Personal reflection

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Adam ate the apple, and our teeth still ache.

Hungarian proverb

Abstract
The author brings an account of his life trajectory as a psychiatrist born and working in Palestine. The author dives in his early memories, including those of his brother's death, that shaped his character and the way he lives his rejection of occupation and violence. Besides the early institutional beginnings of the TRC Center in West Bank, the author describes the subtle forms of the daily abuse that a doctor working in Palestine must endure.

My brother

In March 1982, I worked as a neuropsychiatrist at a psychiatric hospital in Zaragoza, Spain. As I was leaving the hospital for the psychiatric medical centre, I stopped at a café/restaurant with my colleague, who was a clinical psychologist. The compound was a large centre for all staff where we checked up on outpatients after our shift ended at the hospital. As the waiter brought us our order, I suddenly felt uneasy. A metaphysical state of precognition dominated me that something catastrophic had happened to a family member. I began to sweat and felt like something had gone terribly wrong. At this point, I could not eat. My colleague asked if I was okay. That is when I said I felt a family member had died at that very moment. It was a Monday. My colleague had told me that maybe it was because I received a job offer in Kuwait and was reluctant to accept. I told her no, instead I felt like I had just lost a family member. I did not eat and became very worried.

Afterwards, we went to the medical compound. I sat with a few patients but was anxious the whole time. I went back home after finishing work to rest a bit. There was a long holiday that week, and I had plans to stay in a nearby area close to Barcelona with a few colleagues for some days. I was still preoccupied. We heard on the news that a number of children had died of electrocution in a terrible accident in Barcelona. I felt overwhelmed by that event throughout the week. On Saturday, I had this pressing need to head back to my apartment in Zaragoza. A fellow Palestinian whom I knew coincidentally noticed I was not feeling well. He told me that he would be right behind me in his own car during this 200 km drive, as he feared I would have an accident.

As soon as I opened the door to my house, I immediately knew why I felt so uncomfortable. I found a telegram but refused to open it because I sensed it was about the fate of my younger brother. About 30 minutes later, my friend entered my home. My door was semi-

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open, and I was sitting on a chair with the telegram in my hand, hesitant to open it because I knew it was about my brother. My friend took the telegram from my hand and read it. He stared at the telegram while lightly shaking his head. My brother was 17-years old and attended a secondary school in a village close to mine.

As I learned the details later, my brother had disappeared on the same day I had that strange feeling. He did not return home that day. It was an icy week. As he walked out of school, he joined a bunch of other schoolchildren to see what was going on. There was a small demonstration outside the school. My mother was looking for him, asking everyone around about his whereabouts. Someone informed my mother he was detained along with a number of other children, which turned out to be untrue. By the end of the week, particularly on Saturday, his body was found on a nearby mountain punctured with bullets.

I could not believe this was happening. I tried to go back home to occupied Palestine, but due to travel restrictions of the occupation, this could not be coordinated as soon as expected. A countless number of Palestinians from all over the occupied West Bank attended my brother's funeral. The Israeli military began to throw tear gas canisters and shot at the crowd to disperse the large crowd. That night, the Israeli army vandalized my brother's grave and took his corpse to the Abu Kabir Forensic Institute for an autopsy. Finding this out was humiliating and traumatizing for all the family. After two or three days, they returned his body and only allowed two people from my family to rebury him, and only at midnight. This was a new re-traumatization on its own.

During this time, I was in a state of shock and in a state of grief for my brother. For at least one week, as I laid in bed at night, I could hear my brother's voice calling out to me. I would frantically jump out of bed and check all the rooms in my house, searching for him. This would occur two to three times a night. It felt surreal as I was in a state of derealization. After about a month, I began to think of ways to go back to Palestine. At that moment, as most Palestinians studying abroad, I was denied the possibility to go back home.

One month later, a Brazilian psychiatrist was invited by the hospital administration where I was working in Zaragoza as part of staff development and clinical supervision. He informed us he wanted to sit with our team of psychiatrists to have a group therapy session. One of my colleagues told me that the Brazilian was indeed Jewish and that I was sure someone informed him I was Palestinian. We all sat in silence for about 6-7 minutes. No one uttered a word. The Brazilian then said that he was going to start the conversation. He began by telling us a dream he had: he was in his car racing with someone. I suddenly spoke and said he was racing with me. I felt rage deep down within me and started to say that I would collide with his car and damage it. All my colleagues sympathized with me, as they knew about my situation. I remember the Brazilian psychiatrist was perplexed, although he was a psychiatrist and specialised in group therapy. He was surprised at this sudden change of behavior. Afterwards, we were both aware of each other's past trauma and were deeply moved by the other.

