Traumatology

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What is This?

Endurance Is to Be Shown at the First Blow: Social Representations and Reactions to Traumatic Experiences in the Gaza Strip

Abdel-Hamid Afana[1], Duncan Pedersen[2], Henrik Rønsbo[3], and Laurence J. Kirmayer[1]

Abstract

Research and clinical practice in the field of trauma has emphasized the construct of posttraumatic stress disorder. However, trauma has broader meanings that reflect its impact on the fabric of social life and that may be relevant to clinical understanding and intervention. This article illustrates the larger meanings of trauma with data from a pilot study designed to investigate the social representations of trauma and ways in which trauma is defined (i.e., meanings assigned to trauma) among Palestinians living in protracted conflict situations in the Gaza Strip. Ethnographic interviews conducted with key informants living in the Gaza Strip suggest that social representations and meaning of trauma can be classified into three main types according to the level and nature of the symptoms associated with the experience, severity, patterns of resort to treatment, and long-term effects: *sadma* (trauma as a sudden blow with immediate impact), *faji'ah* (tragedy), and *musiba* (calamity). *Sadma* is used metaphorically to refer to painful events that happen suddenly. *Faji'ah* is used to describe the reaction to an extraordinary event, mainly the loss of a loved one. *Musiba* is used when traumatic events are persistent and have long-term consequences. Popular descriptions and relationships among these terms and their meanings and relationships to common idioms of distress are illustrated. Examining cultural variations in the understanding and expression of trauma-related distress has implications for the definition of trauma-related disorders in psychiatric nosology, as well as for the design and delivery of culturally appropriate clinical and community interventions.

Introduction

The effects of war and political violence on civilians go well beyond the suffering associated with death, injury, and material loss. The devastating consequences of political violence involve multiple psychological, social, economic, and environmental challenges to the integrity of an individual and to communal life (Pedersen, 2006). Living under conditions of protracted conflict and organized violence interferes with individuals' identity (Das, 2005) and their psychological development (Baker & Shalhoub-Kevorkkian, 1999; Cairns & Wilson, 1989; Giacaman, Mataria, et al., 2007; Punamaki, Kanninen, Qouta, & Sarraj, 2004). In situations of prolonged armed conflict, individuals must work through experiences that may include loss or separation from family members, friends, and neighbors; destruction of their homes; and stress and humiliation associated with the militarization of daily life, which undermine the sense of security and safety, severely eroding solidarity and cohesion in social relations (El-Helou & Johnson, 1994; El-Sarraj, Punamaki, Salmi, & Summerfield, 1996; Giacama et al., 2007; Khamis, 1998; Qouta, Punamaki, & Sarraj, 1997). The fact that collective violence affects the whole community makes it a highly salient topic of conversation and reflection. Although certain features of violence may be universally recognized, communities understand and negotiate the meaning of these events through distinctive cultural idioms that locate and elaborate the potential meaning of

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experiences of violence, forced displacement, social exclusion, and humiliation.

The psychological, emotional, and behavioral responses that follow from living in a world shaped by war, widespread torture, and violent political strife have universal features. However, the social representations of traumatic experiences and the meaning attached to these varies according to social, cultural, and political contexts and individual biographies (Davidson, Connor, & Lee, 2005; Kirmayer, Lemelson, & Barad, 2007; J. Tremblay, Pedersen, & Errazuriz, 2008; Young, 2000). These variations may influence whether or not particular individuals develop psychopathology (Afana, Dalgard, Hauff, Bjertness, & Grunfeld, 2003; Pedersen, 2002; Summerfield, 1999).

Various studies and observations made in populations exposed to war, widespread torture, and violent political strife have demonstrated the multidimensional psychological impacts reflected in an increased prevalence of symptoms and disorders including anxiety, depression, and posttraumatic stress disorder (PTSD; Davidson et al., 2005; Hadi, Liabre, & Spitzer, 2006; Hauff & Vaglum, 1994; Mehdi, Jorg, & Eisemann, 2003; Mollica et al., 1998; Rousseau, Drapeau, & Rahimi, 2003; Silove, 1999). However, the ways in which distress is expressed within particular cultural and social worlds have received much less scrutiny. Research instruments, scales, and questionnaires have been developed to identify clinically significant symptoms, but few studies have mapped the local idioms through which trauma and traumatic experiences are mediated and become objects of perception, thought, and action.

Most research studies that have looked at trauma and its mental health impact are based on an individualistic approach, focus on illness more than resilience, and emphasize the diagnosis of PTSD over other responses to trauma. Inevitably, these emphases tend to medicalize people's reactions to violent situations and traumatic events rather than seeing their experiences as part of an adaptive response to an extraordinary predicament. Unfortunately, PTSD has become synonymous with traumatic experience not only in the research and clinical arena but among nonclinical populations as well and tends to eclipse other dimensions of traumatic experience.

