



Politics drives human functioning, dignity, and quality of life



Brian K. Barber^{a,b,*}, Carolyn Spellings^a, Clea McNeely^a, Paul D. Page^c, Rita Giacaman^d,
Cairo Arafat^e, Mahmoud Daher^f, Eyad El Sarraj^f, Mohammed Abu Mallouh^f

^a University of Tennessee, United States

^b New America, United States

^c Delaware Technical Community College, United States

^d Birzeit University, Palestine

^e Save the Children Foundation, Palestine

^f Gaza Strip, Palestine

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ABSTRACT

Too little is known about human functioning amidst chronic adversity. We addressed that need by studying adult Palestinians in the occupied Palestinian territories (oPt), a population that has experienced longstanding economic and political hardships. Fourteen group interviews were conducted in February, 2010 in Arabic by local fieldworkers with 68 participants representing the main stratifications of Palestinian society: gender, region, refugee status, and political affiliation. Interview tasks included each participant: describing someone doing well and not well, free listing domains of functioning, and prioritizing domains to the three most important. Thematic analyses highlighted the dominating role of the political domain of functioning (e.g., political structures, constraints, effects, identity, and activism) and the degree to which political conditions impacted all other realms of functioning (economic, education, family, psychological, etc.). The discussion links the findings to relevant theory and empirical work that has called attention to the need to include the political in frameworks of quality of life. It also emphasized that values, such as justice, rights, dignity and self-determination, that underlie political structures and policies, are key elements of human functioning. This is the case not only in the oPt, but in any society where power imbalances marginalize segments of the population.

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1. Introduction

Although social and medical sciences have much to say about human wellbeing and quality of life generally, little is known about how human functioning can be conceived for persons living under chronic constraint. This is especially true for populations for whom such constraints extend beyond economic disadvantage to include persistent political conflict and control. While some conflicts are relatively short-lived, there are many regions of the world where conflict is endemic and people live for decades—even generations—with the combined impact of severe economic and political constraints. Examples include: Afghanistan (Eggerman and Panter-Brick, 2010); northern Kenya (Pike et al., 2010); Palestine (Giacaman et al., 2010a); and Sierra Leone (Betancourt et al., 2011), among others. Both research and practice with populations

undergoing chronic conflict and control would be meaningfully enhanced if a more precise and comprehensive understanding of their lives could be achieved.

Residents of the occupied Palestinian territories (oPt) are an apt population for study in this regard because they have lived under shifting forms of political subjugation and related economic hardship for at least three generations. Much has been written about this history. For one comprehensive overview, see Tessler (2009). In brief, relations between the Arab residents of Palestine and waves of in-migrating Jews from Russia and Eastern Europe at the turn of the 20th Century were initially relatively peaceful. Over the ensuing decades, however, tensions—including increasingly severe outbreaks of violence—began to grow over issues of land control and nationalism for both peoples. Great Britain assumed a mandate to govern the region in 1917 at the end of World War I, but resigned that authority in 1947 after failing to achieve a peaceful structure and under increasing hostility from Arabs and Jews alike.

By 1948, Jewish forces, with significant Western backing, defeated Arab forces and the State of Israel was created on

* Corresponding author. Center for the Study of Youth and Political Conflict, 2110 Terrace Ave., Knoxville, TN 37916, United States.

E-mail address: bkbarber@gmail.com (B.K. Barber).

approximately three-quarters of the region that was at that time known as Palestine. The large majority of Arabs fled and/or were forced to relocate elsewhere in neighboring countries—Jordan, Lebanon, Syria, Egypt—and beyond. Through another military victory in 1967, Israeli forces took control of several additional territories: the Sinai and the Gaza Strip (from Egypt), the West Bank, including Eastern Jerusalem (from Jordan), and the Golan Heights (from Syria). The Sinai was ceded back to Egypt in 1978 by way of the Camp David Accords, but the other territories remain under Israeli control.

By late 1987, tensions between Palestinian Arabs and Israeli military forces in the Gaza Strip, East Jerusalem, and the West Bank (the three regions currently referred to as the oPt) exploded into the first Palestinian intifada (Arabic for “shaking off”), a six-year long popular movement that focused world attention on the situation of Palestinians in the oPt and culminated in formal efforts to facilitate self-determination for them (via the 1993 and 1995 Oslo Declaration of Principles). All such efforts over the ensuing 15 years failed to improve conditions for Palestinians and to stop hostilities, and the second intifada broke out in 2000. While no formal end of that struggle can be identified, many suggest that it stopped in 2005.

Generally, economic and political conditions have worsened since, and particularly so for Gazans, exacerbated by the very violent 2007 civil war between the Fatah and Hamas political factions (see Shachar, 2010 for one of the more recent of many overviews of Gaza). This has been followed by three wars between Israeli forces and Gazan (primarily Hamas) forces (2008–9, 2012, 2014) that have resulted in the deaths of more than 3500 Gazans and up to 100 Israelis.

