

House Demolition and Mental Health: Victims and Witnesses

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The research examines the immediate effects of losing one's home and witnessing the demolition of others houses on the mental health of Palestinian adults and children. The loss group consisted of 47 adults whose homes were demolished, the witness group of 24 adults who witnessed the house demolition, and the control group of 33 adults. The groups were compared for their anxiety, depression, and paranoid symptoms. In addition, 38 children in the loss group, 36 children in the witness group, and 50 children in the control group were compared for their psychological symptoms. The results showed that adults who were exposed to house demolition showed a higher level of anxiety, depression, and paranoid symptoms than the witness and control groups. The children in the loss group showed a higher level of psychological symptoms than the children in the witness and control groups. The witness group differed from the control group in having more depression among women and more psychological symptoms among children. Women suffered more from anxiety, depression, and paranoid symptoms than men in the loss and witness groups but not in the control group.

KEY WORDS: traumatic events; political violence; mental health.

When I returned to my home in the evening, I found it destroyed. The furniture was scattered and broken. I began to weep. At that moment I began to remember the time when we were uprooted from our country, Palestine. We settled in the Khan Yunis camp for 35 years. Then we left the camp to live here in the El Ammal settlement until our home was destroyed. When the soldiers imposed the curfew I didn't expect them to demolish our home. Their motive was revenge. Whenever we achieve a step of progress, Israel forces us to go back.

60-year-old woman, Gaza

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INTRODUCTION

During the Palestinian uprising—the Intifada—the Israeli army frequently used house demolitions to frighten and collectively punish the population for its resistance activities.⁴ When a family is witness to the destruction of its own home by enemy soldiers, the psychological effect is immense. The home is not only a shelter, but also the heart of family life. There are memories of joy and pain as well as attachment to familiar objects. Home is associated with feelings of security and consolation.

A great deal of psychological research on organized political violence has focused on the relationship between exposure to traumatic events and mental health. The procedure for assessing traumatic or stressful experiences is based on life-event research, which attempts to establish a causal link between recent or chronically occurring life events and mental and general health problems (Holmes & Rahe, 1967; for review see Goodyer, 1990). Life events such as bereavement, separation, and moving are suspected to exert major adverse psychological effects on both children and adults. However, studies that take into account other variables such as pre-event levels of psychological functioning have questioned the existence of a relationship between life events and psychological problems. With the exception of clinical and retrospective studies, correlations have been found to be relatively moderate for general samples (Cohen, Burt, & Björck, 1987). Rather than merely listing different events, it might be more useful to analyze the meanings that different hardships present for different people.

In studies dealing with political violence and war, questionnaires are constructed to correspond to the specific reality in which people live, e.g., in South Africa (Dawes *et al.*, 1989), Iraq (Dyregrov & Raundalen, 1993), Lebanon (Macksoud, 1989; Mahjoub, 1990), and the occupied West Bank and Gaza strip (Punamäki, 1986). Political trauma or stress is usually assessed using a global measurement without a distinction being made between the impact of traumas of different kinds on psychological well-being. Theoretical and clinical literature propose, however, that the nature of the traumatic experience is decisive in predicting the nature and severity of psychological problems. For instance, loss has been associated with depressive symptoms, threat with anxiety, and frustration with aggression (Bowlby, 1973; Dollard *et al.*, 1939).

Some empirical studies support the assumption that the nature of traumatic experiences prescribes the nature and severity of psychological prob-

⁴The term collective punishment is used to refer to a range of actions directed against the community as a group. It includes curfews, demolishing neighborhoods, deportations, and closures of areas. In the Gaza strip, 268 houses were completely and 121 partly demolished, and 71 homes were sealed in the years 1988–1992 (UNRWA, 1992). During the first 2 months of 1993, the Israeli army demolished 51 houses in the Gaza Strip (JMCC, 1993).

lems. Bryce, Walker, and Peterson (1989) studied the importance of the nature of different life events in predicting depression among West Beirut women during the 1982 Lebanon war. Of the war-related events, only displacement from home increased depression. Researchers concluded that events related to the ongoing war affected the women's mental health only when they impinged on their daily life. A study of Israeli children showed that political hardships such as shelling and explosions increased psychological symptoms of anxiety and depression, but were not related to problems like family difficulties or lack of social support (Punamäki, 1996). However, research is still scarce about how the nature, severity, or timing of war-related traumatic experiences influence mental health.

