“YOU WANT TO FIND THE PALESTINIANS? COME TO CAMH”: MIGRANT PALESTINIAN EXPERIENCES OF DISTRESS AND PSYCHIATRIZATION IN TORONTO

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Abstract

In this thesis, I investigate Palestinian migrants' experiences of distress and psychiatrization in Toronto, and the socio-political factors that shape these encounters. Through ethnographic interviews and a media and literature review, I illustrate how the excess of psy violence that psychiatrized Palestinians face is a result of the socio-systemic compounding of anti-Palestinian racism (APR) *and* sanism. Specifically, centering my research around the personal and familial accounts of five Palestinian migrant community members, I argue that Palestinian distress in Toronto is shaped by displacement, intergenerational and ongoing dispossession, and imperial Western settings. Here, I also advance anti-colonial mad-centred understandings of Palestinian distress as politically meaningful and valuable. I conclude that care for psychiatrized Palestinians in Canada requires: situating Palestinian distress within the ongoing Nakba ('catastrophe'); ending Zionism/APR in all care-settings; developing depathologizing, political and culturally relevant language around distress/madness; strengthening connections within Palestinian community; and above all, liberating Palestine.

Dedication

To my younger brother Nayef, who is magic incarnate; my late aunt Hania, whose memory still has so much to teach us; and all named and unnamed psychiatrized Palestinians in Western displacement

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Chapter One: Introduction

Say, I am a sea in which its drowned bodies keep cascading
While those sailing cannot see its coasts yet.
Say, I am the mad one, who sees
The death of a wonderful dream and I pursue it
I pursue it.

– Mourid Barghouti, 1987
(as cited in (El Alaoui & Pilotti, 2024)

Madly Palestinian

I write this in the spring of 2026, two years and six months into the ongoing sadistic genocide in Gaza and escalated settler attacks, land theft and ethnic cleansing in the occupied West Bank and East Jerusalem. Throughout this while, I made note of how words like 'crazy', 'insane', 'psychotic', and even 'schizophrenic' became commonplace descriptors of the state that we are in – from op eds to captions to people's passing comments at protests. In my experience, 'madness' is what we resort to when we have no words left – a place that is 'beyond logic' or what 'should make sense'. And there are indeed no words left to capture this chronic and worsening nightmare. In this way, madness has been consistently relegated to the realm of horror and unchecked abuse of power. Yet in another, for Palestinians, madness contains liberatory and anti-colonial potentials. We are pushed to claim madness, for example, when we are deemed 'insane' for choosing to stay in our homes and on our land, to refuse dispossession, and to keep resisting in the face of annihilation. Madness thus, for us Palestinians, offers a space for a kind of 'impossible' radical resistance, while also playing into sanist reactionary conceptions of 'mental illness' as territory of the dangerous, monstrous, and criminal. It is these modes in which madness, as well as the pathologization of madness, is used against us, by us, and for us –

especially in the face of an ongoing Nakba ('catastrophe') – that constitute the entry points for my thesis here on migrant Palestinians' experiences of distress and psychiatrization in Toronto.

This project started in the fall of 2024, a year into *harb al-ibada*[1] ('war of annihilation') in Gaza. Since then, the entirety of Gaza's population – around 1.9 million people – has been displaced multiple times over (Middle East Eye, 2025), while the official death toll provided by the Gazan Ministry of Health has been frozen at 37,396 since July 2024 (Khatib et al., 2024, p. 237) due to the complete collapse of the ministry's infrastructure, incapacitating their ability to either retrieve the corpses that remain buried under rubble or account for the missing. Additionally, a recent study from the *Harvard Dataverse* reports "that Israel has 'disappeared' more than 377,000 Gazans since the beginning of the genocidal campaign...half of them children" (Wahab & Bhuyan, 2025, p. 3). This is not considering the countless amputees, the prison-torture survivors, the orphaned, the starved and starving, and others subjected to various forms of *debilitation* (Puar, 2017) that remain unnamed or uncapturable through Western metrics of suffering. Simultaneously, the occupied West Bank and East Jerusalem is experiencing an alarming escalation in land theft, home demolitions, viscous settler violence, mass arrests/kidnappings into Israeli prisons, extra state killings of children (Wahab & Bhuyan, 2025) and most recently, the risk of all Palestinian detainees being executed by hanging as per a newly passed Israeli law (IMEMC, 2026).

It is undeniable that these chronic and worsening horrors are leaving a heavy toll on the 'mental health'[2] of Palestinians, not only in Gaza and the West Bank, but within the Western

[1] Its general reference by Palestinians in Gaza.
[2] I use scare quotes around psy terminology such as 'mental health' and 'mental health care' as it is a culturally specific and recent act of interpretation to say that when someone witnesses or experiences suffering that this suffering resides in their brain or biochemistry and that this suffering is an "illness".

diaspora as well. Dr. Lama Khouri (Webb, 2024), a Palestinian psychoanalyst working in New York city, reports that her Palestinian clients are having trouble eating and sleeping as they watch people being starved to death by the United States-funded settler state of Israel. These accounts echo the first-hand struggles I have come across working as a psychotherapist with Palestinian clients in Canada, as well as the findings presented in this thesis. Further, as a Palestinian myself, I have also been struggling to eat, sleep and go about ordinary daily life as I watch the atrocities against my people and family unfold from the comfort of my residence in genocide-complicit Canada (Palestine Chronicle, 2025). To add to this, Palestinians in Canada are simultaneously facing an increase in anti-Palestinian racism (APR) across all sectors (Zine, 2024), including 'mental health care' settings.

This heightened APR for Palestinians in Canada, and its impacts amidst continuous torture and annihilation, is what brings me to this research. Based on my personal and intimate experiences, as a displaced Palestinian immigrant and family to psychiatrized loved ones, I chose to focus this project on investigating Palestinian migrants' experiences of distress and psychiatrization in the Greater Toronto Area (GTA). This includes, but is not limited to, encounters with psychiatric services, programs, institutions, and professionals. Through ethnographic interviews, personal reflection, as well as media and literature review, I found that overwhelmingly, Palestinians who are psychiatrized in Toronto are made vulnerable to an excess of psychiatric violence – including overmedication, drug experimentation, chronic detention, prolonged solitary confinement, excessive amounts of electroshock, and a multitude of other carceral and punitive measures. By analyzing these forms of psychiatric violence, I demonstrate how this is the result of the institutional, as well as social compounding of APR *and* sanism – which could be called *anti-Palestinian sanism*, following Meerai et al.'s (2016) articulations of

anti-Black sanism. Specifically, my thesis argues that Palestinian distress and pyschiatrization in Toronto are shaped by geographies of displacement, intergenerational and ongoing dispossession (AKA the ongoing Nakba), erasure, and imperial Western settings.

Thesis Overview

I divide this thesis into five chapters that primarily center around the personal and familial accounts of five participants from the migrant Palestinian community in the GTA. In each chapter, I honour the expertise and knowledge of the participants' personal narratives. I begin with their familial history and context for migration and/or displacement before delving into their accounts of distress and psychiatrization. While each results chapter has its distinct themes, there are also elements that repeat and overlap.

In Chapter One, I briefly outline the literature available on the topic of racialized migrant distress and psychiatrization in Western contexts. I then discuss the Mad-centered and anti-colonial methodologies and theoretical frameworks that guide this thesis. I conclude by outlining my research questions, methods and choices.

In Chapter Two, the first results chapter, I examine Basem's near-decade psychiatric detainment at the Centre for Addiction and Mental Health (CAMH). Basem's story is based on the accounts of three of his family members: his mother, Salwa; father, Adhan; and sibling, Diya'. In this opening results chapter, I establish the case for APR in psy contexts (psychiatry, psychology, psychotherapy, psychoanalysis, and the various psychopolitical practices). Through the example of a Zionist doctor that Basem was assigned to, as well as other incidents of APR at

CAMH, I demonstrate how psychiatrized Palestinians are made vulnerable to excessive forms of psychiatric violence and chronic psychiatrization.

In Chapter Three, I explore the familial and personal accounts of Ghorab, whose family are poor/lower-class Muslim Palestinian refugees from Burj Al Barajnah (a refugee camp in Lebanon). In this chapter, I address the impact of continuous dispossession and genocide on Palestinian refugees. I also explore the classed, gendered, and religious socio-political factors that shape Ghorab and her family's experiences of distress and psychiatrizaiton in the city.

In Chapter Four, the last results chapter, I centre my discussion around Em and her family's history of displacement, APR, distress (namely suicide) and psychiatrization. As an autistic transgender Christian Palestinian woman and second-generation immigrant, I explore the unique insights Em's account provides into themes shared in the earlier results chapters. Similar to Chapter Three, I conclude by highlighting Em's own input regarding care for distressed and/or psychiatrized Palestinians.

In Chapter Five, the concluding chapter, I begin by addressing some of the anti-colonial and liberatory understandings and conceptions of Palestinian distress shared by participants in this project, as well as my own personal reflections. I then synthesise the main themes and implications of this thesis. Centering the subjective knowledge and expertise of all participants, I conclude that care for psychiatrized Palestinians in Toronto, and Canada at large, requires: situating Palestinian distress within the ongoing Nakba; ending APR/Zionism in all care-settings; developing depathologizing, political and culturally relevant language around distress/madness; strengthening connections within Palestinian community; and above all, liberating Palestine – the 'return of the land to the people and the people to the land'.

Gaps and Psy Discourse: A Brief Literature Review

Presently there is no literature that specifically examines Palestinian 'mental health' and/or psychiatric experiences in Canada. That said, some relevant research from a recent Ontario-based scoping literature review (Camargo et al., 2023) reveals clear gaps in research on the discrimination Muslim patients face in Canadian healthcare settings. Pertinent to this thesis, the study also found that Muslim patients are often subjected to anti-Muslim/Islamophobic treatments and that these trends are on the rise. However, a study on Muslim patients is broad and includes individuals from a wide range of ethnic and racial backgrounds. The study offers insight onto what some Palestinians, specifically Muslim or Muslim-looking Palestinians experience within Canadian healthcare settings. However, it does not account for the distinct instances of APR that Palestinians of all faiths and religions face as well. Additionally, the available literature on APR in Canada only briefly mentions the impact of APR on Palestinians' health. For example, a single excerpt that speaks to this from Canadians for Justice and Peace in the Middle East's (CJPME) 2022 report on *Anti-Palestinian Racism in Canada*, states:

> [A] major impact of APR is the harm and trauma caused by the targeting of the Palestinian racial identity. For Palestinians, social disapproval in the West intensifies the anxiety of being Palestinian and…can lead Palestinians to hide their identity for fear of persecution. This can result in isolation, depression and other mental health issues. (2023, p. 3)

At present, this is the extent of the findings available regarding Palestinian distress *and* APR in Canada. My thesis attempts to fill this gap and calls for further research on this issue. This is especially pertinent since as psychological anthropologist, T. M. Luhrmann (2007)

demonstrates, higher rates of distress among racialized migrants is a direct result of 'hostile environments'.

In "Social Defeat and the Culture of Chronicity", Luhrmann offers one of the few literature reviews, spanning across a decade (from the 90s into the 2000s), that specifically examines racialized migrant experiences of distress and psychiatrization in Western settings. Luhrmann's work provides "undeniable evidence" that social environments "deeply affect the course, the outcome, and even the origin of serious psychotic disorder" (p. 136). Luhrmann adds to these finding by arguing that "if we take these new data seriously, they suggest that our standard model of care not only does not help but may even make the illness worse" (p. 136). She asserts that this 'standard model' or 'care-as-usual' for psychiatrized people "has become a circuit of prison, shelter, hospital, and transitional housing that is notable mostly for the degree to which people opt out of services" (p. 147).

Further, Luhrmann's literature review examines prognoses of 'schizophrenia' among racialized immigrants in Europe and North America in comparison to prognoses of 'patients' in North African countries and India. Based on findings from a multitude of studies, Luhrmann reiterates that "the normative treatment for schizophrenia in our [Western] culture may make things significantly worse, and possibly even turn psychotic reactivity (the possibility for a brief psychotic reaction) into chronic clienthood" (146). The findings Luhrmann draws from then stress the case that Western psychiatry creates 'chronic conditions' particularly for people diagnosed with 'schizophrenia'.

These findings affirm the premise of my research, which is that racialized immigrants in Western settings are made more vulnerable to pronounced distress and especially to 'psychiatric chronicity'. Indeed, the examples of chronic Palestinian psychiatrization demonstrated in the

accounts shared in this thesis (of Basem, Anas, Ghorab's uncles and cousin, Khalida, and Em), support Luhrmann's argument that the Western psychiatric system itself produces 'chronicity'. Accordingly, I add to the work that Luhrmann shares by arguing that the consequences of psychiatric violence for Palestinian migrants in Canada are heightened and made distinct by conditions of ongoing dispossession and genocide, APR and Zionism, and a Western imperial setting that is aiding and funding our annihilation.

That said, despite Luhrmann's employment of ethnographic studies to reveal the disparities in distress and chronic psychiatrizaiton among racialized migrant communities, her work ends by reifying psy systems as the ultimate arbiters of 'health' and 'illness'/distress. She does this in her centering of Dutch psychiatrist Jean Paul Selten's theory of 'social defeat' – a theory based on his experimentations with rats. This is one of the many issues of popular discourse on 'mental illness', even with critical literature such as Luhrmann's. Here, the personal narratives of the participants in this thesis, such as Em's words of being a "lab rat for meds", and Adhan's statement about his son being turned into a "field of experiments", echoes loudly. Like many psychiatric studies, Selten's theory being based on animal experimentation alone is dehumanizing and reductive/dismissive to those who experience distress with valuable and legitimate insights (Linklater, 2014). As the findings presented in this thesis undeniably prove, this dehumanization is especially pronounced for Palestinians who are regularly and systemically compared to "human animals"[3] (Rickett, 2023) to justify their mass torture and slaughter.

Further, Selten's animal-studies reek of racist anti-immigrant discourse. In his experiments, Selten places an 'intruder' male rat inside of another male rat's cage or 'home',

[3] Israel's "defence" minister, Yoav Gallant, referred to Gazans as "human animals" in the lead up to the escalated genocide in Gaza in October 2023.

where he asserts that it is 'typical' for the 'resident rat' to attack 'the intruder rat', "forc[ing] him to display submissive behavior" (Luhrmann, 2007, p. 143). With this setup, not only does Selten assume that the 'natural resident' is a stand in for white European males (what happened to the female rats?), but the hostile response by the 'residents' towards the intruders (AKA immigrants, refugees and undocumented migrants) is normalized as a natural biologically-driven phenomenon, instead of the result of deliberate ideological supremacy and systemic oppression. Further, within the North American context, Selten's experiments naturalize settler colonization and erase all historical and ongoing presence of Indigenous peoples. Who is the 'intruder' and who is the 'natural resident' here?

What is more, Selten's 'proof' of 'social defeat' as the cause of distress ('schizophrenia') for racialized migrants rests entirely on the 'dopamine hypothesis'. This is a 60s hypothesis suggesting that parallel/multiple realities are caused by 'too much dopamine' – a hypothesis that continues to be deployed by psy discourse and practice as legitimate, with deeply harmful consequences, despite there being no tangible evidence to back it to this day (Fabris, 2011; Moncrieff & Cohen, 2009; Tomlinson & Borges, 2018). Thus, even when psy discourse examines the social factors at play in causing distress, inevitably the pathology, as well as the subsequent action to mend it (medication) is placed in the dopamine/biological-makeup of the individual rather than the 'conditions of hostility' themselves. Why is the environment 'hostile' in the first place? Why is there an 'intruder' and a 'resident'? Why are we studying rats to explain human distress? How can we permanently eradicate 'hostile environments'? These are questions that do not seem to concern most psy researchers.

As I address in the following methodological section, Western psychiatry, with its roots in early settler-colonial eugenics and scientific racism (Kanani, 2011), appears to do *anything but*

address the material and political issues at hand – and from which states of distress arise. Significantly, as I demonstrate through the personal and familial accounts of the interviewees in this thesis, this psy disposition to eclipse material and political conditions has particularly devastating outcomes for distressed Palestinians in Canadian settings.

Settler Colonialism and Psychiatry: Context, Theory and Methodology

I want to begin with the ruins of the Deir Yassin massacre. To be transparent, I am stealing a (literal) page from the UK-based collective, Campaign for Psychiatric Abolition's (2024) zine on *Psychiatry's Role in the Occupation of Palestin*e, as they too begin with the brutal destruction of the village and the slaughter of about 250 of its residents on April 9th, 1948. As per the Zionist settler militia strategy during that period, the level of terror inflicted on the Palestinians of Deir Yassin was deliberate. The attack was designed to spread fear across all of Palestine, leading to the forced expulsion and dispossession of hundreds of thousands of Palestinians in the weeks that followed. At this very site, three years later in 1951, the Zionist settler regime took what homes remained and turned them into a psychiatric hospital. Members of the Campaign for Psychiatric Abolition ask, "[i]s there a more powerful analogy for the relationship between zionism and psychiatry?" (p. 2). Like them, I too ask: is there a more powerful illustration of the fundamental collaboration between psychiatry and Western settler colonization?



Figure 1: On the left "two Palestinian refugees, family of the villagers of Deir Yassin, stand outside the Kfar Shaul Mental Health Center" (Wikimedia Commons, n.d.); on the right "ruins of homes left empty from the Deir Yassin massacre, 1986" (as cited in Kate, 2016)

Obviously, this core connection between psy systems and settler colonial projects is not unique to Palestine. For example, in "Race and Madness: Locating the Experiences of Racialized People with Psychiatric Histories in Canada and the United States", Nadia Kanani (2011) traces the historic and ongoing entanglements between psychiatry and settler colonization in North America. Kanani challenges additive approaches to madness and race where psychiatrized racialized people are perceived as experiencing two separate forms of oppression. Instead, she argues that settler colonial processes of racialization and psychiatrization are mutually socially constructed. By examining political institutions such as slavery, scientific racism, eugenicist discourse and exclusionary immigration policies, Kanani outlines how racialized people are constructed as primitive, degenerate and less than human in relation to 'sane and civilized' white settlers. Kanani states, "[colonization] is achieved through both material and symbolic processes used to separate racialized people from white settlers" (p. 5). She ultimately argues that a key feature of racist settler colonial ideology *is* pathology or the process of pathologization which is 'scientifically' reified through psychiatry. Kanani thus identifies psychiatric systems as a settler

colonial tool that create and maintain racist eugenicist constructions of Indigenous, Black, and racialized others, which ultimately work to justify systemic violence against them.

Through her extensive literature review, Kanani offers substantial evidence of how state-mandated psychiatric policies and practices reproduce racist colonial violence. Her examples range from the Canadian state's justification of the mass deportation of 65 Chinese migrants by deeming them 'mentally ill' in the early 20th century, to the systemic sterilization of Indigenous women detained at the Hiawatha Asylum in the US, to the surgical abuse of African American children who were diagnosed "as aggressive and hyperactive" (p. 9). However, perhaps the most poignant illustrations of 'psychiatry as a settler colonial tool' that Kanani discusses (as many other anti-racist scholars in the field do) is of *drapetomania.* Citing the work of Ingrid Waldron, Kanani writes:

> One of the most striking examples of the historical roots of racialized psychiatric co-constructions is illustrated by Ingrid Waldron who looks at how "In the 19th century, science characterized Black people as inferior in intelligence to white people, as having limited capacity for growth, and as inherently submissive (Waldron, 2002; Washington, 2006). Psychiatry used these racist constructions of African Americans to argue that African Americans were psychologically suited for slavery, and that in fact, slavery was a natural condition for them (Waldron, 2002). Furthermore, African Americans who protested slavery and ran away from it were labelled as having a mental illness, or more specifically, labelled as having 'drapetomania' (Waldron, 2002; Washington, 2006). The medical and psychiatric construction of drapetomania, illustrates that racist assumptions and political imperatives were central to the social construction of race and madness. (p. 6)

Accordingly, like many of the current 'treatments' for 'mental illnesses' deemed 'aggressive and dangerous', the 'cure' for drapetomania was violent and dehumanizing (Meerai et. al, 2016). This is not just part of psychiatry's 'dark past', this process of social co-construction of racialized pathology continues presently (Bruce, 2021; Chrisjohn et al., 2017; Kanani, 2011; Meerai et al., 2016; Patel, 2014). Yet, as Kanani notes, psychiatry is never recognized for its underlying political ideology, but instead "is often portrayed as an objective and scientific discipline," adding that "the construction of Western psychiatry as a value-free science has been key to its ability to maintain power over Indigenous and non-Western understandings of mental health" (p.3). Similarly, La Marr Jurelle Bruce's (2020) Mad Black scholarship addresses 'psychiatry's susceptibility to ideology' and its weaponization specifically against anti-colonial resistance, stating:

> Exploiting that susceptibility, various antiblack, proslavery, patriarchal, colonialist, homophobic, and transphobic regimes have wielded psychiatry as a tool of domination. Thus, acts and attributes such as insurgent blackness, slave rebellion, willful womanhood, anticolonial resistance, same-sex desire, and gender subversion have all been pathologized by Western psychiatric science. Beyond these overt examples of hegemonic psychiatry…no diagnosis is innocently objective. No etiology escapes the touch and taint of ideology. No science is pure. (p. 7)

Like Bruce and Kanani, I too take up psychiatry as a tool of settler colonization. I do so by refusing to divorce psychiatry from its racist eugenicist ideological roots, which continue to inform present psy discourse, epistemology and practice. Importantly, as evidenced through a plethora of anti-racist Mad and anti-psychiatry scholarship, as well as the results shared in this thesis, I hold that the illusion of such a separation poses real and devastating consequences to

those that Western psychiatry proclaims to serve, especially in the case of Indigenous, Black, and/or racialized people in distress.