PTSD is a construct used to describe some aspects of individuals' suffering after a traumatic event. Much PTSD research, however, has examined the effects of single traumatic events, and it is uncertain how to apply the findings of these studies to the situation of people living in protracted conflict situations exposed to ongoing, repetitive, and multiple traumatic events. The prefix "post" in PTSD presumes that the trauma is over, that symptoms persist despite this, and that intervention is needed to reduce the impact of past events. In situations of ongoing conflict, however, each new traumatic event is compounded by the history of past exposures and adds to apprehension about a profoundly uncertain future with the continued threat of violence. In this context, persistent fears and anxiety cannot be viewed as unreasonable or disproportionate given the continued possibility of violence. Similarly, numbing,

avoidance, and withdrawal may be provoked by persistent threats and represent ongoing strategies of adaptation rather than reflecting symptoms of PTSD.

The PTSD diagnosis, along with specific interventions for its treatment and prevention, has been widely disseminated in many countries in situations where conflicts are persistent. Often, local services, nongovernmental organizations, and visiting clinicians provide emergency psychological aid or short-term treatment based on current models of trauma largely developed in European and American settings where trauma is less frequent and pervasive. In focusing on PTSD, these models may ignore individual and collective past histories of violence that provide an important backdrop to current challenges. For example, after the Kuta Beach bombing in Bali, aid workers administered PTSD symptom checklists to local people, but many of them were more concerned about the impact of the collapse of tourism on their livelihood or were more troubled by the unspoken burden of prior trauma associated with the massacres across Indonesia that occurred in 1965 (Dwyer & Santikarma, 2007). In the case of the 1965 massacres and the aftermath, a politically imposed collective silence left perpetrators and victims living side by side for 40 years with no opportunities for restitution or resolution (Lemelson, Kirmayer, & Barad, 2007). The aid workers had little interest in this history (when 80,000-100,000 Balinese were killed). This lack of awareness was particularly ironic given the evidence that traumatic events can trigger, exacerbate, or cause the emergence of old traumatic symptoms (Kinzie, 2007). It seems clear that the mental health practitioners' concern with PTSD as a discrete syndrome taken out of social context helped justify this historical tunnel vision.

The focus on the syndrome of PTSD may result in clinicians giving less attention to local expressions of sufferings and other contextual factors, including environmental conditions, the general health situation, the meaning of trauma experiences, and the social environment, all of which have a role to play in understanding the impact of violence (Bracken, 2003; Kirmayer et al., 2007; Pedersen, 2002; Summerfield, 1999). The effort to identify a discrete syndrome based on specific symptoms that occur across many different contexts justifies a focus on universal symptoms rather than social, cultural, or historical context.

Current nosology emphasizes PTSD symptoms rather than identifying local idioms of distress and social interpretations of suffering. Western health professionals who have implicit norms of emotional expression or illness behavior that they assume are universal may ignore the specific cultural background that influences local expressions of psychological affliction. Moreover, trauma encompasses a wider range of experiences than found under conventional psychiatric diagnostic constructs, including experiences of loss at the personal and community levels, local idioms of distress, and existential, social, and political meanings of violence. These are relevant for understanding individuals' ways of coping with trauma,

resilience, and healing and the long-term potential for aggravation of cycles of violence or for peace and conflict resolution.

Trauma is not a "natural kind," a basic category of experience or event independent of social and historical meaning and interpretation; it is a culturally constructed notion used to describe events or the outcome of events that vary according to different sociocultural contexts. There is an essential need for trauma research that explores the full range of experiences across diverse cultures, especially in communities exposed to prolonged violence or living in situations of protracted conflict.

Epidemiological studies demonstrate that not all those exposed to traumatic experiences will necessarily develop PTSD symptoms, nor will all traumatic experiences lead to pathological reactions (Afana et al., 2003; Breslau, 1998). Clearly, trauma can occur in the absence of PTSD and may have other effects at the level of the individual and the community. Previous PTSD studies among refugees in the Western countries have focused on the individual effect of exposure to various forms of traumatic events rather than the collective response of entire populations exposed to a common stressor (Hauff & Vaglum, 1994; Mollica et al., 1998).

Furthermore, self-report instruments used in measuring traumatic experiences and severity of symptoms are most often designed on the basis of what, for lack of a better term, is commonly called a "Western" perspective; this includes what Allan Young has described as prestructured notions of what constitutes a significant trauma based on the social memory of specific groups, for example, Vietnam Veterans in the United States, torture survivors among Latin American refugees, or, more recently, the array of trauma-related disorders reported after the televised catastrophe of 9/11 (Young, 1995, 1996). In each of these cases, it is clear that a structured social memory enables individuals responding to a research interview to select, reimagine, and grasp elements of their own biographical experience that match the trauma construct that is being elicited and singled out for reporting.

Given this potential effect of prevailing cultural models on the recollection of experience, we need to pay attention to a much larger semantic and linguistic field in order to understand the cultural construction of a "life-threatening event" and the meaning of such events in social, historical, and contextual perspectives in non-Western populations (Ai, Peterson, & Ubelhor, 2002; Hadi et al., 2006; Pedersen, 2002; Trautman et al., 2002). Existing scales and questionnaires used to measure traumatic experiences are medically oriented, designed on the assumption that symptoms are pancultural, prelinguistic entities and, on this basis, aim to diagnose problems against a normative backdrop of Western ways of experiencing and coping with stressful situations. Such scales pay limited attention to the importance of the learned social and cultural registers that mediate such experiences and mold the ways in which individuals respond to traumatic events, meaningfully or otherwise.