This article focuses on the question of how the nature and severity of a traumatic event affects the mental health of children and adults. Palestinians whose homes were demolished, Palestinians who witnessed the demolition of houses, and a control group were compared for their anxiety, depression, and paranoid symptoms. The children belonging to these groups were compared for their psychological symptoms. According to specific effect of loss and threat, we may hypothesize that losing one's home will result in depressive symptoms, and witnessing of the destruction of others homes will result in anxiety.

METHOD

Subjects

The groups studied were (a) *the loss group* of 47 adults (mean age 33 ± 13) and 38 children (mean age 8.7 ± 2.2) whose homes were demolished while living in the El Ammal housing settlement in the south of the Gaza strip, (b) *the witness group* of 24 adults (mean age 30 ± 12) and 36 children (mean age 8.8 ± 2.4) who witnessed the demolition of the homes in El Ammal, and (c) *the control group* of 33 adults (30 ± 9.9) and 50 children (9.1 ± 2.1) living in their homes in another housing settlement, Bait Labia, in the north of the Gaza strip about 45 km from the demolished area. The control group was collected by using systematic sampling (Pedhazur & Schmelkin, 1991) in which, following a random start (naming a house in the settlement), every third house of that street was chosen to be studied.

Procedure

On February 10, 1993 at 4:00 am, the Israeli army surrounded a neighborhood in the El Ammal housing project and ordered all the people to leave their homes. Then soldiers machine-gunned their way into the houses. In the

process, they destroyed furniture and other belongings of the families. Before leaving, they exploded dynamite in order to damage the house structures. Finally, anti-tank rockets were fired to complete the demolition. The 31 families who became homeless were provided with tents by UNRWA.

The loss group of this study consists of those people who lost their homes in this incident; the witness group consists of the El Ammal people who observed this destruction. Both groups were interviewed during the 10 days after the disaster by two experienced field workers. The interviews took place in the ruins of their houses or in tents.

Measures

For the adults, the *Taylor Manifest Anxiety Scale* was used. It consists of 50 items, each describing a certain type of behavior or symptom indicating anxiety. Reliability of the test has been found to range between 0.81–0.92 in Arab populations (Souife, 1976).

The MMPI (Minnesota Multiple Personality Inventory) *Depression test* was administered. It consists of 60 items that measure symptomatic depression, e.g., general attitude characterized by poor morale, lack of hope in the future, general dissatisfaction with one's life, a lack of interest in activities expressed as general apathy, excessive sensitivity, lack of sociability, and some physical symptoms.

The MMPI *Paranoia test* consists of 40 items that are clearly oriented toward identification of psychotic behavior, acknowledging the existence of delusions and paranoid thought processes.

The parent was interviewed for the children's *psychological symptoms*. The 24 items from the Rutter (1987) scale were used. This scale covers various behavioral as well as emotional problems and neurotic symptoms in children. Four questions relevant to Palestinian children were added: if the child is afraid of the army, reexperiencing the traumatic event, afraid to go out, or suffering from choking.

RESULTS

Adults

Means of anxiety, depression, and paranoiac symptoms for the adults, were compared between the loss, witness, and control groups and between men and women by using a two-way ANOVA test. Whenever a significant *F*-ratio was found, the means were compared using *T*-tests. The ANOVA

Table I. Scores (Mean, SD) of the Adults' Anxiety, Depression, and Paranoia According to the Nature of Traumatic Experience and Sex^a

	Loss group		Witness group		Control group		<i>F</i>
	Mean	SD	Mean	SD	Mean	SD	
Anxiety	28.5	8.3	21.6	6.9	19.2	7.2	15.37*
Men	26.9	9.7	19.0	7.1	20.2	9.2	
Women	29.9	7.1	22.5	6.9	18.8	6.4	
Depression	24.6	5.3	19.6	6.5	15.8	4.1	27.16*
Men	23.1	5.2	15.3	7.2	16.5	4.1	
Women	25.9	5.2	21.0	5.7	15.5	4.2	
Paranoia	17.5	5.1	14.5	5.9	12.2	3.3	11.6*
Men	15.5	4.3	12.5	6.2	13.6	4.0	
Women	19.1	5.3	15.2	5.9	11.6	2.9	

^aLevel of significance, $df = 2, 103$.

