

Women, Armed Conflict and Loss:

The Mental Health of Palestinian Women in the Occupied Territories

Edited by: Dr. Khawla Abu-Baker

Authors:

**Dr. Khawla Abu-Baker, Dr. Nadera Shalhoub-Kevorkian, Sama Aweidah,
Dr. Elias Dabit**



**Women's Studies Centre
Jerusalem**

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النساء والنزاع المسلح والفقدان:

الصحة النفسية للنساء الفلسطينيات في المناطق المحتلة

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Dedication

*To those women whose pain is felt by none but
themselves*

*To those women whose experience of loss has been
devoid of mercy*

*To those women whose cries remain unheard by the
world*

*We start by documenting their stories, their dreams, so
that the world might hear*

Chapter One

Forward Palestinian Women and Trauma Project

**By Sama Aweidah
Director of the Women's Studies Centre**

Throughout the second Intifada, the Palestinian people have been experiencing an intensification of Zionist invasions, which have been accompanied by killings, as well as emotional and material destruction. The Women's Studies Centre has had to assess its role in addressing the circumstances that have encroached upon the Palestinian people. The WSC was compelled to seriously consider its responsibility, not only as a committed Palestinian organization but also as a leading organization focusing on women's rights. We decided that it is important to study the new reality in which the Palestinian woman lives in order to be able to fulfill her needs, in accordance with our role, mission and goals.

Our need to intervene was discussed with Dr. Nadera Shalhoub-Keverkian around the same time that the massacre in Jenin refugee camp had occurred, confirming the pressing need to take action. We decided to start our journey from Jenin Refugee Camp, by visiting it during a time when the remnants of the ugly massacre were still very much present.

In Jenin, the catastrophe spoke for itself. The women we met were perplexed and on the verge of nervous breakdown. Not only did we see loss in the eyes of children, but we also witnessed the effects of the massacres, massacres that will not be removed from our memories as long as we are alive. Our experience in Jenin contributed towards our insistence to take action.

Before embarking on our journey, we had to answer the following questions:

- What should be the form of our intervention?
- Who is the team that will work on implementing the project?

The form of intervention that we chose was Action Oriented Research. In other words, we wanted to carry out research aimed at influencing change and theoretical research alone would not be sufficient for our purposes. We wanted to work with the victims as subjects rather than objects of a research that is limited to documenting and analyzing the pain the victims have experienced. The aim of our intervention was to work with traumatized women in an attempt to relieve their pain and facilitate their rehabilitation and ability to lead normal lives.

As for the research team, we chose to work with women who were both activists and professionals in the areas in which we were to implement the project. The areas that we targeted were Jenin, Nablus and Bethlehem. Thanks to full funding from the Swedish organization, Kvinna Til Kvinna (Women to Women), we were able to implement the activities of the project.

The Journey of our Project

The idea of the project went through a long process of crystallization with the assistance of the Women's Studies Centre's board members, the director of the organization and the researcher Dr. Nadera Shalhoub-Kevorkian. After developing the idea of the project, the main researchers developed the criteria of the areas in which we wanted to implement the project. One of the most important criterion was that it was necessary to work in areas that had experienced the most damage. We also had to carefully choose the team with whom we wanted to work, and train them with the necessary skills to start implementing the project.

As soon as we started working, we realized the extent of the damage done by the horrifying military invasions. The fieldworkers were on the verge of nervous breakdown, but with guidance from Dr. Khawla Abu-Baker, they were able to relieve their pain.

Throughout the project, Dr. Khawla Abu-Baker provided the fieldworkers with guidance, and counseling. Even though this was initially done over the phone, it was then thought to be more beneficial for the fieldworkers to participate in consistent therapeutic sessions that took place in Jerusalem. This is in addition to the continuous training that Dr. Khawal Abu-Baker and Dr. Mahmoud Baydoun provided to the team of fieldworkers before the beginning of every stage of the project, in order to prepare them to fulfill their roles according to the plan of action. Throughout the project, the Women's Studies Centre followed up on all the administrative issues, in order to ensure the successful implementation of the project.

Presenting the Results of the Study

Due to the importance of the results of the study, the Women's Studies Centre, in cooperation with the Ministry of Women's Affairs, organized a workshop in which the results of the study were disseminated and discussed. The day was attended by representatives from women's, human rights and development organizations, in addition to ministries and a member of the Palestinian Legislative Council. On the next day, the Ministry of Women's Affairs organized a day during which working strategies, based on the results of the study, were discussed.

The Women's Studies Centre is also planning to organize a regional conference that would highlight the results of the study. Participants from other Arab countries that have been exposed to armed conflict will be invited to share their experiences, with the hope of enriching the work of other Arab feminists in this field.

The Women's Studies Centre is currently planning the implementation of the second phase of the project, during which the circle of intervention will widen to include more women that have suffered in areas of our work. During this phase, we will empower the victimized women with whom we worked during the first phase of the project, to intervene and assist other women that have undergone similar experiences.

Finally, we would like to thank and extend our gratitude to all the individuals who participated in making this project a success, despite the difficulties faced along the way. Their commitment to this project was the light that guided this work to the very end. We would like to thank:

- * The main researches Dr. Khawla Abu-Baker, Dr. Nadera Shalhoub-Kevorkian, and Sama Aweidah;
- * The statistical analyst, Dr. Elias Dabit;
- * The psychiatrist Dr. Mahmoud Baydoon;
- * The team of fieldworkers, made up of Rawda Al-Baseer and Amal Al-Ahmad from Nablus; Fatima Al-Muaqat and Iman Saleh from Bethlehem; Rania Al-Salous and Hanadi Shirbawi from Jenin;
- * The Project Coordinator May Yaseen from the Women's Studies Centre;
- * The team of translators and editors of the study: Dr. Aida Seif El-Dawla, Heripsime Batarseh, Zahra Al-Khalidi, Aline Batarseh, Wisam Rafeedi and Adnan Al-Julani;
- * Kvinna Til Kvinna and Sida for funding this project;
- * The employees of the Women's Studies Centre, all of whom played a role in making this project a success.

* * * * *

Chapter Two

Conceptualizing Voices of the Oppressed in Conflict Areas

Dr. Nadera Shalhoub-Kevorkian

“Individuals have international duties which transcend the national obligations of obedience...Therefore; [individual citizens] have the duty to violate domestic laws to prevent crimes against peace and humanity from occurring”

Nuremberg War Crime Tribunal, 1950

Introduction

Research and clinical work with severely traumatized individuals have formed the core experience for a deeper understanding of the issue; those who work as researchers, clinicians, or human rights activists have become aware of the overwhelming impact of historical and political events on gender, society, medical and psychological problems of individuals. As a result, the connection between the personal and the political, including gender and psychological issues, becomes more apparent.

Sama and Nadera’s joint visit to Jenin in May, 2002 – following the invasion of Jenin and the massacre that occurred in Jenin Refugee Camp in April, 2002 – had an overwhelming emotional and rational impact on their ability to comprehend the atrocities committed against the inhabitants of Jenin. Both Nadera and Sama wrote about their experience and discussed it with friends and activists, including board members of the Women’s Studies Centre, after which they decided that it was necessary to take action based on what they’ve witnessed. The actual step that they took was to gather more data and listen more attentively to women’s ordeals in conflict areas.

Standing at the crossroads between human rights violations, mental health and research made us aware of the need to develop our abilities to learn more about such violations in order for us to offer various clinical interventions that will in turn affect the research carried out on women’s victimization/survival,

trauma and recovery. It is not pleasant to stand at this crossroads; one may easily be tempted to retreat rapidly either to the purely clinical position, research position, or documentation of human rights violations. This report and study is an open invitation to remain at the crossroads: to listen to the cries of individual women while keeping an eye on the socio-political landscape of the historical, cultural and gender patterns that have created immense personal and national tragedies. We do hope that this broad look and its multidisciplinary approach would invite representatives of political science, law, ethics, theology, gender studies and others to work hand in hand in preventing such crimes from recurring.

In various locations and countries around the world, particularly during times of war, women's suffering and victimization and their methods of survival have almost always been neglected as something requiring sustained attention or serious study. During the past ten years, the international community has made some effort to examine the suffering women have endured and the specific modes of women's survival as a way of acknowledging both the direct and indirect victimizations inflicted upon women in war zones and areas of conflict. Ironically, however, the faces and stories of these women have only been revealed when they served to preserve the interests and infrastructure of existing global powers in their economic, political and religious manifestations.

The extant discriminations of patriarchy which already favor the male voice, and further silence women, have continued to prevail. Such conditions always privilege war stories and one-dimensional narratives that are all about men, thus creating a flawed history based on patriarchal and militarized interests. The political and epistemological effects of these partial stories have been to create a defective and faulty map of the political and historical terrain, and the virtual erasure of women as active and creative citizens, particularly during times of conflict.

The theoretical question we are discussing is multifaceted and mutually linked: For one, is it possible to understand the multi-layered effects of the socio-political, historical and cultural contexts of the region without listening to the voices of the hitherto voiceless? Secondly, does our present theoretical understanding of trauma, stress and loss provide a good enough basis for building intervention models? And finally, how can we critically engage with our "professional" and "scientific" heritage in an attempt to productively challenge and redefine those prevailing concepts while we look at the socio-political and cultural contexts with regard to women and during times of war and political conflict? We believe that feminist, human activist researchers in conflict times as well as therapists need to be politically aware and processually dynamic in rejecting professional practices that oppress (directly and indirectly) others, while being continually vigilant of potential resources during conflict situations in order to emancipate them to better serve our aims.

The aim of the study is thus to start the process of looking closely at women's ordeals during political conflicts with the hope to start constructing the Palestinian experience and reactions according to her-story – rather than his-story – in an attempt to change the historical tendency to deny women a voice during war times and political conflicts. In doing so we aim at:

1. Identifying, analyzing and examining Palestinian women's reaction following the latest Israeli invasions of Jenin, Nablus and Bethlehem, and the war-related crimes.
2. Healing some of the shared wounds with groups of Palestinian women survivors of such crimes. The healing process would focus on individual meetings and support groups, with the hope of constructing new methods of intervention.
3. Constructing and applying new therapeutic/intervention strategies to reduce the effect of the victimization on females.
4. Documenting and disseminating Palestinian women's war crimes' narratives according to their own words and writings while reflecting their own perception.

It should be noted that the project's directors are aware of the fact that during the various stages of the project's implementation the research team might need to offer actual intervention with victims of abuse, mainly if they are in urgent need for help. This ethical dilemma will be addressed while contracting and coordinating with other Palestinian NGOs and international organizations to address the psychological, medical, economic or social needs of the women participants. The project's directors have already received the approval of various NGOs, such as FDS (Family Defense Society – Nablus), the Women's Center for Legal Aid and Counseling – Jerusalem, UNRWA, to name but a few organizations willing to address any emerging needs

Literature Review on Women and Armed Conflict

The effect of conflict and its impact on women has been discussed in various countries such as South Africa, Yugoslavia, Lebanon, Palestine, Yemen, Malaysia, and Northern Ireland among others (see for example Schulze, Kristen, Stokes and Campbell, 1998; Shahadeh, 1999; Peteet, 1997). Thus when studying women in war-related zones we learn that we need to have a broader look at victimization, war crimes and methods of survival, much broader than the existing

western one (Abdo & Lentin, 2002; Abdo, 1994; Shalhoub-Kevorkian, in press; Abu Nasr, 1996; Cook, 1998).

Women in general are the unrecognized frontline fighters who, if acknowledged, could align us towards a different reality by allowing a different voice and discourse to be heard. For example, looking at women as “frontliners” as Waller and Rycenga (2001) have done establishes what they have defined as a starting point for a revisionist discourse. They state: “the frontline is the place where combat and the brunt of the fighting actually occur, and it is therefore the location of the greatest carnage. Furthermore, the lived realities of the frontline are usually (and increasingly) distant from the generals, heads of state, and policymakers: the privileged don’t live on the frontlines, nor do they dirty their hands in an era of televised, computerized “precision” bombing sorties... the frontline – as a place, as a concept, as a span of time, and as a place to grow, change and transform – is known as a gritty, multifaceted reality” (p. xix).

Looking closely at such frontline fighters, and understanding their socio-cultural and political legacy used to extant gender relations in culture, affects our analysis of the complex dynamics between women’s suffering and survival in areas of conflict. While political conflicts could provide a catalyst for the emancipation of women, and eventually empower them, an already conflicted space can also become a source of further gender oppression and subordination. Cook (1998), for example, studied women’s literary responses to the Lebanese War and described how these women went through what she calls a “transformation in consciousness.” Women became aware that they had stayed out of a sense of responsibility for others and that they had survived. Their consciousness of this ability to survive indeed became a catalytic to the degree that the “Beirut Decentrists” began to describe and inscribe a society that had gone beyond the centralized, culturally-sanctioned masculinization that normally obtains during times of war and had achieved instead an almost unprecedented level of feminization. Abu Nasr (1996) discussed women’s inventiveness and initiative in adapting and surviving the war in Lebanon. She looked at the ways in which the absence of men, and husbands leaving, resulted in women suddenly becoming the heads of families and having an increased participating in the labor force, in addition to an increase in the number of women getting enrolled in higher education (since they were unable to marry due to the decrease in the number of young men). When discussing the strategies women undertook to cope, Abu Nasr explained how for these women activities such as volunteering in medical relief services and educational institutions, as well as participating in protests against the war, were considered empowering mechanisms of survival. However, the greatest achievement, asserted Abu Nasr, was the role women played in their own homes, providing domestic assistance and often saving the lives of their husbands and children from violent conflict.

She concluded by stating that Lebanese women survived the war through their resourcefulness, actions and achievements. Women's innovative methods of coping with the political conflict made Makdisi (1991) take note that wearing the veil, or hijab, during the war in Lebanon was a way for women to show support for their religious sect in the struggle. Makdisi disagrees with what she calls "western stereotyping" of the hijab. Similar results of Western stereotyping were found in Palestine, when the Western – in particular the US – media portrayed the Palestinian mothers of martyrs as unfit:

portraying them as women who coerce their children to kill and die. Contrary to such biased conceptualizations, Shalhoub-Kevorkian (in press), while working with these women, argues that the discourse of the mothers of martyrs was one of peace, love and care, not one that privileged or advocated criminal. An excellent argument that challenges the construct of women as icons of the nation and women in conflict zones was raised by Peteet (1997).

Peteet investigated practices of mothering among Palestinian women, both in the refugee camps of Lebanon during the Civil War and during the first Palestinian Intifada (1987-1993). The main thrust of her argument is that she found the emergence of what she called a transformed "female practice and emotion" which empowered mothers as political actors. However, Peteet notes that such transformations were not sufficient enough to engage a revision of, or put an end to, pervasive gender inequalities. Similarly, the Palestinian national movement endowed the 'mothers of the martyrs' with the status of national icons and yet did not consider this particular form of national identity and participation as grounds for equality of citizenship.

Empowering but not transformative feminine practices of motherhood during war are also being raised by Shalhoub-Kevorkian (2003) when she shows that despite the high national status to which mothers of martyrs were entitled, some of them were denied even the simple gesture of being allowed to bid farewell to their dead children.

Others were forbidden from crying, participating in their children's funerals, visiting their graves, or participating in other national activities related to their loss, among other gender related restrictions. It is critical to remember that the reason behind listening to, and utilizing, the voices of women in our professional praxis is not to render that voice as authentic – so that it comes to represent all women unconditionally, but rather to create inclusive epistemic categories that allow for the construction of viable intervention programs based on the voices of the oppressed (see also Freire, 1972).

Psychological Trauma

Living in a conflict ridden area is emotionally taxing, yet it would be wrong to automatically assume that all war victims suffer from severe psychological trauma and incapacitation. Studies (Garcia and Peltoniemi, 1991) show that survivors, even those with then long lasting post traumatic symptoms, do not always have incapacitation or maladjustment reactions. Moreover, research on refugee adaptation after resettlement shows that the most powerful factors for the creation of long-lasting mental health problems leading to maladjustment are unemployment and separation from close family members (i.e. factors that follow the trauma or war disaster) (Beiser, 1990).

The psychological impact of living in a conflict area was found to raise levels of depression, anxiety, PTSD (Post Traumatic Stress Disorder) and other psychopathologies. Studies show that women generally suffer more from both depression and PTSD, and that they are more prone to depression than men (Karam, 1999). Furthermore, empirical studies in Palestine (see for example Baker and Kevorkian, 1995; Elbedour, Baker, Shalhoub-Kevorkian, Irwin & Belmaker, 1999) reveal the extreme psychological symptoms Palestinian mothers endure as a result of being severely traumatized, especially in cases in which they lose a child as a result of military or political oppression. Depression, anxiety, somatoform symptoms, and symptoms of PTSD are not only found to be common amongst Palestinian women, but are also more intense than those experienced by their male counterparts (Abdel Hamid Afana, et. al, 2002).

Women's health in general, and mental health in particular, was found to be affected not only by the violent political situation, but also by the burden women carry in their traditional role of providing marital and domestic stability and child rearing. The consequences of these socio-political pressures and psychological disorders on a woman could be devastating to her individually, as well as to her family and society at large (for more details see Farhood, 1999; Karam, 1999; Shalhoub-Kevorkian, 1997, 2003, in press).

As Rosemary Saigh explains when studying Palestinian women, one ought to look at the whole range of the socio-cultural and political legacy of the studied society, paying particular attention to women's narratives and the plurality of voices as reflected in those narratives. I believe that without doing so one cannot build a politically responsible and psychologically appropriate model of intervention to help reduce the effect of such trauma. We need to hear more women's voices, listen to their own experiences and learn about their coping strategies before claiming any hypotheses.