In the Palestinian context, little is known about culturally specific expressions of distress that may be associated with exposure to political violence, torture, and war. Previous studies have used standard scales or interviews to quantify the prevalence of PTSD among children (El-Sarraj et al., 1996; Punamaki, Qouta, & Sarraj, 1997; Qouta, Punamäki, & Sarraj, 2003; Thabet, Abed, & Vostanis, 2002) and adults (Afana et al., 2003; Cairns & Wilson, 1989; De Jong et al., 2001; El-Helou & Johnson, 1994; Punamaki, Komproe, Quota, Elmasri, & Jong, 2005), and a few qualitative studies have looked at determinants of quality of life and case studies (Al-Krenawi, Graham, & Sehwail, 2004; Giacaman, Shannon, Saab, Arya, & Boyce, 2007). However, there are no systematic studies in this region that seek to understand the social and collective representations of traumatic experiences and representations, studies that are needed so that subsequent work may begin elaborating on the associations between particular idioms of distress and local significant health seeking practices other than biomedicine. These other forms of help are of great interest because they may shape new ways of living with the effects of ongoing war, violence, and torture and in some cases may contribute to repairing, healing, or protecting individuals from these negative outcomes.

Accordingly, the present study was designed to investigate the social representations of trauma and ways in which trauma is defined (i.e., meanings assigned to trauma) and acted on (i.e., reactions or responses) among Palestinians living in protracted conflict situations in the Gaza Strip. Examining potential cultural variations may have implications for the definition of trauma in the current psychiatric nosology, as well as for the design and delivery of clinical and community interventions.

Method

This is a qualitative exploratory study employing ethnographic interviews with key informants (Eyler et al., 1999). As defined by M. Tremblay (1957), the term *key informant* is used primarily for a person who is in a position to know the social, political, and cultural patterns of his or her community as a whole or a particular portion of it.

Recruitment of key informants was done with purposive sampling among Palestinians living in the Gaza Strip; informants were selected because they were educated and articulate, were recognized by others as having knowledge of the local social and cultural context, and were willing to reflect on the issue of traumatic experiences and traumatic memory in the Palestinian context (Spradley, 1979). Participation was entirely voluntary; no incentives were given to participants. A total 10 potential key informants were contacted and screened based on their ability to share their knowledge; two informants declined to participate indicating that they did not have time and enough knowledge in the field of enquiry. The final sample consisted of 8 adults between 25 and 55 years of age (3 women and 5 men). All those interviewed were Muslims and university

graduates, including a medical doctor, leaders of women's group, religious leaders, a young mother, and political leaders.

The interview used a semistructured questionnaire composed of open-ended questions. Informants were asked to describe their daily life and current events in the Gaza Strip. Specific questions elicited local expressions of distress, the meaning of traumatic experiences, the nature of coping strategies, and ways of healing practiced by Palestinians. Examples of open-ended questions were the following: "What are the main or most important painful life events (*Ahdath Muli'ma*) that people in Gaza are passing through?" "How do these events affect people individually and collectively?" "Do you think that these events are 'traumatic' (*sadi'ma*)? If so, why?" Participants were then asked to reflect on their responses with follow-up questions, including the following: "How do people deal with these events?" "Where do people get help when they go through a traumatic experience?"

Informants indicated their preference of time and venue for the interview. Interviews took place in different locations in the Gaza Strip, including the participants' homes, working places, or the researcher's residence. The average time for each interview was 80 minutes. The interviews were conducted over a period of 4 weeks in June 2006. The interviews were carried out in Arabic. All interviews were audio-recorded with the consent of the informants, who were guaranteed anonymity. The interviews were later transcribed and translated into English by the first author (AHA). Names of persons, places of interviews, and other identifying details have been altered in this article to protect the informants' identity and for confidentiality of the information.

Data Analysis

All Arabic expressions were translated literally, and additional linguistic uses and connotations were added to identify the potential cultural meanings of these words.

Interviews were analyzed using thematic analysis (Green & Thorogood, 2004) using ATLAS.ti 5.0 (Muhr, 2003). Data analysis used aiming at understanding the structure that guides the discourse of each participant individually and as a group to identify sociocultural constitution of traumatic experience. Initial thematic codes were grouped together into heuristic categories according to the type (e.g., emotions or behaviors) or function (e.g., causes or consequences of an event).

The content of narratives was examined along two axes: within each participant's narrative (vertical analysis) and across participants (collective analysis). The vertical individual analysis was for local consistency of the way people use these terms. The horizontal analysis compared concepts or categories across individuals. Similarities across the groups of participants indicate the existence of structural principles guiding their social representations and meaning of traumatic experiences.

Ethical Issues

The study was done in association with a local nongovernmental organization following their internal rules, regulations, prevailing cultural norms, and implicit professional standards of practice. Efforts to obtain written consent or any other form of written identification were rejected because of personal risks and safety. Concerns of participants regarding privacy, anonymity, and confidentiality were discussed and respected before conducting the interviews. The recording of interviews was done with explicit verbal permission and mutually agreed terms of understanding that the research results would be disseminated preserving the anonymity and confidentiality of the information. The participants' verbal consent for the study was tape-recorded. The research was carried out for scientific purposes aiming at benefiting peoples' health and improving service delivery to the entire community. Although participants were not asked about personal experiences, provision for counseling and therapy was secured for participants in need of psychological help. Participant identities are kept confidential; electronic data and the tapes are stored on a secure server, password protected and encrypted. All data files will be destroyed after 5 years.