* $p < .001$.

main effects and interactions of sex and nature of trauma on psychological problems are presented in Table I.

Results show that adults exposed to different types of traumatic experience differ significantly in their anxiety, depression and paranoid symptoms. The loss group showed the highest level of symptoms, and differed very significantly from the control group and significantly from the witness group. The witness group differed from the control group significantly only in depressive symptoms ($t = 2.50, p < 0.01$), but not in anxiety and paranoid symptoms.

The interaction effects of the nature of the trauma and sex on psychological problems showed that women expressed more anxiety and depression than men in the loss and witness groups, whereas no sex differences were found in the control group.

In the adult group, age was not significantly related to the psychological symptoms ($r = 22, p = ns$ for anxiety, $r = 21, p = ns$ for depression, and $p = 14, p = ns$ for paranoid symptoms).

Children

Children whose homes were demolished showed very significantly more psychological symptoms than the children in the witness and control groups ($F = 72.14, df = 2, 118, p < 0.001$). Also the children in the witness group showed significantly more symptoms than the control group ($t = 4.20, p < 0.0001$).

Age and sex of the child were not significantly related to the psychological symptoms in any of the studied groups.

Table II. Children's Psychological Symptoms in the Loss, Witness, and Control Groups (%)^a

Type of the symptom	Loss group	Witness group	Control group	χ^2 value
Dread of the army	97.4	77.8	70.0	10.63**
Lack of concentration	84.2	19.4	0.0	74.41***
Constant weeping	65.8	19.4	12.0	32.39***
Easily irritated	63.2	37.0	32.0	8.95**
Reexperiencing trauma	60.5	27.8	8.0	28.56**
Night terror	60.5	41.7	4.0	33.63***
Loss of interest	60.5	11.1	12.0	32.27***
Sleeping difficulties	57.9	16.7	6.0	32.89***
Explosive and touchy	55.3	52.0	20.0	9.98**
Clinging behavior	52.6	33.3	2.0	29.51***
Disobedience	50.0	30.6	18.0	10.27**
Afraid of going out	47.4	22.9	4.0	23.10**
Sad mood	42.1	5.6	0.0	34.13***
Aggressive behavior	42.1	16.7	16.0	9.59**
Feeling suffocation	39.5	8.3	2.0	25.28***
Bedwetting	31.6	17.1	12.0	5.44*
Social withdrawal	23.7	2.8	2.0	14.89***
Sucking thumb	21.1	5.6	2.0	10.38**
Biting nails	21.6	11.1	2.0	8.67**
Beating siblings	21.0	5.6	2.0	13.34***
Bullying peers	15.8	8.3	4.0	3.73
Eating difficulties	15.8	2.8	0.0	5.72*
Involuntary movements	15.8	5.6	6.0	3.25
Telling lies	15.8	8.3	4.0	3.73
Speech problems	10.5	2.8	2.0	3.88
Somnambulism	7.9	0.0	0.0	6.88*
Encopresis	5.3	0.0	0.0	4.55
Stealing	5.3	8.3	2.0	1.84

^a $N = 124$, $df = 2$.

* $p < 0.05$.

** $p < 0.01$.

*** $p < 0.001$.

Table II shows that the most common symptoms in the loss group were dread of the army (97%), diminished concentration (84%), constant weeping (55%), and reexperiencing the traumatic event (63%). The most common symptoms in the witness group of children dread of the army (78%), being easily explosive and touchy (52%), and night terror (42%). The table further shows that the compared groups did not differ significantly from each other in symptoms like eating difficulties, involuntary movements, telling lies, speech problems, encopresis, and stealing ($p = ns$.) These symptoms characteristically indicate severe childhood pathology and possible personality disorder. They were low in the sample, and the experiences of losing one's home or witnessing destruction did not immediately increase their occurrence.

