from doing their job" (Student 29). Another described how checkpoints prevented him and his clients from getting to work, and added, "There is also physical abuse, torture, and violence and murder" (Student 18). Another reported, "They assault me, beat me, and harass me at checkpoints" (Student 36). Finally, students reported the destruction of social agencies by the military as representing an insurmountable obstacle to their work (n = 17).

What do students need to learn from clinical social work educators?

We asked students to identify what social work knowledge and skills they most needed to learn. Crisis intervention skills were ranked as first by the majority of students (n = 48), followed by trauma theory and practice (n = 44), individual psychotherapy (n = 30), and family therapy (n = 20). One student, who prioritized crisis and trauma intervention skills, said, "I need to learn these skills to help people who are traumatized to help themselves and help the community to get rid of the occupation" (Student 3). We saw this as a need for group skills as well. Another added that he needed crisis skills "to be able to help children, especially in crises and disaster, especially those who lost their families by murder or political imprisonment" (Student 12). Another wanted to learn more about individual psychotherapy and said, "Because we live in a society with martyrs and every day demolishing of houses, I want to learn how the client perceives his situation" (Student 34). Students also wanted to learn how to assess individuals with depression, anxiety, and trauma.

Because we had been asked to teach clinical social work, we asked students what psychosocial theories they needed to learn. Surprisingly a large number rated psychodynamic theories (n = 50) as what they most wanted to learn, followed by trauma theory (n = 44), family theory (n = 40), and grief and loss theories (n = 31)

Discussion

The effects of Israeli occupation, (war, trauma, poverty, lack of resources, checkpoints, restrictions on mobility, detainments, and violence) were central social concerns for the Palestinian students who participated in our study and have been discussed more broadly in the literature (Hobfoll et al., 2007; Shawahin & Çiftçi, 2012). In our findings, poverty was a pervasive theme. The Palestinian Central Bureau of Statistics reported in 2011 that 17.8% of Palestinians in the West Bank are living in poverty and that 38.8%

of those living in the Gaza Strip live in poverty as well (Palestinian Central Bureau of Statistics, 2014). So much of what students spoke to calls for a curriculum already addressed in their BSW and MSW programs—in particular, community organizing skills, advocacy skills, and policy analysis would be welcome. Invited to teach clinical theory and practice, we focused here on what we, as clinical social work educators, can meaningfully add to the dialogue.

High rates of comorbid depression and posttraumatic stress disorder (PTSD) also were noted in the region (Madianos, Sarhan, & Koukia, 2011, 2012). In fact, trauma and PTSD have been found to be particularly pervasive issues among all age groups. One study conducted in the Gaza Strip estimated that 41% of children met the criteria for PTSD (Altawil, Nel, Asker, Samara, & Harrold, 2008). Crisis work cannot be so neatly distinguished from other forms of clinical intervention in this context.

Student participants also confronted many of the same acute psychosocial problems as their clients. Most reported coping with daily harassment at checkpoints and a difficulty maintaining focus and hope, compounded by the fact that their educational degrees were not recognized in Israel. Teaching clinical social work to students under occupation is a particularly complex and diverse pedagogical endeavor. It draws principally on the tenets of psychosocial capacity building (Corbin & Miller, 2009; Cox & Pawar, 2006)—accessing locally meaningful strategies to promote well-being and relying on groups and community structures for healing in a sustainable way. These approaches often are in dialogue with treatment models from outside. Such integration will rely on a dialogic, relational, and reflexive approach to clinical teaching, learning, and practice.

The teaching of trauma theory and practice, for example, when merely establishing a sense of safety, is not even possible in the classroom, given that universities are often targeted by the Israeli military and students are sometimes assaulted or arrested on campus. Given the collective structure of Palestinian society and the ongoing stressors of trauma, identifying ways of healing trauma in groups became paramount.

The issue of double oppression was another striking example of the need to take a phenomenological approach in advance of considering treatment models. Some students reported their victimization by Israeli forces from the outside, along with the oppression of women, children, and people with disabilities within Palestinian society, a description that is consistent with other research (Abed Rabho, 2013). Scholarship about women in Palestine describes a tension between feminist activism (Dajani, 1994; Hasso, 2005) and traditional patriarchy. Thus our teaching would have to include a nuanced and contextually meaningful approach to women's rights, integrating critique by Palestinian feminist researchers and theorists, to help students consider the

role of clinical practice in supporting clients navigating the daily dilemmas of double oppression.