Knowledge from other conflict ridden areas indicates that both general

situation-related and personal situation-related factors play a major role in the creation of traumatic responses. Personal situation-related factors vary according to educational and financial resources, previous good adaptation and adequate coping mechanisms, extent of human and material losses, conditions of flight, conditions of resettlement after flight, family network, and religious beliefs. As to the general situational factors, they affect every person and include the proportion of the population directly involved in the war/Intifada, and the predictability and rapidity of involvement. By predictability we mean whether the crisis was expected and by rapidity we mean the speed which the people themselves perceive to need in order to be able to flee and save their relatives and possessions in time. The problem with the Occupied Palestinian Territories is that there is almost nowhere to escape, and escape is deeply related to the displacement and refugee status they carry, thus displacement or fleeing for one's life carries a very traumatic effect on individuals. In addition, the continuous lack of safety, loss of lives, imprisonment, house demolitions, night raids, invasions, etc. prevent people from moving away from their milieu. Palestinians like Um Mahmoud (Mother of Mahmoud) stated, "We expect the worst from them (the occupying forces) ... but nothing will make us move from our homes. Dying here is better than being a refugee again." They do expect problems and atrocities, but the element of predictability is less powerful than in war situations. This predictability helps decrease stress and strain and promote appropriate coping mechanisms with less negative psychological consequences.

From previous studies in Palestine (see for more details Shalhoub-Kevorkian, 1997, 2003), and based on some of our clinical work while working in the field with traumatized families, we realized the following phenomena: The physical separation between family members negatively affected family members' sense of security, avoidance of open communication in an attempt to be over protective, disruption of communication because of fear, in addition to other related feelings, such as trans-generational traumatization, parentification of the children, and abrupt role changes in the family hierarchy.

As in all wars, organized violence leads to a situation whereby any kind of action may become, or could be interpreted as, an act of opposition. This renders everyone in society susceptible to violence. Physical force, combined with psychological terror creates what could be called social-psychological warfare (Lavik, 1994; Sveaass, 1994). This warfare includes acts that have psychological effects to the degree of causing psychological paralysis as seen in some Latin America cases (what was called in Latin America "la politica de amendramiento" (the politics of fear) and its social and psychological consequences (e.g., Lira, 1990; Castillo & Lira, 1991)). Moreover, it could cause arbitrariness that aims to confuse. As Castillo and Lira formulated it, "anything can happen anytime, no matter who you are, what you think or what you do" (p.3). Thus, something that is accepted on a given day could be strongly retaliated against the next. Frequent threats create insecurities, and in the

Palestinian case, the question becomes who will they target next time?

Methodology

Anthropologists Laila Abu-Lughod (1990) and Ruth Behar (1993) have argued for the dissolution of the operational binaries of self/other, subject/object distinctions which have been fundamental to traditional ethnography. They believe that “unsettling boundaries” (Abu-Lughod, 1990, p.26) hold the promise of liberating the discipline from “the colonizing domination” of its colonial past (Behar, 1993, p. 302). Patricia Hill Collin challenges the boundaries and hammers at the foundations of sociology in particular and the social sciences in general (see for more details Patricia Hill Collin’s work, 1986 & 1990).

In our attempt to conduct research studying realities experienced by Palestinian women we chose to look at them specifically through the matrix of the oppressive colonizing context in which they are necessarily embedded. Our theoretical approach is based on the varied feminist methodologies that have come to be known under the rubrics of decolonization as a basis for developing and conducting studies pertaining to Palestinian women. Decolonizing methodologies offer an alternative to the West’s hegemonic ideals regarding the benefits of research and the pursuit of knowledge. This approach challenges the quotidian assumption that research and research methods that exist outside of ideology are in effect ‘culture free,’ and that researchers can ostensibly occupy some kind of moral high ground from which they can observe their subjects and make judgments about them without the interference of bias. Decolonizing approaches take into account the gaze of the colonized.

However, it is important to note that the proposed research approach is more than a naive deconstruction of prevailing Western scholarship. It does not simply allow the oppressed to tell her story. It goes beyond revealing underlying texts and giving voice to intuitive knowledge, for these allowances alone will do little to improve the material conditions of the oppressed. Our effort might provide the relief that comes from words and insights which might help explain certain experiences, but it does not save someone from hardships. Many people continue to live under political and social conditions that continually raise the levels of poverty, ill health, poor educational opportunities, etc. The problem is that constant efforts by governments, states, societies and institutions to deny the historical formation of such conditions have simultaneously denied their/our claim to humanity, to having a history, or hope. Therefore, the past, the local and global stories, the present, the communities, culture, language and social practices, may all be spaces of marginalization, but they also have become spaces of resistance and hope (Tuhiwai, Smith, Linda, 1999).

Therefore, the research that was undertaken was an action-oriented one, based on a grounded theory methodology. The following strategies were adopted:

1. Individual interviews with women survivors:

The aim of this method was to hear first hand and face-to-face, in women's own words, their feelings, pains, harsh memories, moments of power, moments of weakness. This methodology was undertaken in order for the research team to uncover the effect of the trauma from a female perspective. The hope was not only to understand survivors' perception of the war crimes, but also to search for appropriate methods of helping other survivors. The study collected 30 narratives, 10 from each area, to learn about women's own life experiences and ordeals.

2. Focus groups with survivors and service providers:

The main aim of the focus group with survivors was to identify the main gender-related hardships that women faced during the invasion. It also aimed at examining the main coping and adaptation strategies and their ramifications on individual women (a mother, young girl, or an old lady). The focus group with service providers aimed at sharing the various experiences of those who provided assistance to women who survived war-related crimes. It aimed at helping the research team to identify the main symptoms (both psychological and social) of the trauma and coordinate work with various active organizations in the field so as to prevent duplications. Both focus groups and individual interviews with women helped researchers in constructing the main research variables of the study and research questionnaires.

In each of the three locations, four focus groups were conducted: three with women from a refugee camp, village and city area and one with service providers. In the Nablus area, 19 service providers participated in the first meeting of the focus group and 13 in the second, while 44 women participated in the rest of the focus group meetings. In the Bethlehem area, 17 service providers and 60 women participated in the focus groups' meetings. In the Jenin area, 20 service providers and 25 women participated in the focus groups' meetings.

3. Support group therapy:

The aim of the support group was to uncover unvoiced feelings, in order to liberate voices of pain and search for ways to improve participants' coping strategies. Our core assumptions were that some dysfunctional behaviors or symptoms may have originated as legitimate coping strategies to the political violence, but that women were deprived of the opportunity to develop certain skills to face the trauma. This deprivation of women, mainly in a context of continuous trauma due to occupation

and constant loss of beloved ones, lands and economic means to survive, could bring about powerlessness and the inability of women to advocate for themselves. The reason behind working with groups rather than individuals was based on our belief that group therapy allows participants to heal, while at the same time giving them the opportunity to build new connections with those who have suffered from similar experiences. The group format allows women to create networks with other women, through which healing becomes an essential part.

4. Conducting a study on the effect of the trauma of war on women:

Data was collected from a random sample of approximately 300 women who survived the Israeli invasion of Jenin, Nablus and Bethlehem areas using a specifically-designed questionnaire based on both the data from the narrative analysis and the focus groups to study the effect of the trauma of war on women.

Analysis of Focus Groups

Focus groups were conducted in three areas: Jenin, Nablus and Bethlehem. The main aim was to identify the effects of the political violence on Palestinian women on three levels: The personal level, the familial level and the social-economic level. All levels were discussed, mapped and analyzed from the physiological (physical health), psychological/traumatological, familial, social, gender and economic dimensions.

It should be noted that focus groups included both women survivors of political violence and service providers that offer assistance and support to women whenever possible. Listening to the different voices, the voice of the individual woman and the voice of the service provider, allowed us to deeply understand the subject matter and learn more about women's own coping and adaptation strategies. The results of this activity affected the ways in which support groups were constructed and the main themes that were further discussed and analyzed in a more expanded setting and supportive milieu.

The aim of this chapter is to report and share with the reader the main results, words, and life experiences of the women who participated in support groups. Therefore, we will first discuss the main themes that were raised by women participants and later juxtapose them with the service providers' perceptions. Each subtitle will include reactions from both women survivors and representatives of service providers.

In general, participants reflected upon the effects of the political violence

and the uncertainty, unpredictability and terror it causes, in turn affecting the women's current situation and reactions to violence. They all mentioned the loss of lives, loss of beloved ones, loss of homes, destruction of homes, economic hardships, inability of children to reach school, fear from sending them to school and many other subjects as major factors affecting their personal, familial and social modes of coping with political violence. For example, Maha, Laila, Nada and Ibtisam from Nablus shared with us their understanding of the situation. Some of their reflections are quoted here:

“We are experiencing economic hardship because my husband is sick and unable to work.”

“It is difficult to find housing. We have become destitute and my children are afraid that something will happen to them on their way to school.”

“I suffer from psychological difficulties and severe health problems. I have to take tranquilizers all the time.”

“The deteriorating economic conditions have led to family problems.”

Inayat, Siham and Khawla from Bethlehem add their voices to the other women:

“Our greatest difficulty is that my husband works sometimes but does not work at other times, so this affects our livelihood.”

“My daughter is only 4 years old and is afraid at night. Sometimes she calls for me, other times she wets her bed.”

“He bosses his 8 year old sister around. He is disturbed psychologically – he keeps biting his nails until blood flows out and he doesn't study. When I ask him to study or to go to school he says “there is curfew today,” so I try to convince him that there is no curfew. My son is becoming less hard-working at school; he used to get high grades – 92%, but now he only gets 62%. He keeps drawing a machine gun and Mohammad Al-Durra. Sometimes I can't deal with the children so I ask them to leave the room and when I feel calmer I ask them what they need. But my husband gets very irritated when my son asks for 70 shekels for example.”

“I am 39 years old and I have 7 children. Living conditions are difficult for everyone... my house was demolished and there is no one to help us. My children get terribly afraid and I cannot leave them alone... they cry out in their sleep. Many institutions know about my situation and have

my name registered in their books, but they never help. I am fed up of going to these institutions. My children are always afraid and they cry at night. I wish someone would help them by bringing them coloring books or toys so that they'll forget. I always wish I could buy some, but I don't have enough money."

"I am 25 years old and I have a boy and a girl. We have been affected both psychologically and economically. My son cries and screams in his sleep. When I gave birth during the Intifada there was shelling in our area."

"When my daughter was 3 months old I had no more milk. I wanted to nurse her until she was two. I was very afraid for my children, husband and myself, but I was most afraid for the children."

With the intensification of economic hardships due to the political situation, some service representatives noted that most of those who approached organizations to seek help were women. The director of one organization stated:

"One can tell that there are a lot of economic problems from the number of applications for assistance and the many referrals we made to concerned institutions. For example, from 1/1/2003 until 4/3/2003 we received 205 applications from people who experienced economic difficulties – 80% were women."

The question remains whether in Palestine poverty has also become feminized or is it only that men prefer to send their female relatives to seek help out of shame, masculine pride, restriction of mobility, fear from being turned down, or other reasons. The answer to this question is not clear.

In an attempt to share with the reader the main hardships, weaknesses and powers to survive, we will divide this section into the following eight sub-titles while stressing that these are only some of the topics that we felt are of importance to our discussion:

1. **Coping with Political Violence**
2. **Political Violence and Home Raiding**
3. **Gender-Related Violence**
4. **Terror, Sexual Harassment and Abuse**
5. **Political Hardships, Economic Constrains and Women's Health**
6. **Continuous Fear and Insecurity**
7. **Sources of Power: How Do They Cope?**
8. **What about the Future?**

1. Coping with Political Violence:

Women's inability to comprehend and react to the intensified violent crimes paralyzed them in some cases and activated them in others, but most participants stated that they acted quickly and helped their children, themselves, etc. But in extreme cases, such as losing track of a family member, home raiding, and beating of a family member, they felt totally incapacitated, confused, and even disassociated – to the degree of losing their ability to comprehend the surrounding happenings. The feeling of incapacitation was very apparent when a family member was humiliated, arrested, tortured, and especially when a family member was shot to death. Um Jamal from Nablus shared with us the story of her son's martyrdom and her pregnant daughter's reaction to the loss of her brother, the home raid, the humiliation of her brothers and father, etc.

“My second son went to buy coke for his nephew and came back running and screaming, “Mother, mother, my brother is dead. He was martyred.” I went crazy and couldn't believe what happened because he was with me only a few minutes earlier.”

“His brain spilled out onto the ground and he was bleeding severely. The blood was like water running from a fountain. One soldier said to him, “Yes die. You have driven us crazy.” Then other soldiers started trampling all over his body. The young men dragged him away with difficulty and took him to hospital, but he died on the way there. Three days later they broke down the door of our house and held my husband by the scruff of his neck, telling him to bring my other sons. They bashed my oldest son's head into the wall, but I remained speechless. Then they hit my other son, making his nose bleed. My daughter, who was about to give birth, did so with great difficulty. She had a nervous break down later; she is terrified until today.”

The inability to comprehend the martyrdom of her son was, as we have seen, exacerbated by the soldiers' raiding of the house, beating of the rest of the family and causing extreme anxiety to the pregnant daughter. Cases like this one were repeatedly mentioned. One story was that of Um Alia:

“The army started calling at us to come out of the house, but we didn't respond, so they fired a rocket at the house and my husband was killed. I called for an ambulance, but no one could hear me. My husband lied dead beside me on the bed for 4 days. I could not believe what had happened. Until today, I can't seem to absorb what happened. On the fifth day, the army came, about 100 soldiers, and told us to all come out of the house, but I didn't respond because I didn't want to leave my

martyred husband alone in the house. In the end, my children and I said goodbye to my husband and so did our neighbors; then they took us to Ibn Al-Haitham School for one night and I still felt tense because I had left my husband lying dead in the house.”

The psychological effect of the political violence was also raised by Nahla from a village in Bethlehem, when she explains the consequences of losing her sister-in-law not only on her mental health, but it also meant that her familial responsibilities increased. She feels that she had to become the mother of her sister-in-law’s orphaned children. She explains:

“I suffer from a psychological disorder; a year and a half ago my sister in law was martyred and I was very affected by her death. I can’t absorb the fact that she is gone for good, even though my brother has remarried. I saw her die last October... she was walking in the street when a bullet was fired from a tank and hit her in the head. Her son is in jail and he always calls. When he does, I remember her and I become very sad. I feel like I’m his mother, but I also feel compelled to explode myself next to Sharon.”

Here we learn that her faithfulness to her sister-in-law increased due to the fact that she visually saw the way she was killed. She was later affected by the fact that her brother got married and life continued for him, although his son was imprisoned after he lost his mother. Such accumulation of traumas made her feel responsible for the imprisoned child (16 years old). Her willingness to mother him helped her cope with her anger and frustration with the whole militarized patriarchal system.

In addition, interviewees stated that the political violence not only raised their own fears, pains and insecurities, but also affected their children’s reactions. Those who have children explained how their helplessness and insecurities were transferred to their children, thus preventing mothers from helping or supporting their children when they had the power to do so. Naiimeh from Bethlehem shared with us the changes that occurred in her life following the incursion, including the imprisonment of her husband who carries a Jordanian, rather than a Palestinian, identity card and the killing of her uncle in the Nativity Church during the siege. She said:

“My whole life, and even my nature, changed after the incursion. I am always afraid, nervous and tense. This has reflected on my child; she also feels very afraid. We always feel insecure.”

Young women participants in our focus groups also explained their helplessness, fear and despair. Sama’a from a refugee camp in the Bethlehem area

shared with us her ordeal while emphasizing her utmost concern for her destiny and her beloved ones' future. This feeling of pain and despair brought her to quit school, for she felt that there is no need to study. She said:

“I have 6 brothers and sisters. The army used to come into our house very often... my cousin was martyred and 2 others were arrested. My cousin who was martyred was injured 3 times before he was killed. Our situation is very difficult; we feel imprisoned. I am now 16. My mother was very afraid during the incursion; what disturbed her most was the fact that there were so many young martyrs. Their pictures were everywhere and she kept worrying about me and my brothers and sisters. She was also afraid for her sister who lived in a more dangerous area. When I am frightened I cry and talk to my mother. I decided to leave school of my own will – why should we learn?”

A similar reaction was voiced by Nawal, 17 years of age, from a refugee camp in Nablus. She explained that the incursion and political situation made her very violent and aggressive: she started breaking things in the house, isolating herself from the family and society, and refusing to leave the house. She said she ended up quitting school although she had only one more year to graduation. She stated:

“At the beginning of the invasion I was very afraid of the army and I used to smash the TV when I saw a martyr or injured people on the screen. My psychological and physical situation deteriorated and I lost many things because of the Intifada: I lost my education and most of all fear has taken over. I worry about my brothers, sisters and cousins; I have eight brothers and the youngest is 12 years old. The rest of my brothers and sisters aren't afraid like me. When I'm afraid I stay at home. My family keeps saying I should go out of the house, but I feel very isolated and I like to sit by myself. I am very afraid of this war and I am afraid for my brothers and everyone else. None of my brothers was arrested until now, but I feel that in general my life is insecure and unstable. I even left school during my last year because I was so afraid.”

When examining the effect of the political violence on service providers we concluded that they were very confused. They felt that during an invasion, a siege or other hardships their inability to organize their efforts and help their constituencies increased. For example, Salma, from Bethlehem, stated:

“It is important to have a clear method of work. We as professionals suffer from the lack of information about the type of suffering experienced not only by women, but also by children and the whole family. It is important to find a way to obtain such information, in addition to finding a method

for ourselves as professionals to remain in constant contact with each other to facilitate our work during emergency situations such as curfews. Our role as professionals should continue during normal circumstances, but more so during these difficult circumstances. We should create a network so that if something like the forty-day siege is repeated, we can find a way to work and help people.”

Salma’s perception was reiterated by other participants when they explained that professionals need to work harder and closer to women in order for them to provide the appropriate services. Service providers stressed the economic hardship as a focal concern, for it increases aggression and violence against women. Manal stated:

“In order to know what women’s needs are during the curfew, we must work intensively during the curfew. This is not easy, but the most difficult issue that women are facing is the deteriorating economic situation and relations within the household, especially the increase of violence against women and children due to the pressure we are all living under.”