Returning to Palestine

My mother had finally obtained a temporary stay permit for me to return home to occupied Palestine. Shortly after I arrived in Palestine in early 1983, a meeting was arranged with Dr Mohammad Saeed Kamal. He was a psychiatrist and the Mental Health Hospital/Bethlehem director, which was the only mental health

hospital in the West Bank and Gaza Strip. Dr. Kamal was excited that I joined them, as there were very few specialists at the hospital. I received an employment offer from the hospital.

During those early days back in my homeland (Palestine), I met a schoolteacher in a social gathering who spoke about the multiple traumatic stressors among Palestinian children. After some time, we were engaged and finally got married. For four years, I lived without a Palestinian ID in my own country in my parents' house where I was born. I had to apply for family reunification to live with my spouse, and I had to renew my residence permit every six months.

I remember an incident in mid-1983 when I was required to renew, once more, my residency permit in Ramallah. I went to the Israeli Military Administration for Civil Affairs downtown. An Israeli police officer at the front gate ensured everything was organised. This police officer was yelling at and even kicking people to get them in line. He kicked me in the shin. I was furious and began to yell and curse at him. When I finally got inside, the police officer started to call on those who wanted to apply or extend their residency to enter the room. It seemed the Israeli police officer informed his subordinate about our incident outside because the Israeli officer told me to come back two days later. We argued, and I told him that I was born in 1947; I am therefore inherently and deeply rooted in this land and older than the Israeli occupation of Palestine. He punished me thereafter by postponing my appointment for the next week. He refused to provide me with a definitive appointment. I eventually renewed my residency. This example shows how the Israeli government engaged in the humiliation, ill-treatment, and dehumanization of Palestinians in tiny things of everyday life.

Palestinians were required to stand in long rows, in all weather conditions, in unpredictability, and uncertainty whether they would be able to obtain/extend their permits and finish other necessary work. Appointments were postponed regularly, for weeks and even months. They regarded us Palestinians as inferior to them and treated us degradingly, and continue to do so today.

This policy should be considered a way of psychological torture for two purposes: One, to make Palestinians feel their fate lay in the hands of the occupation, and two, to make people feel insecure and fearful most of the time.

My first visits

I began to work at the hospital by the end of 1983. Dr Kamal and I became good friends. In early 1984, he asked me to assess a detainee at an Israeli detention centre in Ramallah suffering from schizophrenia and a resident of the Jalazoun Refugee Camp. I waited for many hours to enter the detention centre. I was about to head back when I was called to go inside. I assessed the detainee, wrote his medical report, and was able to have him released thereafter. I then started volunteering to assess detainees at different Israeli detention centres. I made hundreds of visits to detainees, and every time I would promise myself that this was the last visit I would make because prison visits were an agony. I never actually stopped visiting because I would feel guilty. I would generally arrive at the detention centres very early in the morning upon their request. The Israeli guards would then tell me it was too early to enter, and I could only meet with a detainee after many hours. I would always force myself to wait even under severe climatic conditions, whether in the hot summer or cold winter months. Waiting was and is still part of those subtle ways of psychological torture. There were only a few human rights organisa-

tions in the West Bank. The reason for the long waits was to make me reconsider the humanitarian work I do and force me to *voluntarily* put an end to it, and in addition, to deepen the collective humiliation of Palestinians.

During an interview with a detainee at Israeli detention centres, there was always someone in the room with us from the Israeli military. In these moments, there would be no privacy and confidentiality between patients and doctors. However, one time, I visited a detainee in Megiddo, located near Nazareth. I noticed that I was alone with the detainee, but a recorder was hidden behind a short curtain at the top corner of the wall. There was, again, no privacy at all. I felt apprehended as if someone was watching me. This has caused some kind of shock and intimidation to this day. I also started to become nervous and impatient; for example, whenever I was going out with my wife or mother, I could not wait for them for too long. I would get furious if they made me wait even for a few minutes. In the beginning, I did not know why I was acting like this. Only years later, I realised it was a reaction to waiting for long hours in front of the Israeli detention centres under all weather conditions to be allowed inside.