Results

The interviews indicated that people in Gaza use three main categories to describe their traumatic experiences: *sadma*, *faji'ah*, and *musiba*. The study also identified local idioms of distress associated with mental ill-health conditions. The relationships among these terms and their meanings are the focus of this article.

Sadma ("Blow")

In Gaza, the most widely used word for talking about the impact of a sudden event that causes immediate distress (i.e., shock, fear, disorientation) is *sadma* (literally, blow, knock). *Sadma* is derived from the Arabic word *sadama*, which refers to collision and/or shock, especially as a result of an accident. It is explained as the impact of two hard things colliding with each other. *Sadma* is also used metaphorically to refer to painful events and to all hated things that happen suddenly. It is used in both colloquial and classical Arabic, where it has a religious connotation. *Sadma* is mentioned in the *Hadith* (sayings after the prophet) that instruct Muslims to tolerate hardships and patiently accept what would otherwise be considered severely traumatizing events. In one *Hadith*, it is said that "endurance is to be shown at the first blow" (www.hadith.al-islam.com). In other terms, it refers to psychological or mental health problems following the impact with some kind of external phenomenon, typically in the form of a singular and identifiable painful event as seen in the following excerpts from interviews.[1]

I was shocked (*sudemet*) to hear my friend had that reaction towards me. (Interview 1)

What makes *sadma* to me is the Israeli shelling . . . *sadma* occurs when I am psychologically persecuted, when I see a big event, when I lose a beloved person (Interview 1)

I was shocked (*sudemet*) when my kid got low scores at school, as I was expecting him to get much higher scores. (Interview 3)

After the demolition of my house, I have high blood pressure, headache and became nervous (*assabi*). Sometimes my kids talk to me but I do not hear them because my mind is busy thinking. (Interview 6)

Sadma covers a wide range of severity of sudden shocks or impacts from disturbing events. However, when informants were asked about what word they would use to represent their own traumatic experiences as residents of Gaza, all agreed that using the word *sadma* was not an appropriate term.

Expressing [mental] suffering in terms of *sadma* is a very minimum [expression] and misrepresents our sufferings . . . because of [the non-accidental] repetitive exposure to these events, people would not perceive it as *sadma* . . . I do not expect this to be *sadma*, [since the ongoing violence] is much bigger than that . . . *sadma* is a transient, temporary experience. (Interview 8)

I don't know how Arabic linguistics describe what is more than *sadma*, [because] what we are passing through is more than *sadma* . . . it could be *faji'ah* (tragedy), *nakba* (catastrophe),[2] or *musiba* (calamity) . . . they [the Israelis] make us reach a level in which death is better than life . . . in fact, death equals life . . . [in fact] people believe that life after [death] is much better . . . because people see so many deaths every day, they end up not caring about death. (Interview 4)

Although *sadma* was commonly used to refer to single traumatic events, all informants felt that using the word *sadma* to describe their experiences as life-long residents of Gaza misrepresented their suffering in terms of its intensity, duration, pervasiveness, and sense of being overwhelmed. This suffering was a consequence of multiple adversities and stressful events, which not only included blockades, shelling, sniper fire, and house demolitions but also reached into daily life routines, including the humiliation of having to work without remuneration for extended periods of time (e.g., as government employees) and the public embarrassment and humiliation experienced at roadblocks manned by young Israeli men. All these events and

memories came together to form an experience that *sadma* alone, it was believed, could not adequately represent.

Informants were asked to highlight the causes and reasons for *sadma*. Most informants explained that the experience of loss and distress witnessing or hearing someone close being killed or tortured were events leading to *sadma*. However, another common usage of the term *sadma* was to express dismay when expectations were not met by close or intimate people (see Table 1).

When informants were asked about reactions or symptoms that could be linked to the experience of *sadma*, they all agreed that reactions to *sadma* are usually short term, transient, spontaneously disappear over time, and do not necessarily require long-term medical or mental health interventions. The immediate *sadma* reactions might need medical care, but most often social and family support is sufficient for recovery and healing (Table 1). As indicated by the informants, *sadma* was also the effect of a sudden, unfamiliar, and unexpected event. *Sadma* is associated with events that may have no deep psychological impact, and though it may be painful, does not always need a medical prescription or a healer's intervention.

Many of us feel it is not good to go to a psychiatrist [for *sadma*] because of the embarrassment. They usually get help from friends or they go for traditional healers. (Interview 2)

It is clear that the temporally bound concept of *sadma* denotes a transient experience, and primarily for this reason it is related to the notion of an acute traumatic event, but this is also what makes it different and potentially unsuitable for the description of the experiences and memories of torture, war, political strife, and protracted violence. These experiences of violence have entered into and molded the most intimate social relations in Palestinian families over generations (Das, 2007) and are present in everyday life in Palestine as an elaborate social and individual memory of loss and humiliation. In reflecting on these pervasive effects of trauma, informants made use of other concepts such as *faji'ah* (tragedy) and *musiba* (calamity or catastrophe), which will be discussed below.