Notably I diverge from any framework of distress/madness that is strictly social. While I recognize that social lenses help "denaturalize the concept of mental illness and draw attention to the centrality of power and dominant groups in defining which behaviors, and which people, are labelled as deviant" (Kanani, 2011, p. 4), such models risk dismissing the very real experiences of distress as body-mind-spirit phenomena. Accordingly, many Mad scholars have developed their own frameworks and models of the various forms, categories and manifestations of distress/madness. However, like Bruce (2020) I recognize that categorizations of distress/madness are never fixed or mutually exclusive but instead overlap and 'spill into one another'. Similarly, I also hold that all experiences and manifestations of distress are "loaded with information and energy" (Bruce, 2020, p. 9, citing Audre Lorde). Thus, I echo the core principles and beliefs of mad methodologies that "neither vilif[y] the madperson as evil incarnate, nor romanticizes the madperson as resistance personified, nor patronizes the madperson as helpless ward awaiting aid… [rather] engages the complexity and variability of mad subjects" (p. 9). I then align with an intersectional, anti-colonial Mad methodology that centres the experiences, authorship, agency, complexity, and invaluable knowledge of mad identified, distressed, and/or psychiatrized people.

Accordingly, an intersectional framework of sanism is central to my investigation of the socio-systemic oppression of psychiatrized Palestinians. Sonia Meerai, Idil Abdillahi, and Jennifer Poole (2016) define sanism as:

> [A]n oppression, a belief system, and the pervasive form of violence that makes it possible for psychiatric diagnosis, medication, and other "therapeutics" to strip away

> dignity and livelihood (Birnbaum, 1960; Perlin, 1992). It makes it possible to sanction and support micro and macro aggressions toward mad people in the name of "health and safety." It makes those aggressions a 'normal' part of clinical practice. (p. 21)

Sanism is not the same for all, but is shaped by its interplay with a multitude of socio-political factors (i.e. class, gender, sexuality, race, and more). Like Meerai et al., I hold that "Sanism exists on a continuum depending on privilege, and [that] it is always and especially compounded when it is visited on racialized bodies" (p.22). Meerai et al. conceptualize anti-Black sanism to examine and understand the unique and compounded experiences of mad/distressed black people within Canada. They theorize anti-Black sanism as "the co-organization of anti-Black racism and sanism" (p. 21), citing Magnus Mfoafo-M'Carthy as he asserts, "Think of Black Africans whose bodies already evoke fear, anxiety and disgust and add sanism to the mix. They are in deep peril" (Meerai et al, p. 21). Meerai et. al. present this deep peril at the outset of their article with the case of Andrew Locu, a Sudanese refugee who escaped war and was shot by the Toronto police while in a state of distress.

This work on anti-Black sanism by Meerai et al. has been instrumental to my thesis project, from its inception to its analysis. It introduced me to a unique and critical approach to investigating and addressing migrant Palestinian experiences with Canadian psychiatric systems. Further, research like theirs catapulted me into scholarship that seeks to more generally *decolonize* (in both its symbolic and material implications) and de-centre Whiteness in our conceptions and understandings of 'mental health'. As Meerai et al. write:

> [T]he rise and privileging of what we call a *white rationality* paints those who are Indigenous, local, and non-white as irrational, untrustworthy, and odd. When ancestral spirits are given a 'literal, ontological reality,' Indigenous healers are seen as 'genuinely

> mentally ill' (Yen & Wilbraham, 2003, p. 578). When Indigenous individuals hear the voices of those spirits, they too are 'ill' and needing correction and cure (Baskin, 2009). (Meerai et al., 2016, p. 24-25)

This critical decolonizing framework informs the distress/mad language that I use to substitute psy labels that pathologize and degrade human experiences (Menzies et al., 2013, p. 10). Through distress/mad language and by refusing psy language I "challeng[e] the reductionistic assumptions and effects of the medical model; [and] locat[e] psychiatry and its human subjects within wider historical, institutional, and cultural contexts" (Menzies et al., 2013, p. 10). Further, I favour 'distress' over 'madness' since madness carries significant and dangerous ramification for racialized people.

I also take up Indigenous scholar Renee Linklater's (2014) concept of 'parallel' and 'multiple realities' to specifically substitute diagnoses of 'psychosis' and/or 'schizophrenia'. Offering this decolonizing lens, Linklater asserts that "[p]arallel and multiple realities recognize the value and legitimacy of these experiences, which often reveal important content that is vital to one's healing process" (p. 24). As Linklater illustrates, the psy framing of these realities and experiences as merely 'psychotic' disregard Indigenous epistemologies that value spirit-based experiences and recognize the impacts of ancestral trauma. Likewise, I hold that manifestations of Palestinian distress have value and legitimacy. This decolonizing/anti-colonial methodology of distress/madness and parallel/multiple realities guides my entire thesis.

Framings such as Linklater's allow for my exploration of possible liberatory conceptions and understandings of Palestinian distress as a site of political meaning and resistance. Fundamentally, I am interested in what happens when we move towards the distress/madness: what might such embodied phenomenon tell us, show us, and teach us? I hold that within

distress/madness there is potential for radical and 'magical' ways of being and knowing (Ware, 2016), especially beyond those of Western empire.

Additionally, since anti-colonial and feminist principles are central to this thesis, I draw on the theories of Frantz Fanon (Fanon et al., 2004) and Palestinian 'mental health' scholars – like Rita Giacaman (2018; 2020), Samah Jabr (Jabr & Berger, 2017), Nadera Shalhoub-Kevorkian (Shalhoub-Kevorkian, 2014), and Lena Meari (Meari, 2015) – that disrupt and challenge dominant psy categories and dichotomies of 'health' and 'illness'. In this regard, I take up Fanon and Palestinian scholarship's conceptualization of distress/madness as both a *response to* and a *consequence of* settler colonial violence. In the context of Palestinian suffering, this colonial violence includes, but is not limited to, genocide, dispossession, displacement, segregation, daily humiliation/dehumanization, ethnic cleansing, devaluation of indigenous knowledge, criminalization of anti-colonial resistance, and denial of all past, present and future violence/injustice inflicted upon Palestinians.

Lastly, in this thesis I follow the framework of APR offered by the Arab-Canadian Lawyers Association (ACLA) in their 2022 report titled *Anti-Palestinian Racism: Naming, Framing and Manifestations*. "[D]eveloped after years of consultations with the Palestinian community and its allies in Canada," (CJPME, 2022) the ACLA describe APR as "a form of anti-Arab racism that silences, excludes, erases, stereotypes, defames or dehumanizes Palestinians or their narratives. Anti-Palestinian racism takes various forms including: denying the Nakba and justifying violence against Palestinians; failing to acknowledge Palestinians as an Indigenous people with a collective identity, belonging and rights in relation to occupied and historic Palestine; erasing the human rights and equal dignity and worth of Palestinians; excluding or pressuring others to exclude Palestinian perspectives, Palestinians and their allies; defaming

Palestinians and their allies with slander such as being inherently antisemitic, a terrorist threat/sympathizer or opposed to democratic values" (Majid & Arab Canadian Lawyers Association, 2022, p. i). Accordingly, all examples of APR shared in this thesis fall under one or multiple of these forms.

Research Questions, Choices and Methods

This project, first and foremost, seeks to examine APR in psy contexts as experienced by Palestinian migrant community members in the GTA. Second, it seeks to answer questions around the intersecting socio-political factors (i.e. gender, class, religion, sexual orientation, etc.) that shape their treatment, diagnosis, and care. Third, it investigates conceptions and understandings of Palestinian distress/madness by the participants themselves, which is then put into conversation with popular discourse and scholarly literature. Lastly, as a final inquiry, this thesis attempts to advance anti-colonial and liberatory readings/understandings of Palestinian distress/madness.

To do this, I borrow from participatory action and narrative practice research methods in every stage of this project. In alignment with participatory action, I "attempt to restructure power relations in the research process, to honour the knowledge and strengths with/in/of diverse communities, and to challenge the dynamics of inequalities by furthering the struggle for social justice" (Gill et al., 2012, p. 1). Similarly, by adopting narrative practice research methods, I challenge hierarchical research structures by positioning myself and the participants as operating from the position of collective solidarity, care and joint struggle. Thus, from the qualitative semi-structured interviews to the analysis, I approach the participants "as researchers and pedagogues

with agency" (Gill et al., 2012, p. 11). In doing so I also aim "to re-imagine research as a non-hierarchal teaching/learning/advocacy process rather than a method of investigation and discovery which echoes violent colonizing projects of history" (p.11).

All stages of this project therefore work to "actively promote an ethics of care" (McLeod, 2025, p. 234). Here, "[r]ather than perceiving [myself] as engaging with research participants in a care-full manner…[I] regard research as an opportunity to create or reinforce networks of care within communities" (p. 234). Such an ethics of care, for example, is clearly named at the end of Ghorab's account in Chapter Three, where she states that the interview and research space itself was greatly healing for her. Further, as John McLeod (2025) asserts, this ethics of care "reflects the extent to which an Indigenous world-view has permeated and shaped narrative practice in narrative research practice" (p. 234). This then also resonates with the anti-colonial principles of this project.

The findings of this project come from: primarily, qualitative interviews with five participants; secondarily, public media, literature and discourse; and lastly my own personal experiences. Further, for reasons pertaining to confidentiality, I focus my personal accounts strictly on direct experiences rather than familial ones. These personal reflections, like my brief discussion of an encounter with a psy educational space in Chapter Five, allow me to illustrate 'sensemaking processes,' which challenge dominant norms of research practice and demands affective engagement from the reader (Adams et al., 2016).

Three Main Stages

In the first stage of this project, I conducted an extensive literature and media review, which was followed by the second stage of recruitment, qualitative interviews, and transcription.

In the fall of 2025, I recruited five participants from the Palestinian migrant community who are psychiatrized and/or family of psychiatrized loved ones through personal contacts. Although two of the participants are second generation migrants, their families, who are refugees, have had substantial encounters with psychiatrization and distress, which served as my rationale for including them. Additionally, the participants included multiple Muslims and Christians, however for the purposes of anonymization I did not identify and/or disclose all of them as such. Accordingly, I interviewed all participants anonymously using pseudonyms. I also used a semi-structured interview guide that allowed for adaptation and improvisation (Kallio et al., 2016). One interview was done completely in Arabic, which required that I rely on my own language-knowledge as well as AI transcribing software to assist with translation.

In the third stage, I conducted the coding and analysis. Once all interview recordings were transcribed, I collected significant quotations and coded them for descriptors/themes, affect and function. In my analysis I adopted a critical reflexive stance "to account for and highlight the complex relationship between structural constraints on human action and autonomous, active agency by individuals and groups" (Castagno, 2012, p. 374). This allowed me to explore not only issues of structural power but the creative resistance and possible narrative reclamation on part of the participants and the accounts of their families.

In the next three chapters I present the results of these interviews, with a focus on honoring the words, agency and knowledge of my participants.

Chapter Two:

APR in Psy Contexts: Basem's Chronic Psy Detainment at CAMH

"He is as stubborn as Palestine" – Diya', 2025

Second Intifada, Displacement, APR and Distress

Basem's family immigrated to Toronto from the occupied West Bank in the late 2000s. Arriving after the second intifada, they had lived through months-long curfews, tanks lumbering through their streets, soldiers breaking into their home, airstrikes, military checkpoints, and the daily mundane suffocation of living under military occupation. They had lived through "violence descend[ing] into the ordinary" as Rita Giacaman (2019), drawing from Veena Das's work, describes it, adding, "where violence intensified and spared no one" (p. 369).

Yet, the primary reason for the family's migration was economic in nature. As such, the family collectively held the hope of return once they were able to improve their finances and once 'the children' (Basem who was 12, and Diya' who was 14 at the time) received a "good education". "I always intended for this [immigration] to be a temporary stop," Adhan, Basem's father explains. This sentiment is echoed by both Basem's mother, Salwa, who still hopes to return to the West Bank, and Diya' who, as they say, "would've never left if it wasn't for the occupation".

Beginning a life in Canada proved to be excruciatingly difficult for Basem's family. With no 'Canadian experience' and the little to no English that Adhan spoke, the family struggled with employment. "It was cruel (*asiyeh*)" Adhan says, describing their first couple of years in the country. The stress of migration took a toll not only on each family member individually but also

on their collective dynamic. Diya', who was in their early adolescence, became "deeply grief stricken to have left home," and often threatened to take their own life if they were not sent back. On the other hand, Adhan, faced with the inability to financially provide for his family, became more prone to outbursts of anger and aggression[4]. Salwa was also "pretty depressed" but managed to find local community spaces that she could go to, filling her time with volunteering (her English was a lot better than Adhan's). Basem, although seeming to be the least affected by everything, mostly kept to himself and filled his time with soccer.

After five years of living in Toronto, Basem asked his parents to take him to see "someone for help," something he had never done or asked for while in Palestine. So, after asking friends and family in the city for recommendations, his parents took him to see a psy professional (psychotherapist/psychologist/psychiatrist). At first, he shared that he was feeling depressed, then he became fixated with how his pubescent body looked, and eventually he began showing signs of 'obsessive compulsion'. Other than the escalated tension and aggression at home, it was not clear to Basem's family what had caused these early signs of distress. Later, however, they would discover that he was being severely bullied by the kids in his school for reasons that remain mostly unknown but included elements like his "thick Arabic accent" and "sensitivity".

Diya', who went to the same high school as Basem, describes how "there were a lot of racist jokes thrown around at the brown kids all the time". They recount how another Palestinian classmate – a boy – was regularly called a 'terrorist' by the other students, with the recurring 'joke' being that he was "going to blow everyone up". As someone who grew up in Palestine,

[4] The structural causes of domestic violence among Muslim migrant families in Canada is addressed in Chapter Three, starting on page 52.

Diya' did not hesitate to fight back on behalf of their classmate, however they were shocked to observe that this Palestinian classmate would mostly play along with the anti-Palestinian racism. "I understand now why he might've done that…to avoid the kind of ways that maybe my brother was being bullied in" Diya says, adding, "these teenagers were scary. They would get really physically violent with each other and some of them were immigrants who were on the receiving end of racism too". Further, Diya' themself experienced anti-Palestinian racism (APR), but at the staff (teacher) and administrative level. They share:

> There was this Zionist guidance councillor who wouldn't let me take university-stream classes and wanted to keep me in ESL. She hated me for being Palestinian. I could see the switch in her face when she found out [that I'm Palestinian] …. She would say things to me like 'you're taking space away from other students' although there would be plenty of empty seats in those classrooms.

These examples of APR, employed by both students and staff, illuminate how the school environment that the sibling's inhabited was unpredictable and overtly hostile to their Palestinian existence[5]. That said, although there was an obvious gendered (homophobic/transphobic) and anti-immigrant undertone to the bullying (i.e. picked on for his accent and sensitivity), it was not clear whether the attacks against Basem were anti-Palestinian racist in nature. This is especially the case since Basem kept the details of these incidents to himself. "He always held things in, especially when it meant that he would be exposing how sensitive of a kid he actually is and how hurt he can feel. He never fit into 'tough masculinity' neatly," Diya' elaborates.

[5] I explore the prevalence of APR within the Toronto District School Board (TDSB) in relation to distress further in Chapter Four.

Diya' notes that Basem's sensitivity and withholding of emotions induced a lot of anxiety and, at times, aggression from their father. They understand their father's anxiety/aggression, and his need for Basem to be 'tougher', as a direct response to the settler-colonial violence Palestinian men are expected to endure – something their father had to face while in Israeli detention. Yet, Adhan's attempts to make his son 'tougher' consequently pushed Basem to withdraw even more, to the point that his family "did not realize the severity or the extent of the bullying until it was too late," as Salwa says.

Once Basem's distress escalated into crisis, which included 'paranoid' parallel/multiple realities, his family was directed to the 'early psychosis unit' at the Centre for Addiction and Mental Health (CAMH). This would become the first of many periods of psychiatric *detention* — to adopt Eric Fabris's (2011) framing of 'patient detainees' – that Basem would be forced into over the next 7.5 years. Throughout the course of this near-decade, Basem would be subjected to excessive psychiatric violence, including forced medication, carceral punitive measures (i.e. withholding 'outdoor passes' for smuggling in smokes), restraint, solitary confinement (what psych refers to as 'seclusion') and electroshock (what psych refers to as 'Electroconvulsive Therapy' or 'ECT'). Describing the severe treatment Basem faced at CAMH, Diya' states:

> He was very easily punished. There was something about the way they treated him where he was always in the wrong. There was nothing he could do or say that was okay, or forgivable, or understandable, or compassionately looked at…I will never forget how early on, one time, they sent security after him for basically saying that he didn't want to be admitted and watching these two huge guys pin him to the ground, inject him with some sedative and then forcibly restrain him onto a stretcher. I remember watching and

then falling to the ground from the horror, and I felt so ashamed when he looked me in the eyes from the stretcher because I wasn't stopping it.

Undeniably, the psychiatric violence inflicted onto Basem left a mark on his family as well. "When I think back to those times, it's not just his distress that was scary. Yes, that was scary sometimes, but it was the hospital itself and what they would do to him," explains Diya'. However, in addition to the violence routinely directed at those who are deemed 'clinically insane' by Western psychiatry, Basem was made vulnerable to an excess of this violence by virtue of him being a young Palestinian man.

Zionism and APR at CAMH

Within his first year at the 'early psychosis unit', Basem was assigned to Dr. A[6], an 'openly Zionist' psychiatrist who permanently altered the trajectory of Basem's potential for 'recovery' and 'stabilization' to the worst by designating him as a 'treatment-resistant schizophrenic'. Through this designation of 'resistance' Dr. A rendered Basem into an 'incurable subject,' who then requires extreme 'treatment' measures. This rendering by Dr. A echoes other cases of Israeli settler psy treatment of distressed Palestinians. For example, in Lara Sheehi and Stephen Sheehi's (2022) book *Psychoanalysis Under Occupation,* Amjad, a young Palestinian man (in his early 30s), is portrayed as 'difficult,' 'resistant,' and solely suffering from a 'biochemical pathology' (in this case a 'chronic anxiety disorder') by an Israeli settler psy supervisor. Consequently, because of this rendering, Amjad was not offered an avenue for

[6] From his CAMH profile: Dr. A is an associate scientist and lead psychiatrist in CAMH's Schizophrenia Division, focusing on psychopharmacology (e.g., early antipsychotic response predictors, treatment-resistant schizophrenia). He is an associate professor at University of Toronto's Department of Psychiatry and Institute of Medical Science. He earned his MD from the Medical School of Hadassah, Hebrew University in Jerusalem, Israel, and completed his psychiatry residency there before relocating to Canada.

meaningful healing, but was instead given a 'choice' between a psychiatric referral/medication or the quick termination of his psychotherapy sessions. Dr. A's designation of Basem as 'resistant' then seems to repeat an existing pattern among Zionist psy practitioners treating Palestinian 'patients' – particularly Palestinian young men. Being the only family member present at the time, Salwa recounts her encounter with Dr. A, sharing:

> They came to his room – how many? three, four, five, or four staff – all under the orders of this doctor - Dr. A - and they said that he should go on clozapine because I don't know, olanzapine was making him gain weight…but he was okay on it…and then they said, if he doesn't change it, he will be released from the hospital. I remember how they bombarded us in the room. They said it very intimidatingly and we didn't really have a choice.