I remember when I went to Bir Alsabie\ Be'er Shiva in early 1988 to visit a detainee with severe psychosis. I went in early in the morning as requested, and it was not until around 3:00 pm that the Israeli military allowed me into the detention centre. It was July, and it was extremely hot as Be'er Shiva is a desert. There were no canteens or nearby markets to buy water or other beverages. When I walked inside, an Israeli doctor of Russian descent was amongst other individuals in the room. I protested the long wait, and out of anger, I told them that we Palestinians are suffering because we have no choice; the suffering of Israelis was their choice when they decided to occupy others. They stuck me in a room while they yelled and cursed at me. I suffered a heat stroke, and they feared I might collapse at that moment. They then told me to head back to my car and drive home. I refused and insisted on sitting with the detainee I went to see. I still remember that detainee vividly because the detainee was grossly psychotic and complex to handle. Based on my medical report, I requested the patient be transferred to a mental health hospital, and they granted permission for the transfer a few days later. I was in charge of that department for detainees' affairs at the hospital. After leaving the detention centre, I got sick for about two days due to dehydration.

I visited all detention centres. I have come across many stories, so many heart-rending stories through which I learned about the suffering of many detainees. Some detainees I visited or treated at my private clinic who attempted to stab Israeli soldiers have had traumatic experiences indeed. Some detainees were transferred to mental health hospitals based on my assessments. Behind every retaliatory act, there is a traumatic story and often a mental illness.

For example, I visited the Mascoubiyah detention centre in occupied Jerusalem to see a female detainee from Jericho. She arrived from the United Arab Emirates (UAE) and was even treated in the UAE for schizophrenia. One day, when she was in Jerusalem, she took her passport and ID and threw them in the garbage. She then proceeded to take out a knife, and once the Israeli military forces saw her with the knife, they immediately shot her in the leg. I visited her at the Hadassah Hospital, where she was medically treated for her wounds and was tied to the bed, and then was transferred to the detention centre in Jerusalem, where she was held. I assessed her, wrote her medical report, and was later re-

leased. What was significant about this visit was the traumatic experience. As I was being led to the detainee, I passed through many doors; one would open and then slam shut. The atmosphere was intimidating and fear generating. My heart felt the pain of the detainees as I was crossing the doors.

Another example, among so many, is one of my patients who was a woman from Nablus. She suffered schizophrenia, was married, and had several children. One day, she argued with her husband and left her house with a knife in her hand. The Israeli military shot her dead at the checkpoint. This patient did not pose any serious threat.

A third example is of a family from Jenin. The Israeli military forces bombed this family's home. The mother was subsequently killed. The children became reactively aggressive and violent towards each other and at school. Their father could not deal with his trauma or the change in his children's behavior. As a result, he strapped himself with bombs and blew himself up in Tel Aviv.

About five to six years ago, I had a patient from Jerusalem jailed for many years in an Israeli detention centre that had been recently released. He had schizophrenia and was grossly psychotic. His parents were afraid of him, and they would lock themselves in their room. I treated this patient where his parents began dissolving his medicine in his food. He started to get better. One day he was walking bizarrely in Jerusalem. An Israeli woman looked at him and began to yell out, »terrorist, terrorist!« in Hebrew. An Israeli policeman shot him dead immediately on the spot. I was unaware of this incident until his sister stopped by my private clinic. She came by asking for a medical report for her brother to prevent the Israeli military from demolishing their home. I wrote the medical report and handed it to her.

Detention centers and military courts

During the First and Second Intifadas, and even before then, I used to attend military courts. They treated me as an enemy at these military courts, not as a doctor or an expert. They do not trust Palestinian doctors, and they used to interrogate me. They tended to question the validity of our medical reports. I remember one time I went to testify for a detainee from Beitunia; the Prosecutor said to me, »anyone can write up a medical report on a computer«. I requested the trial be postponed, although it was irritating for me to have to go back to court. I informed her I wanted to submit supporting evidence for my testimony, but only to prove to her that I was right. The trial was postponed for another week or two. Upon the evidence I presented, they realised that my medical report was authentic and trustworthy and proceeded with the case.

There was this time when I was treating a patient with epilepsy. One day, Israeli military forces ordered him to climb up a pole to bring down the Palestinian flag mounted on top. While at the top, this patient experienced an epileptic seizure that caused him to lose his grip. He then fell down and died. Those days, we ran a psychiatric outpatient clinic in Ramallah once a week. The Israeli military ordered me to testify in an Israeli military court in Bethlehem. I was in Ramallah that day. Before the trial, one Israeli officer told me what to say and falsify the events. I, of course, refused to give in to his demands. As punishment, they withheld my documents. It was Ramadan and I had eaten nothing during the day. I was exhausted and I was retained in Bethlehem until about 10 pm. That is when they permitted me to leave.