2. Political Violence and Home Raids

One of the characteristics of the political violence that seemed to affect women tremendously was the issue of home raids, which usually occur in the middle of the night when family members are asleep. Occupation forces invade homes accompanied with large dogs, while they themselves wear black masks and hold rifles and other intimidating weapons. Moreover, as we will learn later, home raids usually result not only in searching homes, but also in breaking home equipment, destruction of furniture, and detention of family members. As a result, they cause total chaos, in addition to loss of a sense of security, and more often than not, a feeling of displacement. The following are some quotations that shed light on the fear and terror that families experience during home raids and incursions:

“The army forced us to stay at our neighbors’ house for seven hours. Two soldiers were left to guard us – we were 25 in one room and neither we nor our children were allowed to go to the toilet. We were tense and afraid. We were terrified when they pointed the machine-gun from the tank at us. After that they left.”

“During the incursion in February 2003, they knocked at our door at 4 in the morning. They screamed, “Where are the wanted men?” I answered, “I have small children... there are no young men.” The soldiers replied,

“Take them out to the street because we are going to demolish your house.” They forced us to stay in our neighbor’s house with 25 other people. My children wetted themselves because they were so afraid. The soldiers started making holes in every wall in our house and destroying everything in it. 12 hours later, the army left and we came out of our neighbor’s house only to find that our home was completely destroyed... I can’t describe it... we had to return to our neighbors’ and we are still living there... we don’t know when our problem will be solved.”

“During the April 2002 invasion all the neighbors left the area except for us; we remained with my husband’s brothers despite the battles. The shooting and tanks were at our doorstep. In the evening, each one of us carried a blanket and a pillow and we escaped to my brother in-law’s house. The army stayed in our house for 10 days. After they left we went to see what had happened to the house and found the results of their vandalism: the curtains and even the carpet were burned... everything was destroyed. It was indescribable... it seems there were around 100 soldiers in the house... they used all our things... even the blankets and the pillows were dirty... everything was dirty... they had lived like pigs in the house. I can’t describe it!”

Home raids brought about various psychological reactions, mainly reactions that show the unpredictability of the soldiers’ behaviors, the uncertainty of when and how they would leave the house, if at all. In some cases, the constant raids made some participants feel incapacitated and powerless to the degree of feeling paralyzed and unable to handle such atrocities. Um Aiman stated:

“They broke everything... the façade, the tiles, the arches, the cupboards, the coat rack and my son’s bed. I have so much to describe, I wouldn’t be able to finish until tomorrow morning. In the kitchen, they mixed up all the food together. I had dried fifty bunches of mint, but they threw them all away. They raid the house during every incursion. So far, they have invaded our house 12 times. It would be better to die than live like this. I have become a nervous wreck. I have continuous pain in my legs. So, I live on sedatives.”

The effect of the political violence on women’s physical and mental health was mentioned by all respondents. Some reported that following the violent attacks, the home raids and the arrest of their children, they started to suffer from health problems. For example, Um Mahmoud shared her ordeal with us:

“Our house is next to the soap factory and the Israelis think there are wanted men from the resistance there. In April 2003, while I was asleep in the living room (I was afraid to sleep in the bedroom because they

keep shooting at it). They suddenly started shooting and firing ‘energa’ rockets. The shots came into the bedrooms and the living room and after that my heartbeat became irregular and I could not stand what was going on any more.”

“On the night of the feast there was a terrible incident that I’ll never forget: the army became more courageous and started entering deeper into the city. When they came in at half past midnight we were asleep. They started shooting intensively. I was absolutely terrified and afterwards I went to stay with my son at his other house, but I couldn’t move because the gunfire was so intense. All we could do was pray that it would end sooner rather than later. Then the army shot an ‘energa’ rocket into our kitchen and everything was burnt. They entered my son’s house and placed a gun on my head and started asking me: “Where are the wanted men?” I told them that I didn’t know anything and that I had only one son. So, they took him and started beating him and asking him about the wanted men. After that they took my son to the kitchen while he was barefooted and made him walk on the broken glass. They put him in prison for 18 days because they found weapons on the roof. Nothing was left in the kitchen. Everything was destroyed. They shot at everything: the fridge, the stove, etc. When I cook now I have to use the neighbors’ stove. We can’t sleep in the house any more. So, we stay at my parents’.”

“When the second incursion took place they stormed into our house once more, but they didn’t find anyone, so they stayed in the house for 4 days. They ruined the cupboards and threw everything out of them. They even tore our pictures and books. After that, I had heart trouble and high blood pressure.”

3. Gender-Related Violence

The rise in gender-related violence and violence against women was mentioned by both women participants and service provider representatives. The problems they mentioned ranged from the consequences of the economic situation on their lives, to the deprivation of young women from continuing their education, to depriving young women from choosing their husbands and forcing them into early marriage, to familial problems that increased patriarchal violence against women and ended up in psycho-social and psychological problems that depart from the intersectionality between the political, economic, gender, psychological and legal contexts. For example, service providers voiced their concerns when explaining of witnessing violence against women and family violence on various levels as Hala, Naiimeh, Um Mahmoud and Iman explains:

“The cases that have increased dramatically are psychological disorders amongst women. The symptoms are mainly stomach aches and headaches. The rise in tension and violence within families due to husbands’ continuous presence at home, resulting from their unemployment, has caused pressure within homes and the dissolution of families.”

“I have found that problems and beatings have increased. It is as if men have gone crazy.”

“You know, what she is saying is true... the percentages of pregnancies and childbirths have increased. We register everything at the Society, and when we analyzed the statistics, we found that the increase was remarkable... it seems that when men are under pressure they want more sex.”

“Do you realize that even problems among schoolchildren have increased a great deal? This is apart from their academic deterioration. When I asked a boy why he made so many problems he said, “I do this because I see so many problems. My father keeps beating me and tying me to the chair.” When I asked about his mother’s reaction he said, “She can’t open her mouth because she would be beaten up more than me. My father stays at home... he doesn’t go anywhere.”

The psychological pressure, lack of income, unemployment and the fact that men end up spending much more time at home, due to restrictions of freedom of movement, increased, according to our respondents, violence against women. Maha, a nurse, explains:

“Women’s psychological situation is very difficult when men are at home and have no work to keep them busy. Men’s presence at home increases cases of violence against women and eventually also against children.”

Another social worker, Basma from Nablus, explains:

“Most of the cases we see involve family and psychological problems due to the difficult economic situation and the inability to meet the family’s needs, as well as the fact that men interfere in every small detail in the house, which leads to violence against women such as sexual abandonment, beating and divorce. Even the judge, Sheikh Azzam Kharraz, said that the percentage of divorces has doubled in comparison to the past.”

The sources of problems stemming from the political situation and the societal response to it were reflected on many levels. Participants discussed the political violence while intersecting it with gender violence, as stated by a service provider from Nablus:

“Israel is a state that plans. It has created a disturbance in roles; women find it easier to move than men and this has created massive psychological problems among men as well as more pressure and responsibility on women. Even children are presently supporting some families and many women are ready to work as housemaids or at homes due to the difficult economic situation. As a result, many women are exploited and are given very low wages. All these factors have resulted in a change in the marital relationships and at many times caused an increase in cases of violence within families, which led to loss and dispersion.”

This was also apparent when listening to service providers’ concerns regarding the effects of martyrdom on women family members in general, and wives of martyrs in particular. The topic was raised in all the three locations of Bethlehem, Nablus and Jenin. The representatives’ concern about women victims’ inability to cope with the immense pressure was apparent, as Maha, a social worker, states:

“The issue of martyrs’ wives is also important; they are exposed to a number of problems. We should mainly concentrate on the problems they face within their families and their husband’s brothers. Can you imagine what it feels like when a martyr’s wife is not allowed to leave the house and her family wants her to marry her brother-in-law for the sake of the children, and so that she could continue to live in the house?”

A physician commented:

“That’s true. These problems are widespread. Do you know that martyr x’s wife was forced to marry her husband’s younger brother and during the 40-day siege the Israelis deported her second husband to Gaza? Imagine her situation. When they married her to her brother-in-law it was not because she wanted to marry him, but because she was the martyr’s wife.”

“Most problems arise from the way people view a martyr’s wife and what they say about her if she goes out of the house, or even if she laughs. She really has to be careful and to pay attention to the finest details.”

In addition to the above-mentioned gender-related violence, service providers stated that fathers started depriving their daughters from continuing their education and forcing them to marry at early ages out of fear of failing to support them. This was well articulated by Sam’an, a male social worker:

“I mentioned the phenomenon of school drop out and that of early marriage. I also spoke about other issues because the father had forced his daughter to marry her cousin. The girl is only 16 years old and already has an infant.”

One of the concerns repeatedly mentioned by both service providers and women participants related to the inability of pregnant women to deliver their babies in a safe, healthy and secure atmosphere. Women and health workers explained how they ended up using old methods of delivering babies and traditional methods of abortion, and utilizing the services of old midwives, which put both the mother's and fetus's lives in jeopardy. Many stakeholders expressed the same concerns raised by Fatima, a nurse who worked in the field for the past 38 years:

“Nowadays, women want to give birth as soon as they reach the end of their eighth month or even before because they are afraid that there would be a closure or a curfew. As soon as a mother reaches her last month of pregnancy she gets tense and goes to the hospital to have induced labor in order to give birth early, but this exposes her to more pain. Yet women prefer this to the panic they might experience at checkpoints. In villages, the percentage of early childbirth has increased by 90% as women are afraid of giving birth at checkpoints or of exposure to death or injury, which happened in a number of cases.”

Participants shared many stories and analyzed many cases of women who were unable to reach hospitals for delivery, especially newly married women who suffered from tremendous stress and anxiety, fearing that they would die during labor. Both women and services representative gave names, places, and results of women's inability to give birth to their babies in a safe health institution. One health director in Nablus states:

“Abortions have increased as pregnancies have risen due to husbands' presence at home all the time. They can't have more children because they can't afford it, so they come to the clinic to have abortions. Demand for abortions has increased by 30%. This has all resulted in the end in women taking birth control measures such as placing an IUD or taking pills, etc. I now have approximately 1,500 files for family planning. They rose during a very short time-period from 750 files before the Intifada to double that number due to the deteriorating economic situation. But the percentage of early child births rose, especially among women from the surrounding villages, because they are afraid of giving birth at night or at checkpoints. We give them medication to induce labor in more than 70% of the cases.”

Another physician states:

“One 27 year-old woman was about to give birth at a checkpoint. She was fully dilated, but at that moment there was shooting nearby and she was injured, so she could no longer distinguish between the pain of her injury and that of her labor.”

To conclude, we learn that in every aspect of life, gender violence was apparent. This kind of violence was deeply affected by the general militarized atmosphere when the Israeli military power, acts and equipment violated the lives of families and women’s sense of safety and security, even in what is thought as their own safe havens. This violation precipitated and increased additional abuse, the abuse of the internal patriarchal and power system, resulting in the re-victimization of females, only because they are females.

4. Terror, Sexual Harassment and Abuse

Discussing the fear from sexual abuse and harassment is a very complicated issue, mainly in Arab society. Both men and women tend to keep the crime of sexual abuse in the private sphere, fearing social scandal, shame and family dishonor if they discuss it in public. When we started the study, and during our work with the focus groups, we were very much aware of the inability, or lack of willingness, of women participants as well as service representatives, to disclose, share or even mention such abuses. Yet despite the socio-cultural barriers and limitations, the subject was partially mentioned. Women participants were more willing to share their ordeals regarding the harassments they faced from soldiers while they were at home, as well as discussing the harassment of their daughters. One of the stories was told by Um Ayman from Nablus.

“They opened fire on us through a hole they made in the wall. After that, a large number of soldiers came into the house and suddenly my husband, children and I found ourselves sleeping in the room alongside the soldiers. Then they took my husband to use him as a human shield to search each room in the house. We slept for two days in the same room with the soldiers. They even started to harass my daughter, who is a university student. After that, we were terrified. Then, they started tearing our clothes and curtains and threatening to blow up the house. I could neither eat nor drink.”

Sexual harassment and abuse were not limited to Israeli soldiers, but were carried out by Palestinian men as well. For example, representatives of service providers shared with us the rise in the abortion rate, sexual harassment,

sexual abuse and other romantic and sexually-oriented acts. A social worker from Bethlehem area states:

“Do you know that the abortion rate has increased and that more than 10 girls have had abortions in Bethlehem? These things are happening as a reaction to the situation experienced in our society. I don't know how we can connect the two things together, but since the beginning of the Intifada the issue of sexual harassment in our society has increased along with an increase in extra-marital sexual relations with the consent of the two parties, which means that whenever men feel pressured their sexual needs increase. Most cases of sexual harassment take place within the family.”

Sexual abuses were also found to be related to the political instability and chaotic situation in the area. In one of the focus group discussions, two nurses and a physician pointed to the fact that women are falling victims to rape and sexual abuse.

“Due to the deteriorating economic situation and the dangerous security situation, women have become more exposed to certain forms of harassment. For example, a woman was assaulted sexually by an armed man and became pregnant, while her husband had been away for six months. She has a problem because the pregnancy showing. In addition, as a midwife at a clinic and hospital I have noted an increase in assaults against girls within the family.”

It should be mentioned here that our statistical data (the analysis of the 300 questionnaires) shows that when respondents were asked whether sexual abuses had increased during the current Intifada, 46.9% stated yes to an increase in rape and 60% stated yes to an increase in sexual harassment. Whether sexual abuse is also becoming a method of political oppression in the Palestinian context remains an open question that requires further examination.

5. Political Hardships, Economic Constrains and Women's Health

It was apparent from all focus groups that the economic hardships and their direct connection to the political violence reflected upon individual modes of living and survival in conflict areas, as explained by the director of an organization in Nablus:

“We can summarize by saying that since the economy is the heart of all life, there has been a great increase in problems. We receive numerous cases that need economic assistance and come to receive food aid, and we transfer some to social workers. This is all due to the catastrophic situation

which our families are being exposed to in the Old City, such as home demolitions, arrests and martyrdom, which have affected everyone.”

Another individual explained how the political situation ended up affecting women’s health. Manar states:

“Before the Intifada 98% of Palestinian women used to come to pregnancy clinics, but now the available services have been affected and are of a lesser quality. Also, 95% of Palestinian women used to give birth in hospitals, but now 18% give birth at home and the number of women who had given birth at checkpoints has reached 57.”

“The number of cases we’ve been receiving have increased in quantity and quality. There are new forms of problems due to conditions such as shelling by airplanes, extreme terror, closures, restrictions of movement and curfews. Moreover, there is a higher number of early childbirths and childbirths at checkpoints.”

The intricate socio-political and economic hardships have affected women’s mental and physical health to the degree that both women participants and service provider representatives explained how women’s visitations to clinics, their need for medicine, and complaint of physical problems have increased tremendously. In one of the focus groups that was conducted in a clinic in a refugee camp (which serves approximately 500 women daily), we learned that there was an increase in women approaching health professionals.

Connecting losses of lives and martyrdom with health issues was also apparent among health and mental health professionals, as Dr. Osama, a physician, states:

“The number of martyrs is increasing; most die from injuries in the chest and head. There are injuries in the limbs that result in breaking the limbs or even paralysis, and there are many cases of clinical death.”

“Most of the cases we receive are women suffering from shock or nervous breakdown after a family member is martyred, especially when the son or husband is martyred.”

“Wives of martyrs lose their consciousness due to shock.”

“Families of martyrs usually suffer from psychological problems after the shock. So, they have to take sedatives and tranquilizers or even be drugged so that they remain unconscious for a longer time. Also, many



women who lose their husbands start to neglect their health and come less often to the clinic.”

Nihaya, a staff nurse, states:

“The percentage of women who come to the clinic makes up about 80% of the patients.”

While Ilham, a female physician, explains:

“Sometimes we find that women do not really suffer from health problems, but go out of their homes to the clinic to get things off their chest. Due to the deteriorating economic situation, there is also a 30% increase in the number of women who inquire about birth control methods. Additionally, more women are requesting to be aborted (up to 10%); despite the religious taboos, there is an increase in this request because many women need to work in order to manage, which becomes more burdensome for them. Some women are threatened by their husbands that they would be divorced if they do not get rid of their fetuses.”

Thus, by addressing clinics we learn that women seek help both psychologically and physiologically in their attempt to decrease the problems/abuses they face within their families. The rise in the abortion rate, as representatives stated, the increase in divorce threats when women's economic dependency on their husbands is very high, and their willingness to work outside their homes call for a serious consideration of women's needs. Such a situation could raise women's vulnerability and increase internal, patriarchal and external, political abuses against women.

The economic dependency of women and the patriarchal social values increased women's health complaints, but as the following reflection suggests, one can't separate health problems from the political, economic, and discriminatory-patriarchal culture. Rania, a health worker, shared with us the following story:

“During this period the number of women who suffered from back and neck pains has increased. We used to X-ray them but nothing would show up in the X-ray. It seems the cause is psychological pressure, anxiety and the tension that women have lived through, especially during those terrible times.”

“Women have to be wives and rear children, but at the same time they are now supposed to take measures that prevent them from getting pregnant. For example, there is a woman who lives in Balata Refugee Camp whose husband is married to another woman and lives in a cow-shed nearby. When

she takes her children to visit their father they become ill. Lately, he asked her to come to the shed in order to make love to her. When she refused he threatened to divorce her. So, she went and when she returned she reeked of the smell of animals. Whenever she expressed fear for her children's health he said that he would send his other wife to take care of them."

The gender-related oppression and violence also affected women's ability to take care of, and help, their own children. In the words of a preventive medicine specialist:

"We have noted that women are neglecting their children's vaccination times due to the security and economic situation. In the past they were more committed to these appointments, but nowadays they cannot come regularly due to the instability and their fear of leaving their homes."