Salwa also recalls how Basem came back resigned to their decision to change the medication after Dr. A "took him aside to have a couple of words with him". "He can dominate the person that's in front of him; he was intimidating," Salwa adds, as she remembers the incident.

Expressing his regret for not being there in that moment, Adhan laments:

> Why wasn't I consulted? It all happened fast and with force…they made him comply [to the change of medication] under pressure — under the pressure of threats. That's not persuasion; that's not consent.

Further, Salwa knew that Dr. A was Israeli because after asking her where she was from, he responded with "I'm from that place". She also knew from his recognizable Israeli accent and last name.

TFOM Letter, World Mental Health Day and Racism at CAMH

Later, in the fall of 2024, Diya' would confirm that Dr. A is a Zionist since he was one of the 555 Jewish physicians at the University of Toronto's Temerty Faculty of Medicine (TFOM) who signed an open letter "affirming" the physicians' "right to be openly Zionist", free of reproach and institutional accountability (Sanchez, 2024). Dr. A is one of 46 psychiatrists who are signatories to the letter and employees across TFOM's 14 affiliated research-intensive hospitals. Other than CAMH, this includes all major hospitals in the GTA (i.e., Toronto General, Sunnybrook, St. Michael's, Mount Sinai, SickKids, and more). For Diya', this possibility of "having to see a Zionist doctor as a Palestinian is terrifying" and presents as a serious threat of violence and dehumanization in the treatment/care that Palestinians may receive.

The frequency of similar letters and actions by Zionist lobbies over the last couple of years have led to an endemic increase in APR within Toronto's medical settings (CMPAC, 2024), not only against Palestinian patients but also against all staff and students who align with Palestinian liberation (Basu, 2024; *Health Workers Alliance for Palestine (H.A.P.)*, 2024). "At least six doctors and healthcare workers were suspended at Toronto's SickKids hospital for social media posts supporting Palestinians," reports Brishti Basu in February 2024, adding "while doctors at St. Michael's around the corner were allowed to share an hour-long lecture about Israel to staff and students". On the other hand, to this date, there has been no reports of pro-Israel staff or students facing retaliation for social media posts that endorse or justify genocide and ethnic cleansing in so-called Canada at large. This is a blatant example of what Palestinian scholars refer to as the "Palestine Exception", a "…racist double-standard where liberals and progressives globally avoid solidarity with Palestine through deliberate omission and denial of

support for their rights, despite supporting other progressive movements." (Dwaikat-Shaer et al., 2025).

In October 2024, CAMH blatantly exercised this Palestine exception, explicitly aligning themselves with Zionist lobbies, when the hospital cancelled the documentary screening of *Gaza Ghetto: Portrait of a Palestinian Family*, along with the panel discussion that was set to follow. Programmed for World Mental Health Day, the Workman Art's Rendezvous With Madness event was "intended to address the mental health challenges faced by Palestinians, both in Palestine and in Canada"(CJPME Foundation, 2024). The panel would have featured Palestinian psychotherapists Rayan Anton and Sarah Abdusarar, as well as CAMH Postdoctoral Fellow, Mohamed Abdelhack, and Dr. Yipeng Ge, who "witnessed the atrocities in Gaza firsthand as a humanitarian medical volunteer" (*Gaza Ghetto*, 2024).

The decision to cancel the event, on part of CAMH CEO Sarah Downey, was in response to a 'complaint letter' sent to her from the Zionist lobby, Canadian Women Against Antisemitism (CWAA). In the letter CWAA claims that the documentary "seeks to humanize one side of the conflict" (Yipeng Ge 葛义朋 [@yipengGe], 2024). The CWAA letter also continued to accuse two of the panelists, including CAMH staff Mohamed Abdelhack, of "supporting terrorism" and calling for his termination. Established in 2020, CWAA is an 'advocacy group' known for "frequently work[ing] to silence and exclude Palestinians in Canada by falsely labeling them as antisemitic" (CJPME Foundation, 2024). As such, it is characteristic of a group such as CWAA to make 'terrorism support' allegations to not only cancel an event aiming to address the 'mental health crisis' in Gaza, as well as among diasporic Palestinians in so-called Canada, in times of

escalated genocide, but also to retaliate against the specific individuals involved in it. Ultimately, CWAA acts to punish anyone who dares to assert Palestinian existence and humanness.

In response, justice organizers and collectives, such as Toronto Writers Against the War on Gaza, Film Workers for Palestine, and Canadians for Justice and Peace in the Middle East (CJPME), protested CAMH's cancellation of the event. In their public statement, CJPME (2024) states "…[by] yielding to external pressure, CAMH has engaged in a form of anti-Palestinian racism, effectively silencing and dehumanizing an entire community, and exacerbating the very mental health issues it claims to address". By shamelessly upholding and enacting APR on such an institutional level, CAMH has irrevocably asserted their position as a hostile medical setting for Palestinians and those standing for Palestinian liberation. Basem was thus on the receiving end of CAMH's anti-Palestinian environment.

Moreover, substantiating just how hostile CAMH's environment is towards racialized people, a 2025 report (Clarke & Cribb, 2025) reviewing anonymous surveys and interviews of CAMH staff from 2019 to 2023 documents widespread racism, "a deeply toxic workplace", and an overwhelming number of "mental health challenges" due to the "workplace culture". The report reveals that the "traumatizing" work environment at CAMH has been supressed for years with staff forced to remain silent from "fear of retribution" by their managers. Further, the report, which included direct statements from the staff such as, "I would throw up before work…I know no one would support me," found that "[a]bout 70 per cent of respondents expressed they experienced discrimination based on their racial and cultural background. One in eight reported feeling discrimination based on religion, and a third felt discrimination based on age".

Notably, the report highlights the pervasive and disproportionate impact of anti-Black racism on both Black staff and patient-detainees. As the report shares, "CAMH's own

‘Dismantling Anti-Black Racism,’ published in February 2021, says Black patients at CAMH are restrained 44 per cent more than white patients”. Findings like these reaffirm the anti-racist and anti-colonial scholarship reviewed in the introduction chapter of this thesis, outlining Canada’s distinct, historical, and ongoing anti-Indigenous and anti-Black sanist systems and their violences. Accordingly, considering the accounts of the participants in this thesis, regarding the APR and Zionism at CAMH discussed earlier – in addition to general sanist violence at the hands of psychiatry – it is apparent that such ‘toxicity’, punishment, harassment, and disposability is also distinctly enacted against Palestinian patient detainees inside the hospital’s carceral units.

“Best suited treatment”: Epistemic Injustice, Overmedication/Experimentation, Electroshock and Solitary Confinement

Dr. A’s psychiatric coercion, that forced Basem to take clozapine, proved detrimental to Basem’s health. On clozapine, Basem’s distress heightened, making him even more vulnerable to psychiatric violence and prolonged incarceration. Recounting Basem’s ensuing state, Salwa exclaims:

> I hated what they did with clozapine. He started having worse OCD, and they were increasing [the dosage], not decreasing. We tried telling them, ‘Why are you increasing?’... The OCD was very severe with him and the psychosis was bad. Even his hands had blood coming out of them [from constant washing]. He was living with me some parts of that year, and he couldn't sit, to the point that sometimes he would leave the house, and I’d have to follow him onto the street – it was very scary.

As she painfully, and helplessly, witnessed Basem's deterioration, Salwa repeatedly told Basem's doctors (he was assigned a different doctor every time he was moved to a different unit) to switch him back on his earlier medication. However, Salwa's input and knowledge as Basem's mother was continually stripped of its authority. Instead of listening to her, more than half a dozen of psychiatrists at CAMH chose to increase Basem's clozapine dosage and further try out more drugs with him.

Salwa's experience here of *epistemic injustice*, which can be defined as "a wrong done to someone specifically in their capacity as a knower," (Miranda Fricker as cited in Brown, 2026, p. 2) is especially common among families and caregivers of psychiatrized individuals living in Western settings. For example, in a 2022 report investigating the experiences of 'family/carers' of 'mental health patients' in Australia, the Rising Together Action Group found that, "the professional hierarchy that exists within mental health exacerbates the positioning of families and carers as peripheral and family/carer LE [Lived Experience] workers as an add-on rather than a core part of mental health service. Participants reported feeling as if they were at the 'bottom of the pile' within the medical hierarchy" (as cited in Brown, 2026, p. 3). However, it is important to note that this socio-systemic discounting of knowledge is pronounced for racialized and feminized individuals such as Salwa and Diya', who actively advocated for Basem's 'course of treatment'.

Adhan on the other hand, seemed to mostly defer to the 'expertise' of the doctors, and only involved himself when he observed overt physical violence (i.e. physical restraint, solitary confinement, and later, excessive electroshock). That said his trust in Basem's doctors similarly ruptured as he witnessed Basem's state worsen. Speaking to the overall way in which Basem's doctors interacted with the family, Adhan says:

> They (his psychiatrists) kept everything obfuscated (*fi ghumoud).* Nothing was clear and there was no transparency about how they were trying different drugs on him. Instead, they would say as a matter of fact that this is the best suited treatment and that's that.

Yet this 'best suited treatment' only heightened Basem's distress and worsened the painful nature of his parallel/multiple realities. This included the intensifying of narratives around him 'being poisoned' and 'people wanting to kill him'. Distressful realities that according to Diya' can be easily re-situated and contextualized within the violence of the psy system itself. Offering a de-pathologized reading of Basem's parallel/multiple realities, Diya' shares:

> It's funny, lots of his fears during that time were things about him being poisoned or people trying to hurt him or kill him. And I remember feeling like, oh, he's responding to what's happening, which is people are trying to control him. They're changing stuff in his biology and his brain chemistry. It is actual poison on some level. It is hurting him physically. There were all these fears that were amplified for him in his alternate realities that reflected how he was being treated at the hospital.

Still, Basem's psychiatrists' response to what Diya' identifies as a natural consequence of psy violence, involved more violence, this time in the form of electroshock. The severity – or clarity, as offered by Diya's counter-reading – that Basem's chronic distress had reached (i.e. panic attacks that resulted with him trying to call an ambulance to get him out of CAMH[7], as well as his actual escape from the hospital twice), led his psychiatrists to conclude that 'the only course of action left' for a 'treatment-resistant patient' such as Basem is electroshock.

[7] Anecdotally, from an informal conversation I had with a psychiatrist, such occurrences are common among patient-detainees.

Although Basem's family hesitated to subject him to such a violent 'treatment', the doctors' repeated reassurance that "ECT had come a long way" and is "a completely safe and effective treatment" for 'chronic schizophrenia' convinced them otherwise. Moreover, his family was desperate for Basem to get any kind of relief from his exasperated distress. As his substitute decision makers – and unbeknownst to them just how aggressive electroshock is, as well as the permanent damage it would have on Basem's cognition and memory – his family consented to the electroshock 'treatment'. Reflecting on the ways that Basem's family was pushed to comply with the 'doctor's recommendations', with both the electroshock and the countless drugs he was forced to take, Adhan shares:

> As a result of my lack of knowledge and not having any information about psychology — even today, I still don't have enough information — it was easy for them to lead us down the path they wanted. I later discovered that this was the case. At a certain point, I should have told them 'Stop! Enough!', because today I realize that they committed serious crimes…they turned my son into a commercial field of experiments. They conducted many experiments on him, whether by using medications that stripped him of his humanity, his emotions, and his sense of dignity—or through something even more dangerous — the use of electric shock treatment, what they call 'ECT,' in excessive and terrifying numbers—beyond what's normal. I didn't realize at the time that this was torture and suffering. And Basem would refuse to go through with it every time. He would resist.

Thus, these "terrifying numbers" of electroshock were done against Basem's will and despite his relentless protest and refusal of the 'treatment'. "He never consented to it, he always said no, and he was so scared of needles, he would basically be forced into it every time," says

Diya'. To bypass Basem's refusal, CAMH staff would restrain him to a wheelchair and inject him with a sedative. This example is a clear illustration of Diya's analysis above, where Basem became stuck in a 'feedback-loop' by which his protest and desire to escape become 'symptoms of paranoia' rather than a reasonable response to violence.

Describing the long-term impact of electroshock on Basem's cognition, as well as bodymind[8], Diya' shares, "he has huge gaps in his memory, his cognition is completely off, like he's not the same, there's years he will never get back". Salwa also stresses how excessive the electroshock was, stating, "it was a lot. Multiple times a week, on and off for months. It was too much… even the doctors stopped it because they reached the limit of what is okay". Similarly, Adhan recounts the 'broken' state in which he would find Basem after electroshock, saying:

> It was as though he lost all future vision for survival, he would look like he submitted …I would see him after he comes out, a person who is completely depressed/low (*habbit)*, and all he wanted to do was sleep. He had no desire to resist, even though later [once he regained his awareness] he would object to some of the nurses' practices.

Further elaborating on the extremity of the punitive measures that Basem faced for his insistent objections and refusal, as well as speaking to the 'feedback-loop' that Diya' pointed to earlier, Adhan shares:

[8] Sami Schalk defines bodymind as, "a materialist feminist disability studies concept from Margaret Price that refers to the enmeshment of the mind and body, which are typically understood as interacting and connected, yet distinct entities due to the Cartesian dualism of Western philosophy ("The Bodymind Problem and the Possibilities of Pain" 270). The term bodymind insists on the inextricability of mind and body and highlights how processes within our being impact one another in such a way that the notion of a physical versus mental process is difficult, if not impossible to clearly discern in most cases" (Schalk, 2018, p. 5)

> When we weren't there, they treated him in ways that that no one saw. They treated him with violence and persecution. If he had certain demands, they refused them. And since he didn't comply, sometimes—as they claim—they would use violence. But it was them who drove him to violence because they were in the position of power. And the result was that they would put him in 'seclusion' or solitary rooms, as punishment. The goal was to break him—to break the patient, break his will to resist, his refusal, and his saying 'I exist, I'm here, and I have my own agency' This was an attempt to kill his will. All of this, in general, is what this ECT and psychiatric treatment is like in a closed hospital—you don't know what's happening inside. This is something that needs a full investigation.

Adhan's above description of his son's state post-shock strikingly echoes Naomi Klein's (2007) investigation of CIA-funded electroshock experiments conducted by psychiatrists in Canada in the 50s, in which its purpose was to 'wear down ones defenses'. These psy experiments sought to develop 'effective' torture techniques against 'communist enemies' that 'erased' or 'reconstructed' the individual as a 'blank slate'. As Klein notes, this was not unique to American and Canadian torture tactics but was also a common practice by French colonists against Algerian liberation fighters around that period (50s to 60s). For the purposes of this research, I will not delve deeper into psychiatry's complicity in colonial torture strategies, but wanted to note how Adhan's words conjure up those historical and ongoing realities and images of electroshock violence, and its intended function against colonized peoples. Further, electric shock for the Israeli settler entity is part of "formal torture procedures executed by the General Security Service," (Conroy, 2000, p. 212) among others. Such Israeli torture practices, which also include "repeated cold showers, beatings, confinement in refrigerator cells [and more]," (p.

212) are systemic and sanctioned as deliberate policy. Thus, Adhan's words especially speak to his position, a Palestinian man who has experienced interrogation by Zionist colonizers and thus can uniquely identify torture and its mechanisms.

Moreover, Diya' shares that Basem was punished and 'managed' through solitary confinement more often and for longer durations than other 'in-patients' in the same units. "One time they put him in solitary for longer than two weeks," says Diya', adding "I don't remember seeing others in solitary as often as he was, and I was visiting almost weekly". To this, Adhan elaborates that at some point it became regular practice for the staff to put Basem in solitary confinement over the weekends while the primary unit doctor was away – a practice that lasted for months.

This punishment through solitary confinement is similarly politically charged for Basem's family. This is especially since it loudly echoes the Zionist colonial violence that is regularly employed against Palestinian detainees in Israeli prisons – and which the family is too familiar with. Speaking to the pain of witnessing their brother be subjected to this kind of carceral confinement, Diya' shares:

> It was like a reminder that wherever we go we are dehumanized and treated violently for just being Palestinian. He wasn't allowed to be 'not okay' or just angry. He wasn't allowed to just be human and to have a human response to the fucked-up shit being done to him.

<u>"Wasted Years": Other Palestinian Detainees at CAMH, and the Cost of Pathologization</u>

This dehumanization that Diya' refers to was further affirmed to them through their multiple encounters with other Palestinian patient detainees at CAMH. Regarding this, Diya' shares:

> One time they put [Basem] in what they call a high security unit where there's only four or five beds and the door is locked, you can't enter. It's a really intense environment to be in. All the rooms had stretchers with restraining equipment and straps. And he was put in one of those rooms. And I remember going in and there was, I would say three people in total, including my brother. There was one Black girl and one other guy, and I briefly said hi or acknowledged the guy and [another] girl who I assumed was his sister visiting him, and they turned out to be Syrian Palestinian. I remember thinking what are the odds of having two Palestinian young men here at the same time; in the highest security unit.

Strikingly, Diya' here points to the relatedness of APR and ABR. What are the odds that of the three patient-detainees being restrained at one of CAMH's 'high security units', one is a young Black woman and two are young Palestinian men? As Meerai et al. (Meerai et al., 2016) note, citing Black feminist scholar P. H. Collins, representations of Black women and their bodies that script "their interactions as hypersexual, 'sick,' unsafe or dangerous, and inappropriate…effectively 'transmit distinctive message[s] about the proper links among female sexuality [and] desired levels' of 'wellness' and respectability" (p. 24). These gendered anti-Black images in turn translate to the overdiagnosis of young Black women with more 'severe conditions' that also allow for more 'severe' and violent responses (Meerai et al., 2016). Thus, this is a clear demonstration of the links between APR and ABR –like anti-Indigenous violence as well – in psy contexts as characteristic of Canada's capitalist settler colonial imperial project. These shared links and interaction also invite further exploration into the possibilities of joint-

struggle movements and solidarity among Palestinian, Black, Indigenous, and other racialized psychiatrized people and their families/carers.

Like Diya', Salwa also encountered other Palestinians at CAMH. She specifically remembers meeting a Palestinian mother whose son was an 'out-patient'. "They were Palestinian refugees from Kuwait I think," Salwa shares, adding that they briefly stayed in touch and even went out for dumplings at one point. After she stopped hearing from her, Salwa discovered that her son had died by suicide. "What a shame (*haram*). He was young. Maybe first year university or something. Close to Basem's age," Salwa adds with sadness.

For Diya', meeting multiple Palestinian patient detainees[9] over the years seemed to indicate to them that migrant Palestinians in Toronto are made more vulnerable to both psychiatrization, as well as states of distress. Highlighting this observation, Diya' says:

> For a while I would tell people in my life that I was meeting more Palestinians at CAMH than other places, especially in the downtown core. It's like, you want to find the Palestinians? Come to CAMH. There isn't actually that many of us, demographically speaking, downtown, so it always stood out to me.

To address Diya's claim of the possible high number of Palestinian psy service-users in Toronto, there needs to be an accounting for the *excessive* psychiatric violence exercised against distressed and/or psychiatrized Palestinians. For, as has been substantiated by the accounts of Basem's family, it is this excess of psychiatric violence that leads to chronic psychiatrization. What further supports this argument is the subsequent encouraging outcome, once the doctors

[9] Although Diya' vaguely remembers meeting a Palestinian-Jordan young women at CAMH's 'early psychosis unit', it seems that disproportionately it is young Palestinian men who are more vulnerable to chronic psychiatrization. I explore this gendered distinction further in the following chapter (Chapter Three).

ceased to dismiss the family's knowledge/input, and once Diya' began actively depathologizing or 'naturalizing' Basem's distress.

It took over six years of advocacy for Basem to be taken off clozapine, and for a psychiatrist to finally listen to Salwa's pleas. Not long after this change, Basem began to 'stabilize' and return to a more 'coherent awareness,' with a better ability to both communicate and comprehend the information around him. It is painful for Salwa to think about the "wasted years" it took for the doctors to listen to her and take her knowledge as Basem's mother seriously. It is particularly painful for her to ponder that brief, yet devastatingly life-altering moment of coercion at the hands of Dr. A, which had catapulted her son, as well as her family, into a seemingly never-ending nightmare. To this Salwa shares:

> I had very bad times, especially in the beginning [of Basem on clozapine] and I was scared sometimes when he had [worsened] psychosis and he was living with me. I wish that they didn't try all this and when they saw him good on his [earlier medication] that they didn't change it. He became much better on it again. Why didn't they listen to us?