So many Palestinians are often held in Israeli detention centres without trial, which is considered the so-called administrative de-

tention. Most have not committed any serious crimes or violated any law but are held solely on the hypothetical basis that they may engage in unlawful acts in the future. This grotesque and illegal measure has no time limit. A person is held without trial for indefinite periods. This act is done on purpose, probably to install a state of mind exhausted with unpredictability, a foggy atmosphere, and existential uncertainty for the Palestinian civilians to generate more anxiety and make life unbearable. Also, to reinforce subjugation and lead to a state of helplessness.

Further, the person detained is often not informed why he/she is being held. Palestinian detainees are left unable to adequately defend themselves due to the absence of specific charges. Faced with unknown allegations, Palestinian detainees are usually left helpless as they do not know when they will be released without trial or conviction. They may begin their detention for up to six months, and just before their release date, their sentence may be extended for another six months and so on and so forth.

There is no limit to the overall time a person can be held in administrative detention; therefore, the detention can be extended repeatedly, allowing Israel to detain Palestinians without convicting them for years on end. This practice is considered a form of psychological torture practiced by the Israeli occupation forces. It is considered such because of the psychological, physical, and mental impacts caused by indefinite detention that lead the detainee to live in an uncertain or undecided mental state without knowing what lies ahead. Moreover, Palestinians feel a loss of control over the future and feelings of borderline as they alternate between moments of looking forward to releasing and the actual realization or belief that their detention will be extended. This experience puts detainees under constant stress and anxiety, and they may develop severe depression, disintegrative personality, and dysfunctional cognitive ability. This legislative execution issued by an Israeli military court enabled them to detain whomever they wanted, including human rights activists and defenders.

Several cases, which passed through this bitter experience, declared having been indecisive on several urgent issues or leading to postponement or reckless decisions. This mechanism is a colonial tactic used in similar contexts to break individuals, families, and communities. The inability to plan is oppressive and can lead to deep-seated feelings of frustration. It is worth mentioning that dozens of persons under administrative detention went through a hunger strike extended over long periods to more than a hundred days since 2018 exposed their lives to danger.

Beginnings of TRC

The idea to establish a centre came out of my past professional experience. I remained all these years from late 1983 to 1997, treating patients, including ex-detainees, voluntarily. I resigned from the Mental Health Hospital in Bethlehem in 1996 because it became so difficult for me to drive and pass through the many checkpoints. I treated these patients or ex-detainees at my small private clinic during this time. Of course, I felt that this was not a suitable setting for the proper treatment of victims of torture. We needed a multidisciplinary team and a larger space as there was a massive demand for these services. We are talking about 40% of the male population in Palestine have been detained by Israeli occupation forces at least once in their lifetimes. More than 25% of the general Palestinian population has been detained in Israeli detention centres. Moreover, torture is practiced in every aspect of our lives, not only in Israeli detention centres. Again, all the small elements

that configure a torturing environment are built on every action.

From this experience, I found many reasons to establish TRC. Firstly, I noticed that approximately 40% of detainees and ex-detainees suffer from Post-traumatic stress disorder (PTSD) symptoms. Secondly, the stigma attached to mental illness meant that these ex-detainees were reluctant to seek help from the public sector. Thirdly, the only treatment available was of poor quality. Indeed, some aspects of treatment exacerbated their mental conditions. The environment of these settings reminded them of their past trauma (resembled detention centres). Fourthly, the existing private clinics are few, and the patients could not afford to pay any fees.

In January 1997, a human rights organisation offered us a small room to establish Ramallah's Treatment and Rehabilitation Center for Victims of Torture (TRC) because I visited detainees voluntarily upon their request. Afterwards, Khader Rasras joined TRC's team part-time as a senior clinical psychologist. He was working at the Mental Health Hospital in Bethlehem and is currently the General Director at TRC. Myassar Sbeih, a psychiatric social worker, also joined TRC's team. We then began to root our team spirit on institutionalizing our services. Later, we expanded and recruited new staff to meet the increasing demand for TRC's unique and integrated services.[1]

We attended a training workshop in Denmark in 1997, invited by Dignity, formerly the Rehabilitation and Research Centre for Torture Victims (RCT). At the training, all participants were debriefed in a clinical supervision session by Dr. Inge Genefke, founder of the International Rehabilitation Council for Torture Victims (IRCT). She morally encouraged us to establish TRC and provided us with valuable insights. I met her on several other occasions from then on, and she was always a source of support and encouragement.