In this study, we focused on the cohort of Palestinians currently aged 30 to 40. This generation of Palestinians are of particular interest because, as youth, they engaged to historically unprecedented levels in the political conflict of the first intifada (1987–1993) (Barber and Olsen, 2009). Thus, beyond living their whole lives under political occupation (i.e., born after 1967), their formative years were steeped in intense political conflict, and, subsequently, they have lived under declining economic opportunity, episodic resurgences in violent conflict, hardened political constraints, and internal political schisms.

Consistent with the World Health Organization's (WHO; WHO, 2001) classification system, we use functioning as an umbrella term that broadly encompasses activities, participation, tasks, actions, body functions, etc. For WHO, functioning is distinct from disability in that the former allows for non-problematic aspects of health. This breadth of concept importantly meets one driving principle of this analysis: achieving a holistic appreciation of life under occupation. Bolton and Tang (2002) have used the term (function) similarly in their attempt to discover culturally relevant indicators (albeit with a specific focus on mental health). Assuring that the data gleaned in our effort was culturally driven was the second main principle guiding this analysis.

1.1. Local understanding of functioning

A valid approach to understanding how humans function in conditions of chronic constraint must explore the “felt ‘nature of reality’” that participants experience (Summerfield, 2013: 346). Given the predominant focus on problems and suffering (particularly mental health) in research on populations experiencing political conflict (Barber, 2013, 2014), it is not surprising that recent work has targeted suffering or problems when investigating local definitions of functioning. Following are some exemplars of constructs that have been investigated, typically via interviews: *distress* (Afghanistan: Miller et al., 2006); *main and most distressing*

problems and their solutions (Afghanistan; Eggerman and Panter-Brick, 2010; Panter-Brick et al., 2009); local idioms for *political violence-related stress* (Peru; Pedersen et al., 2008); *functional impairment* (Indonesia; Tol et al., 2011); *challenges* (Vindeogel et al., 2013) and *spirit possession* (Neuner et al., 2012) in Northern Uganda; *impact of severe exposure to traumatic events* (Palestine; Giacaman et al., 2007a); *reintegration and adjustment for girls formerly associated with armed groups* (Sierra Leone; Stark et al., 2009); and *problems stemming from ethnic cleansing* (Rwanda; Betancourt et al., 2012).

In the current study, instead of explicitly exploring political violence-related suffering, we were interested in gleaning an unstructured elucidation of how such a population conceives of functioning generally. The strength of such an approach is the ability to situate and contextualize local conceptions of suffering and wellbeing amidst the terrain of broader functioning that participants themselves chart.

1.2. Holistic conceptualization of functioning

Although there are not specific past findings from such unstructured, holistic approaches to guide this effort, there is certainly much information available that is relevant to contemplating what one would expect to be emphasized by participants such as those from the oPt when asked to elaborate on how they conceive their lives. Specifically, there appears to be good reason to expect that issues of economy and politics would surface as central in any such investigation.

Relative to the economic domain, an example of a rather narrow, but basic focus is the dense literature on the construct of wellbeing. Much of the wellbeing literature has wrestled with the association between economic conditions (e.g., wealth, both personal and national) and wellbeing (specifically, happiness) (Veenhoven, 2007; Diener and Diener, 1995; Schimmack et al., 2002; Suh and Oishi, 2002). There is disagreement in the literature as to how effective a predictor of wellbeing wealth actually is, but those who have defended it have done so with the explanation that wealth enables individuals to meet the most basic of needs (Veenhoven and Hagerty, 2006). Further, Sen (1999) tied wellbeing and happiness to the amount of freedom a person enjoys, explaining that economic wealth (however it is measured) is a critical determinant of whether an individual's life is one of possibility and or limitation. Notably, he specified that such freedoms include political liberties, such as free speech and participation.

Other examples of approaches that invoke economics and politics are Krieger's (2001) ecosocial model, that, in addition to emphasizing psychosocial resources, alerts to the reality of economic and political determinants (e.g., the relative democracy of political structures; Mackenbach, 2014) of health and disease. And, the emphasis on “social suffering” in anthropology (Das et al., 2001; Eggerman and Panter-Brick, 2010; Giacaman et al., 2010b; Panter-Brick, 2010), which implicate a web of social, economic, legal and political barriers that people in some contexts endure. Further, the human security framework (Leaning, 2010) is relevant through its emphasis on basic human freedoms and rights, including political and civil liberties and economic, social, and cultural abilities (Alkire, 2003).

Research specifically on Palestinians has focused largely on identifying any psychosocial problems of youth associated with exposure to political violence (see Barber, 2014 for a recent review). However, directly relevant to the current study is work by Rita Giacaman and colleagues that has systematically pursued the refinement of the World Health Organization's (WHO) four-fold framework (WHOQOL Group, 1998) of physical, psychological, social, and environmental to add a political domain (Abu-Rmeileh

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