When speculating as to why Basem's psychiatrists did not listen to her input, Salwa says, "I think because they wanted somebody to experiment on. Still experiment. More doses, more doses. Higher doses, higher. Fuck them". Salwa's words echo Adhan's own description of his son being made into a "commercial field of experiments".

There is a confluence of factors that contribute to Basem's parents' suspicions that he was turned into a 'psy experimentation field'– in many ways because it was in fact a 'testing' or an 'experimenting' of 'what might work' by his psychiatrists. To address these factors however, we must consider on one hand psychiatry's fundamental biomedical-corporate model – which

ultimately dehumanizes and commodifies psy 'patients' and service-users (Baldessarini, 2014; Moncrieff & Cohen, 2009) – and on the other, the very real and long history of eugenicist and racist medical experimentation on racialized peoples, with some practices continuing to this day (Kanani, 2011; Mosby, 2013; Washington, 2006). In addition, and most notably, what Basem's parents describe is striking in parallel to the reality of Palestinian detainees in Zionist prisons, where it's been confirmed that "Israeli authorities have permitted large pharmaceutical firms to experiment on Palestinian prisoners" (citing Palestinian scholar Nadera Shalhoub-Kevorkian Shihadah, 2020). Thus. Salwa's and Adhan's statements capture a reality that is not beyond the imagination but mirrors the very real and horrific truth of what incarcerated Palestinians face. Together, these factors contribute to the compounded dehumanizing experience, and intensified affect, of being treated as a 'commodified experiment' while Palestinian, as Basem's parents' describe it.

Moreover, the politicized nature of these examples of psychiatric violence in Canada is further illustrated in their extension to non-Palestinians who take up Palestinian solidarity and liberation. This is best exemplified through the case of Andrew Abbas's psychiatric detainment in 2015 (Umucyaba, 2024). When prime minister of Canada at the time, Stephen Harper, declared his full support and backing of Israel's "Operation Protective Edge" in Gaza in 2014, Abbas decided to protest by pressing charges against Harper for 'incitement of genocide'. Abbas's decision to press charges came in the wake of the 'operation's' "50 days of death and destruction" (The Institute for Middle East Understanding, 2014), where about 2,251 Palestinians were slaughtered, and 11,300 injured. After a series of subsequent events (including the RCMP's rejection of Abbas's charges, his filing of a "Notice of Constitutional Question with the Attorney General", and a couple of angry tweets that he posted after the police shooting of

the disabled activist Don Dunphy), Abbas was arrested under the "Mental Health Care and Treatment Act". His arrest fell under the provincial statue in Newfoundland and Labrador, which governed when and how people with 'mental disorders' can be involuntarily assessed, detained, and treated in psychiatric settings. Abbas was detained "for six days, beginning on April 7, 2015, two days before there was to be a court hearing triggered by Abbas's pressing charges against Harper…[and therefore he] was not allowed to attend the hearing" (Umucyaba, 2024).

Consequently, Abbas was unable to seek redress for wrongful detainment until 2017, as the lower courts of Newfoundland and Labrador dismissed his initial application. However, in 2018 at the Supreme Court of the province, a judge ruled that Abbas was wrongfully detained. At present Abbas "has the denied portions of his claims ongoing and wants to expand his case to include all circumstances of his detainment" (Umucyaba, 2024). Regarding the implications of Abbas's case, Marthad Umucyaba (2024) notes that 'mental illness' could be used as legislative strategy "to detain anti-NATO opposition within the country". Proving this point, Umucyaba adds that a psy study featured in the book *A Concise Introduction of Mental Health in Canada, Third Edition* cites Abbas's case "as an example of how mental health legislation can be used as a tool of social control". Abbas's account thus serves as a clear and illuminating example of how Canadian psy carceral law can be systemically deployed to stifle anti-colonial and anti-imperial support of Palestinian rights and liberation. His story also offers insight into the political function of psychiatric pathologization of Palestinians and their non-Palestinian allies as a means of social regulation and suppression.

Considering how Canadian legislation is weaponized against both Palestinians and non-Palestinian allies, Diya's concern for the 'treatment' of distressed Palestinians in Canada is politically urgent. Diya' stresses the need for more research and investigations around the

violence distressed Palestinians face here, and the presence/impact of Zionism within psy settings, stating:

> I do worry about all Palestinians who have experienced the violence of military occupation and Zionism. And then the kind of micro level ways that that can translate, you know, within our families and intergenerationally. And how then if we do go into distress, we might be treated in extremely violent ways also, and be shamed and pathologized for it; told that we're broken or that there's something fundamentally wrong with us – that we're inferior racially…which is something that Zionists do believe; that we are less than; that we are just violent; that we are just resistant for the sake of resistance; that we're 'unreasonable'. And so, there's all these things that translate when we go into distress, of us being treated in those ways within the psychiatric system, especially when Zionists are involved. I feel like what my brother experienced is the worst-case scenario of what other Palestinians are vulnerable to. And because of our history, of forced displacement and the ongoing Nakba we are more likely to go into distress – because of all of it, of all the levels of violence that follow us.

Diya's centering of the Palestinian context was also something they consistently advocated for throughout their brother's detainment at CAMH. Unprompted, with every doctor that Basem was assigned, they would share Basem's history of growing up under Zionist military violence of the second Intifada, and of the APR and bullying he experienced at school here. "They never asked! And honestly didn't even know what to do with the information" Diya' exclaims, baffled at what to them is a clear incompetence in 'therapeutic practice'. "There was maybe one doctor who actually sat down with us and listened for longer than 3 minutes" Diya' recalls, adding that this simple act of sitting and listening to the family, and especially to Basem,

"made a huge difference for him". Diya' also notes how this doctor was the first one to ask questions about the specific circumstances around which Basem's 'symptoms' seemed to worsen. Such simple inquiry on behalf of this psychiatrist prompted Diya' to begin to closely track how Basem's parallel/multiple realities changed based on the people and environment around him. For example, if Basem was around someone who is anxious, his distress worsened, and he would hear voices telling him that "something bad is going to happen". This is what ultimately led Diya' to take up the task of 'naturalizing' their brother's distress.

A Natural Response

As mentioned above, after years of advocating for Basem, Diya's inclination to try to naturalize – that is ultimately to depathologize – their brother's distress emerged intuitively for them. They tried to carry out this task of 'naturalization' not only with Basem himself, but with everyone who was involved in his care, including their family, the doctors and the hospital staff. However, this kind of depathologizing advocacy also led to verbal altercations with Basem's psychiatrists. In one family-doctor meeting, after Basem had been confined to a high security unit, Diya' "exploded" at the doctors, calling into question the legitimacy of the doctors' claims around their brother's 'treatment-resistant schizophrenia'. Recounting this incident, Diya' shares:

> I just lost it. I couldn't sit in another meeting with their arrogance anymore. So, I interrupted their stupid fucking nonsense and yelled, 'do you even know what is actually 'wrong'? Do you know what this even is? You have no idea what is causing all of this!' and they really didn't like that. I remember the main guy (doctor) answering quickly and in all seriousness, 'yes we know; he has schizophrenia' and I scoffed at him and said 'what is that? What is even that? Do you even know what schizophrenia is? Cause as far as I know it's just a word that describes a bunch of symptoms you put together, but you

> actually know nothing about it!' At that point the other doctors and a social worker stepped in to calm us down, 'cause this [doctor] was getting angry at me, and then later one young doctor kind of quietly agreed with me and said 'yea we don't actually know much' and that's all I needed to hear really.

As Diya's suspicions, regarding psychiatry's legitimacy as a 'care' system for those in distress, were consistently confirmed, through both their interactions with doctors and staff, as well as their own informal research, they became increasingly driven to change Basem's views and understanding of his own distress and parallel/multiple realities. Further, this 'task of naturalization,' was coincidentally supported by the fact that Basem had just been switched off clozapine, helping him be more present, as well as communicate and understand information better. Elaborating on what this 'naturalization'/depathologization process entailed, Diya' shares:

> I remember starting to learn about polyvagal theory and the nervous system, which is such a refreshing approach to how our bodies and minds and feelings and thoughts can't be separated and I thought I really should share this with him. So, I would talk to him about it. This was during COVID when we would be quarantined to a small glass room for a limited time and everyone could see us. I would usually play him music 'cause it calmed his anxiety, but I started sharing here and there about what I was learning, even though he was doing electroshock at the time, I would still share…about the nervous system and how the state that we're in in terms of the nervous system would shape the kinds of thoughts we had, the kinds of stories we would tell ourselves. And I would tell him that that's basically what he's experiencing, that it was no different than anyone else but that for him it was external maybe. And he would be very responsive. He would remember, he'd be like, 'what's that thing you told me about dorsal-vagal or

> sympathetic?' I was honestly shocked that he would remember and that he seemed interested in hearing more about it. When I shared those things I kind of naturalized whatever he was experiencing. He felt better, and he moved better. He didn't internalize or feel the same amount of kind of shame about himself for hearing voices, for seeing things, for having certain thoughts…I remember his doctor and the nurses then being like, 'whatever you're doing, it's helping. He's doing so much better. Keep doing whatever you're doing.' They literally credited me for how he was getting better. And I just can't believe how simple that was.

Here, Diya' illustrates the invaluable impact of active depathologization, not only for Palestinians in distress, but every person who is pathologized by psy systems for going into distress or experiencing parallel/multiple realities. They emphasise how Basem desperately needed someone to just affirm to him that he was not 'broken' or 'less than,' but rather that he was okay.

'Palestinian stubbornness': Basem's Release, Permanent Damage, and Reclamation of Life

With the medication switch and Diya's simple – yet profound – intervention, Basem finally settled into a state that allowed for his release from CAMH. It has been four years and counting since then, and Basem has managed to remain free of the clutches of psychiatric incarceration – that is, at least spatially/locationally, out of the 'in-patient' units. Keeping Basem out of those units is in fact the "one priority" that his family actively work to maintain.

At present, Basem is 31 years old, living in Toronto's assisted housing. Due to the brain damage and underlying anxiety, as well as phobias that he had developed from those years of psychiatric violence, Basem remains unable to complete mundane tasks (i.e. tidying his room,

going to the bank, getting necessary groceries, etc.) without his family's help. Additionally, he tends to continually resist the Community Treatment Order (CTO) that he was forced to legally agree to upon his release. As Fabris (2011) demonstrates in *Tranquil prisons: Chemical incarceration under community treatment orders*, Basem's CTO legally and socially positions him like a detainee. Even though he is officially called a "patient," his "care" is tied to surveillance, control, and the threat of being taken back to hospital if he does not comply. In turn, Basem resists his CTO detainment by regularly refusing to attend his mandated psy appointments/check-ins at CAMH[10]. However, his refusal, although partly a definite conscious act of protest against the carceral nature of the CTO, is also a consequence of the worsening distressful voices that he hears when he walks into specific CAMH units/locations – something that his doctor dismisses as nothing more than a "mechanical error in his hardware" as opposed to a legitimate form of testimony/message that speaks back to the psychiatric violence that he had endured in those spaces.

It is undeniable that the psychiatric system in Toronto had failed Basem and his family. As Adhan, Salwa and Diya' all put it, "*kharabou",* meaning "they ruined him". Still, though Adhan and Salwa stress how their son was 'broken by them', Diya' adds a concurrent counter-reading that speaks to, and honours, Basem's continued "claim to life". Sharing how Basem recently took control over his own bank account, which was managed by Adhan, and also went to a bar alone because he was bored (significant since his severe anxiety usually impedes such activities), Diya' says:

[10] As cited in the introduction regarding the Western psy 'care model' as "a circuit of prison, shelter, hospital, and transitional housing that is notable mostly for the degree to which people opt out of services" (Luhrmann, 2007, p. 147).

> He is as stubborn as Palestine. This kid is going to do whatever he wants. There are still sparks of it (life)…he had so much life. Yes, I recognize that there is irreversible damage that's been done. But I wouldn't say it's the condition that got him into that irreversible damage; it's all the psychiatric violence…he had such thirst for life. He was full of poetry and fantasy and stories, and those things are damaged and gone in so many ways. But there's still that thing of, like, 'I don't want to be in this assisted living room staring at the ceiling, I want to go out and dance and eat a burger and have a beer,' and I think that's resistance.

As Diya' puts it, Basem's ongoing, decade-long, refusal of psychiatric carcerality, and his claim for his needs and desires, even if it's as simple as ordering a burger, embodies the 'stubbornness of Palestine'. When emphasising this, Diya' is not attempting to find the 'silver lining' to their brother's story. In fact, Diya' shares that every day they are confronted with the heart-breaking evidence of the irreversible damage that has been done to him. Every day, Diya' grieves for the brother that they once had. And yet, vitally for Diya', confronting this damage does not negate how Basem's 'Palestinian persistence' and 'claim to life', inspires and teaches them to do the same.

Unfortunately, Basem's story is not singular. The issues of excessive psychiatric violence, epistemic injustice (discounting of Palestinian knowledge and erasure of context), and chronic psychiatrization of Palestinians in distress are reiterated in the personal and familial accounts of both Ghorab and Em. The urgent need to address this compounded violence is then also stressed.

In this first results chapter, I illustrated the issue of APR and Zionism in psy contexts. I centred my analysis around the lived experiences and knowledge of Basem's family, while also weaving in media and literature to make those connections. Specifically, by examining

confrontations with Zionist psychiatrists and settings I demonstrated how APR and sanism intersect, producing devastating consequences. While I considered the positionalities of Basem and his family to contextualize their experiences, the subsequent results chapters delve deeper into the various socio-political factors (gender, class, faith/religion, age, queerness and transness) that shape experiences of Palestinian distress and psychiatrization in the Canadian setting.

Chapter Three:

From *Al-Mokhayam* to Toronto: Ghorab's Muslim, Classed, and Gendered Refugee Accounts of 'Carceral Care'

"I don't know if he'll die a martyr; because in my eyes, there's martyrdom in his experience"

– Ghorab, 2025

Burj Al-Barajneh: The Palestinian Refugee Camp and Distress

Ghorab is a 27-year-old queer Palestinian born and raised in Toronto. Her family is from Burj Al-Barajneh refugee camp – colloquially referred to as '*al-mokhayam'* or 'the Palestinian refugee camp' – in Beirut, Lebanon. For Ghorab's family, like many Palestinian refugees, *al-mokhayam* is a central incubator site for a kind of 'Palestinian resistance identity' (Peteet, 2000) – that is a political space rooted in the ongoing struggle for return. After living through the dispossession of the 1948 Nakba, as well as the horrors of the Lebanese civil war in the 80s, Ghorab's family sought refuge in Toronto. Yet, since their arrival in so-called Canada, Ghorab's family consistently faced financial hardships that persist to this day. They are "stuck in limbo," Ghorab says, adding that this 'stuckness' is not only 'material,' she shares:

> [My dad and his] side of the family has been stuck since they came here. They're in the same state financially. They're in the same state mentally, energetically. In the same apartment. They've been in the same apartment for over thirty years.

Ghorab further offers insight into how she makes sense of her family's stagnation stating, "everything in the way that I understand it points towards Falasteen. To be that dispossessed; to

have lived through Lubnan[11] in the seventies and eighties, and then to come here, straight from that experience". Thus, for Ghorab, this manifestation of 'stuckness' or distress in her family are in large part a direct result of the dispossession and violence her family faced by the Zionist settler entity, both in Palestine and in *mokhayamat*[12] Lebanon. Highlighting the impact of genocidal Zionist violence during the Lebanese civil war on her family, Ghorab notes:

> There's a distinction between the side that stayed and the side that left before [the civil war]. My mom remembers Sabra and Shatila. You know it was supposed to be in Burj El-Barajneh, right? So, they remember receiving all the survivors from [the] Sabra and Shatila [massacre]. My mom was 10 years old and she's the eldest girl in her family…she learned how to cook when she was young, around 11 or 10, for the family because my *teta* (grandmother), her mom, went completely immobile anytime there were attacks.

'Sabra and Shatila' refers to the Zionist-led 1982 massacres that took place at those two adjoining camps. The attacks lasted 2 days, from September 16th to the 18th, and marked a shift in the level of genocidal brutality exercised against Palestinians in the ongoing Nakba (IMEU, 2024). Around 3,500 people were massacred, most of whom were Palestinian women, children and the elderly, and countless of whom were raped and mutilated. These are the horrors Ghorab's family faced in Lebanon – the atrocities her grandparents had to endure after having their homes in Palestine destroyed and being forcibly expelled from their land. These are the events that left Ghorab's grandmother immobile as she had to survive through the threat of massacre, torture, and displacement once more.

[11] 'Lebanon' written phonetically as it is pronounced in Arabic.
[12] Plural of 'mokhayam'.

Siham and Anas: Migrant Domestic Violence in the Context of Canada

Once in Toronto, and in the face of financial stressors, multiple members of Ghorab's family 'went into' distress, and were subsequently psychiatrization. This includes Ghorab's father Anas, her mother Siham, her uncles, and her male cousin (all while they were in their 20s). Additionally, Ghorab herself has navigated periods of distress and multiple encounters with the Canadian psychiatric system.

Markedly, Siham and Anas's experience of distress and psychiatrization are distinctly shaped by their socio-political gendering. For example, Siham's distress took the form of multiple suicide attempts that as Ghorab explains, were the result of her isolation, separation from her family, young age, and the "extremely abusive dynamic" she was in with Anas and his family. Consequently, Siham's suicide attempts led to her month-long 'hospitalization'. Yet, after her release, Siham managed to escape chronic psychiatrization. Like many of the women in Ghorab's family, Siham's ability to 'escape' prolonged psychiatric detainement and to 'push through' her distress can be attributed to her role as the primary caregiver of her family (children and husband). Importantly, what also seemed to significantly support Siham's ability to 'move through' the distress is the robust 'relational network of support' formed between the women in Ghorab's family. This 'network of support' has been fortified by the fact that most of the women in Ghorab's family have, and continue to, navigate the distress and chronic psychiatrizaiton of their men – mainly husbands, and in one case a son (Ghorab's male cousin).

In contrast, Ghorab's father, Anas, has faced continual carceral psychiatrization since about the age of 33. Regarding this, Ghorab describes having "faded memories," from as early as four years old, of both her father and her uncle (his younger brother) "going in and out of psychiatric hospitals". Further, Anas's distress, as well as his abusive behaviour, created an

environment of "dysfunction" as Ghorab describes it, which eventually led to the legal separation of Ghorab's parents, and the forceful involvement of the Toronto police.

Here, Sunera Thobani's (Thobani, 2007) seminal work on the rendering of racialized immigrant men – especially ones who 'look Muslim' – into 'hyperpatriarchal' figures, is critical in helping us clarify the interplay between domestic abuse and state violence that has taken place in Ghorab's family. Thobani demonstrates that racialized immigrant men are not only ideologically constructed as oppressively 'hypermisogynist' through the proliferation of racist and anti-Muslim tropes in popular Canadian media, but materially and structurally constructed as such through the "liberalization of immigration and citizenship legislation in the 1960s and 1970s" (p.109). Thobani asserts that such sponsorship laws, "constituting immigrant women primarily as family members of immigrant men and their economic dependents," constructs them "as exceptionally family and tradition bound, and the passive objects of hyperpatriarchal immigrant communities" (p. 109). In turn, Thobani illustrates, how this material and structural positioning of the racialized immigrant man as one 'in power' over his 'dependent' immigrant wife and children actively creates the conditions for domestic violence. She states:

> As head of the household, the immigrant man was held solely responsible for his family, and his control over its members was enhanced by his power as a sponsor. The regulations thus created the conditions for a shift in power relations within the family after migration. Restricted access to social assistance, and to social housing in particular, reinforced sponsored women's economic dependence on men and increased their vulnerability to violence within the family. (p. 137)

Facing economic struggles and poverty, Anas's distress *and* abusive behaviour were further heightened by this imposed power imbalance and designation as sole sponsor. This point

is reiterated and emphasised in the example of Adhan's 'increased aggression' with his family, in the face of economic struggles post-immigration, shared in Chapter Two. Accordingly, the abuse in Ghorab's family must be situated within these racist, classist and patriarchal Canadian laws and policies. Further underlying the importance of her analysis in Ghorab's case, when Thobani states that migrant Muslim families in Canada are "constituted as hyperpatriarchal at best, and pathologically dysfunctional at worst" (p. 109), she directly echoes Ghorab's own description of her family as being one of "a lot of dysfunction". This affirms that such 'dysfunction,' and its rendering as 'pathological' must not be taken at face value, and instead addressed as a structural issue.