On one of these occasions, during a conference held in Germany, we went on a tour to view the Berlin Wall. In my speculation about this, it was not as high as the Separation Wall built by the Israeli authority to separate Palestinians and Israelis. It was stirring and confusing to see how people around the world destroy *walls* and build bridges of trust and humanity while Israelis build bridges of mistrust and hatred.

In 1997, I was introduced to Helen Bamber, founder, and Rami Heilbronn, psychotherapist of the Medical Foundation for the Care of Victims of Torture, based in London. They accompanied us in one of our first outreach visits to two families. One family was living in the northern part of the West Bank. They lived in Algeria when a group of masked men decapitated one of the sons in front of the whole family. The boy was about 18 or 19-years old and was in the Algerian National Navy. His father was a schoolteacher in Algeria. After the boy's death, the family moved back to Palestine. The whole family was involved in the treatment. We also visited a woman living in downtown Ramallah. The Palestinian National Security Forces were searching for one of her relatives around their house at night, and they had aimed a pistol at her through the bedroom window. She was traumatized by this event.

1 We created the first Board of Directors. Members included Dr Heidar Abdel-Shafi, Dr Iyad Al-Sarraj, Mr Ahmad Al-Sayyad, Dr Ahmad Dawood, Miss. Rana Nashashibi, and me. I was also on the Board of Trustees at Al-Makassed Islamic Charitable Society Hospital in Jerusalem, along with Dr Heidar Abdel-Shafi, who later became a member of the Palestinian Legislative Council and the head of the Palestinian negotiation team in Madrid. Dr Abdel-Shafi was nominated as President of the Board of Directors at TRC.

I started searching for funding opportunities. We received a small grant from the Norwegian People's Aid. It was good to start forward. Later, I was introduced to Annick Tonti, the head and founder of the Swiss Agency for Development and Cooperation (SDC) in occupied Palestinian lands, who signed an agreement in 1999. We could rent new premises, and TRC could begin to grow with their support. Their efforts helped us provide mental health care to countless torture survivors and individuals with mental disorders. We recruited a larger team of psychologists, which was challenging to establish. Helen Bamber, Rami Heilbronn, and I trained the new team. I contacted psychologists on a 24-hour basis to avoid burnout from exposure to complex and catastrophic cases.

Although the office was small, there was a huge opening ceremony for the TRC inauguration in 1999. The ceremony was well attended by many local, regional, and prominent international figures; there were professors from several universities and numerous consuls representing their countries. I gave an opening speech inspired by a detainee at an Israeli detention centre I visited between 1985 and 1986. This detainee exhibited weird behaviors because he was suffering from a delusional disorder. The other detainees even suspected him to be a collaborator with the Israeli security forces, and under pressure, he admitted to killing a person (which was untrue). When I visited this detainee, he said something I would never forget. He said, *"Please do not forget me"*. After his release, we treated him at TRC. He later began his studies at Birzeit University in English Literature, where he eventually graduated and was hired as an English schoolteacher. He became one of many of TRC's success stories. Dr. Abdel-Shafi also gave a speech, as did Dr. Iyad Al-Sarraj, the Gaza Community Mental Health Program founder. Ex-detainees and their families were also invited to the opening ceremony.

TRC started to provide services for increasing torture victims in Israeli detention centres. The centre also received victims from different perpetrators. We do not consider the perpetrator or the victim's identity, colour, or religion. We treat all those in need and those who ask for help.

We treated Palestinians who were tortured in numerous Arab states. In addition, we treated a white American whom the FBI tortured in the United States. He was working as a visiting lecturer in one of the local Palestinian universities. Arab Americans were also treated. We treated a Spanish woman married to a Palestinian doctor whose son was killed by the Palestinian Security Forces after the establishment of the Palestinian Authority. We treated two German women and an Egyptian woman as well. We also treated an Israeli woman who claimed having been tortured by Israeli intelligence. It is worth mentioning that this woman was married to a Palestinian ex-detainee.

