

Belonging in a Vulnerable Society: Perspectives on Rehabilitation Practice in the West Bank

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INTRODUCTION

Conflict and war in vulnerable, economically challenged regions create an urgent need for rehabilitation. Decades of conflict have left many Palestinians with disabilities. The World Health Organization emphasise that conflict significantly increases rehabilitation needs, yet up to 50% of people in developing countries lack access, increasing the risk of more severe disabilities.

OBJECTIVE

This study sought to explore how contextual factors such as geopolitical, environmental, and social factors influence the rehabilitation practices of female Palestinian occupational therapists (OT's) with the goals of providing insights into how contextual and sociocultural factors frame practice and the perceptions of disability in society.

METHOD

Eight individual interviews and clinical observations were conducted with Palestinian OTs in the West Bank. The data was analysed using Braun and Clarke's reflexive thematic analysis.

Participant demographics

Name	Age	Years of OT experience	Type of institution
Nadia	43	22	Special education
Yasmine	25	4	Special education
Sarah	23	2	Special education
Malika	30	10	Day institution
Jana	40	18	Consultative institution
Laila	32	10	Rehabilitation hospital
Nisa	22	1.5	Rehabilitation hospital
Tara	23	1.5	Rehabilitation hospital

Living in conflict

“We live a hard life. It’s hard to live, it’s hard to be happy, it’s hard to travel and go to the sea. (...) I travel every day from city to city and it’s hard because it’s not safe. We only survive because we want to live. (Nisa, rehabilitation hospital)”

Practicing rehabilitation in a vulnerable society

“Medical diagnosis is still on a very primitive level. ... The medical system is not very developed either, and there is no strategy from the government on how to lead the medical system. There is no one to guide the parents regarding what is the best rehabilitation when they have a child with disability – nowhere to go. They are all on their own and (...) they don’t know what to do. (Nadia, special education)”

Social perceptions dominating people’s views on disability

“Some people don’t take into consideration that children with severe mental disabilities is able to make their own decisions or to feel the progress in rehabilitation like we can feel it. And maybe not to the level that I understand it, but they can feel something if we give them proper feedback by our reactions. (Nadia, special education)”

Stigma and social norms shape rehabilitation practice

“In the cities, they mostly accept these types of disabilities, and they are cooperative. In the villages and southern territories, they do not respect them; they look at them as imbeciles or in embarrassment. ... They look at them as if they should not appear in the community. (Malika, day institution)”

INTERPRETATION OF IMPLICATIONS FOR OCCUPATIONAL THERAPY PRACTICE

A lack of governance creates a direct link between belonging to a society and achievable health benefits, and belonging can help bring people closer together through shared routines and everyday challenges.



Moral/Religious rationalisations for disability are deeply interwoven with cultural traditions. However, in the Palestinian context, the moral implications appear to mostly affect those with congenital disabilities.

Conflicting conceptualisation of disability, rooted in divergent cultural and medical worldviews, can contribute to miscommunication and obstruct the rehabilitation process.



Participants emphasized doing in rehabilitation, reflecting a medical, impairment-focused perspective not always shared by clients. They acknowledged that the core values of rehabilitation and occupational therapy differ from those of society.