DISCUSSION

The article reports the mental health findings of adults and children who lost their own homes by demolition, those who witnessed other people's home demolitions, and people who neither lost their home nor witnessed the demolition. The results showed that both adults and children who lost their homes suffered more severely from psychological symptoms than the witness and control groups.

The witness group differed from the control group only in their higher level of depression. In fact, only women in the witness group expressed more depression than the controls. It is sometimes argued that witnessing violence is as traumatic as being its victim. Pynoos (1990) concludes that exposure to direct violence or the witnessing of violent acts may lead to posttraumatic stress disorders and other symptoms. Our study did not support the notion that the effects of witnessing and direct exposure to violence are equally traumatic. It was evident that the loss group experienced psychological symptoms more acutely than the witnesses. On the other hand, concerning children's psychological symptoms and women's depression, the witness group showed a higher level of psychological suffering than the control group. This result indicates that people witnessing violence are also psychologically vulnerable and traumatized.

Depression was especially high in the loss group, which may be interpreted as an indication of the specific effect of the loss of one's home: loss leads to depression. According to our hypothesis, witnessing violence and destruction would give rise to anxiety due to its threatening nature. The witness group did not, however, show a higher level of anxiety than the other groups, counterindicating a specific psychological effect of threat of violence.

Women expressed more mental health problems than men in the loss and witness groups, which is in accord with earlier research (Brown & Harris, 1978). However, no sex differences were found in the control group. The result indicates that in traumatic conditions, the women's mental health is especially vulnerable.

The study setting can be criticized in that it fails to document the psychological meaning that people themselves give to their traumatic experiences. In stress research, it is generally accepted that the meaning given to, and the appraisal of, traumatic experiences are important to their outcome. Individuals develop psychological symptoms as a consequence of their psychological appraisal of the world (Lazarus & Folkman, 1987).

The interviews give us some hints about the specific meaning that the subjects attach to the loss of their homes. First, losing one's home means more than an acute disaster for the Palestinians since it evokes the memo-

ries of the traumatic experiences associated with being a refugee. The 1948 war and losing the homeland have been a central focus of fear and insecurity which deeply affects the inner layer of the Palestinian psyche (El Sarraj, Tawahina, & Abu Hein, 1991).

Second, events that happen suddenly, without prior notice, are considered to be the most traumatic for human beings. The methods used by the occupying Israeli army in the demolition are psychologically devastating: Demolitions are generally carried out at night. A large number of soldiers in armored vehicles surround the house and shout for the family to get out. Residents may be given only minutes to remove their belongings before the demolition. However, while many people emphasized the sudden and unexpected nature of the demolition, they were also conscious that the act happens in the context of a national struggle. In that context the house demolition is a humiliating experience.

Third, demolitions have meant that families have had to live in tents or in the houses of relatives. This naturally has caused practical and social problems. A father described his situation: "What has happened is a catastrophe for our family. When we left our home, we did not expect that the army would demolish it. Home means life and security. I am unable to work while my family is still living in a tent by the roadside. Two of my children have difficulties sleeping and eating."

For children, home fulfills a basic vital need and makes it possible to establish a secure and adaptive human relationship. The protective shield that is essential for children's mental health is dramatically destroyed when faced with house demolition. Also the fact that Palestinian parents are reduced to helpless victims in front of their children by enemy soldiers may have a negative effect on the child-parent relationship. Faten, a 12-year-old boy revealed that negative experience: "When I woke up in the morning I found soldiers shooting. I became afraid and looked for my father. I began to wonder about how we would live in the future. After the demolition I dreamt of soldiers raiding my home. They shot the members of my grandfather's family, then they shot my nephew. As our home is inside the settlement, they did not enter our home, but in the morning I found that all my relatives had been killed. After one week I had a similar dream."

ACKNOWLEDGMENTS

We are grateful to Amal Juda and Ala' Harara for their excellent fieldwork and to Ranya Bakr for her statistical analysis of the data.

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