Since TRC's establishment, I began to understand where to transfer my patients. For example, I had a patient who came to my private clinic in the mid-1980s referred to the Ramallah district psychiatric outpatient clinic. His story was that in the 1980s, he was sitting next to his brother on a bus. Israeli settlers were attacking Palestinian cars and shooting randomly at Palestinian civilians. His brother was shot and killed in his arms. In retaliation, he burned an Israeli officer's car in front of an Israeli police station in Ramallah. The Israeli forces seized him and began to beat him on the head, and he suffered from head trauma (brain concussion). This patient started suffering from impairment of memory. Dr. Kamal and I began to treat him. We wrote his medical report right after. One day, this

patient fled to Jordan. On his way, he was subjected to a thorough inspection on the Allenby Bridge Crossing. The Israeli military seized his medical report.

Afterwards, the Israeli intelligence service periodically questioned me at the Sheikh Jarrah Interrogation Centre in Jerusalem. They would show up at the mental health hospital where I was working to interrogate me. They wanted to know about my relationship with this patient.

In another incident, a few years later, this patient went to Jerusalem on Laylat Al-Qadr (the Holiest night in Ramadan). After finishing his prayers, he made a small demonstration and began making a slight disturbance. The Israeli police saw him and immediately beat him, fracturing his skull. I later transferred him to TRC in the late 1990s. In parallel to his treatment, this patient began to receive vocational training and rehabilitation at TRC. We bought him the tools and equipment he needed to begin. Finally, he moved to Jordan.

As we continued to receive funds from other donors[2], we began to get involved in documentation, treatment, rehabilitation, training, awareness and advocacy programs, and the bulk of our work was the outreach visits. Furthermore, 10,000 field visits were carried out by TRC's team on an annual basis through our offices in the whole West Bank, as we also involved families in treatment. We used different treatment modalities, including dynamic psychotherapy, cognitive-behavioral therapy (CBT), narrative therapy, crisis intervention, and eye movement desensitization and reprocessing (EMDR) therapy. It was tough for torture victims to express themselves. It was easier for bereaved families to talk about their loved ones and their emptiness within themselves. However, ex-detainees who were subjected to torture do not disclose any information. Shame is a cardinal symptom of torture.

The objective of torture is not to kill the body but to kill the soul and spread fear within the individual, families, and the whole community.

Hidden secrets and unexplained symptoms

There was a 17-year old child who was detained by Israeli armed forces. After her release, her family beg an to notice a change in her behavior. She even burned down her house one time. She was transferred to the Mental Health Hospital/Bethlehem and assessed by different mental health workers over the years. At one point, she was transferred to TRC. During one of our sessions, she revealed what had happened to her. Before being transferred to an Israeli detention centre, she was sent to an Israeli prison with Israeli female criminal prisoners. While detained with these prisoners, she claimed that they attempted to sexually assault her, as Israeli correctional officers did as well. She was heavily traumatized, and her behavioral change resulted from unspoken and undealt with trauma.

A similar story happened with another 17-year old boy that was detained, and after his release, his behavior changed a lot. His mother came to seek psychiatric help as she could not deal with her depression. She revealed her sons situation and the circumstances leading to his current behavior. She explained that his premorbid personality was intact before

2 The United Nations Victims Fund, European Union, the Centre for Victims of Torture in Minneapolis (CVT), the Netherlands Representative Office (NRO), and the Spanish Agency for International Development and Cooperation (AECID) and other Spanish NGOs, among other donors. The UN Women program also provided support to inmates in Palestinian correction and rehabilitation centers.

his detention, and he was very sociable and energetic. Afterwards, he became isolated and very reserved. Years later, in his mid-20s, his parents suggested he married, hoping that this would change his lifestyle and get him out of his current mental state. However, his response was, 'I am not fit to get married'. Later, he revealed that the Israeli interrogators in the detention centre raped him. His parents were shocked and in a state of disbelief. He started therapy at TRC and got improved.

B'Tselem, an Israeli human rights organisation, transferred an ex-detainee with severe trauma and suffering from complex PTSD to the centre. We treated him, and his situation improved. He later got married, and after about two or three days, he dropped by TRC. He revealed what he had done to his new bride. He forced her to sit with him outside in freezing temperatures, utterly naked at midnight! He did what had been done to him during his torture at an Israeli detention centre, as it was part of his interrogation process.