Faji'ah ("Tragedy")

When informants were asked about the reactions to *faji'ah*, they agreed reactions were more severe and did not disappear in the short term. Although people use the expression of *faji'ah* quite often, they found it difficult to make clear distinctions between *faji'ah* and *sadma*. *Faji'ah* derives from the Arabic word *fajaa*, which is severe experience of (emotional) pain inflicted by something or someone else, mainly because of loss of a loved one, or exposure to a distressing event and/or grievous situation, for example, a father was stricken by the death of his son (*fji'a bi-waladihi*). The term *faji'ah* is not

Table 1. Cultural Idioms of Trauma in Gaza

	Sadma ("Blow")	Faji'ah ("Tragedy")	Musiba ("Calamity")
Causal events	Loss of beloved person or property	Mainly loss of a very close person such as son, brother, father	May be related to the loss of both human life and material things
	Witnessed killing or heard of the murder of someone close to them or a well-known figure	Loss of land or a house	The event has long-term consequences
	Witnessed bombardments or house demolition		
Other idiomatic uses	To express dismay when expectations were not met	Mainly related to severe pain inflicted when a close person is killed	When an event is overwhelming and the long-term consequences were not foreseen
	To express shock and distress		
Symptoms of distress	Facial expressions of surprise or fear	Confusion	Sadness, unhappiness, tears, and crying, especially if triggered by a reminder of the traumatic event
	The person may be distracted or confused	Shouting and crying loudly	The psychological pain is continuous and persistent
	Crying (either quietly or more intensely)	The person may lose consciousness or run out in the street "like a mad person"	
	Brief convulsions that immediately resolve	Sometimes the reaction may be silence, tears, and temporary inability to speak	
	Fainting and falling to the floor		
	Physical symptoms such as headache, tremors, sweating, redness in the eyes, and chest pain		
Patterns of coping and resort	Social support is important	Very difficult to treat the long-term reactions, but people can cope or adjust to the loss with time	Social support is very important for adjustment and coping
	Medical and psychological interventions are not always needed		Health or medical interventions are sometimes needed
Long-term effects	Some of these symptoms may lead to physical problems such as diabetes or hypertension, but these consequences are rare	Many people develop heart problems or diabetes	Adjustment to the event and its psychosocial and physical consequences

very commonly used among public as *sadma* and was used in different Arabic expressions indicating severe loss of beloved persons. As indicated by one of the informants:

> What we are passing through is not *sadma* . . . is more than that [pause] it is *faji'ah* . . . it is *musiba.* (Interview 8)

All informants described *faji'ah* as a more severe feeling experience than *sadma*, and the intensity is much greater. When asked for examples, one of the informants said the following:

It is almost like a businessman who works in trade, buying and selling goods . . . [pause] you know, businessmen expect to lose some of their profits, as part of the game. When the person loses more than he expects, he might have *sadma*, but when the loss is well beyond expectations and leads into serious debt, then *faji'ah* will be used. (Interview 1)

I was walking with my husband to my father's house and suddenly a car stopped not far from the house. People gathered in front of the main door, then people told me

that my bother was killed by the army. I ran to the house. I found the stairs full of blood. I remember myself crying and screaming then lost consciousness . . . It was *faji'ah* for me. (Interview 5)

As indicated by the informants, *faji'ah* is the reaction to an extraordinary event, such as the loss of a loved one: It is sudden and unexpected, more severe than *sadma*, and is considered a very severe loss. *Faji'ah* is an event that has a more severe psychological impact and that leaves permanent psychological effects or scars.

> When Huda [name of a girl] saw her brothers, father, and mother in a pool of blood, for her it was a serious shock . . . it was *faji'ah* . . . she was running here and there between the dead bodies of her family and shouting Dad, Dad, Dad . . . she was so confused, she lost consciousness and finally collapsed. (Interview 5)

> I was at home when I heard about my bother's death. I became like a mad person. I had a nervous breakdown (*inhear assabi*) and wanted to run into the streets. I was confused and it took me sometime to restore myself. (Interview 7)

Table 1 summarizes the common usage of *faji'ah*, reactions, patterns of coping, and its long-term effects.

Musiba ("Calamity")

The word *musiba* derives from the Arabic word *asaba*, which has religious connotations. It seems that informants used *musiba* when the consequences of traumatic event were lasting for a long time. *Musiba* is mentioned in the Holy Quran and *Hadith* in the context of testing believers' abilities to endure hardships through patience. As explained by literatures, *musiba* is everything that hurts and causes pain to believers. It is mentioned in Holy Quran many times and in different contexts (hadith.al-islam.com); "who says when afflicted with calamity (*musiba*): To Allah we belong, and to Him is our return" (Sura Al-Baqarah 2:156), and in another context, "No kind of calamity (*musiba*) can occur, except by the leave of Allah: and if anyone believes in Allah, (Allah) guides his heart (aright): for Allah knows all things" (At-Tagabun 64:11).