Relatedly, following the lead of a long lineage of abolitionist feminist work by Black, Indigenous and queer of colour activists and scholars (Davis et al., 2022; Haritaworn, 2015; hooks, 2014; INCITE! Women of Color Against Violence, 2016), I approach Anas's abuse of Siham by attempting to address both domestic violence *and* state violence. Like the US-based feminist of colour collective, INCITE! (2016), what is of importance to me in this analysis is to navigate "[t]he challenge women of color face in combatting personal *and* state violence [to] develop strategies for ending violence that *do* assure safety for survivors of sexual/domestic violence and *do not* strengthen our oppressive criminal justice apparatus" (INCITE! Women of Color Against Violence, 2016, p. 2). Similarly, when it comes to Anas, I reaffirm Jin Haritaworn's (Haritaworn, 2015) assertion that there is a need for:

> A politics [that] would create spaces where safety is not won by bolstering regimes of exploitation and neglect, and where the violence of the most powerful becomes a bigger scandal than the acts of those subjugated, who need not be innocent in order to deserve

> solidarity and for whom healing and transformation would take much more than the diversification of the unbearable status quo. (p.141)

Likewise, I hold that Anas 'need not be innocent in order to deserve solidarity and healing,' especially when he was already rendered into an 'abusive terrorist' and made vulnerable to colonial violence before any abuse on his part began. Or, as Thobani (2007) might put it, from her book dedication to her father, since "[he] never stood a chance".

"Carcerality disguised as care": Expanding on Gendered Anti-Muslim and APR Carceral Psychiatrization

From an early age, Ghorab's association of her father's distress was inseparable from the Canadian carceral police system. Ghorab shares:

> Police were in and out of our house… the police instated a prohibition of my dad being able to pass from the elevator into the hallway. And so, if I went to go see my dad upstairs, he'd walk me downstairs, and he would stand at the end of the hallway and watch me go home. He would follow the law.

Later, Ghorab would learn that her mother resorted to calling the police as it was recommended by one of Anas's psychiatrists when he became 'aggravated'. Due to the frequency of 'police visits,' Anas was subsequently "required by the courts to seek consistent psychiatric help". This is an illustration of another feedback-loop. However, unlike Basem's physical chronic detainment at CAMH, here the psychiatrist's assertion that the police need to be involved led to the legally mandated chronic psychiatrization of Anas from his own residence. Poignantly, reflecting on how this continuous enmeshment between psychiatric 'care' and the carceral system shaped her understanding of psychiatry, Ghorab shares, "in my memory, I remember the

police first and then the hospital's second, which I think is all part of the same institution. It's all carceral. It's carcerality disguised as care".

To further contextualize and understand Ghorab's framing of "carcerality disguised as care", it is important to consider Michel Foucault's (Foucault, 1988) historical analysis of how 'the new psychiatry' of Europe and North American in the nineteenth-century injected itself into the penal system. In "The Dangerous Individual," Foucault traces how psychiatrists' "strange" and "stubborn" attempt "to take their place in the legal machinery" (p. 132) at that time was in fact "less [about] a field of knowledge to be conquered than a modality of power to be secured and justified" (p. 133). This was psychiatry's endeavour at gaining not only credibility (psychiatry was yet to be recognized as a legitimate 'scientific field') but *power*, which took the form of the penal system. To do so, Foucault asserts, "psychiatry invented an entirely fictitious entity, a crime which is insanity, a crime which is nothing but insanity, an insanity which is nothing but crime" (p. 139). In the creation of 'crime as insanity and insanity as crime', Foucault argues that "the social body ceased to be a simple juridic-political metaphor…and became a biological reality and a field for medical intervention. The doctor must therefore be the technician of this social body, and medicine a public hygiene" (p.134). Thus, Psychiatry's primary position of authority and power became the 'treatment' of this 'social danger'. Importantly, Foucault demonstrates how legal punishment started getting applied not on the basis "of what [people] do, but also of what they are, or of what it is supposed that they are" (p. 150). According to Foucault this is ultimately how the 'mad individual' became the 'dangerous individual' – that is the *only one* capable of 'monstrous crimes'.

Considering Foucault's analysis in connection to the Indigenous, Black, and anti-racist scholarship already discussed, it is clear how psychiatry functions as a tool of settler colonial

social regulation. In this thesis, the cases of Anas and the other psychiatrized Palestinian men – particularly young men – illustrate how the designation of the 'mad man' as inherently 'dangerous' and 'criminal' is further exasperated by their racialization as Palestinian, Arab and Muslim. This is because the men's racial identity itself is pathologized (Kanani, 2011; Patel, 2014). It is also important to note that there are connections *and* important distinctions in the pathologization of different racialized groups and people.

Returning to Anas's experience of the psychiatric-penal system, over the five-year period of mandated 'psychiatric help' Anas became extremely "muted". This was a result of the high dosages and number of medications he was forced to take. Ghorab describes his presence in her life during that period as "ghost like". Since then, they have only "upped his dosage" Ghorab says, adding, "he's on like seven different medications, which I wish I took the time to actually understand all of them, but I don't understand them". This element of confusion and the withholding of information – or '*ghumoud*'/obfuscation, as Adhan described it in the case of Basem – regarding the specific 'treatments' that Anas is undergoing, as well as his 'condition' is characteristic of Western psychiatry. However, what is notable is the way in which this 'obfuscation' seems to aid psychiatric doctors and law enforcement alike in justifying the 'need for forceful psychiatrization' without providing any real evidence. Demonstrating the interplay between this obfuscation and the criminalization of Anas as inherently dangerous/criminal by psychiatrists, Ghorab shares:

> [My mother] told me stories of being in his doctor's appointments with psychiatrists and it being very confusing for her. One of the jarring things that she remembers was about his potential to become physically violent and for her to be careful.

It was also during this encounter that Siham was told that she should call the police if Anas becomes violent. At the time, Ghorab and her family understood this to be a 'normal' response to 'severe mental illness' or 'schizophrenia' in Canada. However, eventually Ghorab's, as well as her family's perspective shifted around this. Ghorab shares:

> Where I started to question it, because mind you I was a kid, but in retrospect the quickness to [say] 'he can turn violent', [and] the fear mongering piece about my dad's condition and the fact that my mom didn't understand, I wonder if it came from an anti-Arab sentiment and them being men. The quickness [in] which [they] criminalized my dad and all my uncles… they made it seem to my mom that that was her only choice – to call the police.

Ghorab was not alone in this questioning. The women in Ghorab's family were essentially forced to 'learn' how to navigate the police or 'carceral care' on their own and with the support of one another. Recalling an interaction with her aunt, where Ghorab asked her about her refusal to call the police on her husband, her aunt answered, "I can't live with myself knowing the way [that] they treat him…I can't see that image again of him being put away". Thus, as Ghorab concludes:

> They came to their own understanding of the carcerality of it all... for a long period of time after those early experiences they were like, 'we never want them to be criminalized again for this'.

Ghorab further emphasises the significance of this 'care network' among the women in her family, not only in supporting them navigate crisis but also in "saving their lives". In

Ghorab's words, if it was not for this 'care network,' "my mom could've broken in so many different ways".

Ana Clarissa Rojas Durazo's (Rojas Durazo, 2020) work on "The Medicalization of Domestic Violence" indirectly speaks to how the medicalized response to domestic abuse leaves the abused and their personal network responsible for the care and healing required. As Rojas Durazo's asserts, this is due to medicalization's inability to address the "structured inequalities and social processes" (p. 188) that are at the root of the violence. To Rojas Durazo medical responses do this by their due individualizing of not only the issue, but the action taken in response, which ensures that the conditions that allow for the violence in the first place continue unchecked. In Rojas Durazo's words, "[w]ith medicalization, the oppositional thinking of social movements is swallowed up and a prescription is rendered as social change work is quietly sent into oblivion" (p. 188). Although Rojas Durazo here specifically focuses on the medicalization of domestic abuse in relation to survivors, her analysis still applies to both survivor and perpetrator since it has the same depoliticizing effect.

Ghorab's Psychiatrization and 'Carceral Nurse Alison'

Due to living through the precarity of familial crisis and poverty, Ghorab herself was diagnosed and medicated at the age of 14 for 'depression', 'anxiety' and 'post-traumatic stress disorder' (PTSD). When addressing what caused her distress, Ghorab shares:

> It was the abuse of my dad's side of family, and then it was growing up poor and hungry. And the death of my aunt who was like a second mom to me, who was the mom of the cousin who was then diagnosed with schizophrenia. She was the glue of that side of the family. She was the closest to my dad. And I think in a lot of ways she kept everybody

grounded and together. When she died, it was a very difficult process. I was with her in the hospital every day and I was young.

Thus, when she received her psy diagnoses as a child, Ghorab was grieving the loss of her aunt, the 'glue' to the 'care network' in her family. However, instead of being given the language or framing she needs to contextualize the difficulty of the loss, in addition to the material consequences of economic precarity and intergenerational trauma (ongoing Nakba), Ghorab was given multiple diagnoses and medicated. Although this medicalization of her distress obscured the material and socio-political context that Ghorab was responding to at the time, Ghorab now firmly orients herself within such framing. Highlighting this orientation, Ghorab shares:

> [My family] were all at their healthiest when they were [back in Lebanon], even though they [went through horror], everything got bad when they came here. it's when they came here and when they interacted with all these systems and when they experienced the financial precarity. That's the other piece too is the financial precarity; that is enough to be diagnosed with PTSD and all of these things. That alone. And then add everything else. I think had [we] the language to explain [our] trauma and explain what was happening to one another and for it to not be so secret and not an individual fault or a cultural fault or something, not a shamed thing, but rather like, 'okay well now we have the responsibility to hold this together instead of alone in silos', then that would've been simply so helpful.

Further, Ghorab's politicized perspective around her and her family's distress as an adult has also allowed her to name and understand the instances of APR and anti-Muslim racism that she has faced. Speaking to such incidences of discrimination, Ghorab shares, "once they know

[that] I'm Palestinian, they're very aggressive or they're carceral in their treatment and in their language to me, and very Islamophobic. There's a lot of anti-Islamic sentiments that I've experienced personally". As an example, Ghorab details her encounter with a nurse during a moment of distressed (suicidal) crisis, sharing:

> It was an episode of psychosis for me that happened when I was 20. I had to be admitted into the hospital. It was funny because I was really in it. I was really in my paranoia… I don't want to use the word irrational, but it was very exaggerated…I felt like I was the cause of everyone's suffering. So I ended up in the hospital, and this nurse was really carceral…she was a Zionist. There's a lot of things I don't remember, but what actually brought back my lucid self or clarity was this nurse being fucked with me. She was asking me questions that were very invasive. Where the questions were going was just fucked. There was a point where she asked about my little sister. I remember her being like, 'if your sister is in an unsafe situation, then I have to call CAS (Children's Aid Society) on your family,' and I fucking snapped. I just remember yelling at this nurse. I was like, 'you have to get me another nurse. You don't provide care. This is fucked up. I literally am admitted because I wanted to off myself and you're going to talk to me about separating my family from my little sister based off what? Based off what? what have I said or done to make you think that she's being mistreated by my family?' And that's what actually brought me back in a way. Back to a grounding that made me able to be like, 'I'm choosing life; I'm choosing to stay.'

Thus, this confrontation with a nurse who personified the carceral state *and* Zionism helped Ghorab 'return back' to herself or to 'a grounding'. In that interaction, Ghorab was made hyper-aware of the politicised reading of her as a Muslim Palestinian woman. Evidently, this

hyper-awareness was triggered by ‘carceral nurse Alison’s’ abrupt shift from supposedly caring for and tending to Ghorab’s distress by asking her about her circumstances to the possibility of apprehending her sister for her ‘protection’ and ‘safety’. Notably, carceral nurse Alison’s actions fall under what Dorothy Roberts identifies as the ‘family regulation system’ or ‘the family policing system,’ which “is directly weaponized against poor families, disproportionately Black and Indigenous women” (Davis et al., 2022, p. 38). As Roberts illustrates, it is specifically *racialized women* at the receiving end of this carceral family policing system or, as it is named by Ghorab, this gendered form of ‘carceral care’. Further, due to the “clarity” that Ghorab accessed from this confrontation with Canada’s ‘family policing system’ Ghorab began “advocating for everyone in the hallway,” stating:

> I told the doctor who came in. I was like, ‘you need to get that nurse fired. She should not be here. She should not be providing care to anybody who's in a situation that I'm in or anyone else.’

For Ghorab then, this clarity or ‘reminder’ of the systemic oppression at play was precisely what she needed to ‘come out of’ and through the momentary ‘psychosis’ or ‘irrationality’ that she was in. As Ghorab humorously puts it, in that moment of distress “the resistance is what freed me”. By reorienting or recentering back to her material political context, Ghorab was able to *re-place* her distress (i.e. ‘paranoia’, ‘hypervigilance’, suicidality, and thoughts of being the cause of everyone’s suffering), away from her individual self to where it properly belonged: the unjust and oppressive conditions around her.

<u>Islam and Palestinian Resistance as Forms of Healing/Recentering</u>

By consistently rooting herself in both Islam and Palestinian resistance, which are deeply interwoven for her, Ghorab has been able to move through similar periods of distress. Particularly, Islam's role in supporting Ghorab's wellbeing became more pronounced after Al-Aqsa Flood in October of 2023. Describing the heightened 'paranoia' that she entered at that time, Ghorab shares:

> It was never pushed to psychosis, but it was an intense paranoia around Palestine stuff and after I got arrested and my mom being assaulted by a Zionist on the street… this sent me into another kind of thing where I thought people were out to get me. I was looking over my shoulder. I was doing everything [to protect myself]. And then I isolated as a result, and then Islam came into my life, and I was grounded in that a bit more. Ever since then I've been a lot healthier.

Ghorab describes this 'grounding' that Islam offers her as a 'constant state of return to choosing life'. This ability to both 'return to choice' *and* to 'choose life' is what ultimately awakened in Ghorab the night she was confronted by 'carceral nurse Alison'. Notably, Ghorab's enactment of choice/her agency is affectively and politically charged and shaped by her father's chronic psychiatrization as a Palestinian man. Elaborating on this complex weaving of Islam, her own choice/agency towards life, and the ongoing injustice against her father's choice/agency, Ghorab shares:

> When I left the hospital, it felt like a choice. It felt like a choice that I have to make. I could choose to stay here in this space that I know is only going to hurt me more. That I know maybe wants me to stay here because they can 'make sense of it'… 'make sense of it' in their ways that aren't actually making sense of it. That hospital was not the right place. And I remember saying to myself that I'm choosing life. And I thought about my

> dad and I thought about whether or not he had choices that he could have made; about where he could have chosen to not rely on the system; and his agency and where it was taken away from him because it was taken from him; and it wasn't taken away from me just yet. It could've. There could've been a point where it could've gotten worse. But in that moment, it was like the crossroads. And I saw my dad and I was like, 'I have to do this for him,' (speaks tearfully) not because I don't want to be like him, but because I have the privilege to choose, so I chose life, and Islam is a constant state of return for me to choosing life and to knowing that, like, the healing happens generationally it really does.

Although this has been addressed earlier in this chapter, it bears repeating and emphasising that the stripping of Anas's agency, and ultimately the power to 'choose life,' is a direct result of White/Western psychiatric intrusion into Ghorab's familial world. Thus, both her proximity to Islam and her politicized understanding of her father's psychiatrization allow Ghorab to reclaim her own agency, dignity and humanness, not only for herself but on behalf of her father, who again, 'never stood a chance'. Moreover, Ghorab's grief and anger regarding her father is also politically shaped by the Palestinian context, that is the ongoing Nakba and the Palestinian collective struggle. While holding back tears, Ghorab shares:

> I still obviously feel so heartbroken for him. All I think about is [that] I don't know if he'll die a martyr; because in my eyes, there's martyrdom in his experience; and there are so many of our people who go through that; and it's so hard to explain to other people that this can still happen, even when you come to Canada[13].

[13]I would say that it is *especially* in Canada that such experiences of chronic psychiatrization happen, following the studies and literature shared in the introduction chapter (Luhrmann, 2007).

Here, 'martyrdom' for Ghorab, like most Palestinians, is inseparable from liberatory resistance. Regardless of the method of torture or murder, if it is at the hands of the Zio-American empire and its allies, then for Palestinians that is martyrdom in the name of a liberatory future. By positioning her father as a martyr, Ghorab is thus reclaiming all that he has had to sacrifice in the face of his distress and the psychiatric violence he was subjected to, while also poignantly re-centring Palestine in his story of Western psychiatric violence.

Further, to be able to frame her father's martyrdrom as resistance requires Ghorab to constantly remind herself of "who the enemy is". This practice of actively "remembering the enemy" is deeply liberating/empowering for Ghorab herself. Encapsulating this sentiment, Ghorab declares, "*elhamdillah* (thank god) for that [political] perspective. I didn't need fucking PTSD diagnosis. I just needed to know that the Zionist entity was the enemy". Importantly, this active 'return' and 'remembering' of Palestinian resistance has helped Ghorab in redirecting anger that at times was 'misdirected' towards herself or her father. Ghorab shares:

> Where the connection comes to Falasteen for me is like the Zionist entity is the one to be angry at for all of this, all of this: the state, the settler colonial monster. And I used to be angry at my dad for a long time. I still am dealing with all of that and parsing through it, but I'm learning to be angry at the right thing…and so channeling the pain that I have from all of this is what helps me learn about Falasteen and what strengthens my conviction to learning and to being the first one in my family to do the work of piecing it together.

As testament to its profound and invaluable impact, Ghorab adds that this process – of grounding herself in Islam and Palestinian resistance, which in turn reorients her towards "being angry at the right thing" – has helped repair her relationship with her father at present. Since her

father's recent diagnosis with cancer, Ghorab has been spending more time with him in hospitals. This has given her a chance to ask him questions that she was never able to address before. Ghorab shares:

> With my dad being in the hospital during this time, when it's him and I alone, he talks more. But if anyone else is around he won't talk. So, since we had time alone in the hospital, he was telling me all of this history about him being in the resistance in Lubnan…. It is the most clear and coherent I've ever heard him talk about anything – when he talks about the resistance. And it happened during this time period. It was Al-Qassam Brigades (resistance fighters) who woke up my father (laughs) and helped my relationship with him. It's healing my relationship with my dad and giving us something to talk about. And he knows that I understand it now. So, for him it feels good that he can connect to me, because before he couldn't.

Poignantly, as Ghorab illustrates, her father seems to regain his sense of coherence when he talks about his own history with the Palestinian resistance. The resistance not only allows him to return to himself but to also connect with his daughter in ways that were inaccessible before. It is also important to briefly note how Anas's new designation as a 'cancer patient' seems to render him as 'less dangerous' and more 'pitiable' (Chapman, 2022). It is difficult to make any definite claims, since the shift in Anas's treatment since his diagnosis is not elaborated on in Ghorab's interview. Yet, without speculating too much, Ghorab identifies the non-psy medical setting as the space in which they are granted private and unregulated/unmonitored space to connect, something that is not generally granted to psychiatrized detainees deemed dangerous, as has been demonstrated through the account of Basem's family (i.e. Diya' mentions a visitors' glass-room where staff can watch and monitor them). Thus, it is important to consider this shift in the kind

of medical diagnosis one is given and its rendering of their inherent safeness/innocence or criminal potential (Foucault, 1988).

Reiterating the substantial impact of being granted such a private and *unpoliced* space for connection, that in turn allows for Palestinian resistance conversations, Ghorab shares, “I'm healing the parts of me that always felt so broken. In that conversation in the hospital at his bedside, I can't tell you. I was beaming. I felt so – I was beaming. No words to describe that feeling”. This is especially meaningful for Ghorab since, as she addresses in the section below, she has always sensed that so much of her father’s “pain comes from not having his kids in his life consistently”. Again, this painful severance is a result of the interface of psychiatry and police, which both rely on separating people from their homes, families, and communities.