Psychological torture and the role of the Israeli medical profession

Torture methods have slightly shifted over the last few decades. In the 1980s, physical torture was prevalent. In the 1990s, a new method of torture was introduced, referred to as the 'Shaking' method, probably developed by Israeli doctors based on the 'Shaken Baby Syndrome, as it does not leave visible physical scars. B'Tselem describes this method as such: »*The interrogator grabs the interrogee, who is sitting or standing, by the lapels of his shirt, and shakes him violently, and his head is thrown backwards and forward*« (B'Tselem, 1998). It causes a rupture in the small blood vessels in the brain. Common consequences of shaking are dizziness, vertigo, behavioral changes, impairment of memory, and disorientation. If this continues longer than one minute, the person might pass away due to diffuse brain damage (British Medical Journal, 1995), and some cases have been reported (The American Journal of Forensic Medicine and Pathology, 2022).

I remember when a Danish doctor visited us. We explained to him about the shaking method, but he did not quite understand it. He requested a demonstration to imagine the experience. There were two ex-detainee students from Birzeit University working with us. At first, they were hesitant, as they knew first-hand the consequences of shaking, being ex-detainees. One of the students shook the Danish doctor and applied it on him based on his demand about two or three times, and he was about to faint and told them to stop.

However, torture methods were shifted more towards psychological methods, which are more painful, harmful, and have long-term consequences.

One of the most damaging torture methods is solitary confinement. It is common for the Israeli military to put detainees, even minors, in solitary confinement for extended periods, and the consequences are well-known. The cells in which detainees are solitarily confined are minimal in size, extremely filthy, with no windows and dim lighting. A detainee would be very isolated from the world without knowing the time or whether it is day or night.

The denial of family visits reinforces isolation. Furthermore, family members are often subjected to psychological torture during their visits, forcing them to wait for long hours, being subjected to lengthy and humiliating inspections, and being forced to pass through naked inspections. This adds pressure to the detainee, that often begs the family not to come.

Detainees are also exposed to sleep deprivation and constant yelling. Sleep deprivation adds to the torturing environment of isolation and causes severe psychological damage.

The Israeli army also introduced the well-known 'shabeh' position. According to B'Tselem, "regular shabeh entails shackling the detainee's hands and legs to a small chair, angled to slant forward so that the detainee cannot sit in a stable position. The interrogee's head is covered with an often filthy sack, and loud music is played non-stop through loudspeakers".

Additionally, there is the practice of medical neglect. Contrary to what is stipulated in the Tokyo Declaration of 1975 issued by the World Medical Association, a physician must treat his patients with dignity and without discrimination and maintain their mental and physical health to relieve their pain and suffering. I remember a detainee with a disc problem suffering from back pain. He was treated at the Israeli detention centre's clinic. It seemed the medical staff communicated this weakness to interrogators because they began using this detainee's pain as a torture method after a few days. They would make the detainee stand on one leg with his arms upwards. His testimony, among many others, indicated the involvement of Israeli medical staff in the torture of detainees.

The detention centres' clinics were used to gather collaborators with Israeli security forces. Therefore, some detainees refrained from going to these clinics for fear that other detainees would suspect them. Israeli physicians wrote medical reports in favor of the detention centres. The medical staff filled out a medical form before, during, and after torturing a detainee that was used to examine the detainee whether he was fit to continue being submitted to further torture. However, detainees are not referred to the clinic except in critical condition. Detention staff does not comply with medicinal prescriptions or dispensing of medications. Clinics lack specialists. The doctor's visit is brief and in military uniform, which constitutes a psychological obstacle for the detainee. It is difficult for Palestinian doctors to visit detainees because of Israeli restrictions.

Legalization of torture

In 1987, an Israeli government commission of inquiry, the Landau Commission, authorised torture and ill-treatment through the interrogation of Palestinian detainees by the Shabak using the term 'moderate physical pressure'. In 1999, the Supreme Court of Israel permitted specific methods of torture. They kept a legal loophole for the use of torture by justifying it according to the well-known and unreal 'ticking bomb' scenario under the pretext of 'necessity'. The Committee Against Torture clearly stated that this legal "exception" was a grave violation of the Convention. The fact is that it is not an exception, and the so-called "necessity" criteria is applied to all cases where there are complaints against the Israeli investigators; in other words, there is a law architecture to ensure impunity for the investigators practicing torture.