"Nowadays women are resorting to early childbirth before their due dates because they are afraid of conditions such as closures and curfews. Once mothers approach the end of their term they start to get nervous, so they come to the hospital in request of induced labor and early childbirth, which exposes them to more pain, but at least relieves them of their fear of checkpoints."

"There is about a 90% increase of cases of early childbirth, especially from the villages as women there are afraid of being turned back at the checkpoints or being injured or killed since such incidents have in-deed happened in a number of cases."

Dr. Nidal says that he has observed "an increase in anxiety, tension and depression among unmarried women, and these pressures have led them to act inappropriately. As for married women, they are unable to function properly towards their husbands. In the case of the husband's absence, the woman has to bear the burden. In addition, with the increase in unemployment, the role of fathers with respect to sustaining the family has regressed and this has reduced children's respect for their fathers."

The doctor added, concerning the suffering that martyr's wives go through, that it is not surprising that their first reaction is shock, which eventually ends up in a nervous breakdown, despite the fact that they take sedatives.

6. Continuous Fear and Insecurity

Women participants discussed with us the extreme fear and terror they have gone through and their inability to predict or secure the next day for themselves and their families. Some women participants stated that they felt fear, apathy and depression, while others said that their economic hardship and their

husbands' unemployment were causing much frustration and despair. Some felt lucky after seeing and hearing other people's traumas, Nihad states:

“When my husband was martyred I had a nervous breakdown, but I now feel that my problems may be less than those faced by others. I feel lost and destitute... I feel that there is no security in my life any more.”

Other women felt that they were on the verge of losing their sanity and felt very weak for not being able to protect or safeguard their children. Hilweh, a martyr's mother, states:

“I feel crazy. I'm unable to believe what happened. I feel I want to take revenge and I'm afraid for my children. I even spend most of my time lost in the streets and find myself going to the cemetery.”

Um Nawal explained that she cries all the time and worries about her children's lives:

“I always cry because I feel insecure. I am afraid for my children and I always hope for death.”

“I am afraid for my children; they keep wetting themselves and I feel destitute because I have no shelter where I can feel settled.”

Women's fears and insecurities have affected all their familial and gender roles in society, as Dr. Munther, a physician from Nablus, stated:

“Most of the cases we receive are due to the deteriorating economic conditions, which in turn lead to the deterioration in family relations. This is due to the lack of awareness among women from the Old City. Some women leave their homes at night because they're afraid of the army and return during the day to make sure the house is ok.”

7. Sources of Power: How Do They Cope?

Focus groups discussed the way women cope, the sources of their power and empowerment, and the methods they use to keep on walking their walk in such a violent atmosphere. In the discussion we learned that women draw their strength from the support of their relatives, the love of their friends, social solidarity, the mere knowledge that their own children are in good health, their belief in the Palestinian cause, and many other sources. Thus, despite the absence of safety and the ongoing violence, women continue to be strong.

“I feel strong when I see my children healthy around me. After each incursion, when I am sure that my children are alright and are all around me, I feel strong. I also feel strong because I believe the cause our people are fighting for is just.”

“Whenever I feel that I am still able to be patient and to persevere I feel strong. Every night I go to my parents’ home and early in the morning I go back to my own home. Then, I ask government officials for help to renovate it so that I can live in it again.”

“I feel strong when I see fear in the eyes of Israeli occupying soldiers, and I also feel strong when I remain steadfast in my home because whatever they do I will not leave it.”

“I feel strong when my husband is not at home. I feel strong then and I feel that my husband is secure.”

“Strength is sacrifice and participating in alleviating our people’s problems. It is also protecting our youth.”

“I feel strong when I pray to God.”

“I feel strong when I depend on God.”

Service representatives discussed their efforts to help and promote women’s ability to cope and survive the continuous trauma by coordinating the work of the various organizations, dividing labor, sharing information, specializing in one or two kinds of assistance, and other methods of assistance. One Nablus social worker says:

“The project was divided and work was done by increasing the number of employees and distributing them over various distant areas to facilitate work for the employees due to the difficulty of movement. In addition, the work load increased on the local and institutional levels from the third day of the Intifada.”

“We drew up contingency plans in addition to coordinating and networking with institutions and increasing the number of volunteers.”

“We helped a number of students in schools by paying their fees. In addition, we receive donations from benefactors and sometimes we collect financial aid from the wealthy people in town. For example, we were able to help a girl from ‘Askar Refugee Camp who required surgery on her cornea as well as other aid.”

Suad, another social worker from Nablus, says:

“We introduced a 24-hour, toll-free telephone line, and increased the number of volunteers. We also worked to find support networks in the areas to monitor the situation and coordinate with the cases in order to hold pressure-alleviation sessions and professional development courses for employees.”

Yet it was apparent that service providers were also deeply affected by the context of loss and violence. Some stated that despite all the hardships, they gain power from their ability to help and contribute to their society during such hard times. Others admitted that cooperation among the various organizations helps them, while the rest mentioned the importance of having support systems such as friends and families. Both women participants and service providers found religious values and beliefs to also be a source of support, as reflected in the following excerpts from about ten representatives:

“Our conviction of our goal, the justice of our cause, and our belief in our creator, in addition to my satisfaction with our institutions’ work during this phase (which is achieving speedy progress), contribute to my strength.”

“Every day when I watch the sunrise I feel strong.”

“My feeling of responsibility makes me feel strong. Whenever I feel pressured I listen to music or to the Koran.”

“Institutional support through cooperation amongst all makes me feel strong.”

“I feel strong when I find that I have friends who will listen to me and alleviate my pain.”

“Our steadfastness during this period is important. We are in a bottleneck situation and the existence of a social movement, in addition to the changes in essential issues, gives me a push forward. I also derive my strength from strong people.”

“My strength is derived from the solidarity and steadfastness of our people.”

“The existence of a person who supports me continuously has a great effect on my strength, and success of my work gives me strength. That is, my satisfaction with my achievement is my source of strength.”

“Determination gives me strength and will, and the fact that I feel that people are comfortable whenever I render them a service makes me feel good as I feel that I have done my duty.”

“Reverting to religion, without being a fanatic, gives me strength.”

“A good evaluation of my work, reflected through the cases and people that I visit, gives me strength. I also enjoy serving people and entering their homes as a friend to give them comfort. When they ask for me I feel that I want to assist them even further.”

“My evaluation of myself and relaxing in order to be able to continue my work the next day give me strength.”

“My enthusiasm for work and earning a living makes me feel secure and independent, which in turn is the source of my strength. Sometimes prayer and reading the Koran is a driving force forward.”

“When I feel pressured I resort to God. Also, the fact that our supervisors understand the difficulty of our work gives me strength.”

8. What about the Future?

Representatives of various services who participated in our focus group meetings raised many worries and questions regarding their ability to help craft a better future for themselves and their constituencies. Their concerns were based either on their frustration with their inability to offer help on time, or their failure to reach injured people on time, or help women in their homes, or give enough time to each client, or have enough resources to offer help, etc. The future seems very mysterious to them. We had to focus on the future in the short-run. One person pointed to fact that they are unable to plan one week ahead. In one of the discussions in Nablus, a teacher who participated in the focus group discussion explained her tremendous concern for the coming generation, mainly the future of young females, in light of the various methods of oppression that were mentioned previously. Suad stated:

“Female students are the mothers of the future. But for Tawjihi students the future is enigmatic and unclear and they have no vision for their future.”

Women participants’ standpoint toward their future was a very sophisticated one. It affected their inability to plan for the future, as well as invest on their own or their children’s education, and the connection between

their personal and familial future with the future of Palestine was obvious. For example, Um Jamal states:

“Our future is unknown... we hope our children's future will be better... we don't know what the future has in store for us.”

While Um Mustafa and many other women around her says:

“The future for me is the liberation of Palestine.”

“The future is to live a tranquil life.”

“The future can be good only if the Israelis leave our land.”

“We want a state with Jerusalem as its capital.”

“I want our life to change and Palestine to be liberated.”

“I want our people to have a state and our life to be safe and secure.”

“I want our children to be able to achieve what my husband and I have not been able to achieve, and our people to live in security.”

“To live a tranquil, settled and stable life without dispersion.”

“The future means security, tranquility and raising the flag of Palestine.”

“We do not only want wealth; we also want security and a settled life.”

Conclusion

To our knowledge, Palestinians' sense of predictability of the worst helped in building women's coping strategies. As Um Mahmoud stated: “We expect the worst from them (the occupying forces)...but nothing will make us leave our homes. Dying here is better than being a refugee again.” Thus in the Palestinian case study -when compared for example with the situation in Zagreb- (see Arcel Libby, 1994), the unfolding of atrocities and chaos is expected. The element of at least a “relativist sense of predictability” is less powerful than in other war situations. This “relativist sense of predictability” helps in decreasing stress and strain and promoting appropriate coping mechanisms with less negative psychological consequences.

Both our focus group meetings and the narrative analysis show that some particular phenomena related to the specific political makeup of the political conflict, deeply affected women's ability to handle the daily violence and continuous threats during the studied Intifada. Such phenomena include the physical separation between family members: the separation between family members was either due to the prohibition of movement from one village to another (or from one area in a village to another), or due to the imprisonment, hospitalization, or injury of some. This separation in a society built on collectivist, extended family support has affected family members' sense of security, caused them to avoid open communication or discussion due to over protectiveness, and disrupted communication because of fear and other related feelings. Such phenomena also included trans-generational traumatization, parentification of the children, abrupt role changes in the family hierarchy, etc. In addition, and as discussed by representatives of service providers and women participants, gender roles have been deeply affected and confused. In some cases women were expected to act as front-liners that fights soldiers to protect men from being arrested, humiliated, tortured, abused or killed. Girls and women's ability to move and help in organizing the community or local resistance made them equal to, if not stronger than, men and helped them feel more empowered and functional in such a chaotic situation. In other instances, women were restricted in movement. Girls ended up quitting school due to the hardships and harassment they faced in their attempt to reach school, or ended up leaving school out of despair and hopelessness. Losing extended family support, the inability to visit close relatives, the inability to help or offer love to family members who were injured or abused, the restrictions in movement and the lack of economic means to survive, negatively affected Palestinians in general, and Palestinian women in particular. The political violence also reached homes, and women explained that their fathers, brothers and husbands became more aggressive and more stressed while living under continuous apprehension. Men were not used to stay at home for such a long period of time. They were not used to deal with the children's needs, crying, screaming, etc. Additionally, the lack of income and unemployment affected men's status at home and in society. All these factors increased men's frustrations and, as confirmed by the service providers, women became the punching bag for men's frustrations. External political violence exerted by the political enemy, and the internal violence enforced by the patriarchal system and its values, situated women in a very delicate and vulnerable position.

The question remains: can psycho-social projects help in building not only the psychological bridges, but also social and cultural bridges to support a feeling of communality and continuity? Can psycho-social intervention prevent chaos and violation of human rights from both the external enemy and the internal oppressive powers?

We believe that our need to learn more, while at the same time intervene more frequently, suggests building various psycho-social intervention methods such as developing emotional and social survival intervention methods which offer concrete services, such as practical help with child care, tracing missing family members, tracing imprisoned family members, giving educational help or scholarships to students, etc. In addition, working in task-oriented group interventions such as conducting educational activities, knitting or embroidery groups, income generating activities, training of staff, recreational activities, amongst others, might rebuild the sense of love and support. Psychological oriented group interventions such as self help groups, trauma-survivor groups, testimony groups and counseling interventions, such as individual, family or group counseling (with focus on the present and the problems that women face in their locations), in addition to intensive psychotherapy with individuals, family or group therapy, with focus on psychological dynamics, could help support and decrease the stress and tension.

* * * * *

Chapter Three

Analysis of Data

Dr. Elias Dabit

I. Demographic Data

All 301 respondents were Palestinian females. 67% of those were married, 13% were single, and about 16% were widows (see Table 1). With the intention of gathering data from various Palestinian geographical areas, an equal number of 100 respondents were selected from each of the Old City of Nablus and Jenin Refugee Camp, and 101 were selected from a village in Bethlehem (see Table 2). About 65% of the respondents have had up to 9 years of schooling, 24% have had 10 to 12 years of schooling, and the rest (11%) have had 13 to 16 years of schooling (see Table 3). The vast majority of the respondents (91%) were unemployed at the time of the survey (see Table 4). Respondents were almost equally divided between those whose economic situation was poor or very poor (49%) and those whose economic situation was average (45%). Only about 7% perceived their economic situation as good (see Table 5). Over 50% of the respondents came from big families comprised of 6 to 10 members, while 36% came from families comprised of 1 to 5 members (see Table 6).

Table 1: Marital Status

Marital Status	Frequency	Percentage
Married	202	67.3
Single	40	13.3
Divorced	5	1.7
Widow	49	16.3
Engaged and Lost Fiancé	4	1.3
Total	300	100.0

Table 2: Residence

Residence	Frequency	Percentage
City (Nablus)	100	33.2
Village (Bethlehem)	101	33.6
Camp (Jenin)	100	33.2
Total	301	100.0

Table 3: Years of Study

Years of Study	Frequency	Percentage
1 to 6	103	35.0
7 to 9	88	29.9
10 to 12	69	23.5
13 to 16	31	10.5
17 to 20	3	1.0
Total	294	100.0

Table 4: Employment

Employment	Frequency	Percentage
Yes	18	6.0
No	283	94.0
Total	301	100.0

Table 5: Economic Situation

Economic Situation	Frequency	Percentage
Poor/Very	142	48.9
Average	129	44.5
Good	19	6.6
Total	290	100.0

Table 6: Family Size

Family Size	Frequency	Percent
1 to 5	108	35.9
6 to 10	164	54.5
11 to 15	19	6.3
16+	10	3.3
Total	301	100.0

II. Victimization of Women

Almost all respondents (99%) were victims of direct material or emotional harm during the current Intifada (see Table 7). When asked to estimate the degree of harm that their families had experienced, about (79%) estimated that they experienced a high level of damage, (20%) experienced a moderate level of damage, and the rest experienced a low level of damage (see Table 8). Respondents ranked the type of harm from the highest percentage to the lowest percentage as follows: damage of houses (49%), imprisonment of family members (28%), physical handicap of family members (13%), and loss of family members killed by Israelis (10%) (See table 9).

Table 7: Victims of Direct Harm

Victims of Direct Harm	Frequency	Percentage
Yes	295	99.0
No	3	1.0
Total	298	100.0

Table 8: Level of Damage

Level of Damage	Frequency	Percentage
High	228	79.2
Moderate	58	20.1
Low	2	0.7
Total	288	100.0

Table 9: Type of Harm

Type of Harm	Frequency	Percentage
Damage of House	230	48.5
Loss of Family Member/s	48	10.1
Internment of Family Member/s	133	28.1
Continual Physical Handicap	63	13.3
Total	474	100.0

III. Social Support

Over 75% of the respondents agreed that people's problems and disasters have been decreased as a result of social support (see Table 10). When respondents were asked whether they have experienced circumstances that needed social support, over 75% stated that they were frequently in need of social support and about 20% felt they were in need of social support sometimes (see Table 11). Practically, 60% of the respondents (184) stated that they have received help and support (see Table 12). When asked about the level of social support that was provided to them, over 50% stated that the social support they received was effective or very effective and about 45% stated that the social support was somewhat effective, while only about 2% felt that the social support they received was ineffective (see Table 13). Of those who received social support, 64% got it from family members or relatives, 19% from friends and neighbors, and the rest (17%) from institutions, including religious, political and feminist institutions (see Table 14).

Table 10: People's Disasters Decreased Due to Social Support

Disasters Decreased?	Frequency	Percentage
Completely Agree	38	12.8
Agree	47	15.8
Somewhat Agree	138	46.5
Completely Disagree	74	24.9
Total	297	100.0

Table 11: Had Circumstances When Social Support Was Needed

SSN	Frequency	Percentage
Frequently	224	75.4
Sometimes	60	20.2
Haven't Been in Such Position	13	4.4
Total	297	100.0

Table 12: Was Given Social Support

Social Support	Frequency	Percentage
Yes	157	52.2
Sometimes	27	9.0
No	117	38.8
Total	301	100.0

Table 13: Level of Provided Social Support

LSS	Frequency	Percentage
Very Effective	44	23.9
Effective	53	28.8
Somewhat Effective	84	45.7
Ineffective	3	1.6
Total	184	100.0

Table 14: Source of Social Support

SSS	Frequency	Percentage
Family and Relatives	116	63.7
Friends and Neighbors	35	19.2
Institutions	31	17.0
Total	182	100.0

IV. Gender Violence

The vast majority (87%) of respondents who participated in the study opposed the idea that beating educates women (see Table 15). With the intention of figuring out the extent to which violence against women is spread within Palestinian society, respondents were asked to state in how many houses out of ten they were aware of women who have been offended or abused. 23% were aware of 1 to 3 houses where women experienced violence, 18 % were aware of 4 to 6 houses, and 12% were aware of 7 to 10 houses (see Table 16). Concerning the effect of the current Intifada on the level of violence against women, the results showed that over 30% of the respondents believed that psychological and emotional abuse against women have increased during the Intifada, 25% believed that sexual harassment against women has increased, 23% believed that physical abuse of women has increased, and the rest (19%) stated that rape of women has increased during the Intifada (see Table 17).

Table 15: Beating Educates Women

Beating is Education	Frequency	Percentage
Yes	40	13.3
No	261	86.7
Total	301	100.0

Table 16: Number of Houses in which Women Were Experiencing Violence

Out of Ten Houses	Frequency	Percentage
1 to 3	68	43.6
4 to 6	52	33.3
7 to 10	36	23.1
Total	156	100.0

*47 per cent of the 301 respondents were uninformed.