“The obvious answer is free Palestine”: Language and Care for Distressed Palestinians

At different points of her sharing, Ghorab kept returning to the issue of language. Specifically, Ghorab repeatedly highlights how psy language was not only a significant obstacle in the family’s healing but actively ruptured their dynamics and intimate connections by its function to individualize and pathologize, which ultimately stripped them of their agency and capacity to act outside of psychiatric systems. Thus, Ghorab stresses the importance of a political, depathologizing and culturally relevant language that can repair such familial damage. Reiterating this sentiment, Ghorab says:

> Had there been the right language for my grandmother, for all the women in this specific context who were doing all of the care work. And I want that to be clear, they were doing all of this care work while also experiencing so much abusive behavior. If there was the language to explain to them what was happening, [and] how this was related back to

> Falasteen and Lubnan, how this was generational because, since their father experienced what they experienced…it's literally the ability to talk to one another. [It] was so painful for me as a child to witness how they couldn't even say what was happening. No one could explain it. And when you don't have the understanding or the clarity of what's happening to you and happening to the people that you love, it's easier for them to take away your power…and you're speaking in an ugly foreign language; in this disgusting medicalized system to explain a situation that [you] know viscerally.

It was the "denial of the language needed,"[14] as Ghorab puts it, to contextualize her family's experiences of distress within the political and material conditions – of the ongoing Nakba, class/capitalism, racist Canadian immigration policies, and Western psychiatric violence – that perpetually obstructed her family's capacity to "move through the breaking". Importantly, Ghorab here emphasises the connection between language, agency and power. The use of psy language stripped them of their choice to act outside of psy systems.

Further, Ghorab's insights and reflections, echo Fanon's (2008) words when he declares "to speak a language is to take on a world, a culture" (p. 25). In *Black Skin, White Masks* Fanon illustrates how speaking the language of the colonizer (in his case, French) leads to a fractured self-perception and 'psychic trauma', which he argues requires liberation to heal. This fracturing, of not only self but of family/the collective, is what Ghorab speaks to when she says, "you're speaking in an ugly foreign language; in this disgusting medicalized system to explain a situation

[14] Beyond the inaccessibility of psy language, Palestinians are denied the language of Palestine itself (a central feature of APR), of ethnic cleansing and the ongoing Nakba, not to mention the language of resistance and liberation. Instead, Palestinians are only granted safety or legitimacy if we 'consider both sides of the conflict' and prove to be nonviolent (read: 'terrorists') (Makdisi, 2024; Nestel & Gaudet, 2022).

that [you] know viscerally". Similarly, Dr. Caesar Hakim, a Palestinian psychologist working in the West Bank, asserts that when working with distressed Palestinians "it is so important to listen to the use of language. Not to replace it with 'clinical language' but to connect with the patient in the language they choose to use" (as cited in Sheehi & Sheehi, 2022a, p. 58). Following Ghorab, Fanon and Ceasar then, we must "ascribe a basic importance to the phenomenon of language" (Fanon, 2008, p. 8) in both the ways it reifies structures of power *and* liberates. Summarising this, when asked what *care* for distressed migrant Palestinians in the Canadian context could look like, Ghorab answers:

> Being able to talk [about what happened] would have allowed [my father] to show up as a father and feel differently about his life, and he would be able to live…I think it would make him feel good to be a father and happy to have us around, and less isolated…So it's about giving people agency, and maybe not so heavily medicated. It's conditions of life, the language, the right words.

In addition to using the 'right words' to contextualize the experiences of Palestinians in distress, Ghorab says, "the obvious answer [to care] is free Palestine". Elaborating on the specifics of what that entails, Ghorab adds, "remove all colonial conditions; end Zionism; return the land; return the people to the land; remove all systems and infrastructure of carcerality; remove the settler stain on everything - just take it all away". And as thoroughly demonstrated in this thesis, this 'settler stain on everything' fundamentally includes Western/White psychiatry as it stands. Moreover, this process of decolonization for Ghorab is inseparable from the combating of gendered anti-Arab and anti-Muslim racism. Highlighting this Ghorab says:

> I very rarely share with other people about the abuse, the early dysfunction in my family as a result of the hyperpsychiatrized experience that my dad's side of the family went

through because I'm afraid that people will portray or interpret it as, these are Muslim men or these are Arab men, and they're one and the same; they're just going to be abusive to their women because that's what they do.

Relatedly, Ghorab names the importance of forming connections within the Palestinian community who have shared experiences of distress and psychiatrization in Toronto. As an example, Ghorab names the interview process and research space itself as a form of care that allowed her to talk through and process the struggles and pains that her and her family continue to endure as a result of carceral psychiatrization. Ghorab says:

> I want to make a note for the record that the process of doing this interview with you gave a lot to me in return; of being able to just have the space to talk about this; because there's never been any space to talk about this. I'm really grateful for your work…I hope you realize it's reciprocated; and that you held a lot of space for me just now to do something that for 27 years I wished I could do.

It is important to consider here how adopting a Mad-centred anti-colonial/anti-Zionist framework in the interview space has supported Ghorab's in-depth sharing, allowing her to have these "clarifying conversations". Perhaps not only for Ghorab, but all Palestinians with similar familial histories of distress/psychiatrization, the ability to vulnerably and safely address and 'process' such experiences requires a rejection of both APR/Zionism *and* sanism/psychiatry. Hence, first and foremost, there is no 'care' for distressed Palestinians in Canadian settings without the end of Zio-American imperial colonization and 'the settler stain on everything'.

In this second results chapter, I illustrated how the gendered, classed and religious distinctions that Palestinian migrants face shapes their experiences in Canadian psy contexts.

Through the personal and familial accounts of Ghorab, I outlined the disproportionate impact of distress on lower-class/poor Muslim Palestinian refugees who have lived through multiple atrocities at the hands of the Zionist settler regime. Specifically, I demonstrated how, in addition to being more susceptible to distress, lower-class Muslim Palestinian refugees face racist, classist and gendered anti-Muslim Canadian immigration policies (Thobani, 2007) that contribute to a higher risk of domestic violence and carceral/policed forms of psychiatrization. I also highlighted how Islam and Palestinian resistance, which for Ghorab's family are intertwined, are forms of healing or 're-centering' for distressed Muslim Palestinians in the city – on both an individual and familial/relational level.

Chapter Four:

Em's, Transgender, Christian Experiences of Distress/Psychiatrization

"Hey, my people are dying en masse; they're being slaughtered"
– Em, 2025

Christian Palestinian Refugees, and Impact of APR in Canadian Schools

Em is an autistic transgender Palestinian who was born and raised in Toronto to a family of Christian Palestinian refugees. She attended a Catholic school which, like many, adopted biblical colonial narratives of Israel (Masalha, 2007) that erased Palestinians and justified their dispossession and land theft (thus denying suffering and oppression). Yet, despite such socio-systemic attempts at erasure, Em's family ensured that she preserves her Palestinian heritage with pride. Describing her upbringing as a second generation Palestinian in the *shatat* (meaning diaspora, or 'dispersion'), Em says:

> I was raised in a way where I've known that my existence is political in and of itself. That being born in the diaspora, the colonial goal of that is for me to lose my identity and for that to be erased. And I'm really glad my parents did not let that happen because, yes, it causes conflict with being a Palestinian in the Western world, but also I'm just not the kind of person who feels like that's a sacrificable part of my personality.

Because of this 'unsacrificable' Palestinianness, Em was not afraid to "speak out" when faced with APR at school. In addition to racist associations with terrorism, Em shares how upon disclosing that she is Palestinian she was frequently received with the question, "do you mean Israel?" Reflection on such attempts at erasing her existence, Em shares, "I think that did affect me because I am a fighter in that sense. I will proclaim who I am," continuing to describe how

she had "an old bible from the late eighteen hundreds with the map of Palestine on the back of it," which she would share with her classmates as testimony of Palestinian history. Moreover, Em's pride and strength in claiming her Palestinian identity stems from her family's intergenerational Nakba. This, familial history however, is also a point of struggle and pain, or 'repressed anger' for Em, sharing:

> The things my grandparents witnessed, and my parents lived through and everything; their dispossession and that alienation, it just gets passed down. So that was a hard part of the upbringing that I didn't realize until I recently learned what intergenerational trauma was, a few years ago, and was like oh so that explains why my parents are acting this way or why there's a lot of repressed anger; I guess that's probably the biggest manifestation of it.

Em describes her felt sense of 'intergenerational trauma' as "repressed anger that you can't hold in anymore and then explodes". She attributes this repressed anger to not only her family's experience of dispossession and expulsion, starting in 1948 onwards, but also to the isolation, alienation, and APR they regularly face in so-called Canada. In one aspect, Em points to the way in which Toronto's colonial diasporic setting creates, in her words, "detachment not only from land and culture but family; we're scattered, so our support system is smaller here; less people to rely on, and then, how many emotional resources does one have alone?" This 'scatterdness', and lack of familial and communal support is thus a significant contributing factor to the distress, or in this case, 'explosive repressed anger' in Em's family.

Em also demonstrates how this anger is a consequence of the APR that displaced Palestinians living in Canada face regularly. The impact of this APR is most clearly illustrated when, after stating that she was "an explosive child", Em quickly becomes conscious of how her

words might “play into racial stereotypes”. Thus, even when attempting to describe her distress Em is made hyperaware and vigilant around how her language is being read. Em’s concern around using “explosive” language, comes from how, as she shares, “even from wider society, [when you] say Palestine, the only other response someone might get is terrorist or suicide bomber”. Em also reflects on how such APR responses have impacted her stating, “I internalized a lot of those kinds of jokes growing up”. Accordingly, and similar to earlier accounts of ‘paranoia’ from both Ghorab and Basem’s stories, Em has learned to nurture a hyper-vigilance around the ways in which she frames and expresses not only her identity, but also her emotions and affect (i.e. anger). These anti-Palestinian ‘jokes’ (racial harassment) in Canadian schools, as also reported by Diya’, seem to be endemic country wide, and as such deserve to be reviewed a little further.

Muna Saleh and Nada Awwad’s (Saleh & Awwad, 2024) research, from October 2022 to June 2023 (before the escalation of the genocide in Gaza), offer significant documentation of the prevalence of ARR in Canadian school settings. Through narrative research with adolescent Palestinian students and their parents in Alberta, as well as extensive media and literature review of incidents across Canada, Saleh and Awwad found that “[a]ll participants experience(d) systemic anti-Palestinian racism in schools; [and that] all participants engage(d) in teaching and learning about Palestine in their homes and communities”. Further, their research shows that APR is regulary “enacted by principals, teachers, and general administration” at every school level (i.e. elementary school, middle school, high school, and post-secondary). This APR included a combination of: “silences and exclusions whereby Palestine and Palestinians are not named/mentioned in classrooms and schools”; “silencing, censorship, and repression of anyone trying to disrupt pervasive silences around Palestine in schools”; “colonial mythologies and

erasures where the ongoing Nakba, violent settler-colonization, and sometimes existence of Palestine are denied"; and "dehumanization of Palestinians via racist language, framings, smears, stereotypes, misrepresentations, and gaslighting." Like Em and Diya' then, Palestinian students in Canadian-settings, who regularly face racism, are simultaneously tasked with the responsibility of politically engaging with and educating their peers, as well as teachers/administrators, to create a non-hostile environment for themselves and each other.

In one example from Saleh and Awwad's research, 18-year-old Bisan describes how, not only teachers did nothing when a student "wrapped a keffiyeh around his head and declared himself a 'terrorist,'" but that she also had a social studies teacher who regularly harassed her with APR and anti-Muslim comments. The teacher would make "no country jokes", saying things like "you're the only Falasteeni [Palestinian] here, is it because there's not a lot of you?" A 'joke' (racial harassment) that is distinct from the 'terrorist jokes' discussed earlier, in its outright endorsement of genocide, as well as the normalizing and inviting of Zionism into the classroom. "Are we not human beings? Are we not people?" Bisan is quoted asking after she decided to switch schools during her final semester of high school because of the school's administration's inaction to address the harassment. Bisan's mother, Hiba, was also quoted in response to her daughter's questions, stating, "I think they [the schools] traumatize our kids even more". Such reports of APR in Canadian schools then prove that Em and Diya's experiences of anti-Palestinian violence and micro-aggressions are not singular or exceptional, and importantly for the purposes of this thesis, attest to Palestinian distress, namely 'paranoia' and hyper-vigilance as an apt, necessary and 'healthy' response to the world around them – especially in Canadian contexts.

Epistemic Injustice, the Double Discounting of Psychiatrized Palestinians, and Responding to a Genocidal World

This Palestinian erasure is also prevalent in the psy settings that Em has been accessing since the young age of nine. Describing what this erasure looks like, Em explains that "invalidation is the most common theme" of APR that she encounters by psy systems and professional. "Whether it's not knowing [about Palesitne] or it's by trying to replace the terminology I use…it's always icky," she says. Recounting one such incident, where Em had to discontinue her sessions with a psychotherapist, she shares:

> [M]idway through the first session she was asking about my family, and I was like I'm Palestinian. She was like 'oh like from Israel?' I said, 'no from Palestine; from the land that was known for most of history as Palestine,' and I left.

Notably, Em points to the ways that these micro-aggressive forms of APR, play into the invalidation she is already subjected to as a 'mentally ill patient,' stating, "I've dealt with a lot of [this] invalidation with psychiatrists. Being Palestinian, their response to that is just another form and manifestation of being discounted as an expert of my own life". Moreover, Em shares how this compounded invalidation has gotten worse throughout the years, as she went from child-psychiatry into adult-psychiatry. This increased invalidation in adult-psychiatry has also led to Em's overmedication where, as she shares, "when I was a kid they rushed to put me on meds, but not a million meds, so that was more positive than what it would later become; one med at a time was manageable". Markedly, Em's account of becoming susceptible to overmedication is compounded by the erasure of the socio-political context from which her distress emerges – namely the erasure of Palestine. Clearly illustrating how this compounded discounting and erasure plays out, Em shares:

> Because of the genocide and everything, I was like 'hey, my people are dying en masse; they're being slaughtered. I wake up every morning, I see Instagram, and I see dead people who may be related to me. I'll never know.' And my psychiatrist, he was like, 'so it sounds like your depression's getting worse.' And I said, 'yes obviously.' And he's like, 'so let's up your meds.' So that's the response in adult psychiatry. My child psychiatrist actually did listen to me. At least I got to talk. Even if my voice wasn't always heard, I got to talk. Adult psychiatry is not like that. It's, like, meds. But this is not a chemical imbalance. This is my racial and ethnic group being wiped off the face of the earth. I feel like that's reasonable. I should be able to feel – yes, I struggle with legitimate mental health issues, and at the same time, I think it's pretty reasonable to feel like ass when I'm being exposed to this.

Here Em powerfully illustrates how she is not only discounted as a 'mentally ill patient' but as a Palestinian who is responding to a genocidal world. When it comes to the 'discounting of her expertise' in psy settings, it is APR that seems to inform the level of invasive psy 'treatment', or overmedication in this case, 'required'. Thus. this illustration of APR *double discounting* as I refer to it, confirms the experiences of all the psychiatrized Palestinians in this thesis who have been and continue to face excessive psychiatric intervention due to APR.

Crucially, this APR seems to eclipse Em's other political subjectivities as an autistic transgender woman. This is not to say that there is no distinct discrimination that transgender and autistic people face in psy settings, but that in Em's case the discounting, that is a result of APR, is central to the kind of 'treatment' she receives. Further, due to this compounded discounting, Em has had to resort to constantly 'justify' her 'worsening symptoms' or at times, lie. Regarding the ways in which she is pushed to navigate her psy appointments, Em shares:

> When I was going through [a] breakup, I realized that I've been doing this for a while where I'm justifying my depression because of a fear of more meds. I think that a lot of my life I've just been like honestly a lab rat for meds. I have been given so much different shit from the spectrum of antidepressants to like atypical ones, atypical antipsychotics and mood stabilizers. And I'm supposed to be on literally eight or nine different meds right now. So yeah, I lie… but like my life matters. I'm justifying my depression and why it's legit. Why I have a right to feel depressed, whether it's the sociopolitical state of the world and of Palestine or whether it's just personal life circumstances; which is kind of crazy to think about. But I'm like, please just believe me. My brain's broken, but it's not broken in that way.

Em's tendency to 'justify' and/or to lie about her distress is her way of advocating for herself and to resist/avoid overmedication. In her account, Em demonstrates a lot of ambivalence around taking psychiatric medication where she "knows how much damage [she's] done to [her] body," while also continuing to seek medication that she needs for when she has "sever panic attacks that warp [her] perception of reality or [she] can't breathe". Additionally, on a practical note, her psychiatrist is who she gets her ADHD medication, and she needs those to be able to drive.

Em's parents share similar concerns. Her father "thinks they are stupid in excess", while her mother – being similarly over-medicated – has developed a distrust in Western medicine and mostly subscribes to alternative supplements. Em shares:

> My mom also isn't great. She's at a point in her life now where she just has no faith in the institution of the medical system. Just nothing works, in her mind. I think that she also

> takes so many meds though, like, what can work at that point? I think she's in a pretty extreme state…she takes even more than what I was taking at my worst.

There are a couple of points from Em's above account that I attempt to attend to in the following two sections: first, I contextualize Em's statement of having 'legitimate mental health issues' and her 'brain being broken' in relation to the 'severe anxiety' (and later a "break in reality") that started shortly before coming out as transgender as a child; and second, I address Em's understanding of her mother's distress/trauma, her family's narratives of 'trauma,' and their accounts of suicide.

Trans and Queer Palestinian Subjectivities

When Em was first prescribed anti-anxiety medication as a child it had served its function, helping her quell the heightened anxiety and fear that had overcome her around the age of 10. For Em this 'fear and anxiety' was partially connected to the 'intergenerational anger' that she discussed earlier, saying:

> I've talked about repressed anger and outbursts, but oftentimes I would say my outbursts weren't always angry at their core. They were anxious. They were very fearful. And one of my first diagnoses, alongside with autism, was a social anxiety disorder…I mostly remember the med that made my anxiety and panic attacks go away.

Em's description of her 'angry outbursts' being 'fearful at their core' speaks to her experience of being a Palestinian growing up within Canada's prevalent anti-Palestinian racist environment *compounded with* her visibility as a queer transgender and autistic woman. Em shares that her 'fear/anxiety' was heightened by both external anti-trans violence, and her family's initial rejection of her gender identity when she first came out to them. Describing the

resulting distress from the anti-trans rejection she experienced in her childhood, extending into her adolescence, Em shares:

> I was just really suicidal all the time, and then I kind of broke from reality…I initially was hearing voices, I guess…telling me that I would be better off dead. And this was already after being quite suicidal for a while. So, I think I hit a breaking point.

These "breaking points" served as 'wake up calls' for her parents, especially her father who actively worked on shifting his understanding of Em's gender identity, to ultimately accept his daughter wholly as she is. Regarding her father's "rewriting" of his understandings around gender and queerness, Em shares:

> My dad did rewrite a lot, and it's a process, but he's rewritten so many of his previously bigoted views, which I'm very happy about. My mom took a lot longer to start that process. So, there was that interaction of family and psychiatry in that way where in some ways, they kind of made it worse or contributed to my worsening mental health.

Interestingly, another turning point for Em's parents came from an encounter with a Lebanese doctor, who was able to "bridge the gap" through both the language (Arabic) and their "cultural views"[15]. Recounting how this doctor intervened during a conversation that her parents were having in Arabic, thinking that no one could understand them, Em shares:

> She let them finish [their conversation] and then hit back in full Arabic, said she's from Lebanon, and explained to them that [queer and transgender] phenomena are not Western things but are things that deserve to be respected regardless.

[15] See paragraph that follows on the discourse around queerphobia and transphobia within Palestinian society.

Here, to critically unpack Em's account when it comes to her family's transphobia and queerphobia, I draw on queer Palestinian scholars and collectives (Alqaisiya, 2018; AlQaws, n.d.; Farsakh et al., 2018; Naber et al., 2018) who illustrate how queer Palestinians have to fight local patriarchy as well as the multiple imperial forces (i.e. Israeli settler state, Palestinian authorities, Western NGOs, etc.) that continuously shape it. In other words, I cannot address queerphobia in Palestinian society without reckoning with how Israeli colonization and Western imperialism contribute to its present manifestations. I also echo the queer Palestinian anthropologist, Sa'ed Atshan, when he says "[q]ueer Palestinians deserve to have our dignity affirmed on our own terms and to have the struggle against homophobia be named explicitly, even as it is being connected to other intersecting struggles" (Naber et al., 2018, p. 64). Thus, I reject simplistic racist/colonial Western narratives that frame queerphobia/transphobia as being exclusive to Arab/Palestinian or 'Muslim culture' (noting that Em's family is Christian) while 'explicitly naming' the real struggles many queer and trans Arabs/Palestinians face within their families/society. Still, I want to stress that far from being a singular 'cultural' or 'religious issue', queerphobia/transphobia is pervasive worldwide, including in Canada[16] and the Western world at large.