In 1999, we held a joint international conference with the Medical Foundation in London well attended by prominent local and international figures. The Gaza Community Mental Health Program (GCMHP) and the Palestinian Medical Association were among them. The Medical Foundation suggested that Physicians for Human Rights Israel (PHRI) also participated. I first asked about their political position on human rights violations towards Palestinians. They replied that they firmly believed in the right of return of all Palestinians, in addition to the two-state solution. The conference was successful and lasted for three days. The conference's topics revolved around torture methods used against detainees' and the general population and the involvement of Israeli medical staff in torture.

We wrote a letter to the Israeli Medical Association. We also began to create partnerships with the IRCT, Dignity, and other local and international human rights organisation.

We began to commemorate the International Day in Support of Victims of Torture, held annually on June 26th, the Palestinian Prisoners' Day on April 17th and the Human Rights Day on December 10th.

Several international figures visited TRC as we became very well established globally. To mention one, Dr. Perez-Sales, Chair of the World Psychiatric Association Section on Psychological Consequences of Persecution and Torture, visited TRC in 2018. We went, among other things, to visit TRC programs in East Jerusalem. In my infancy, my father used to bring me to the Old City Market and religious sites. Now it was forbidden for us to cross, and it was more than ten years since I had not been there. We went on Friday because Israel allows Palestinians over the age of 65 to enter that day to pray at Al-Aqsa Mosque. Dr. Perez-Sales noticed how, as a foreign citizen, he was granted full access to any place in Jerusalem while I could not go to the place of my childhood. During this visit together, I began to reminisce about the early 1960s when the West Bank and East Jerusalem were free. They were occupied in 1967. I visited family members residing in East Jerusalem, particularly in Wadi Al-Joz. We moved freely within East Jerusalem and the West Bank without needing a special permit from the Israeli authorities. Now, everything has changed. Things are, every time, more difficult for Palestinians.

Continuous Traumatic Stress Disorder

Oftentimes, PTSD treatments were complicated with challenging cases, especially on those who suffered constant traumatic stress. The reason was and is the result of living under repeated and ongoing trauma. Based on research we conducted at TRC in 2011, the vast majority of the people we treated suffered from more than one trauma. Palestinians are constantly exposed to violence (home demolitions, the Israeli military's killing of a family member, being re-detained for no reason but to intimidate and break life projects). Most of our patients suffer from *Continuous traumatic stress disorder* (CTSD), a terminology that came out of my clinical practice. In western countries, a person has PTSD and usually lives in a protected environment. However, Palestinians continue to suffer from traumatic experiences and are not protected within their environment; on the contrary, they are recurrently exposed to traumatic events and situations of politically motivated violence. In several cases, victims demonstrate having been exposed to multiple traumas. A case recently reported at TRC informed that her house was demolished for the second time, one of her sons was killed, and the other got arrested, and she was extremely frightened at night, fearing invasions any time. In DSM-V, this is considered under Complex trauma. However, the expression does not capture these ongoing traumas, recurrent, expected all the time and yet not ended even periodically. Continuous trauma is embodied almost in every aspect of Palestinian people everyday life.

In Palestine, compared to other contexts, traumatic experiences and trauma-related consequences are always there. In epidemiology, aetiology and therapy: when looking at our clinical situation here, one can sense the suffering in all aspects of Palestinian citizen's life. Living under occupation is an agony generating pain and sorrow. Hardship is always there. It is not a transient state that one can accommodate with or cope with, but rather a debilitating condition that needs endurance, tolerance, and perseverance. The resilience expressed by the general Palestinian population comes from

the competent level of endurance they developed over time, from their unquestionable right to self-determination. Endurance means that people endured unendurable hardships that they faced all through their life under occupation. They developed coping strategies based on their unquestionable and unshakable belief that this atrocity and tyranny should vanish and justice will one day prevail.

Final remarks

This paper and the stories in it are only a glimpse of the suffering of every Palestinian home.

I always believed that all people should receive appropriate health services. The right to health is included in the Universal Declaration of Human Rights as an essential and unconditional right. I believe that mental health is strongly linked to human rights. It is not only the Palestinians' responsibility to end the occupation and achieve peace. It is also a regional and international responsibility and commitment.

In the end, TRC's work contributes effectively to the relief of people's pain and sorrow, helps maintain their desire for life, instils hope in their hearts, helps develop coping strategies, and creates a strong sense of resilience, tolerance, and perseverance.

TRC is the voice of the voiceless that cannot portray their bitter experiences and a channel to express their conflicts and complicated hardships.

Finally, 'as I could not save the life of my own brother, I have to make a positive difference to the lives of others.'

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