Table 17: Forms of Violence that Increased During the Intifada

Form of Violence	Frequency	Percentage
Physical	169	23.4
Psychological and Emotional	234	32.5
Sexual Harassment	181	25.1
Sexual Violence (Rape)	137	19.0
Total	721	100.0

V. Coping Abilities

In this context, abilities of respondents to cope with the current situation and continue to live their lives as they used to before the Intifada were tested. About 65% of the respondents were unable to live their normal lives (see Table 18). Of those who stated that they continue to live their normal lives, over 90% adopted the strategy of continuing to live their normal lives and extending extra help to their family members. About 80% of those respondents adopted the coping strategy that the situation would change and that they have a right to their land. Also, about 75% of them adopted the coping strategy that they should live their normal lives, like others, and used their religious beliefs as a strategy for coping with loss. Furthermore, about 55% participated in social activities to help them cope with loss (see Table 19).

Of those who stated that they were unable to live their normal lives, 57% expressed the feeling generally unable to carry on and 53% expressed the feeling of inability to do their daily activities. Over 45% of those who were unable to live their daily lives expressed hopelessness (see Table 20).

Table 18: Coping Ability

Able to Live a Normal Life?	Frequency	Percentage
Yes	107	35.7
No	193	64.3
Total	300	100.0

Table 19: Coping Strategies

Strategy	Frequency	Percentage
Live an ordinary life	97	93.3
Help family members	97	93.3
Believe that circumstances will change	85	81.7
Believe that land is our right	84	80.8
Live like others	82	78.8
Use their religious beliefs	80	76.9
Participate in social activities	60	57.7

Table 20: Forms of Inability

Form	Frequency	Percentage
General inability	171	57.0
Inability to do daily activities	160	53.0
Hopelessness	142	47.0

Chi-Square Analysis (I)

In an attempt to understand the association between gender violence and demographic variables, we studied the dependent variables listed in the questionnaire as questions 58-61, 78-83 & 85-91 and the demographic variables: economic status, place of residence, age, marital status and years of study. Chi-square tests of independence were conducted and the following significant relationships were revealed:

1. Deprivation from continuing education was associated with place of residence ($\chi^2(4) = 12.85, p < .012$). 71% of city respondents believed that the Intifada prevented girls from continuing their education, compared to 66% of village respondents and 49% of camp respondents (see Table below).

% within Place Of Residence

Prevention From Continuing Education	Place Of Residence			Total
	City	Village	Camp	
No	26.0 %	28.0 %	40.0 %	31.3.0 %
Yes	71.0 %	66.0 %	49.0 %	62.0 %
Do Not Know	3.0 %	6.0 %	11.0 %	6.7 %
Total	100 %	100 %	100 %	100 %

2. Imposition of early marriage was associated with place of residence ($\chi^2(4) = 25.36, p < .0005$). 82.9% of city respondents believed that the Intifada was responsible for imposing early marriage of girls compared to 57.6% of village respondents and 58.2% of camp respondents (see Table below).

% within Place Of Residence

Prevention From Continuing Education	Place Of Residence			Total
	City	Village	Camp	
No	12.2 %	16.9 %	37.3 %	24.0 %
Yes	82.9 %	57.6 %	58.2 %	64.1 %
Do Not Know	4.9 %	25.4 %	4.5 %	12.0 %
Total	100 %	100 %	100 %	100 %

3. Imposition of early marriage was associated with years of study ($\chi^2(8) = 19.05, p < .015$). 68% of respondents with 1-6 years of study believed that the Intifada was responsible for imposing early marriage on girls, compared to 70.9% of respondents with 7-9 years, 57.9% of respondents with 10-12 years and 63.2% of respondents with 13-16 years (see Table next page).

% within Years of Study Categorized

Imposition Of Early Marriage	Years of Study					Total
	1-6	7-9	10-12	13-16	17-20	
Yes	32.0%	18.2%	18.4%	26.3%	50.0%	23.8%
No	68%	70.9%	57.9%	63.2%		65.2%
Do Not Know		10.9%	23.7%	10.5%	50.0%	11.0%
Total	100%	100%	100%	100%	100%	100%

4. Increase in male violence was associated with place of residence ($\chi^2(4) = 11.63, p < .020$). 77.2% of city respondents believed that the Intifada was responsible for increasing male violence against women, compared to 69.4% of village respondents and 89% of camp respondents (see Table below).

% within Respondents' Residence

Increase In Male Violence	Respondents' Residence			Total
	Bethlehem	Jenin	Nablus	
No	11.9%	16.3%	5.0%	11.0%
Yes	77.2%	69.4%	89.0%	78.6%
Do Not Know	10.9%	14.3%	6.0%	10.4%
Total	100%	100%	100%	100%

5. Increase in fear of sexual abuse by Palestinians was associated with place of residence ($\chi^2(4) = 34.95, p < .0005$). 77.2% of city respondents believed that the Intifada was responsible for the increase in fear of sexual abuse by Palestinians, compared to 46% of village respondents and 69.7% of camp respondents (see Table below).

% within Respondents' Residence

Increase In Fear Of Sexual Abuse By Palestinians	Respondents' Residence			Total
	Bethlehem	Jenin	Nablus	
No	16.8%	41.0%	12.1%	23.3%
Yes	77.2%	46.0%	69.7%	64.3%
Do Not Know	5.9%	13.0%	18.2%	12.3%
Total	100%	100%	100%	100%

6. Increase in fear of sexual abuse by Palestinians was associated with years of study ($\chi^2(8) = 19.76, p < .011$). 66.7% of respondents with 1-6 years of study believed that the Intifada was responsible for the increase in fear of sexual abuse by Palestinians, compared to 68.2% of respondents with 7-9 years, 53.6% of respondents with 10-12 years, 64.5% of respondents with 13-16 years and 66.7% of respondents with 17-20 years (see Table below).

% within Years of Study Categorized

Increase In Fear Of Sexual Abuse By Palestinians	Years of Study					Total
	1-6	7-9	10-12	13-16	17-20	
No	16.7%	17%	37.7%	35.5%	33.3%	23.9%
Yes	66.7%	68.2%	53.6%	64.5%	66.7%	63.8%
Do Not Know	16.7%	14.8%	8.7%	10.5%	50.0%	12.3%
Total	100%	100%	100%	100%	100%	100%

7. Increase in femicide or “Honor Crimes” was associated with place of residence ($\chi^2(4) = 27.19, p < .0005$). 27% of city respondents believed that the Intifada was responsible for the increase in femicide, compared to 19.2% of village respondents and 15% of camp respondents (see Table below).

% within Place Of Residence

Increase In Femicide or “Honor Crimes”	Place Of Residence			Total
	City	Village	Camp	
No	19.0%	51.5%	47.0%	39.1%
Yes	27.0%	19.2%	15.0%	20.4%
Do Not Know	54.0%	29.3%	38.0%	40.5%
Total	100%	100%	100%	100%

8. Increase in women’s liberation and equality with men was associated with place of residence ($\chi^2(4) = 25.47, p < .0005$). 71.4% of city respondents believed that the Intifada was responsible for the increase in women liberation and equality with men, compared to 36.4% of village respondents and 53.5% of camp respondents (see Table below).

% within Place Of Residence

Increase in Women Liberation and Equality With Men	Place Of Residence			Total
	City	Village	Camp	
No	24.5%	52.5%	35.4%	37.5%
Yes	71.4%	36.4%	53.5%	53.7%
Do Not Know	4.1%	11.1%	11.1%	8.8%
Total	100%	100%	100%	100%

9. Increase in women's liberation and equality with men was associated with years of study ($\chi^2(8) = 18.38, p < .019$). 65.7% of respondents with 1-6 years of study believed that the Intifada was responsible for the increase in women liberation and equality with men, compared to 50.6% of respondents with 7-9 years, 47.1% of respondents with 10-12 years, 40% of respondents with 13-16 years and 66.7% of respondents with 17-20 years (see Table below).

% within Years of Study Categorized

Increase in Women Liberation and Equality With Men	Years of Study					Total
	1-6	7-9	10-12	13-16	17-20	
Yes	26.5%	39.1%	50.0%	50.0%	50.0%	37.9%
No	65.7%	50.6%	47.1%	40.0%	66.7%	54.1%
Do Not Know	7.8%	10.3%	2.9%	10.0%	33.3%	7.9%
Total	100%	100%	100%	100%	100%	100%

10. Increase in women's liberation and equality with men was associated with age ($\chi^2(6) = 21.03, p < .002$). 38.6% of respondents in the age category 18-28 believed that there was an increase in women liberation and equality with men, compared to 52.5% of respondents in the category 29-39, 66.7% of respondents in the category 40-50 and 60% in the age category 51 and above (see Table below).

% within Age of Respondents_Categorized

Increase in Women Liberation and Equality With Men	Years of Study				Total
	18-28	29-39	40-50	50+	
No	53%	41.3%	27.5%	24.6%	37.7%
Yes	38.6%	52.5%	66.7%	60.0%	53.5%
Do Not Know	8.4%	6.3%	5.8%	15.4%	8.8%
Total	100%	100%	100%	100%	100%

11. Increase in women's work outside household was associated with place of residence ($\chi^2(4) = 7.90, p < .095$). 94% of city respondents believed that the Intifada was responsible for the increase in women's work outside the household, compared to 85.7% of village respondents and 82.7% of camp respondents (see Table below).

% within Place Of Residence

Increase In Women's Work Outside Household	Place Of Residence			Total
	City	Village	Camp	
No	4.0%	8.2%	13.3%	8.4%
Yes	94.0%	85.7%	82.7%	87.5%
Do Not Know	2.0%	6.1%	4.1%	4.1%
Total	100%	100%	100%	100%

12. Increase in women's violence against men was associated with place of residence ($\chi^2(4) = 19.91, p < .001$). 73.7% of city respondents believed that the Intifada was responsible for the increase in women's violence against men, compared to 57.1% of village respondents and 48% of camp respondents (see Table below).

% within Place Of Residence

Increase In Women Violence Against	Place Of Residence			Total
	City	Village	Camp	
No	15.2%	33.7%	44.0%	31.0%
Yes	73.7%	57.1%	48.0%	59.6%
Do Not Know	11.1%	9.2%	8.0%	9.4%
Total	100%	100%	100%	100%

13. Increase in women's violence against men was associated with marital status ($\chi^2(4) = 10.69, p < .030$). 59.7% of married respondents believed that there was an increase in women's violence against men, compared to 52.1% of single/divorced/engaged respondents and 66.7% of widowed respondents (see Table below).

% within Marital Status

Increase In Women Violence Against	Marital Status			Total
	Married	Single/Divorced/Engaged	Widow	
No	31.3%	43.8%	16.7%	31.0%
Yes	59.7%	52.1%	66.7%	59.6%
Do Not Know	9.0%	4.2%	16.7%	9.4%
Total	100%	100%	100%	100%

14. Increase in women's violence against men was associated with age ($\chi^2(6) = 25.51, p < .0005$). 53.6% of respondents in the age category 18-28 believed that there was an increase in women's violence against men, compared to 60% of respondents in the age category 29-39, 72.9% of respondents in the age category 40-50 and 53.1% of respondents in the age category 51 and above (see Table below).

% within Age of Respondents_Categorized

Increase In Women Violence Against	Age of Respondents				Total
	18-28	29-39	40-50	51+	
No	38.1%	33.8%	25.7%	23.4%	30.9%
Yes	53.6%	60%	72.9%	53.1%	59.7%
Do Not Know	8.3%	6.3%	1.4%	23.4%	9.4%
Total	100%	100%	100%	100%	100%

15. Increase in women's violence against their children was associated with place of residence ($\chi^2(4) = 20.34, p < .0005$). 93.9% of city respondents believed that the Intifada was responsible for the increase in women's violence against their children, compared to 87.8% of village respondents and 73% of camp respondents (see Table below).

% within Place Of Residence

Increase In Women Violence Against Their Children	Place Of Residence			Total
	City	Village	Camp	
No	6.1%	8.2%	23.0%	12.5%
Yes	93.9%	87.8%	73.0%	84.8%
Do Not Know		4.1%	4.0%	2.7%
Total	100%	100%	100%	100%

16. The sexual relationship between husbands and wives was associated with place of residence ($\chi^2(4) = 10.78, p < .029$). 90.8% of city respondents believed that the Intifada affected the sexual relation between husbands and wives, compared to 83.7% of village respondents and 77.2% of camp respondents (see Table below).

% within Place Of Residence

Sexual Relation Between Husbands and Wives	Place Of Residence			Total
	City	Village	Camp	
No	3.1%	10.2%	17.4%	10.1%
Yes	90.8%	83.7%	77.2%	84.0%
Do Not Know	6.1%	6.1%	5.4%	5.9%
Total	100%	100%	100%	100%

17. Increase in physical abuse against women (beating) was associated with place of residence ($\chi^2(4) = 19.44, p < .001$). 63% of city respondents believed that there was an increase in physical abuse against women (beating), compared to 61% of village respondents and 45.5% of camp respondents (see Table below).

% within Place Of Residence

Increase in physical abuse against women (beating)	Place Of Residence			Total
	City	Village	Camp	
No	9.0%	19.0%	33.3%	20.4%
Yes	63.0%	61.0%	45.5%	56.5%
Do Not Know	28.0%	20.0%	21.2%	23.1%
Total	100%	100%	100%	100%

18. Increase in sexual harassment was associated with place of residence ($\chi^2(4) = 45.79, p < .0005$). 84% of city respondents believed that there was an increase in sexual harassment, compared to 59% of village respondents and 38% of camp respondents (see Table on the following page).

% within Place Of Residence

Increase in Sexual Harrassment	Place Of Residence			Total
	City	Village	Camp	
No	4.0%	20.0%	27.0%	17.0%
Yes	84.0%	59.0%	38.0%	60.3%
Do Not Know	12.0%	21.0%	35.0%	22.7%
Total	100%	100%	100%	100%



19. Increase in sexual harassment was associated with marital status ($\chi^2(4) = 10.62, p < .031$). 62.9% of married respondents believed that there was an increase in sexual harassment compared to 55.1% of single/divorced/engaged respondents and 55.1% of widowed respondents (see Table below).

% within Marital Status

Increase in Sexual Harassment	Marital Status			Total
	Married	Single/Divorced/Engaged	Widow	
No	15.3%	30.6%	12.2%	17.3%
Yes	62.9%	55.1%	55.1%	60.3%
Do Not Know	21.8%	14.3%	32.7%	22.3%
Total	100%	100%	100%	100%

20. Increase in sexual harassment was associated with age ($\chi^2(6) = 14.73, p < .022$). 57.6% of respondents in the age category 18-28 believed that there was an increase in sexual harassment, compared to 55.6% of respondents in the category 29-39, 65.7% of respondents in the category 40-50 and 63.1% of respondents in the category 51 and above (see Table below).

% within Age of Respondents_Categorized

Increase in Sexual Harassment	Age of Respondents				Total
	18-28	29-39	40-50	51+	
No	28.2%	16.0%	12.9%	9.2%	17.3%
Yes	57.6%	55.6%	65.7%	63.1%	60.1%
Do Not Know	14.1%	28.4%	21.4%	27.7%	22.6%
Total	100%	100%	100%	100%	100%

21. Increase in sexual assault (rape) was associated with place of residence ($\chi^2(4) = 52.62, p < .0005$). 70.7% of city respondents believed that there was an increase in sexual assault (rape), compared to 46% of village respondents and 21% of camp respondents (see Table on the following page).

% within Place Of Residence

Increase in Sexual Assault (Rape)	Place Of Residence			Total
	City	Village	Camp	
No	6.1%	24.0%	30.0%	20.1%
Yes	70.7%	46.0%	21.0%	45.8%
Do Not Know	23.2%	30.0%	49.0%	34.1%
Total	100%	100%	100%	100%

22. Increase in sexual assault (rape) was associated with marital status ($\chi^2(4) = 14.930, p < .005$). 51.7% of married respondents believed that there was an increase in sexual assault (rape), compared to 32.7% of single/divorced/engaged respondents and 34.7% of widowed respondents (see Table below).

% within Marital Status

Increase in Sexual Assault (Rape)	Marital Status			Total
	Married	Single/Divorced/Engaged	Widow	
No	18.9%	32.7%	14.3%	20.4%
Yes	51.7%	32.7%	34.7	45.8%
Do Not Know	29.4%	34.7%	51	33.8%
Total	100%	100%	100%	100%

23. Increase in sexual assault (rape) was associated with age ($\chi^2(6) = 12.93, p < .044$). 40% of respondents in the age category 18-28 believed that there was an increase in sexual assault (rape), compared to 43.2% of respondents in the category 29-39, 52.9% of respondents in the category 40-50 and 48.4% of respondents in the category 51 and above (see Table below).

% within Age of Respondents_Categorized

Increase in Sexual Assault (Rape)	Age of Respondents				Total
	18-28	29-39	40-50	51+	
No	29.4%	22.2%	18.6%	7.8%	20.3%
Yes	40.0%	43.2%	52.9%	48.4%	45.7%
Do Not Know	30.6%	34.6%	28.6%	43.8%	34.0%
Total	100%	100%	100%	100%	100%

Chi-Square Analysis (II)

In an attempt to understand the association between the dependent variables: social support, coping abilities, beating women by family members (husbands, brothers, etc.), we studied as a disciplinary action the demographic variables: economic status, place of residence, age, and marital status. Chi-square tests of independence were conducted and the following significant statistical results were revealed:

24. Social support was associated with economic status ($\chi^2(3) = 16.27, p < .001$). 84.2% of respondents with good economic status agreed that someone supported and helped them during crisis, compared to 55.4% of respondents with very poor status, 45.6% of respondents with poor status, and 69.8% of respondents with average economic status (see Table below).