> *Musiba* is *ebtela* (ordeal) and a test from Allah (God) who gives us the support. My house was demolished like many hundreds people. [pause] It is true that many people lost their houses but in the end it is me and my family who have to deal with this *musiba*. [pause] *Al hamdulillah* (Thank God) it is all well. (Interview 6)

Informants explained *musiba* in the context of patience and testing people's abilities to handle adversity from Allah; those who accept such events patiently are rewarded by Allah. The word *musiba* is both a colloquial word in common use in Gaza, and among other native Arabic-speaking peoples, and a classical Arabic word used in the Holy Quran. The participants illustrated the use of *musiba* within the religious context:

> What reduces *musiba* is religious beliefs (*iman*) and the ability of the person to accept (*takabul*) that what happened (the event) is a test from Allah . . . religious awareness help people to accept and cope with their traumatic event (*musiba*). (Interview 4)

Informants pointed out the long-term consequences of *musiba*:

> The effects or result of *musiba* doesn't disappear; it leaves permanent and durable scares. *Musiba* of death doesn't disappear; the effect of *musiba* will be continuous and long lasting. (Interview 9)

The expression *musiba* was described similarly to *faji'ah*, because of its sudden but not necessarily unexpected occurrence (Table 1). *Musiba* has long-term psychological effects, including somatization and pain often triggered by a stimulus that reminds the person of the previous event. To what extent the traumatic memory is involved needs further exploration. Informants indicated that *musiba* is a test from Allah, examining people's patience, firmness of religious beliefs, and abilities to accept what Allah gives them in return. That is the test by which believers will prove their true religious beliefs, as a result of which their status will be raised to a higher level.

> People with good religious beliefs [*iman*] accept *musiba* as *ebtyla* [a test for from Allah] . . . it is a test from Allah checking people's beliefs and their ability to accept patiently and keep their *iman*. (Interview 2)

> Our situation is *musiba*—it has no end. Every day we wake up to miseries . . . no electricity, closure, no cooking gas but *al hamdulillah* (Thank God) for giving us the patience . . . *Allah eli be saber* (God gives us patience), it is our destiny and we have to have patience and accept our *kada wa kadar* (fate and destiny). (Interview 6)

Local Idioms of Distress

The study also identified some local expressions used to describe mental suffering and mental ill-health conditions. These idioms are commonly used and are culturally accepted. However, more detailed ethnographic studies are needed to identify the association between these local idioms and mental ill-health conditions, particularly anxiety and depression. The

main idioms identified were *assabiah*, *araq*, *azma nafsiah*, and *dag nafsi*.

Assabiah. This term referred to nervousness, anxious feelings, or jitteriness. Hattar, Meleis, and Nagib (2003) describe it as encompassing a number of emotional states, including being nervous, emotional, short-tempered, volatile, anxious, angry, or enraged, and having poor impulse control. It was described by one participant as "it feels like electricity in my arms and legs; I become easily provoked for minor reasons" (Interview 7). Another participant described displacing his anger onto his children:

> You know, when children's needs are not met they keep asking questions. That leads to *assabiah* (nervousness) in the house. I become nervous and displace my anger on my wife and children. [pause] I can not tolerate it, I behaved differently. (Interview 8)

The participant refers to "behaving differently" by doing actions that he did not do before such as shouting, becoming intolerant and impatience.

Araq. Participants used this term when they experienced interruptions in or inability to sleep. They use it when they think of their unknown and insecure future. As indicated by one of the participants, "the person could not sleep in night because of fear or thinking of what is going to happen next" (Interview 1). *Araq* is accompanied by physical symptoms such as headache and low appetite:

> *Araq* means minimum sleep and increased thinking, which lead to headache and low appetite. I am constantly thinking of my son who became a martyr [the son was killed]. I do not have a desire to eat and cannot sleep. (Interview 4)

Azma nafsiah. This was described by participants as a psychological crisis because of the continuous environmental stressors experienced in daily bases: "When you pass through series of issues such as lack of electricity, no work, being unable to meet your children's needs, live in fear, and inability to move, you feel stuck and keep thinking of ways to overcome it" (Interview 8). "The person may deal with one [psychological crisis], but these crises accumulate internally and suddenly come back and erupt in a devastating manner" (Interview 3). "The person passes through *azamat* (psychological crises); then these *azamat* accumulate and appear in the form of mental health problems" (Interview 6).

Dagt nafsi. This referred to "psychological pressure," described by participants as repetitive and cumulative daily stressors that they felt overwhelmed by and that hindered their daily activities. Examples included "I have no energy to deal with these problems; they are many and beyond my abilities. I keep repressing and hiding them, but one day I will burst" (Interview 7); "Because of these events [referring to unemployment, electricity cuts, etc.]

the person becomes unable to bear the situation, and unable to stand it" (Interview 1).

Qalaq. This was described by participants as being anxious or apprehensive. It is a state of fear of the future and of the unknown. One of the participants commented: "seeing all these things around me—my friend was wounded and my neighbor was killed—I keep thinking 'who is next?' and 'when is my turn going to come?' I feel sad, scattered and find difficulty going to bed" (Interview 5); "You find me *sarih al fiker* (absent minded), there is no psychological comfort" (Interview 2); "I always feel confused and helpless and find myself unstable. Thinking of what is going to happen" (Interview 8).