Given that the students identified psychosocial problems as associated both with the occupation and with traditional patriarchal views, we were surprised that so many wanted to learn individual and psychodynamic treatments. We wondered if students wanted to learn psychodynamic theories in part to comply with what they thought Western researchers and instructors wished to hear. We also wondered if psychodynamic theories might also be chosen because they can provide a sense of refuge into the interior life of the individual, offering some sense of protection from the ever-present threats from the outside. Put simply, organizing for structural change in this context is certainly dangerous and difficult. Many organizations have been unable to provide reliable and empowering social services; hence students may want to focus their attention on individual coping, dynamics, and resilience. Interest in psychodynamic theory and individual therapy among the students may also reflect the prominence of these modalities in Israel, the United States, and European countries. Finally, as students seemed to suggest, we also wondered if psychodynamic theory strongly elaborated within the context of cultural, political, and antioppression aims could offer some useful and resonant conceptual tools for social work practice with individuals, families, and groups as it relates to trauma, loss, grief, depression, anxiety, and suicide.

Although psychodynamic theory is sometimes derided as an individualistic, deficit-centered model, it has long been deployed by social workers and other clinicians for working with marginalized and oppressed people to focus on resilience, empowerment, intersectionality, cultural responsiveness, and biopsychosocial perspectives (Altman, 2010; Aron & Star, 2013; Berzoff, 2012; Berzoff, Flanagan, & Hertz, 2011). The term "indigenization" has been used to describe the process of fitting global social work theories and practice models to meet specific local needs (Gray, 2005)—a process that must involve cultural humility (Ortega & Faller, 2011; Tervalon & Murray-Garcia, 1998), attention to power dynamics, and a relational and dialogic approach. Taking into account the lived experiences that students, particularly in this study, shared as well as insights based on their early clinical practice experience, we also take seriously the value they place on the subjective experiences of individuals, families, groups, and communities, as well as the importance of both dyadic and group-based relationships with social workers and others with healing roles in the community.

Moreover, in consideration of students' specific interests in drawing attention to the stories of clients, we were drawn to narrative theory and therapy. Narrative theories and therapies provide critical tools for helping clients actively fight to reclaim their own historical narratives and determine their futures (Kelley, 1995; White & Epston, 1990).

Our findings, we thought, also reflected the resilience and strengths of the students and their clients. In their study of 1,196 Palestinian adults exposed to violence, Hobloff, Johnson et al., (2012) found that those who were younger and had social support, education, engagement with friends, family, and leisure, along with greater commitment to religion, had greater "sustaining resources" than did the rest of the population. Canetti et al. (2010) found that those who were more engaged in life tasks, despite threats of violence, also tended to have greater resilience. Thus, students needed to be able to assess and begin to elicit the sustaining resources of their clients as predictors of coping and to help them creatively imagine their mobilizing resources despite the structural, economic, political, and social barriers. This can be most effective in groups that are task based and strengths based, and self-help models (Miller, 2012) would be important to teach as well.

Developing clinical theory and practice approaches in the Palestinian context, in fact, requires consistent attention to the role of the group. Social work students can learn to assess the degree to which their clients can mobilize and engage with others, and conversely, how levels of distress come to undermine hope and the capacity to develop social supports. Hall and colleagues (2008) further called for attending to a client's sense of "vigor," dedication to and absorption in tasks, capacities found in Palestinians who were the most resilient. Such vigor and dedication can then be mobilized in the creation of community centers, schools, and mosques in which new ties can be built through forms of community healing.

The richness of the students' responses also reflects their individual and group capacities for survival, growth, and reflection. Using a narrative perspective in the classroom seems to point to the value of inviting students to reflect on how their own experiences have shaped them as clinicians and as engaged citizens of a Palestine they envision. As they aim to bring attention to the stories of their clients, we as educators would aim to privilege their stories to promote self-reflection and group dialogue. Classroom discussion about personal experiences of oppression and growth can be a model for clinical engagement and help to cultivate in students a clinical stance of bearing witness, sitting with another's pain, and learning to listen to suffering anew.