% within Economic Situation_ Recoded

Social Support	Economic Situation				Total
	Very poor	poor	Average	Good	
No	44.6%	54.4%	30.2%	15.8%	38.6%
Yes	55.4%	45.6%	69.8%	84.2%	61.4%
Total	100%	100%	100%	100%	100%

25. Coping abilities were associated with place of residence ($\chi^2(2) = 62.41, p < .005$). Only 13% of city respondents felt that they could live their normal lives like before the Intifada, compared to 28.3% of village respondents and 65% of the camp respondents (see Table below).

% within Place Of Residence

Coping Abilities	Place Of Residence			Total
	City	Village	Camp	
No	87.0%	71.7%	35.0%	64.5%
Yes	13.0%	28.3%	65.0%	35.5%
Total	100%	100%	100%	100%

26. Coping abilities were associated with economic status ($\chi^2(3) = 19.34, p < .005$). 52.6% of respondents with good economic status felt that they could live their normal lives the way they did before the Intifada, compared to 18.9% of respondents with very poor status,

27.9% of respondents with poor status, and 46.1% of respondents with average economic status (see table on the following page).

% within Economic Situation_ Recoded

Coping Abilities	Economic Situation				Total
	Very poor	poor	Average	Good	
No	81.1%	72.1%	53.9%	47.4%	64.7%
Yes	18.9%	27.9%	46.1%	52.6%	35.3%
Total	100%	100%	100%	100%	100%

27. Coping abilities were associated with age ($\chi^2(3) = 9.90, p < .019$). 46.4% of respondents in the age category 18-28 felt that they could live their normal lives the way they did before the Intifada, compared to 35.8% of respondents in the age group 29-39, 35.7% of respondents in the age group 40-50, and 21.5% of respondents in the group 51 and above (see table below).

% within Economic Situation_ Recoded

Coping Abilities	Age of Respondents				Total
	18-28	29-39	40-50	51+	
No	53.6%	64.2%	64.3%	78.5%	64.3%
Yes	46.4%	35.8%	35.7%	21.5%	35.7%
Total	100%	100%	100%	100%	100%

28. Beating of women by family members for disciplinary reasons was associated with place of residence ($\chi^2(2) = 24.64, p < .0005$). Only 5% of city respondents agreed with beating of women by family members for disciplinary reasons, compared to 27% of village respondents and 8% of camp respondents (see table below).

% within Place Of Residence

Beating of woman for disciplinary reason by family members	Place Of Residence			Total
	City	Village	Camp	
No	95.0%	73.0%	92.0%	86.7%
Yes	5.0%	27.0%	8.0%	13.3%
Total	100%	100%	100%	100%

ANOVA ANALYSIS

To evaluate the effect of place of residence on coping with loss before trauma, univariate F test revealed significant differences in coping with loss before occurrence of the trauma ($F(2, 297) = 91.07, p < .0005$). Univariate F test also revealed significant differences in coping with loss after occurrence of the trauma ($F(2, 297) = 7.16, p < .001$).

To evaluate the effect of age on coping with loss before trauma, univariate F test revealed no significant differences in coping with loss before occurrence of the trauma. However, univariate F test revealed significant differences in coping with loss after occurrence of the trauma ($F(3, 297) = 2.62, p < .051$).

To evaluate the effect of marital status on coping with loss before trauma, univariate F test revealed significant differences in coping with loss before occurrence of the trauma ($F(2, 297) = 4.44, p < .013$). Univariate F test also revealed no significant differences in coping with loss after occurrence of the trauma due to marital status.

To evaluate the effect of economic status on coping with loss before trauma, univariate F test revealed significant differences in coping with loss before occurrence of the trauma ($F(3, 286) = 6.72, p < .0005$). However, univariate F test revealed no significant differences in coping with loss after occurrence of the trauma due to economic status.

Means of Coping with Trauma Index & Demographics

Demographics		Before Trauma	p	After Trauma	p
Place of Residence	City (n = 100)	2.40	.000	4.14	.001
	Village (n = 100)	2.26		3.35	
	Camp (n = 100)	1.47		2.70	
Age Group	18-28 (n = 85)	1.93	.112	2.98	.051
	29-39 (n = 81)	2.06		3.25	
	40-50 (n = 70)	2.01		3.33	
	51+ (n = 65)	2.19		4.19	
Marital Status	Married (n = 202)	2.02	.013	3.51	.329
	Single/Divorced/Engaged (n = 49)	1.90		2.87	
	Widow (n = 49)	2.28		3.47	
Economic Status	Very Poor (n = 74)	2.24	.000	3.53	.894
	Poor (n = 68)	2.20		3.36	
	Average (n = 129)	1.88		3.43	
	Good (n = 19)	1.87		2.98	

Logistic Regression Analysis

The results of the logistic regression analysis are shown in the table below. They indicate that coping abilities were positively associated with social support, and negatively associated with gender violence and victimization by military forces. The p-values opposite to each variable indicate whether that variable made a significant addition to the prediction of coping abilities. Thus the variables that combine to predict those coping abilities are gender violence, social support and victimization by military forces.

Logistic Regression Predicting Coping Abilities

Variable	P	Wald Statistic	P
Gender violence	- .179	4.25	.039
Social Support	1.01	12.42	.000
Victimization by Military Forces	- .793	8.59	.003

In general, it was found that respondents did not believe that violence is a way of sealing or educating women; the majority of respondents (86.9%) stated that violence is not a way of dealing with women while only 13.1% stated that it is.

When respondents were asked whether they were direct victims of the Intifada, 98.7% gave a positive answer, and when asked how they evaluated the damage inflicted upon their families, almost four fifths (79.2%) stated that the damage was severe and the rest perceived it as medium. 75.9% of the respondents stated that they were locked in their homes, while 1.3% (N=4) only were political detainees. Almost all respondents (93.3%, n=280) went through fear and terrorizing events, and 12% (N=36) were physically beaten – Israeli soldiers beat 31 of them. More than three fifths (61.4%) were humiliated and ridiculed by Israeli soldiers.

Most of the respondents stated that physical violence against women increased due to the Intifada. Most of them (N=116) were married women. When looking at the correlation between place of residence and the belief that physical violence has increased, we find that there is a significant relationship between place of residence and physical violence (p-value is p= 0.001).

When asked whether this Intifada prevented girls from continuing their education, 62.1% stated yes, 31.2% stated no, and the rest stated that they do not know.

One of the very interesting results is that 82.7% of the respondents stated that they fear being sexually abused by the Israeli soldiers, and 64.3% expressed fear of being sexually abused by fellow Palestinians. Despite the discrepancy in the results, we believe that fear of sexual abuse was found to be very high in all regions.

Increase in Types of Violence during the Current Intifada	No	Yes	Do Not Know	Total
Rape	18.8%	46.9%	34.4%	100%
Sexual Harassment	14.9%	60.2%	24.8%	100%
Physical Violence	15.6%	60.0%	24.4%	100%
Psychological Violence	9.9%	78.9%	11.2%	100%

Table No.: The Perceptions of Respondents Regarding the Various Effects of the Current Intifada on Women

Effect	No	Yes	Do Not Know	Total
Prevention from Continuing Education	31.2%	62.1%	6.6%	100%
Hindrance of Development	28.3%	66.3%	5.3%	100%
Imposition of Early Marriage	13.5%	79.7%	6.8%	100%
Increase in Male Violence	11%	78.6%	10.4%	100%
Increase in Fear of Sexual Abuse by Israelis	11.7%	82.7%	5.7%	100%
Increase in Fear of Sexual Abuse by Palestinians	23.3%	64.3%	12.3%	100%

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Chapter Four

Analysis of Support Groups: Participation of Palestinian Widows and Mourners in Support Groups to Relieve the Psychological and Social Pressures Resulting From Loss

Dr. Khawla Abu-Baker

Since 1967, the Israeli occupation of Palestinian territory has created various kinds of loss. Palestinians have suffered from material loss (such as destruction of houses, confiscation of land, burning of possessions) as well as spiritual loss due to Israeli military measures, including curfews, administrative detention and imprisonment. On the one hand, these measures have deprived Palestinians of their personal freedoms. On the other hand, Palestinians have suffered humanitarian loss, such as permanently disabling and fatal injuries. During the second Intifada, Palestinian families have been experiencing all these types of loss yet again. In this summary, we will attempt to convey a clear idea of the work undertaken within the support groups that were organized in this project, as well as analyze the content of the participating women's rhetoric.

The Support Group Project

Establishing the support groups was the last step of a research project, which aimed at studying the mental and psychological health of Palestinian families during the second Intifada. After observing the psychological needs of women, who had suffered loss in the West Bank, three support groups were established in three areas in each of the locations targeted by the project: a hard hit refugee camp, a small village, and a poor neighborhood in a large city. Fifteen to eighteen women between the ages of 19-68 joined each group. The groups used to meet in a public institution in a nearby neighborhood. The participating women were chosen by the facilitators who knew them from previous stages of the project, and chose them according to recommendations from popular committees

in various towns. After the first session the number of participants increased as the participating women recommended the activity to others. Each group had two facilitators, who were specialized in social work and held 12 sessions, each of which were 3 hours long. All the women had experienced some kind of loss and suffered from physical and /or social and psychological problems due to their loss. All the sessions were documented in detail. Work was done within each group to provide vocational, therapeutic and academic guidance. In addition, support and psychological relief were offered to the facilitators.¹

Despite our insistence on building a strong and established framework for the group through setting a fixed timetable and asking the women commit themselves to it, each group had to reschedule at least one session due to Israeli invasions and curfews. In other words, these groups were exposed to the same experiences that Palestinian families and society live through, and hence they were prevented from committing themselves to fixed schedules due to Israeli military measures. The relevant lesson learnt from this experience is that the Palestinians, no matter how committed they are, cannot during this political stage utilize their professionalism fully due to Israeli military occupation, which has impeded our work with families aimed at teaching them methods of facing this occupation.

Multiple Forms of Loss

The best way to comprehend the multiple losses incurred by Palestinian families, and their psychological effect, is through the following real-life case-studies:

Um Amjad² said:

“ Our house is in the area that was destroyed on the 29th of February. We were in the house, as usual, but that day I felt nervous so I shouted at my son, although I had never shouted at him before and had pampered him for the past twenty years. Suddenly, the Israeli soldiers opened fire at our house. My son quickly got up to put on his boots and get out of the house, but I asked him to stay. Then I saw a green light directed towards our house and I said: “That’s it we’re finished!” We escaped to the inner rooms, but they hit the house with a missile, which ruined the whole house and its contents. My son escaped death by a split

¹ I would like to thank all the facilitators that took part in this project for their professional and transparent work: Rawda Al-Baseer, Amal Ahmad, Ranya Salous, Hanadi Shirbawi, Fatima Al-Muaqat, and Iman Saleh.

² The names of all participants have been changed in order to maintain their confidentiality and personal safety of the affected families.

second and almost went crazy. The Red Crescent helped us out, but after I entered the house my eyes hurt from the smell of the tear gas and I developed a headache. I felt as if the gas had gone straight through me and my skin and face were burning and stinging.

After that we went to my brother-in law's house although it is difficult for two families to live in just one house. We had to go there because it was impossible to go back to our own house. We couldn't live in the burnt rooms or even have a bath there. Now we have sold the house after renovating it, because we couldn't go back after what happened. I am always very nervous and my health is deteriorating continuously. The doctors say it is because I was intensely exposed to the tear gas and that I am both physically and psychologically pressured as there is nothing really wrong with my health system."

Um Ghazi said:

(This woman cried bitterly while she was talking)

"I have a son who was injured on the 23rd of March and he is suffering immensely. He was hit by a "dumdum" bullet in his back and left arm. He has been operated on four times already and he is still in pain. The Israelis arrested him one year and three months ago. They took him to "Affula" hospital but they only gave him a sedative. They refuse to perform any operations. I am very worried about his health because he is still in very bad shape. I have three sons. The injured one who is in prison is the eldest and I have two married daughters. My son is suffering a great deal in prison and I haven't seen him for a whole year and a half. Please don't ask me about the pain, it is very harsh. We are all suffering - his father, myself, and his brothers and sisters."

Um Yousef said:

"Thank you for your efforts, I think what you are doing is very important. We have been exposed to arrest, tear-gas attacks and our house has been invaded. My sons were all arrested, but thank God, the last one came out of prison 3 month ago. But one of my sons was injured and he needs an operation; he was injured when the Israeli soldiers hit him with a frozen water bottle. His head was seriously injured and he needs an operation. He is only 20 years old, I hope he will get better soon. My other son was injured during his last year at school and he had to do his General Certificate Exam – "Tawjihi"- while he was in prison, and he got 65%. They put both my sons in prison. We have a lot of tear gas thrown at us. I am now allergic to it. The doctor says it is also because of the nervous tension. We are exposed to invasions by the Israeli army time and again. We are never able to buy anything for the house or arrange it nicely, because everything could be destroyed and my two sons have been imprisoned.

Um Saber said

(She burst into tears once she started talking. She is a 68 year-old woman):

"I have experienced horrific circumstances. First, my two sons were arrested – one spent 15 months and the other spent 10 months, in prison. One of them can't walk or go up the stairs any more as a result of the horrible conditions he was forced to endure. He is 27 years old and got married 7 months ago. My second son is 16 years old. When they arrested him, his sister was martyred. My daughter received a fatal blow when they came to arrest my son. While the Israeli soldiers were detaining him, we all started protesting and arguing with them and. My daughter was arguing too, until a soldier hit her very hard on the head. We didn't pay attention at the time. We don't know if it was with his hand or the butt of the machine gun. It was while the soldiers were taking her brother out of the house that my daughter held her head and said: "MY head, my head!" and fell to the ground. She couldn't stand any more. We took her to the hospital and they said she had received a severe blow to the head, so they put her in intensive care because she was unconscious. She lived on oxygen for 9 days and then died. When I heard the news I fainted and afterwards my hearing was affected. My head always feels heavy and I prefer to stay asleep. I have a 29 year old daughter, who was very close to her martyred sister. She changed a lot after her sister died. She doesn't go out any more except very rarely when she decides to go to the cemetery. My eldest son was sentenced to five years in prison and the second to 11 months.

I like to go out but I always feel as if I'm sedated. I like to stay outside the house. I wish you would come and take my daughter out. I yearn to go out with her for a walk, but she won't listen to me. Sometimes she is calm but at other times she is very nervous and upset. Sometimes she can't even get out of bed and at other times she gets up early and dresses quickly. Then she says I'm going to visit my sister at the grave and she visits her once a day or every other day. She goes to the cemetery whenever she wants. Anyway, that's the only place she goes to now."

Umayyah said:

"When they told me that Sami was martyred by a bullet from the Israeli army, I lost consciousness. After that they took me to the morgue to see him, but I was in a wheelchair, because I couldn't walk. I felt that my legs wouldn't carry me any more. What should I do when my son, 'Amer, says "I saw my father's brains?" When I was unconscious at the hospital they took my son 'Amer and showed him his father. Since then he hasn't been able to sleep. He keeps having nightmares. My other son keeps saying "I want my father, I want my father." Since his father died he keeps getting feverish and he vomits. I don't know what to do with him. My youngest son, Saeed's eyes hurt and the doctor says it is a virus. My daughter

has become very nervous after her father's death and she's violent. When I send her to school, she hits the children. She even tries to strangle her little sister. Perhaps it's my fault because whenever she says I want my father I show her a picture of him when he was martyred. What can I do? Every evening when we sit together all of my 5 children start asking, "When is father coming back?" Then we all start crying. What can I say, I feel so lonely and unable to do anything. Even the dishes Sami used to like, I don't cook any more – I feel as if my whole life has stopped after he died. Sometimes I do something just for the sake of my children, but I feel that my life stopped after Sami was martyred. On the other hand, I also feel that I'm not doing enough for my children. Their father loved them and he never denied them anything but I'm unable to take good care of them because I still can't absorb the fact that I have lost my husband. No one asks about us. The day he was martyred, I went to see my mother in law but all she could say was: "You killed your husband; it's all your fault. It's because of you." Then, I became hysterical. All day long I kept hearing her say the same thing over and over again, but I had to wait until my husband's corpse arrived. I was in a terrible state."

Factors that Influenced the Mental Health of Families during the Second Intifada

- I. A healthy family normally provides its members with a source of safety and stability. However, the extraordinary experience of the Palestinian family is that it can neither promise its members safety nor stability. Constant, daily fear has become the norm and is a real, natural and healthy reaction to the circumstances that the families face. Fear arouses wariness, which makes the Palestinian family doubtful of its surroundings, and always ready for a speedy reaction to safeguard its members from any looming danger. The problem, however, lies in the intensity of events, their prolongation and the continuity of the "on guard" situation, which has been the case since the first Intifada. The experience of a lack of stability within the Palestinian family due to the occupation, forces families to live in a state of trauma, which has become the long-term, daily "norm".
- II. The concept that the home provides the Palestinian family with psychological, spiritual and existential securities. Palestinians, regardless of their place of residence or age, internalize the effects of the collective experience of the loss of a home. Burning a home or demolishing it completely or partially carries deep psychological meanings, the most important of which has been that Israelis have been determined to

destroy the lives of Palestinians ever since the establishment of the state of Israel in 1948, and have been able to destroy their homes and feeling of security time and again. Many refugee families have lived scrimping and saving for tens of years with the aim of building a small home and purchasing its basic needs. Burning such a home or destroying it means burning the only dream and savings of a family. "How many Palestinian houses have been destroyed within 50 years, do you think? All I know is that I have been building my house since 1974 (due to poverty and lack of resources) and in the end the Israelis came and destroyed it in 5 minutes," exclaimed Um Khaled.