That said, what I find most intriguing from Em's account, is the Lebanese doctor's choice in emphasising to Em's parents that queerness and transness "are not Western things" when advocating for her. To me, this points to how the struggle for Em's parents is not solely the transness or queerness itself but its association/signification of the 'Western world'. Similarly, through my own personal experiences, I have observed that anti-queer and anti-trans sentiments

[16] In recent years Canada has witnessed a substantial increase in anti-transgender sentiment both in legislative and social realms (*Cross-Country Rallies against "gender Ideology" in Schools Meet with Counter-Protests*, 2023).

among Arab and Palestinian families/society seem to be largely influenced by the positioning of 'LGBTQ+ identities' as belonging to 'the West' or 'Western progression'. The idea that queer identities are recent made-up Western constructions dominate our homes – an idea that is partially true since the language and constructions of 'queer identities' and 'categories' *as we know them* have emerged from within Western contexts. What I want to highlight here is that not only does this dominant discourse of 'queerness and transness belonging to the West' hold no historical validity or truth but also serves to erase Indigenous realities/worldviews and normalize/exalt European colonial social order.

Accordingly, such colonial queer/trans discourse has led to greater aversion by Palestinian/Arab society to queer categories, especially because they are understood as extensions of "Western imperial invasion" and settler colonization. The most prevalent example of this is in Israel's practice of *pinkwashing*, where it "brand[s] itself as a modern, progressive society and gay haven while simultaneously depicting Palestinian society as reactionary and homophobic," (Alqaisiya, 2018, p. 31) – a narrative practice deployed to justify the genocide and ethnic cleansing of Palestinians. Effectively, this Western colonial claim to queer categories has likely had a significant role in the worsening of anti-queer and anti-trans sentiment within Arab/Palestinian society. As evidenced through Em's account, it is then important to unpack Western colonial narratives of queerness and transness to help Palestinian families address anti-queer/anti-trans sentiments and make known that these "are not Western things but are things that deserve to be respected regardless". If anything, Em's account of her family's journey of acceptance – of her father becoming her "favorite feminist and best friend" – is testimony to how Palestinian identity and culture is in no way inherently incompatible with queer and transgender subjectivities.

Normalizing the Abnormal, Narratives of Trauma and Suicide

For Em, her mother's distress is firmly situated within the context of 'Palestinian trauma'. "I think her whole life is Palestinian trauma, but she won't admit it," Em says, adding "my mother went to one of those colonial schools, like British American colonial schools in [the Arab Gulf] and it messed her up". The 'British American colonial' school that Em is referring to here is one of the many Christian missionary institutions that were established during the British colonial-era (starting in the 50s into the 70s), and which interestingly mirror Em's own experience of being put in a Catholic school here in Toronto. Both Em and her mother's schooling then followed a Christian colonial standard of 'proper social conduct' and education that was 'traumatising'.

Yet despite Em's observation that her mother's distress is caused by both the trauma of her schooling and of growing up as a Palestinian refugee in the Arab Gulf, her mother strongly distances herself from the language and narratives of trauma. Rather, Em's mother, like the rest of her family, adopt a 'biological' and 'genetic' conception of distress. Em refers to this as the "biological fixable perspective", explaining:

> [They] don't acknowledge trauma. I don't know if that's my family's experience or a lot of different Palestinian families' experience, but you can't just acknowledge that you have endured trauma; that you have witnessed things that people normally shouldn't witness; you have witnessed colonialism and violence, and these are not normal things that are conducive to healthy human life and relationships.

Palpably, in the above account, Em is conveying a distance or chasm that she experiences between her family's collectively-centred way of coping with what is 'abnormal' – that is

colonial violence and dispossession – and her own as a second generation Palestinian who has lived in a Western context her whole life.

Here, Rita Giacaman (2020), a Palestinian scholar of public health at the Institute of Community and Public Health at Birzeit University, speaks directly to Em's family's tendency to 'normalize the abnormal'. As Giacaman clarifies this prevalent practice of 'normalizing' among Palestinians is an integral component of 'resilience' or as she offers, the "capacity to endure and resist". Giacaman asserts that this "re-making [of] daily life as normal as possible after violent attacks" (p. 370), is pertinent especially since "[i]n the Palestinian context, exposure to chronic violence is a shared experience" (p. 370). Thus, Giacaman's framework of 'healthy endurance' through the 'retaining of normalcy' affirms Em's family's approach to the 'abnormal' as a survival tactic adopted across generations to navigate the violence of Zionist colonization.

That said, taking Giacaman's Palestinian setting into account, it could be speculated that displaced Palestinians, especially ones within a Western setting that isolates and 'scatters' families, might require a different approach – one that sits with and addresses the impact of the violence differently. This is even more so the case since Palestinians in the Western diaspora are unable to engage in regular 'political participation' that contributes to what Giacaman calls "resilience as a dynamic process…[which] in the Palestinian setting, is embedded in agency, every day practices and relatedness/connectedness to context" (p. 370). Notably, Giacaman's description stands in contrast to Em's reflection, at the beginning of this chapter, of the 'scatterdness,' 'isolation,' and 'alienation of her family in Canada. As frequently expressed through the accounts of the participants in this research, such dynamic processes are admittedly a lot more difficult, and require more effort, to foster and maintain within Canada's setting.

Reflecting on my own personal experience of immigrating to Toronto from the occupied West Bank, I can also speak to this discrepancy between 'normalizing' versus 'abnormalizing' practices in the different settings. Although it might sound obvious, I am always struck by how different it was to live *in* Palestine and survive through terror, risk of death and dispossession as a collective – making jokes about the soldiers' accents in Arabic as they yell at us, or brushing off daily violence with the word *'aa'di* ('normal') – in contrast to living in the imperial West. I remember how jarring it was, when I first arrived here, to witness firsthand how Palestinians are regularly dehumanized in the general Canadian discourse.

Living within the shared collectivity of the struggle in Palestine is a lot more supportive, and even comforting, than living here, where one of the first audaciously racist statements a White Canadian stranger made to my family was, "welcome to civilization," – like it was a perfectly cordial thing to say and like he expected us to thank him. Equally, it is extremely odd and alienating to witness the ways Canadian media talks about us, as either 'unreasonable terrorists,' or a 'problem to be solved' – cue the sitcom character Rose Nylund in *The Golden Girls* exclaiming, "giving the Palestinians Greenland…with the proper clothes they will be fine!" (Levan Ramishvili, 2025). Here I am also reminded of my junior high teacher who, after I expressed my desire to return to Palestine, responded with, "in what ways could Palestine ever be better than here?" Thus, like other displaced Palestinians, these forms of erasure and mundane APR in Canadian settings requires that I name and address them as 'abnormal' and 'absurd', as opposed to any process of 'normalization'. Hence, what is needed for Palestinians to address and process APR violence in the context of Canada is different than what Palestinians in occupied Palestine require to 'build the capacity to endure' in the face of Zionist military violence.

Relatedly, Em shares that to her family, acknowledging trauma is to 'admit' that one is not as 'resilient' as they claim – that in Em's words, "that that's maybe weak; maybe un-Palestinian". However, this 'biological fixable perspective' for Em's family is not all encompassing of distress. In other words, it does not apply to 'real mental illness' such as 'schizophrenia'. Instead, for Em's family, this 'fixable biology' is exclusive to the forms of 'anxiety' and 'depression' that they endure. In this way, Em's family refuse to be 'affected' by Zionist colonial violence, relegating the cause of their distress to biogenetics that exists in a sterile vacuum. Em's family's rejection of 'trauma' language highlights the commonplace statement among Palestinians that 'they (Zionists) want us to be broken'. As Em's family reveals, with the naming of this colonial objective for our 'defeat' or 'breaking' also comes the refusal of such language, and ultimately of Western psy constructions of that reduce one's distress to an individualized pathology. Yet, notably, regardless of what framing Em's family choose to adopt around distress, there is no framing without political ramifications.

That said, although it is understandable why and how Em's family came to adopt their understandings of distress and trauma – both out of a necessity to endure *and* as a form of defiance/resistance – their views have inadvertently had a destructive effect on Em's own sense of self. "My parents' views on mental health definitely contributed to fucking me up a little bit. Like you should just be strong," Em shares. Thus, Em illustrates how 'Palestinian narratives of strength', or in other words their refusal to grant the Zionist entity power over their wellbeing, leaves Em feeling like her distress is a 'personal fault,' and that she is 'failing to be stronger'. Reiterating this sentiment, Em says:

> I look at what's happening in Palestine – even way before what's happening in Ghaza[17] right now – the land theft and the expulsions, and I think 'I am Palestinian. I should be strong I should be resilient like them'. I beat myself up when I don't feel as resilient as my people appear to be.

This struggle that Em expresses around 'appearing as strong as her people', especially while living in a diasporic Western setting, is further highlighted in the silence around suicide in Em's family. Two of Em's aunts (sisters) migrated to Canada from Lebanon as young adults pursuing higher education, and both died here. One died from excessive drinking due to the 'agrophobia' that she developed while working as a social worker, and the other, grief stricken, decided to take her own life. As she reflects on her family's rejection of 'trauma' language in relation to her aunts' deaths, Em clarifies, "traumatized is irreparable to them; it's not resilient; it's not able to continue". Thus, Em's family's rejection of 'trauma as broken' is a way for them to also contend with these realities of suicide, and the unbearability of merely existing as Palesitnians within the imperial Western diaspora.

It is important here to draw on the work of Roland Chrisjohn and Shaunessy McKay (2017) on the worsening decades-long endemic of Indigenous suicide in Canada. Chrisjohn and McKay insist that changing the narrative from 'what's wrong with Indigenous individuals?' to 'what is being done to Indigenous peoples?' is essential to any meaningful understanding of Indigenous suicide. Chrisjohn and McKay refuse to locate suicidality in Indigenous peoples' biological makeup and inherent 'strength' or 'weaknesses'. Instead, they hold that oppression causes suicide, and in turn, Canada creates the conditions for Indigenous peoples to kill

[17] Spelled out phonetically.

themselves. Accordingly, Chrisjohn asserts that "the policy of Canada toward Indigenous people is genocide" (as cited in Burstow, 2019, p. 23). Further, emphasising psychiatry's complicity in this genocidal policy, Chrisjohn also declares that "the psychiatrization of Indigenous people is a continuation of genocide" (as cited in Burstow, 2019).

Thus, Chrisjohn and McKay illustrate that Indigenous suicide is not a result of 'brokenness', but the result of ongoing colonial oppression and capitalism. Taking this into account, Chrisjohn and McKay's critical work on dominant psy discourse in relation to suicide speaks to Em's family's inclination to reject such subjugating language/narratives. Additionally, while the violent conditions of life for Palestinians in the Canadian setting are in no way comparable to the ongoing genocidal policy against the Indigenous people of this land, Chrisjohn and McKay's invaluable contributions affirm the theme of the 'distressing unbearablity' of Western colonial and imperial setting shared by the participants of this thesis.

Relevantly, regardless of religion, Em's account repeatedly highlights the violence of assimilation that Palestinians in Canada face – where we are regularly punished for simply claiming our cultural identity and lineage. When Em states that she is "statistically more likely to be terrorized," she is citing not only her childhood experiences of being called a 'terrorist' (discussed earlier in this chapter), but also the ongoing normalized support for the genocide in Gaza, which proliferates Canadian media and news outlets, and extends across all Canadian institutional sectors. Demonstrating the inherent struggle for Palestinians to reside and live within Canada's Western imperial setting, Em adds:

> There's no respite, I think, for Palestinians, at least in a society like this. Because then one of the things that I think fucks me up is, like, I have to contend with the fact that my taxes which I have to pay are in part being used to fund the people killing my people.

> And the only rationalization I have to cope with that is it's nowhere near what The US is doing.

Thus, the trauma and distress Palestinians must contend with in Toronto is not only a historical past or one that is continents away, but an ongoing violence (Nakba) that extends to daily life here. Importantly, as Em notes, this extension of the ongoing Nakba to so-called Canada does not manifest solely through popular dehumanizing narratives of Palestinians as 'terrorists infiltrating the West,' but through the systemic material reality of being absorbed into a state that prides itself on its economic and military support of the Zionist settler project (*Routes of Canadian Arms Shipments to Israel*, n.d.)[18].

Repeating and Overlapping Themes on Palestinian Care

Like Ghorab's account, Em identifies the isolation and 'scatteredness' of community and family in Toronto as a major contributor to her and her family's distress. As Em discussed earlier, this scatteredness leaves her family members with no 'emotional support' to lean on. This is also evident in the ways that Em's parents respond to her distress, where their typical advice to her is that she "just ha[s] to go see a friend". To this, Em explains:

> They're guided by a Palestinian way of life in in a different part of the world than here. They're guided by collectivism, I guess. I did not grow up in a collectivist society. I grew up in a I suffer alone [society].

[18] The Canada-wide civil society campaign, "Arms Embargo Now", released a report in July 2025 exposing a loophole that's allowed Canada to export hundreds of shipments of weapons to Israel throughout the ongoing genocide in Gaza. See '*Routes of Canadian Arms Shipments to Israel'* in references for the full report.

However, although this 'collectivist' approach is not normative to the ways of living in colonial capitalist Canada, and often requires a lot more effort, Em has found profound solace and care in her growing connections with other Palestinians:

> There needs to be some sort of integration with community. That's honestly how I'm surviving through this genocide, and I think that's the point my sister has come to…you survive in community; and having avenues or people who can help find that community is very powerful; that's what keeps me going nowadays. I don't feel that loneliness…there are people who may not understand everything about me. There are people who understand that part of my life; and that feeling of being in the diaspora. I have friends born in Palestine. I know a couple of [Palestinians] born in Al-Khalej (Arab gulf), [who have] never been to Palestine. I know people born in Syria or Turkey or Jordan. I know people who were born in the States and have never been to Palestine. It feels like that community where everyone has such a diverse experience but none of us feel alone.

Further, like Ghorab, when asked what care for distressed Palestinians must entail Em answers, "well number one, don't invalidate what Palestine is". Here also, as a transgender Palestinian, Em emphasises the need for a care practice that centres Palestine *and* queerness/transness, naming the struggle she faced in "finding such spaces" for herself. Accordingly, Em adds that there is a need for "culturally humble practitioners, not 'competent ones'". Here again, Em's input of 'culturally humble practitioners,' parallels Ghorab's account of not feeling comfortable or safe to talk about her father's abusive behavior because of harmful anti-Muslim and anti-Arab tropes of Palestinian men being violent and oppressive. Further echoing Ghorab, Em emphasises the importance of the 'right language' used when addressing 'mental illness' and trauma with her Palestinian family, stating:

> But also, in line with the Palestinian way of not pathologizing things, there's power in acknowledging trauma, but there [is] also a lot of over-labeling; and avoiding that, especially because it conflicts with the culture, the labels don't help my parents understand anything, or [the way] I feel, like the labels should've. All these diagnoses – outside of autism [which is] a neurological difference – for the mental illness labels, I really don't think they help them understand, whereas that's their function. So maybe avoiding that pathologizing, focusing on explanations for people from a culture in which a lot of these things might be foreign concepts.

Em then highlights her own understanding of distress and their corresponding psy labels as not necessarily holding a legitimate bio-essentialist basis. Conversely, she distinguishes autism as being a 'neurological difference,' and thus something that does not have to contain a 'pathology' to be understood[19]. She also poignantly touches on how Western psy labels and language in general do not apply or fit for Palestinians, in this case her family and their context.

Notably, Em's observation is supported by a multitude of Palestinian 'mental health' scholars and practitioners who for years have challenged and at times outright rejected Western psy diagnoses and conceptualizations of distress (Giacaman, 2018; Goldhill, 2022; Marie et al., 2020). To give a brief example, the work of Giacaman (2018) and her public health team at Birzeit University, offers a Palestinian-collectivist framework that challenges Western conceptions of 'illness' and 'health,' where as Giacaman states:

> [We] don't think of individuals, we think of persons, and we think of persons because persons are raised here with rights and responsibilities towards the collective. When we

[19] Noting that this "exception" is culturally and historically specific too.

> speak of the health of persons, this includes the health of those with whom they are connected…[m]atters of health here in Palestine concern the extended family and beyond. These considerations raise questions as to the relevance and adaptability of individualised conceptions of health in the West to our context. (p.71)

Thus, Giacaman's conceptual lens of 'persons' and not 'individuals' directly speaks to Em's reflection that 'mental illness diagnoses' don't serve their 'intended function'. Instead of helping her parents 'understand' what she is experiencing, psy language and frameworks further pathologize and alienate her from them. Accordingly, Giacaman's Palestinian framework offers a different, non-Western and non-psychiatric approach to the care of distressed Palestinians (and others), where they are not simply rendered into 'bipolar' or 'schizophrenic' individuals in need of an absurd number of drugs, but as persons "with rights and responsibilities towards the collective" and who are in turn connected to persons beyond the immediate or 'nuclear family'.

Lastly, and further affirming the importance of the Palestinian context, Em shares that what has been getting her through this period of escalated genocide has been her fantasy or 'daydream' of returning to the land. Movingly describing her dream of return, Em says:

> All I want to do is go to the land now. I think I would be so happy. I'm so glued to my phone here. If I was in Falasteen, I would just throw my phone [away] and sit on a hill. And if I'm going to die, I'm going to die. At least I'm here. I literally dream about this stuff.

Thus, like Ghorab, Em names community along with the centring of socio-political context, combating invalidation/erasure, finding 'the right language', ability to talk about trauma

and distress, and, most vitally, return to the land, as essential components to *care* for distressed Palestinians in Toronto. As Em says, summarizing these components in her words:

> I love being Palestinian…I wish that Western practitioners understood that not all of my problems are fixable by medication, and [that] I cannot solve everything alone, and that I have found more healing in building healthy relationships with family and community later in life than I have ever found from being an overmedicated, zombified fucked up teenager who was on the verge of death by suicide or drugs twenty four seven.

In this third results chapter, I explored many of the repeating themes shared in chapters two and three but through the particular and subjective experience of an autistic transgender Christian Palestinian young woman who is a second-generation immigrant. Through Em's personal accounts, I provided a deeper illustration of the impact of APR in Canadian schools on Palestinian distress. I also examined the pronounced epistemic injustice, or what I call *double discounting,* of distressed and/or psychiatrized Palestinians in Western psy contexts. Furthermore, I analyzed themes of suicide and Palestinian narratives and understandings of 'trauma', while re-emphasising how the Western imperial setting itself contributes to Palestinian distress. Similar to Chapter Three and echoing Ghorab's input, I concluded by centring Em's insights about what care for psychiatrized and/or distressed Palestinians in Toronto entails.

Chapter Five:

Conclusion

"And these lads, forever under siege in a street or a building or a trench, or under siege within their identity, with what weapons shall they fight back? Their only weapon is madness, the madness of life, the madness of despair, the madness of alienation."

– Mahmoud Darwish, 1985, reflecting on Sabra and Shatila II

Hunted Here but not in Cuba: Khalida, and Palestinian Parallel/Multiple Realities

What of Palestinian distress as an 'intergenerational message'[20]? What of it as embodied testimony?

The story of Khalida, Salwa's late cousin, encapsulates a fundamental resonance shared in all the accounts of Palestinian distress presented in this thesis. Khalida was in her twenties when she ventured to the United States from the occupied West Bank to pursue higher education. While in the US, Khalida developed distressful parallel realities where she was being "hunted by Zionist agents". With the help of her family, Khalida sought psychiatric intervention and was subsequently given 'anti-psychotic' medication. Shortly after this 'break', Khalida managed to make her way back to her family in the West Bank. Although her distress and parallel/multiple realities would fluctuate in intensity and manageability, she was for the most part able to go about her daily activities. She worked as a teacher, regularly saw friends, visited family, and travelled when she could. However, after the intensified military invasions of the second intifada,

[20] (Atallah & Abu-Jamei, 2025)

Khalida's family decided to immigrate to so-called Canada. In Toronto, Khalida kept to herself. Her distress about being followed intensified, impeding her daily life. She would rarely leave the house and would do so only when accompanied by a trusted family member or friend.