Khaufa. This was an acceptable and commonly used expression, especially when a person was unexpectedly exposed to a frightening event:

> My son was sleeping in the night and we suddenly heard a noise. It was an army tank passing near our house. My son awoke in panic and was scared. [After that] he had fever, stayed in bed and didn't like to eat. We took him to a *shiekha* (old woman, traditional healer) to massage him. Then he was fine. (Interview 1)

> *Khofa* is when the person is suddenly scared from fearing situations or objects. The person may have fever, sweating, increased heart beats and pains in the legs. (Interview 3)

Kaufa could be associated with various physical symptoms such as knee joint pain, headache, fever, decreased appetite, and general fatigue.

Discussion

The most widely used frameworks for assessing the psychological suffering of individuals exposed to war, torture, and political violence have centered on the construct of PTSD (Davidson et al., 2005; Hadi et al., 2006; Hauff & Vaglum, 1994; Mehdi et al., 2003; Mollica et al., 1998; Rousseau et al., 2003). When applied to non-Western contexts, this approach has given rise to at least two different critiques.

First, scholars have voiced concerns regarding variations in the social representation of trauma and the uncertain universality or cross-cultural validity of PTSD as a response to traumatic experiences (Kirmayer, 1996; Pedersen, 2002; Summerfield, 1999; J. Tremblay et al., 2008; Young, 2000). In particular, they have drawn attention to the presence of culture-specific idioms of distress, expressed in different cultural contexts. For example, Guarnaccia, Rivera, Franco, and Neighbors (1996) showed that *ataque de nervios* ("attack of nerves") is an idiom of distress among North American Latinos, which is endorsed culturally as a response to severe stress and may be provoked by actual or threatened loss of spouse or family members. *Ataque de nervios* includes symptoms of

distress that are endorsed culturally as a response to severe stress often provoked by actual or threatened loss of family members. It is recognized by lay people and presented as a common affliction, directly resulting from stressful life events related to family loss and/or other significant persons. Similarly, in Peru, pain and suffering due to extreme political violence and traumatic experiences may be expressed in terms such as *llaki* (sorrow, sadness) and *pinsamientuwan* (worrying memories) among the highland Quechua who were exposed to protracted political violence and conflict (Pedersen, Tremblay, Errazuriz, & Gamarra, 2008; J. Tremblay et al., 2008).

In addition to idioms of distress, cultures and religious traditions often provide moral meanings for traumatic events. For example, explanations of events in terms of *karma*, found in Buddhist contexts, shape the meaning of trauma experiences such as loss of family members through violent death and influence the ways in which intrusive and avoidant PTSD symptoms are conceptualized and expressed (Davidson et al., 2005). These cultural variations in the understanding and expression of distress influence individuals' coping strategies for trauma as well as help-seeking and broader sociocultural responses. In the field study conducted in Peru, for example, trauma symptoms were not seen as the main concern among those who had been exposed to extreme violence during the Shining Path terrorism and civil unrest; instead, their concerns were focused on extreme poverty, material deprivation, and lack of educational opportunities for their children as the most pressing worries and sources of distress in their daily life (Pedersen et al., 2008).

A second critique of the PTSD construct suggests that it is not only the sociomoral meaning and representation of trauma and its modes of expression that differ across culture but also its actual experience and consequences in terms of psychopathology and illness. Cultural models may play a role in the mechanisms of psychopathology by modulating attention to the body, influencing causal attribution of sensations and symptoms, coping, help-seeking, adaptation, and the social response to distress (Afana, Qouta, & Sarraj, 2004; Lemelson et al., 2007; Pedersen, 2006). These cognitive and behavioral influences may be integral to the mechanisms of psychopathology. For example, across cultures, many individuals focus on somatic symptoms of distress following trauma; these symptoms are related to their social explanations of the origins of suffering through sociosomatic theories that link social conflict and bodily illness. These social responses then loop back to reinforce psychological processes that give rise to particular forms of distress (Kirmayer & Sartorius, 2007).

Both critiques have been advanced by scholars in relation to work with non-Western populations, and an increasing amount of research seems to support the argument that emphasis must be given to the cultural and social modes for expressing and giving voice to distressful situations as a first step toward understanding what in some cases may in fact be distinctive local etiologies and disease patterns (Davidson et al., 2005;

Kirmayer, 1996; Lemelson et al., 2007; Pedersen, 2002). Studies of traumatic experiences among persons living in active conflict situations are limited but seem to support this conclusion. They show that it is not only the actual level of violence (in terms of severity and prevalence) that determines distress but also the ways in which people perceive and interpret that violence (Punamaki et al., 2004; Cairns & Wilson, 1989). It thus appears that local idioms for expressing and voicing trauma and distress not only entail a "calibration" process whereby the severity of the stress and adversity of everyday life is distinguished from more deeply distressing experiences but also lead to the recognition of new mechanisms, for example, in the focus on how war experiences create somatic illness. This is illustrated by the cultural idioms offered by the participants in the present study.

The term *sadma* was used on a daily basis by Palestinians to express their feelings about diverse painful events as described above. However, *sadma* has a wide range of meanings, most of which are not necessarily related to psychopathology or psychiatric disorder. As we have seen, *sadma* was also used to express surprise, shock, and disappointment, mainly when confronted with unexpected and undesirable events. The meaning of this and similar terms is inferred from the context of use and by paralinguistic markers, such as tone of voice and facial expressions, which may indicate the severity of the event.