- III. The Intifada has caused massive direct and indirect material losses for the Palestinian family, and this has resulted in daily psychological pressure on each individual within the family. In addition, fathers have felt complete impotence in the face of material difficulties, and their inability to provide their families with basic needs. Some losses, such as the burning or pulling down of a house, can be compared to the psychological pressures resulting from experiences such as the Palestinian exodus.
- IV. The Israeli army's pursuit of "wanted" young men causes their families and the rest of the neighborhood a great deal of anxiety and tension; the army raids their houses during the night, which deprives everyone in the neighborhood of sleep. This results in the residents' (including the students, workers and housewives) inability to perform their daily tasks in a natural and successful manner. Many of the women from the inspected sample group suffer from fatigue syndrome. This acute psychological restlessness has, in many cases, turned into a nervous breakdown due to recurrent shocks that are subject to treatment.
- V. In addition, people suffer from continuous fear and restlessness due to the fact that Israeli forces are constantly on the outskirts of their towns, which prevents them from moving freely at night. The fact that there are Israeli tanks surrounding a certain town means that they could invade it at any moment, and leave casualties or major material damage behind.
- VI. The families of prisoners are constantly nervous about the negative effects of imprisonment on their young sons and their possible harassment by non-political prisoners.
- VII. Normal and normative roles have been shaken in the Arab family. This is indicated in a number of types of behavior such as reversing roles.

The children of a bereaved or widowed mother have to take care of her, rather than the opposite. One of the mothers said: during the incursion, I was very afraid but my son Mustafa used to encourage me and his words helped me overcome the fear. He used to say “why are you afraid, I’m still young and if the soldiers come into our house they won’t arrest me because I am still young.”

VIII. The constant fear of something terrible happening makes everyone very tense, which results in an abnormal way of life even when everything is normal. For example, when people suspect that the army will invade their area of residence, the children are woken up and dressed in outdoor clothes. This is done so that they are ready in case the army storms into the house and the family has to leave it. In addition, some of the preparation measures taken by Palestinian families include the collection of all their papers and important documents in a bag that is readily available so that they can take it with them in case of an invasion. This is a procedure usually depended upon by people who live in areas where there are recurrent natural disasters.

IX. Destabilizing the Arab man’s image within his family: The Israeli army beats fathers in their own homes and in the streets, in front of their children, family, wives and neighbors. Thus, they have caused damage to the status of men in society, because it is taboo for men to be stripped from their authority and power. (It is not relevant here to discuss our acceptance or refusal of men’s hegemony within the Arab family. What is more relevant is the fact that this upheaval, without going through natural, social/psychological change will disturb men’s self-image and their concept of parenthood). The Arab family reveres a father’s position, regardless of his age, health, psychological situation, profession or income. This means that women, who witness the beating of their husbands, experience difficulty in attempting to raise their husbands’ morale, while at the same time trying to transfer their children’s attention elsewhere, so as not to accentuate their husband’s humiliation. One of the wives, in an attempt to shift attention from her personal crisis, focused on the suffering of others, said: “My husband was beaten in front of his children, but then who hasn’t been beaten?” Another woman said: “They took my husband away to use him as a human shield and they beat him up very badly in front of his children and the neighbors, but my only consolation was that my husband came back in one piece.”

A man whose morale has been disturbed by the army usually turns his bitterness and anger into excessive violence against his children,

wife or siblings. Some even turn their anger inwards and they end up suffering from deep depression. In many cases, these men become introverts, to the extent of refusing to go out to work and completely isolating themselves from others. These men often become a psychological burden on the people around them. In all cases, families suffer from the side effects of military violence. Reflecting on one of the Israeli army's operations, a woman living in a refugee camp said "My heart was wrung with pain for my husband. I gazed at him after the soldiers left and said 'I'm glad you're still in one piece, if you had lost an arm or a leg, what would we have done? Thank God you are OK. On the fifth day they left the rest of the men at our doorstep. They were blindfolded, their hands were bound and they were stripped of their clothes.'"

- X. There is an exaggerated expression of anger towards unimportant issues. This phenomenon is called displacement (that is the feeling of anger is transferred from the original subject to another one that can be controlled). For instance, in the case of Israeli soldiers storming into a house and destroying property, women would talk about their anger from such behavior or their sadness over their material loss. The women did not mention the essential problem, which is the occupation. This behavior is an important defense mechanism that the women have used to reclaim their right to get angry at the soldiers. Due to the occupation's long history and the illegal presence of the Israeli army (even within Palestinian Authority areas), the anger is not directed towards the army's invasions, but it is directed towards their ethical behavior, such as the illegality of trespassing on a people's privacy within their home at night or stealing from their home. Hence, the demand to end the occupation is exchanged with a much simpler one, which is to request that the army treats the population more humanely. On the other hand, displacement concentrates on transferring the anger from its original cause, the occupation, to another issue at which one can easily express anger, such as the Palestinian Authority and its bodies. One of the women in the group said: "I am also angry and upset at the municipality – they have not fixed anything yet, and I have my pride. I will not stop to beg at the expense of my children."
- XI. According to a report from the mothers, violence has increased i.e. mothers are more violent with their children as in an attempt to prevent further loss. For example, they beat their children, believing that this would prevent them from throwing stones at the soldiers, and getting arrested or injured. In general, family violence has increased and family members are suffering because of it.

- XII. People have reverted to the habit of forcing their daughters into early marriage due to economic pressures, and as a result of the lack of regular schooling and the fear of the possibility that their “honor” might be harmed by the soldiers.
- XIII. Blaming the victim has increased, such as blaming a mother if her children are arrested or martyred instead of blaming the perpetrator (in this case, the Israeli army). One of the participants said: “I felt like my mother in-law was blaming me. She would tell me ‘you allowed your children to go out at 10 at night.’ They would say that I haven’t brought them up as I should. They put all the blame on me, and when I would say ‘their father is here too,’ they would answer ‘No! you’re the one who stays at home.’ Then, they arrested my second son, who is very quiet. He used to pray in the mosque at dawn. I used to try to prevent him, but he would refuse and. I tried to control him so that people would stop talking, and also because I was afraid for him. My son is not that old. He is 24, but I used to lock the door to prevent him from going to the mosque. So he said: ‘You want to prevent me from praying?’”
- XIV. The struggle for providing daily bread. This struggle has become one of the main burdens on each and every Palestinian family. It has also caused other issues due to the dilemma between providing the family with its daily bread and political activism.
- a. Palestinian families of political activists, military personnel, or anyone that has participated in the events of the Intifada have been prohibited from working in Israel. The women have reacted to this prohibition as a great material loss because the income of working in Israel is much higher than the average income within the areas governed by the Palestinian Authority. In addition, prohibition from work in Israel has guaranteed unemployment and deprivation for many Palestinian families, whose standard of living has deteriorated greatly.
- b. The Israeli army’s hounding of the Palestinian son, husband or any other member of the family, has meant their inability to work due to the fact that they are wanted, and therefore have to stay in hiding. Their status as wanted persons meant that they have been forced to give up their role as providers. This has caused a reversal in roles: it is now the family’s duty to provide the men with their basic needs, such as telephone cards, cigarettes, clothes and food. All this is happening while there is a high unemployment within the family and continuous military curfews.

- c. Some of the “wanted” men have also been injured while they were pursued. So, their families worry about their health, especially if they are unable to receive proper treatment in a hospital for fear of being arrested. Some of the “wanted” men have become disabled due to their injuries, which has caused pain and self-pity, in addition to the feeling of social and political oppression that the mothers experience.

- XV. The worst case of loss as a result of political activism that Palestinian women have talked about is the destruction of their houses, due to one of their sons' carrying out a military operation. This type of loss is composed of several layers of loss, and the loss of a house is the last layer. It is equal to the loss of a family member's health, sexual ability, life or freedom (in case of imprisonment). The destruction of a house reverts the family directly to the experience of exodus and their loss of economic and psychological security. With the destruction of their house the Palestinian family loses its stability as well as its ability to carry out its daily norms. Examples include:
 - i. Believing in the importance of the Intifada. The discussion of the importance of the Intifada and its benefit to the Palestinian family and society was questioned by a woman in mourning, who painfully exclaimed: “The son I lost during the massacre in the camp is worth the whole of Palestine. A true Muslim should feel with his Muslim brother. But where are these Muslims?”

 - j. The discussion of the role of the Palestinian Authority in the face of the Israeli army. It is very difficult for the women to criticize the PA for its encouragement of the young men to participate in military operations, on the one hand, and their inability to protect their population from Israeli reactions, on the other hand. In addition, at times there is quiet criticism of, and at other times there is a direct demand for, the people's right to sufficient material compensation from the Palestinian Authority.

 - k. The struggle between the nuclear family and the extended family over the martyred son's/ daughter's right to take a personal decision that will effect the existential security and economic situation of each member of an extended family. Here, an important and bitter struggle unfolds between ideology and survival.

The Social Support Networks:

Psychological Factors that Provide Support to Palestinian Society

There are values and social taboos within the Arab culture that emphasize the existence of mechanisms and networks of social support. Despite the economic, psychological, and material damage that has afflicted the Palestinians, one can say that there have been various degrees of damage. Within the support groups, the rhetoric of the women who suffered loss indicated that women with a relatively stronger personality dedicate themselves wholly to helping those who have weaker personalities. This strength that some women possess has enriched them the feeling of empowerment and the ability to give. The parties that were mobilized for support were neighbors, relatives, and benefactors. Some examples of presenting help were: providing shelter to those whose houses were burnt or destroyed by allocating a room in the house for them and offering them food. This model has a special meaning if we realize that all this takes place in a poor society with basic furniture and small houses that are already overcrowded. Giving a neighboring family one room means that those originally living in the house have to stay in one room and suffer from over-crowdedness. One of the women who had gone through this experience said: “When I opened the door, I found our neighbors’ house had been completely burnt down. They were six individuals. My daughters were asleep. So, I woke them up and said please take a child each and let them sleep next to you. We are 10 and they were 6. So, we became 16 all together in just one room. We stayed in the house for 9 days. All we had to eat was bread, cheese and olives. We couldn’t cook and there wasn’t enough water for washing up. Even when we did cook once, we didn’t have the appetite to eat. We have to eat to keep up our strength and resist, but how can we keep up our hope?”

Social support networks can be mobilized very quickly to collect clothes for all members of the families whose houses are destroyed or burnt. This sometimes means that one has to provide 10 individuals with all their basic needs so as they could return to a fairly normal life. Above all, some of these families are provided with foodstuffs that would last for a whole season, but this means that other families give up some of their provisions to contribute to the well-being of these families. Families are capable of doing this as many Palestinians buy their foodstuffs every season and store them. Money is also collected for *zakat*, which is a religious tithe, and it is given to these families; in addition, daily meals are provided to them throughout the month, which is alternately prepared by their neighbors, even if it is simple lentil dishes or pastries, as all families are becoming poorer.

To summarize the concept of social cohesiveness during the second Intifada, one of the participants said: “your wound is my wound; this is how Muslims should be.” When one of the previously hard hit families contributes

towards providing any form of help to other families whose houses are destroyed at a later stage, it makes them feel that they are able to take up their social and religious responsibilities, and that they can also contribute to their society by paying back some of what they had received from it before. This kind of contribution makes the family feel that it has returned to social functioning and that they do not constitute a burden on the people around them. On the other hand, this kind of social support helps families absorb the meaning of the painful experience they have been through. This is because when their house is burnt or destroyed, they cannot absorb the event immediately and many suffer from a state of shock or trauma. But when this family participates in the details of supporting another family that is passing through the same conditions, they start contemplating and analyzing their own tragedy in a new light that enables them to understand what has happened to them before. Reaching this stage of self-contemplation, while at the same time assisting others, emphasizes the fact that an individual has reached a state of rehabilitation. Despite their willingness to help, relatives and neighbors have not always been able to extend help directly to needy families due to their constant exposure to military siege and curfews.

Paradoxical Methods of Protection within the Family

The conversations within the support groups indicated that parents prefer the arrest rather than the martyrdom of their son. The women expressed fear over sharing their thoughts because it contradicts the prevailing rhetoric that calls on families to encourage their children to sacrifice their souls for their country and national liberty. The women who participated in the project found someone to listen to them and understand them; the participants encouraged each other to express their thoughts and values. Many mothers, who also spoke on behalf of their husbands, considered imprisonment with all that it entails of loss of personal freedom and psychological pressure, as a place that “shelters” their sons from being killed by the bullets of the Israeli soldiers. One of the women said that her husband beat his son because he participated in a demonstration and threw stones, and he threatened to tell the army if he ever participates again. Another mother told the Israelis where her son was hiding in the house in order to protect him from being killed instead of imprisoned. She justified her behavior by saying that it would be better for him to be injured rather than killed.

The emotional and moral pressure that places parents in a position that makes them choose the lesser of two evils for their loved ones, with the aim of preventing the worse kind of harm, leads to mental and emotional dissonance. The concept of a parent's protection for her child was not understood when the mother admitted to herself and then to the group (which was more difficult), that she handed her own son over to the army. Initially, this kind of behavior is interpreted

as a form of collaboration with the enemy, support for the occupation, betrayal of the national cause, and endangering the family's safety. Despite the fact that these mothers reacted spontaneously and instinctively, the women who had these experiences said that for a long time following their reactions, they had to discuss their decisions with their families or other people around them. This multi-faceted struggle (internal, psychological, familial and societal) made her psychologically unstable and insecure about the judgments made by those around her, and unsure of her role as a mother whose role is to protect her children. The mother of the young man said with great tension and self-defense: "I'm not like other mothers; I love my son very much and when the army came I was very afraid for him. My son was wanted along with the neighbor's son. When the soldiers came and placed the house under siege and my son escaped, the soldier asked me where is your son? I was so afraid for him. I was afraid they would shoot him while he was escaping. That's why I told the soldier where my son was. I thought to myself that it would be better for them to arrest him rather than to shoot him. The Israeli soldiers are crazy; they shoot at everything and anything that moves and it was night-time and the army was surrounding the whole neighborhood, not just the house. I love my son very much, not like other mothers who tell their sons to run away and when he does, the soldiers kill him. I would die without him. He has almost finished his sentence. He won't stay for long in prison."

The Types of Sexual Harassment: A Method of War Used by the Occupation Army to Cause Psychological and Social Harm

The concept of decency in the manner of clothing and behavior of individuals is one of the most important social concepts for Arabs and Muslims, and it is considered one of the social behavior codes that Arab society has in common. There are many kinds of behavior that are unacceptable in Arab society, and are considered as sexual harassment. Soldiers often resort to such unacceptable behavior, which cannot be categorized as cultural differences between the soldiers in the Israeli army and Palestinians, but rather they represent purposeful and studied behaviors aimed at controlling Palestinians. This can obviously be seen in the examples that the women cited in the support groups, reflecting fear for themselves and their daughters:

- a) The Israeli soldiers harass the women as a method to make the "wanted" men come out of hiding and give themselves up. One participant said: "my husband is wanted. He came into the house and took off his clothes and was sitting in his underwear. Suddenly, the army came into the house. My husband hid quickly and when the army asked about his whereabouts I denied his presence in the house. So, the soldiers started to harass me

through sexual expressions. They did all this in a loud voice, with the aim of making my husband angry and trick him into revealing himself.” The soldiers put this couple in a very difficult situation. The husband is wanted because he wants to defend his country, but he can't defend his own wife from a direct attack. He is faced with a dilemma. If he faces the soldiers, this will definitely lead to his imprisonment or death. In other he would not really be protecting her but only his image as a husband. At the same time, if he does not protect her, it would be possible for her to see him as a coward, who is only afraid for himself. This experience is one of the most difficult double bind experiences in a Palestinian family, especially because it could be the basis for schizophrenia.

In one of the support groups, a mother of a prisoner spoke bitterly of her son's experience: “since the beginning of the Intifada, he has been “wanted,” he can't live in his own home, but once when there was an incursion that lasted for 40 days he decided to visit his home because he is married and has daughters and a son. In less than an hour he was in his underwear, which is when the army surrounded his house. Then they asked his wife to open the door but she refused. So they threatened to rape her and they were five soldiers. His wife challenged them and said ‘come on here; I am in front of you,’ but at that moment my son gave himself up to the soldiers immediately. So, they tied him up in front of his children and took him to the jeep and drove off. The court decided to imprison him for four years. This is not the first time they've arrested him. The first time he was arrested and sentenced for 25 years. Then they let him go after the peace accords. His wife and family live in Jerusalem. So, after my son got arrested she went back to her parents' house with her children and I haven't seen them since. Despite the pain I feel because he's in prison, it's still better than his being “wanted,” as that would mean that they could assassinate him at any moment. At least when he's in prison I can make sure that he's alive.”

- b) Some Israeli soldiers urinated in front of a girls' school and revealed their sexual organs in front of them. But the teachers and parents cannot do anything as none of them dares to comment on this behavior and their only alternative is to order the girls strictly and roughly not to look in the direction of the soldiers- as if it were their fault that the soldiers were urinating in front of them. This behavior leads to further subordination of the weaker party and the use of a defense mechanism that utilizes displacement, that is anger directed towards the girls' behavior rather than the soldiers'.
- c) The soldiers asked young Palestinian men to kiss girls that they didn't

know at the checkpoints, with the purposeful intention of breaking the system of social values, or in other words, to destroy Palestinian social ethics. Thus, these young men and women, as a result of these requests, are exposed to two systems of control: The military one, which is strange and antagonistic, and the social one, which is internal and authentic. And a person could pay with his/her life, health, or freedom if the laws of either of these systems are broken. And since breaking the social laws in this case is the only solution, the army is able to destroy the social value system, with the aim of undermining one of the most important pillars of social control within Arab society.

In one case, the soldiers hit the young man very hard each time he refused to kiss a young woman he had never seen before, until she held his head and kissed it so that the soldiers would leave him alone. Her behavior exposes her to the danger of cognitive dissonance, in addition to social dangers as many may not understand her behavior as necessary in this out of the ordinary situation. This is an additional example of the kind of double bind that Palestinians have to live through.