Yet, the one place that Khalida had no problem traveling to was Cuba. "In Cuba she would go dancing and join tours," Salwa says, adding, "she loved Cuba, and she trusted the doctors and the medical system there more than any place here (Toronto). She would go for specific operations". Salwa notes how Khalida's mood would drastically change when she was in Cuba. Although Khalida's psychiatrists typically deemed her distressed realities as void-of-meaning and merely 'symptoms of pathology', it is evident from Salwa's account that Khalida's distress was in fact contingent on the geo-political setting and context – nation state – that she found herself in.

Why Cuba? For Khalida, like many Palestinians, Cuba is a significant political site of anti-colonial and anti-imperial resistance. Its long-standing history of solidarity with the Palestinian cause stretches back to 1947, before the creation of the Zionist settler state, when they were only one of two non-Muslim countries to vote against the United Nations' Partition Plan for Palestine, and its alignment with Palestinian liberation only strengthened after the 1959 Cuban Revolution. At present, its continued unwavering stance against capitalist Western empire is evidenced by the brutalizing US oil and energy blockade that they are facing. It is also possible that there were material and social cues that signaled safety for Khalida in Cuba. For example: public spaces are entirely free from capitalist advertising, billboards, and so on; the collectivist society in which people know their neighbors and are in intimate connection to them, and family is understood beyond its nuclear setup, etc. It is possible that these cues resembled Palestinian ways of living and being.

Importantly, Cuba illuminates how Khalida's distress is contingent on her geopolitical setting. It affirms the legitimacy and political meaning contained in Khalida's parallel/multiple realities. Thus, undeniably Khalida's 'symptoms' retain *political coherence*, and say more about where Palestinians find safety and where they do not (living within 'the belly of the beast,' AKA Western empire). This is not to suggest that if Khalida had lived in Cuba that she would have never experienced distress again. It is impossible to know how a prolonged visit would have impacted her. Yet what is of significance is that Khalida's distress or *embodied testimony* (my own framing of distress/madness) is a valuable direct response to her sociopolitical environment as a displaced Palestinian.

In 2023, Khalida died in her sleep from heart failure, a common cause of morbidity for psychiatrized people who are chronically overmedicated (Peng et al., 2023). The escalated genocide was already a couple of months underway when Khalida passed. The devastation of the unbearable horror that her people and kin in Gaza were going through had weighed on her heavily. Salwa recounts that all Khalida would talk about before her passing was Gaza, often desperately praying for the bloodshed to end, while pleading in the same breath for relief form her own distressful realities, of being 'hunted'. In this way, Khalida exemplifies the inseparability of her distress from the collective context of Palestine itself. In a way, Khalida's personal suffering was a reflection or a statement onto Palestinian collectivity, in both our shared distress (ongoing Nakba/ 'hunting') and our relentless struggle for liberation.

All participant accounts in this thesis affirm this indivisibility of Palestinian distress in the Palestinian context. As further proof, sharing about her cousin's 'paranoid' realities, Ghorab states, "they (his realities) all have to do with Palestine…and things like the government coming to get him". Similarly, Lara Sheehi and Steven Sheehi (Sheehi & Sheehi, 2022b) document the

story of a Palestinian Jerusalemite man diagnosed with 'schizophrenia' who does not leave his house because he is 'paranoid' that he will "fly away" if he steps outside. Sheehi and Sheehi subsequently reveal that the man had in fact *been* 'lifted up' and abducted by the Israeli Offence Force (IOF)[21] before. Sheehi and Sheehi speculate that his parallel/multiple reality acts to 'bind him to his ancestral land,' and thus his distress can be read as a form of *sumud* (Palestinian 'steadfastness', or 'stalwartness'[22]) and resistance. If we were to take seriously Linklater's conception of 'schizophrenia' containing value and legitimacy, we would add that the Jerusalemite's fear of being 'lifted away' is also a form of *embodied testimony* – that in fact it is *true* that he *could* be 'taken away'. Thus, accounts of Palestinian distress/paranoia, and their corresponding parallel/multiple realities, reaffirm a decolonial Mad-centered frameworks of distress which disrupt psy dichotomies of 'illness' and 'health'. Refusing psy discourse for a mad-centred and anti-colonial lens then offers us readings of Palestinian distress that are liberatory and politically meaningful.

Moreover, when considering the 'intergenerational message' – proposed by Palestinian 'mental health' practitioners, Devin G. Atallah and Yasser M. Abu-Jamei (2025) – contained in Palestinian 'trauma,' I am reminded of the manifestations of my grandfather's (*jiddo's*) distress in response to his exile in the 70s. My jiddo's expulsion, to Lebanon then Jordan, at the hands of the Zionist entity, was a result of his involvement with the establishment of the National Palestinian Front in 1973. His exile lasted about 22 years and was his second encounter with displacement after his family's expulsion from their home in Yaffa in 1948. I only know little pieces about his exile and subsequent 'psychotic break' from passing anecdotes of family

[21] The Palestinian-given abbreviation/title replacing the colonial Zionist title 'Israeli Defence Force' or 'IDF'.
[22] As framed by Sheehi and Sheehi, 2022.

members. I do not know the details of his psychiatrization, but I know that he was forced to take medication while my grandmother and aunt cared for him in Jordan. I also know that, somehow, jiddo managed to escape the clutches of chronic psychiatrization.

Growing up, I remember how, amongst us grandchildren, jiddo's stories/realities 'were out there'. They were amusing and fun. To us (his family), his stories/realities contained no inherent 'danger,' and so allowing him to live the rest of his life unimpeded by psychiatrization, till the long age of 93. In hindsight, we never completely dismissed the validity/realness of his stories either. To this day, I still wonder about the plausibility of some of his stories/realities, especially since they walked a fine line between mundane Palestinian truths and fiction. One such story/reality was regarding the reason for his exile. According to jiddo, he was exiled because he was 'smuggling weapons to the resistance'. This story was deemed untrue by the adults in our family. Yet, from time to time, we still ask, "did he actually do that? Was that really the reason for his exile?" Regardless of the 'real' reason, what is of significance to me is that *this* is the story/reality my grandfather chose to claim/own for himself – a reality that gave him pride and meaning, affirming his rootedness within the Palestinian cause. Jiddo's parallel/multiple reality *is real* to me and to our people's intergenerational struggle for liberation.

A Brief Personal Reflection and Concluding Thoughts

During my undergraduate studies at U of T in 2014, a friend had recommended that I sit in on one of their first-year psychology courses since I had shown interest in learning more about the field. I do not remember if I knew that the topic of the week was on 'trauma' and its impact on one's 'biochemical make-up,' but in hindsight I was not ready for the kind of somatic

response that that class would activate in me. All I remember is that at first the professor was addressing the psychological impact of poverty on individuals, citing statistics of dopamine levels and showing images of the amygdala, then suddenly the topic shifted to war, and everything turned into a blur. I do not remember the details of what she shared but I remember my skin turning hot, and my hands and legs shaking. I remember how my heart started racing as she trailed on about how surviving a bomb 'irreversibly alters one's brain'. I vaguely recall going up to the professor afterwards. But mostly, I remember hovering above my body. It was only after I had walked out into the hallway to meet my friends that I collapsed in tears. Catching myself off-guard, all I kept repeating was, "they knew; they knew exactly what they were doing to us; they did it on purpose, and they keep doing it".

It was not the topic of war that elicited such an activating response in me, but the psy framing of the lecture itself, and its highly medicalized Western model. In particular, the lecture's psy framings of 'war trauma' was reminiscent of the cold and calculated ways in which the Zionist settler state conceives of us. Specifically, it was reminiscent of the ways in which the Zionist entity seeks to 'deal with' or 'manage' us – whether through immediate annihilation, the destruction of all life-sustaining conditions, or the slower violence of torture and terror. Here, I am reminded of the CIA's funding of Canadian psy faculty for the purposes of developing military torture tactics (Klein, 2007) discussed in Chapter Two. To offer a brief concrete example of this, Dr. Donald Hebb, former director of psychology at McGill University, "received a research grant from Canada's Department of National Defense to conduct a series of classified sensory deprivation experiments" (Klein, 2007, p. 34). As Klein details, these experiments included electroshock and were deeply inhumane and devastatingly damaging to all participant victims. Furthermore, the complicity of psy classrooms and university spaces is exemplified in

the Zionist TFOM letter also discussed in Chapter Two. These accounts illustrate how the Western psy learning space itself is steeped in both past and ongoing racist colonial ideologies and frameworks. To me, this is what I was responding to in that psy lecture room. “We are not numbers, data, or experiments,” I could feel my body yell, before I could put it into words.

Reflecting on this, in relation to the accounts in this thesis, “we’re fucked,” I often think to myself, as I imagine other Palestinians in similar psy settings. I cannot think of a single Palestinian (that I know personally) who would be able to leave a Western psychiatrist’s office without a trail of prescriptions. I find this particularly disturbing because, symbolically, the ‘ideal Palestinian’ to Western empire *is* an overmedicated/sedated Palestinian, who would not have the strength or will to fight back against mass dispossession and genocide. As Jasbir Puar (2017) puts it, in her illustration of the Israeli policy of debilitation or ‘the right to maim’ against Palestinians, “The target here is not just life itself, but resistance itself’ (p.135). To this, Em’s words, “overmedicated zombified fucked up teenager,” ring in my ear.

Additionally, as discuss at the very introduction of this thesis, Palestinians simply claiming our Palestinian identity and autonomy aligns us with a kind of ‘maddened collectivity’ – both a designation that can be ‘by us, for us,’ and against us. Like the young Gazan man standing amidst rubble declares in a 2025 news clip, “We will never leave Gaza! Listen! We are mad (*majaneen*)!” (Aljazeera Mubasher, 2024) too, Mahmoud Darwish (1985) names Palestinian steadfastness and resistance as ‘a madness’ in the face of the existential absurdity and injustice of Palestinian life. In his reflection, Darwish insists that the only dignified path is "to become even more Palestinian, Palestinian until homeland or liberty, Palestinian until death; for [one] has no other choice" (p. 141). In turn, Darwish ends by asserting, “[i]s that then madness? So be it”.

Moreover, ‘zombified’ is an interesting choice word for Palestinians, especially since we tend to be the ‘inspiring backstories’ for Israeli zombie media/plotlines (i.e. the movie “World War Z” and the show/video game “The Last of Us”). In the Zionist imagination, we seem to frequently manifest as a dead – and deadly – brainless infected ‘unit’ or collective, one that does not even qualify as a ‘living animal’, but is hell bent on the destruction of all that is good and human – of the world as we know it. In this way, our collectivity itself is pathologized. Our Indigenous collectivity unnerves our occupiers, so much so that it must be turned into ‘horror’ to fit neatly within their worldview. However, I would not say that their imagined fear or their ‘paranoid parallel reality’ is unfounded. Palestinians do in fact want to upend the Zionist world as we know it, not because of our ‘brainless infection’, but rather because the roots to our land and our love for our families, people, and culture runs deeper than they could ever know. In other words, not because of our *alleged pathology* but because of our *liberatory embodied testimony*. Accordingly, this Palestinian reality is innately anti-thetical to Zionism. And so, we refuse to leave our homes, loudly persisting in our collective madness – so be it.

Summary of Main Themes and Future Implications

This thesis illustrates the devastating consequences of APR and Zionism in psy contexts for distressed Palestinians. It investigates the gendered, classed, and religious socio-political factors that shape Palestinian experiences of distress and psychiatrization in Canada. In doing so, it also contextualizes and depathologizes Palestinian distress as a clear response to a genocidal world and an ongoing Nakba.

I began this thesis by highlighting the need for research on the distress and psychiatrization of migrant Palestinian communities in Toronto and Canada at large. I then situated this project within the theoretical frameworks and methodologies of anti-colonial, anti-racist, anti-psychiatry and mad-centered scholarship. I did this also by briefly outlining the historical and ongoing entanglements between Western settler colonial projects and psy systems. I then offered an overview of the research methods and questions I deployed and their rationale.

In Chapters Two, Three and Four, central illustrations of APR in psy contexts were addressed. This was notably demonstrated in the case of Basem's (Chapter Two) near-decade detainment at CAMH. As elucidated through his family's testimonies, Basem was not given any avenue for healing before being coerced into a high dosage anti-psychotic at the hands of a Zionist doctor (Dr. A). Intimidation and his designation as a 'treatment-resistant schizophrenic' by Dr. A subsequently led to Basem's chronic detainment and subjection to excessive psychiatric violence where he was distinctly 'managed' through punitive measures that ranged from frequent and prolonged solitary confinement to excessive amounts of electroshock, to the regular withholding of his 'outdoor passes', to overmedication, and more. These excessive so-called 'treatments' were forced onto Basem despite his and his family's persistent and continuous protests. In addition, other examples of APR and Zionism at CAMH, such as the cancelling of a documentary on the 'mental health of Gaza's children,' illustrate how psy settings in Toronto continuously assert themselves as anti-Palestinian. In this larger context, the example of Basem's chronic psy detainment alone shows the urgent need to end all forms of APR and Zionism within Canadian psychiatric settings and all health care settings.

Further, Chapters Two, Three, and Four highlight how the *double discounting* of psychiatrized Palestinians is a central feature of APR. This pronounced epistemic injustice is a

direct result of the erasure of Palestine and the Palestinian context. A clear example of this is demonstrates in Em's (Chapter Four) account of how by sharing the impact of the ongoing genocide in Gaza to her psychiatrist makes her vulnerable to an increase in medication and the pathologization of her response – here she is both discounted as a 'mentally ill' person *and* erased in her Palestinian context. Similarly, this is demonstrated in chapter two in the example of how Basem's mother and sibling were continuously dismissed and invalidated in the knowledge and insights that they shared with his psychiatrists. Perhaps, like Em, this is also shaped by their queered and feminized subjectivities. Accordingly, like all participants, Basem's history of growing up under military occupation, displacement, and the APR and racially charged anti-immigrant bullying that he faced in Toronto's schools was never considered relevant to his distress. Further, emphasising the implications of such compounded discounting, Basem's family show that once doctors listened to their input, and once they worked to depathologize/naturalize and contextualize Basem's distress, Basem rapidly improved and was ultimately released.

Chapters Two and Four note how rampant APR in Canadian schools contributes to Palestinian distress. Like Basem and Diya', Em reveals how the APR she regularly faced at her Catholic school significantly shapes her distress, namely, 'anxiety', 'depression,' and 'hypervigilance'. The examples of APR in schools shared in both chapters entail racist associations with terrorism and/or the erasure of Palestine and Palestinians as a whole. Such APR involves everyone, from the teacher and administrative levels to other students. Accordingly, these findings demonstrate a need for more research on the correlation between distress and APR/Zionism in Canadian school settings, especially for young Palestinian students.

Chapters Two and Three illustrate how, distinctly, Palestinian young men are made vulnerable to chronic psychiatrization through an excess of carceral psychiatric violence. In

Chapter Two this is demonstrated not only through Basem's own experience, but by Diya' and Salwa's encounters with two other young Palestinian male patient detainees – one who died by suicide and one who was in a high security unit. Further, Ghorab's familial account in Chapter Three emphasises this gendered distinction through the examples of her father, uncles, and young male cousin's chronic psychiatrizations. In all these examples there is also a clear overlap between a gendered APR *and* anti-Muslim sentiment, which renders Palestinian men as 'dangerous terrorists'. This is then further compounded by their designation as 'insane' or 'mentally ill'.

Chapters Two and Three demonstrate both the conditions for domestic violence created by racist Canadian immigration laws (Thobani, 2007), *and* the distinct gendered caregiving by Palestinian women. Thobani's analysis is taken up to reveal how Canadian legislation renders immigrant 'Muslim-looking' men 'hyperpartirachal' and 'oppressive figures' by making them the sole sponsors of their 'dependent family'. Chapters Two and Three highlight how the economic struggles faced by Palestinian men (as sole sponsors) contribute to domestic aggression/abuse, as well as heightened distress within the family. Chapter Three demonstrates how the simultaneous carceral psychiatrizaiton of the men in tandem with their abusive behaviour leaves Palestinian women with the task of caregiving and of developing anti-carceral strategies with one another. These accounts also demonstrate how this 'support network' amongst Palestinian women supports their 'capacity to endure' (Giacaman, 2020).

In Chapter Four, two distinct themes were addressed: Christian Palestinian experiences of APR, distress and psychiatrization; and transgender and queer Palestinian subjectivities. In the case of Christian Palestinians, Em's familial account demonstrate that Palestinians face APR – which overlaps with anti-Muslim sentiments – in Canadian settings regardless of religion and

similarly bear the impact of the ongoing Nakba. The stories shared here reiterate what Palestinians have been asserting since the establishment of the Zionist settler entity which is that Palestine is not an issue of 'religious conflict' but one of settler colonialism and imperialism. Second, Em's account emphasises that for queer and transgender Palestinians, there is a need to not only centre Palestine and Palestinians, but also queer and transgender subjectivities. Notably though, examples from Em's psychiatrization also highlight how her Palestinian identity at times eclipses her other identities (Christian, transgender/queer, and autistic) when it comes to the compounded discounting and subsequent overmedication that she faces, thus underlining this thesis's entire premise on the significant consequence of APR in psy contexts.

The centrality of Palestinian resistance and political participation echoes across the results chapters. In Chapter Two, Basem's family demonstrate this through their continuous invocation of parallel experiences of Palestinian detainment and torture in Zionist prisons when discussing Basem's story. In chapters two and three, this is captured through Diya' and Em's accounts of 'fighting back' against APR in their schools. And most poignantly, in Chapter Four, Ghorab demonstrates this not only in how Palestinian resistance 'brought her back to herself' when she was being confronted with 'carceral care' while in crisis, but in how it 'woke her father up' and allowed her to connect with him today in ways that she was systemically denied (separated/severed) throughout her entire life. This is palpably exemplified in her 'wish' and assertion of her father and his experience of distress and psychiatrization as one of Palestinian martyrdom. Ghorab demonstrates that her Muslim faith is inseparable from this Palestinian resistance that has the power to heal and repair.

The most significant overarching theme shared of the chapters is how the sociopolitical context of migrant Palestinians (i.e. the ongoing Nakba, displacement, and Western imperial

settings) is the primary contributor to distress among Palestinians and, relatedly, that Palestinian distress is legitimate and of value. This is demonstrated not only through the examples of suicide mentioned, but through all the participants' accounts of how living within a settler imperial setting that is actively supporting and funding the ongoing genocide and Nakba of their people has and continues to worsen their distress. Further, all chapters touch on the isolation and 'scatterdeness' of Palestinian community in Toronto, which adds to the distress.

However, central to being able to address the Palestinian context, and thus to address/heal Palestinian distress, is 'the ability to talk about all of it'. Diya's account of their brother, Em's personal account, and Ghorab's account of both her and her father's psychiatrizaiton, make it clear that psy language and frameworks obscure, individualize, pathologize and criminalize Palestinian distress. Thus, all the participant accounts in this thesis stress the importance and urgent need for a depathologizing, political and culturally relevant language – one that centres the ongoing Nakba and Palestinian liberation.

Above all, this entire thesis declares an urgent need to free Palestine[23] for the care/healing of all distressed and psychiatrized Palestinians. In honour of Basem being "as stubborn as Palestine" when he persists in claiming his own life; in honour of Em's daydreams of return; in honour of Ghorab's assertion of her father as a martyr; and in honour of the countless unnamed and unknown psychiatrized Palestinians, this thesis reverberates Ghorab's words:

> The obvious answer [to care] is free Palestine; remove all colonial conditions; end Zionism; return the land; return the people to the land; remove all systems and infrastructure of carcerality; remove the settler stain on everything - just take it all away.

[23] Since the inception of the British Mandate in 1920.

In this concluding chapter, I began by further parsing out the conceptions and understandings of Palestinian distress shared in this thesis. I did this by using Khalida's story as a departure point to exploring experiences of 'paranoia,' 'hypervigilance,' suicideality, 'anxiety,' despair, parallel/multiple realities, and more. Specifically, here I illustrated how Palestinian distress is a legitimate site of anti-colonial and anti-imperial resistance and contains valuable political meaning. Additionally, by reflecting on my own brief personal encounter with a psy educational setting, I offered some concluding thoughts on the themes of psy discourse, practice and epistemologies shared in this thesis. I then ended with a synthesis of the main themes presented, their future implications, and urgent need to be addressed for the care of distressed and/or psychiatrized Palestinians and their families/carers in Canadian psy settings.

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