A second term, *faji'ah*, was used to describe more severe and long-lasting traumatic events. The distinction between *faji'ah* and *sadma* was not easily defined by informants. *Faji'ah* was not used as frequently as *sadma* because it referred to specific types of events, mainly major loss, and it was used only when such an event was experienced.

The third common term for trauma, *musiba*, had strong religious referents. *Musiba* invokes religious and sociomoral values in which the traumatic event is seen as testing individuals' endurance and ability to handle adversity. The sociomoral meaning of the event is of a test from Allah that must be handled with patience to gain the reward of religious or spiritual development. In this context, acceptance of the event becomes a way of demonstrating one's strong religious commitment.

There are a number of limitations of this study. Although the first author is originally from the community and has extensive experience as a researcher and clinician with local idioms of distress, the study was based on key informant interviews rather than participant observation. The sample was small and may not be representative of the range of experiences in the community. Participants had relatively high level of awareness of mental health issues and terminology and this may have influenced their responses. Because of the exploratory nature of this research, the results need to be validated through more systematic ethnographic interviews and observations of expressions of distress and help-seeking in everyday life. Further studies are needed to distinguish those social stressors that give rise to new social representations of trauma. Quantitative methods are needed to verify the generality of the social meaning

and gendered manifestations of these idioms of distress as well as other cultural idioms related to trauma.

Conclusion

The construct of PTSD captures only one aspect of the complex responses of people suffering from recurrent trauma. Collective exposure to trauma and culturally distinctive meanings of trauma may be associated with diverse health outcomes that may require different intervention approaches to address both individual and community levels of distress.

The results of this pilot study suggest that the everyday idioms, social representations, and meanings of trauma in the Gaza Strip can be classified into three main types according to the severity and duration of the events, the symptoms associated with the experience, the patterns of resort to treatment, and the potential long-term reactions:

1. *Sadma* is the most commonly used expression for trauma-related experience and covers a wide spectrum form mild to moderate severity. People use this expression broadly to express disappointment as well as to indicate distress about certain events. Furthermore, *sadma* can disappear in a short period of time and does not necessarily need medical intervention. The tone of voice and associated facial expressions indicate the severity of *sadma*. When *sadma* is used to express disappointment, the tone of voice would be within the ordinary range, and the facial expressions would show surprise. When *sadma* is severe, as when someone experiences the loss of a loved one, physical or psychological abuse, torture, or house demolition, it may be accompanied by signs of confusion, fright, or openly crying in hysterical manner, often followed by fainting and collapse. This modulation of expressed meaning through emotional expression or paralanguage allows the same idiom to cover a very broad range of events.

2. *Faji'ah* denotes more severe trauma, and it constitutes the first reaction to an extraordinary event, most often related to loss of a person with whom one has a close or intimate relationship. Loss is a key element in *faji'ah*; for instance, when a person loses a beloved one the term *faji'ah* is used to express their sorrow. This idiom reflects the central importance of loss in the emotional impact of traumatic situations.

3. Finally, the third level of trauma is *musiba*, which in a way represents the long-term consequences of *sadma* or *faji'ah*. This term points to the long adjustment period of the traumatic experience that people pass though. It seems that people use the idiom of *musiba* when they perceive that the event will have a long-term consequences or sequelae.

As these results illustrate, the perception of traumatic events depends on subjective appraisal and on the personal and cultural meanings of the traumatic event. In the Palestinian context, the individual's appraisal of threat, loss, and distress reflects the background level of violence experienced by the community, the personal biography of the individual, and the social meaning of different interpretations of the event. In the present study, many participants made comments to the effect that

> a few years ago when we heard that someone has been killed or a house demolished, people were scared, shops were closed, and demonstrations were all over the place, but now people do not give a lot of attention to killings and house demolitions.

While there was a continuum of stressor severity, there were no easily drawn boundaries distinguishing ordinary stressors from traumatic events.

The idioms we have described borrow from everyday language to make sense of the impact of violence in a situation of protracted conflict. They do not represent discrete syndromes or sharply delimited categories. Rather, they are familiar ways of speaking about traumatic events that invoke specific networks of meaning. They serve to communicate to others within the community about the dimensions of suffering through language that references collective experience and that conveys assumptions about the expected bounds of behavior, the likely course of distress, and outcome of clinical or social intervention. Generally, these cultural idioms of trauma are not diagnostic entities that require treatment but a vocabulary through which distress is expressed and social support mobilized. However, cultural idioms of trauma may influence the course and outcome of other clinical syndromes or disorders and interact with psychobiological and social processes to give rise to specific forms of pathology. As such, cultural idioms should be of interest to clinicians seeking to understand their patients' predicaments as well as to policy makers and planners who aim to design effective health systems and services. Knowledge of social representations and modes of coping with trauma experiences derived from ethnographic research is crucial for the design and delivery of culturally responsive interventions for diverse communities.

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Notes

1. Key informants are identified by interview numbers.
2. *Nakba* is also used to refer to the expulsion of Palestinians from Palestine with the establishment of the Israeli State.

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