Our findings also demonstrate significant need for clinical social work education related to interpersonal and intrapersonal loss and trauma. An introduction to the neurobiology of trauma (Miehls, 2014) will give students tools for facilitating psychoeducational groups while maintaining an openness to subjective, cultural, and narrative experiences of affective arousal, hypervigilance, dissociation, and reexperiencing. Students can actively learn in the classroom to monitor arousal states for themselves and their clients and to identify narrative meanings associated with cognitive and affective shifts. With further study, techniques including trauma-informed mindfulness-based stress

reduction (Kelly, 2015) might also prove relevant as a means of integrating psychoeducation about neurobiology, trauma, and mindfulness, with group-centered approaches and resiliency theory.

The concept of posttraumatic growth—how humans can be shaped not only by traumatic exposure but also by what can be created in its wake—seems particularly critical in the learning and clinical environment described by the students (Tedeschi & Calhoun, 2004). Posttraumatic growth can lead to new forms of commitments, to increased resilience, and to a greater sense of freedom (Berzoff, 2011; Calhoun & Tedeschi, 1998). Loss among Palestinians exposed to trauma has been found to be the greatest predictor of PTSD and major depression (Hobfoll et al., 2007). Surviving loss and trauma likewise can lead to existential and spiritual growth (Tedeschi & Calhoun, 2004). Caplan (1964), of course, understood the transformative nature of crisis and reminded us that crises often result in a changed sense of self, of relationships, and of a philosophy of life.

These theories—narrative theory, group theory, collective forms of healing, neurobiologically informed trauma theory—may help students to learn the fundamental clinical social work task of helping clients articulate their own strengths borne out of crisis. Students may be able to see themselves as facilitators in restoring functioning by engaging with clients individually, in groups, and through community work aimed at both concrete and narrative restoration and rebuilding. Individual, group, family, and community work that involves meaning reconstruction, when meaning has been shattered, are powerful forms of fostering coping and resilience. From a constructivist viewpoint, what moves us from unbearable grief and trauma to something social and contributory is the capacity to assign the trauma a greater meaning.

Palestinian students working with those who have been traumatized and who have suffered significant losses may be particularly well suited to see how their clients can move from positions of vulnerability to activity and mastery through new forms of renewal (Hall et al., 2008; Hobloff, Johnson et al., 2012; Hobloff, Tracy & Galea, 2012). Students can learn about both narrative therapies and the use of groups in order to meaningfully engage clients in sharing their stories individually and via community healing as vehicles for coping and growth.

Conclusion

This phenomenological methodology allows for curricular development resonating with the hopes, expectations, and learning needs of Palestinian clinical social work students. It also enables us to consider theoretical frameworks for conceptualizing the strengths and resilience of Palestinian students and their clients, as well as the psychosocial problems that students encounter most commonly and acutely in their work. The students helped us to

reconceptualize the political, social, and psychological complexities within which social work is situated. We heard not only about the struggles that clients routinely face but about those that social workers face as well. When teaching social work globally, we need to go well beyond concepts of cultural competence (Coulter, Campbell, Duffy, & Reilly, 2013) toward eliciting specific experiences of the populations with which students work and their own challenges, especially for those under occupation or at war.

Our informants have been exposed to war, restrictions, discrimination, violence, and injustice. Like many who live under such, the kind and quality of knowledge to be delivered must be guided by *their* experiences, and by *their* political contexts. Listening carefully and collaboratively to students about their own experiences provides a model for social work intervention and a means to engage, as allies from Western countries, while also resisting the importation of Western clinical models in place of local knowledge. Social work educators must be prepared to consider the context of where we teach, co-constructing with our students new theoretical tools.

The reality of the occupation itself must be actively engaged and interwoven in the clinical curriculum. Case studies and exercises that help students elicit and reflect upon their experiences become crucial. We see teaching, therefore, as a collaborative endeavor in which the voices of the social workers we teach, and the clients they work with, must be privileged and central to the experience of social work education.

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