- d) Some women claimed that the soldiers kidnapped a forty year-old woman and took her into an armored car, where they harassed her, claiming that they were searching her instead. Whether this story is true or not, it spreads fear concerning women's decency whenever armored cars enter the neighborhood.
- e) Exposing young men's sexual organs in front of their family. In one case the army stormed into a house and asked a young man to take off his cloths, so he remained standing in his shorts. But the soldier made him pull them down in front of everyone, with the excuse of wanting to make sure that he wasn't hiding anything inside. This behavior is considered highly reproachable in the Palestinian family but the young man was forced to do it in front of the rest of his family.
- f) Exposing Palestinian men's and women's private parts in public areas. The threshold of personal humiliation and oppression by making Palestinians feel that they could not even be in control of their own bodily dignity reached its peak. Under the guise of searching for "wanted" men during incursions and home raids, soldiers have been able to exert full control over an individual's needs. On the days that soldiers would order families to stand outside of their homes, the women and children would gather in one circle, while the men and youth would gather in another. Palestinians would have to stand under the sun or cold and suffer from hunger and fatigue. And whenever one of them had to

go to the toilet they were forbidden or asked to do it in front of everyone. So, the soldiers would humiliate them and erase their personal dignity by treating them like imbeciles or children who are irresponsible for their behavior and in the most severe cases, treating them like shameless animals in an attempt to dehumanize them. As an example of this degradation, one of the women said:

“On the fifth and sixth day, we saw the men standing blind-folded, tied and undressed in front of the house. They were walking in their underwear. The Israelis put all the clothes, mobile phones and watches in a pile and the armored car drove over them so that the mobiles were crushed and the clothes torn. It is taboo for a woman to look at undressed men; the Israelis have truly humiliated us; someone who is 50 years old should not be made to go out in his shorts; isn't this total humiliation? The women who wanted to urinate would ask the soldiers for permission but the soldiers would answer: 'do it on yourself.' So, the women stood in a circle to shelter the women who were urinating.”

These kinds of clashes cause psychological trauma because they place individuals, along with their family members or neighbors, in situations they are not used to dealing with. They force Palestinians to break social barriers that they were brought up to respect and conserve. After these people are let go, their shame remains because they have been forced to perform something very private in front of others, as if the person is responsible for the action he/she was forced to perform. According to the popular Palestinian saying, “one does not have the courage to look straight in the eyes of those who know him/her any more.” Here, too, instead of concentrating on the soldier's need to be ashamed of their behavior, there is an emphasis on the Palestinians' shame of their behavior, as if he/she has willingly participated in the soldiers' actions. This is called “identification with the oppressor.”

Psychological Problems

Some of the primary results of the field research carried out with the participation of 300 women include the following: the percentage of complaint from physical illness during the second Intifada rose by 39% in comparison to the prior period, doctor's visits increased by 16.7%, and the percentage of those who take sedatives and medicines continuously rose from 2.7% to 31.6%. It is well known among psychologists that women in the Arab world resort to describing their psychological state by talking about their physical state. A sad woman would say “my heart aches” and a depressed one would say “my body feels like it's melting” and an angry woman would say “I feel as if fire is coming out of

my head.” This psychosomatic description is usually adopted by Arab women living in cultures in crisis. As a result of loss and deteriorating psychological circumstances during the second Intifada, many women have complained from psychosomatic problems that have forced them to miss many focus group meetings, despite their commitment to attend and follow up. This reflects the loss experienced by women, and the societal limitations imposed upon them. Hence, they are often unable to express themselves when they are very disturbed, and they need a long time to overcome their state of being. Usually women who express their psychological state of being are accused of being impatient and are told to be patient. Or they are threatened to be punished if they do not control their emotions. As a result, their psychological health deteriorates. In other words, women remain silent and they do not express their psychological distress, which in turn causes physical pains.

As a result of this pressure to remain silent, the best strategy for women who feel loss and cannot express it is to “contract” psycho-somatic diseases. This is because of the following:

- 1) Psychosomatic diseases are tangible and one can measure what accompanies them, such as a high percentage of blood-sugar, or high blood pressure, or swollen eyes, etc.;
- 2) Women are normally accompanied with those concerned about them, such as their husbands, relatives or neighbors to their recurring visits to the doctor;
- 3) Contrary to psychological illness, women get pitied and people appreciate their problem when if it is physical. Hence it is culturally acceptable for women to give up their health as a form of sacrifice, loyalty and love for the lost person. One woman said “my mother cried so much for her son until the diabetes made her blind. She is now unable to see her way around. The mother of a prisoner said “I feel so tired and pressured when I think of my son in a cell in prison. My eyes are failing me because of the high blood pressure and diabetes.”
- 4) In light of this self-pity it was difficult to convince women of their right to live a healthy and decent life that is without any additional pain; overcoming the pain from loss, or the pain which women inflict upon themselves, is one of the most difficult tasks within these groups. The task is so difficult due to the cultural background of the Arab family that emphasizes the idea that motherhood consists of toiling and sacrificing, rather than happiness and nurturing.

The Folkloric Methods

Used by Women to Express their Psychological Problems

The support groups allowed the women to speak in their own words, and to utilize their own expressions to convey their psychological status. The facilitators showed extreme respect for their common method of expression and dialect, and they were not psychologically diagnosed so as not to exacerbate their state. On the other hand, the literal documentation of sessions contributed towards an in depth analysis of the psychological status of women.

Some of the participants described their psychological reactions to trauma, some of which are considered culturally unacceptable, but their reactions also indicate their inability to control themselves. One of the participants said “when the house started to burn I went to the neighbors’ home in my pajamas.” Some expressed their depressed state as a constant that will never improve. One of the women described her depressed state as such: “Today is like yesterday and tomorrow is like today.” Another expressed her hopelessness in being happy: “If they gave me the whole world from one ocean to the other I would not be happy.” A third woman said: “I live in despair and the only hope in life is compensation after life.” A woman whose sons were arrested said as an expression of deep depression and continuous chronic depression: “when they arrested my eldest son I didn’t eat anything for 4 days and when they arrested the second, I stopped tasting the food I ate; all food tastes the same to me.” Other women’s reaction to their inability to absorb the shock was PTSD (Post-Traumatic Stress Disorder) and they described severe physical symptoms. One woman who lost her house and her son, while her husband was arrested said “I can’t live the same story over and over again. Every time I think of what has happened I feel like I’m going to explode.”

A third group suffered from desensitization. One of the participants who suffered from an accumulation of losses said “even if the whole world turned upside down I am not affected and I don’t move.” Another woman whose son was a wanted activist, living in a state of continuous danger, said “I felt as if cold water was thrown on me. If he doesn’t care then why should I torture myself like this.” This group was in need of reaching this numb state in order to be able to face daily life. Some mothers of wanted men requested not to be told about the dangers their sons face so that they won’t have to live in an ever greater state of worry than the one they were already experiencing. On the other hand, this group did not have the ability to even participate with the rest of the family on special occasions.

When a daughter of one of these women in the group got engaged she was unable to be happy for her daughter like the rest of the family. It was as if the event

concerned strangers and not her own daughter. Thus, the woman moved further into a state of dissociation and emotional isolation. The mother of a number of young men described her psychological situation after years of anxiety: “I now feel as if I’m a corpse.” The following paragraph is what a 19 year old girl said after her fiancé was arrested, reflecting her psychological status:

“I felt as if something essential was gone and that I had lost my happiness. They took him on my wedding day and we were unable to defend or protect him. I felt as if everything was destroyed and my body felt paralyzed. I was unable to feel anything. I started talking and screaming without knowing what I was saying. I yearned to go with him. I ask God to help every one of us who carry the burden of his problem and those who have greater problems. Thank God they only arrested him and he was not injured. I am very upset and depressed. I don’t even leave the house any more. Now I wear the “hijab” because I feel that it protects me and I come and go at ease and with freedom. My fiancé also asked me to wear the “hijab.” So, I feel very comfortable in it.”

Physical and Psychosocial Stress as a Result of Physical or Psychological Harm Caused to Family Members

- 1- Family stress increased as a result of the special needs of the injured son. Most of those burdens are carried by the mother. But consequently it affects the whole family. When the injured is at hospital the parents leave the rest of their children and stay by the bed of the injured. This affects the family financially since the father loses a needed income when he decides to make regular visits to his son in the hospital. On the other hand a lot of money is spent on transportation from and to the hospital. If the father chooses to remain committed to his work the whole burden lies on the mother, including sometimes the need to move the injured, carry him/her and provide continuous services to him/her which constitutes a physical and psychological burden.

A mother of a nine year old child, who developed permanent paralysis in his leg as a result of a bullet injury, says: “My son cannot remove the apparatus from his leg. Only when he sleeps can he do so. If he wants to go to the toilet in the middle of the night he has to put it on. I then have to wake up and be with him.”

Treatment of the injured sometimes requires moving them from one hospital to another, or from one hospital inside the occupied Palestinian territories to a hospital outside. This constitutes an additional drain on

the family's economic stability, its daily life and its cohesion. On many occasions this would be the first time that the mother travels alone outside the country. Or it might be the first time that her husband leaves her alone for a long period of time with the rest of the children, while he is following up the treatment of his son outside the country. In any case, the injury of any family member constitutes a psychological and financial burden and affects the life of each and every individual within the family.

- 2- Because of the special attention given to the injured son or daughter the rest of the children may feel jealous and express their disapproval. They are, however, prevented from expressing their feelings by their parents. Hence, the feeling of jealousy becomes more intense and complicated, because it is also mixed with feelings of injustice, oppression and anger towards the injured person. These feelings usually find no space for ventilation, since society is neither tolerant of jealousy nor of criticism addressed towards someone injured during the Intifada.

- 3- Many mothers have complained of a change in the behavior of their children after the injury of their brothers or sisters. The psychological saturation affecting the parents because of the injury of their son or daughter hardly leaves them with any psychological energy or readiness to deal with issues facing one of their other sons or daughters, which is perceived by the latter as rejection. Symptoms of anger of the children are frequently expressed in the form of nocturnal enuresis, scholastic deterioration, nervousness, defiance or deliberate absence from the home. All those behaviors confuse the parents, who enter into unhealthy confrontations with their children. Children feel that they are all victims of the same injury.

Um Hossam lost her two sons within three months of the Intifada. Suddenly her living son, 16 years old, felt that his mother does not love him and that she prefers his two martyred brothers. Even though he wants to return to his normal life, his mother prevents him from doing so because of the mourning she is undergoing. When he tries to touch the clothes of his brothers, she scolds him. One day, after they had a fight, she told him that she wished he had died instead of her two other sons. The son has become aggressive and stubborn, and has become a source of annoyance and trouble for her.

Nocturnal enuresis has added burdens to mothers and has increased their concern for their children. This is further complicated by the fact that during the raids of the Israeli army the whole family chooses to sleep together in the safest room in the house.

- 4- Furthermore children now ask to sleep in their parents' bed to feel more secure. Parents, therefore, feel a constant sense of exhaustion and fail to get the necessary rest they need.

The Struggle Between the Extended Family and the Widow After the Experience of Loss

A solid rule in family psychology is that trauma acts like a chemical test substance that examines the stability of the family. That test substance dissolves unstable families that have not solved their problems in a healthy way and leads to final dissolution of the family. Inside a stable and healthy family, trauma helps consolidate family relations, strengthens the roles of the different members and brings people closer. After an experience of loss, family stress within an extended family complicates the psychological consequences of loss, and adds more stress upon the widow and the family of the martyr.

There are some social concepts which legitimize the oppression of a daughter-in-law by the family her husband. The in-laws tend to relate to the widow as someone who is not a member of the family. This image is attached to the widowed daughter-in-law for many years, irrespective of the period for which the young woman was a daughter in law.

Extended families try to find a rationale for the martyrdom of their son. The above process helps to build a psychological continuity surrounding what happened. Also, this process provides the family with a false belief that it can, despite its understanding of the rationale of martyrdom, control the different stages, and accordingly, it can actually prevent the occurrence of a similar event in the future. For example, if the husband had gone out to look for bread at a late hour during which he was killed, the extended family tries to emphasize that wives should not ask their husbands to do that in the future and should direct more attention to their house chores. In that example the wife's mismanagement of her home affairs is considered the direct cause of the death of her husband.

The extended family, which has postponed or hidden its disagreements with the daughter in law, now vents all its anger towards the martyrdom of their son against her. They try to gather all the details surrounding his martyrdom in order to make her feel guilty. One of the mothers whose son was shot says: "My son did not hold me responsible. But when my husband's family are with us, they say May God punish whoever was responsible, as if I were to blame. Until this very day he feels I am to blame. They tell me that if I had not opened the door for the army, my son would not have been injured!"

As for the wives of the men who die as a result of targeted killings, in addition to their continuous stress, anxiety and deprivation in view of the lifestyle that has been forced upon them, they are also blamed for the martyrdom of their husbands by the latter's families. Their husbands' families claim that the wife is to blame for the murder, since she compels her husband to risk his life, and come to the house to provide for her needs. By "needs," families usually mean sexual needs, as if the wife should be blamed or ostracized because of it.

Further blame is exerted upon wives who request their husbands to work in a specific job or in a specific territory in order to improve their living conditions, upon which he is killed. This category of wives are blamed and accused of greed and lack of satisfaction. The extended family seeks to make the wife feel guilty and responsible for her widowhood and loss. This responsibility for the death of a person constitutes a psychological burden, and a heavy one for that matter. This burden does not help the wives in overcoming the loss, nor in considering the psychological wellbeing of the children who have lost their father.

One of the central reasons that fuel the conflict between the widow and the extended family of the martyr is the material compensation or the steady income that is granted to families of the injured and the martyred. The family of origin seeks to control the income of the widow, since it feels that it is entitled to that pension because the martyr was first and foremost a part of their family. Sometimes the family of the martyr mobilizes the children against their widowed mother so that they could take possession of the compensation.

This conflict can be traced back to an earlier crucial conflict that is related to the degree of independence of married sons from their family of origin. If sons succeed to achieve relative financial independence, the family feels that it is socially and religiously entitled to affiliate with the family of the martyr. This also includes the affiliation of his income to theirs. Thereby the family of the husband tries to enforce material control over the widow as a way to control her independence after her widowhood and out of fear that she may disobey them. Some widows found a midway solution regarding the compensation money. They fulfill their obligations towards their husbands' families by buying some of their household needs on a monthly basis. One of the participants explained: She "puts an end to their demands by providing the aunt with a gown, and a carpet for the house."

Those conflicts form the larger crisis that is associated with loss. The widow becomes a victim, not only of the essential loss, but also of the social construct and tradition. The husband's family draws this right from tradition, some religious interpretations, and by threatening the widow with their ability to gossip about her. They basically mobilize the local community against her.

Spreading gossip around about the widow is one of the most important and dangerous methods of social control used to manipulate the widow's conduct. There are many widows who submit to the orders of the martyr's family without being convinced that they should do so. Their reason for doing so is to spare their reputation from being defamed within their community, including their daughters and sons. This, of course, constitutes an additional psychological stress to the original one of loss.

In some cases -especially when the widow is childless, or when she is young with young children, or when her original family can take care of her, or if she has a job that can grant her a constant income- the widow, along with her children, returns to her family of origin. In other instances, when she wants to return to her family's home, her husband's family forces her to leave her children behind, thereby losing her right to their custody. Both decisions carry major and complex concerns regarding the future, whereby nothing is clear to the widow. She can sometimes remarry, provided she gives up her children. On other occasions she marries her brother-in-law, giving up her freedom to choose. In that case, both husband and wife feel like they are committing incest. But the vast majority of widows cannot remarry, especially if they insist on staying with their children. They thereby lose any prospect for intimacy, sexual life or privacy, irrespective of their age or desires. Following the experience of loss, there is an accumulation of stress that is caused due to the need to make personal decisions regarding housing and custody.

Some widows protect themselves socially if they have a son, irrespective of his age. The widow would take him everywhere with her, thereby turning him after the loss into a parent, and reversing roles: instead of the mother protecting her son, she expects him to protect her in front of her family and society. Other widows have told us that they use their own mothers to stand up against their husbands' families.

Another struggle usually breaks out between the family of the martyr and his widow regarding the meaning of loss to each of them. The issue is usually brought up in front of the consoling community which visits the two parties. The question to be answered is the following: Is the sense of loss deeper for the widow or the mother who has lost her son? The rationale for preoccupying oneself with that question is first to ventilate and to share the gravity of the situation with the consolers, and second to affiliate the martyr with his family of origin rather than that of his widow.

The conflict has a pure material basis: the compensation money is sometimes immediately transferred to the family of origin, while at other times it is transferred to his widow. Because of the extreme poverty of the population

in the occupied Palestinian territories, that small sum of money disbursed to the families of the injured and the martyred is a relief, and sometimes the only guaranteed income for many families. Hence, depending on which party the PNA chooses to forward the compensation, the criticism could be acute.

Behavior of Mothers towards the Rest of their Children After the Experience of Loss and the Need for Therapeutic Intervention

- 1- In an attempt to highlight her love for her martyred son, the mother often raises the status of a deceased son to that of divinity when she expresses "God is up there and he is down here." Families stop relating to the deceased according to his/her real personality, but rather they create an extraordinary image of the person, related to his/her tenderness, morals, obedience, success and beauty. They also imagine him/her to have supernatural abilities to foretell his/her own death. They refer to their daily behaviors prior to their child's death but interpret them as preparation for this death. One mother said: "He went to visit all his brothers during that week. Before he went out he asked me whether my heart was at peace with him. On the day of his friend's funeral he said that he will join his friend after a while." This glorification of the lost one makes it difficult for the family to digest his loss. The objective of therapy in this case is to help them relate to his memory once again as an ordinary person without violating the meaning of his loss.

- 2- Neglect of the living children, and sometimes expelling them out of the house, is a method used by mothers in order to be able to relate to the memory of their lost child without being disturbed. The same is done by mothers of martyrs who are killed as a result of targeted killings. One of these mothers who was concerned for the life of her son said: "yesterday my grandchildren came and they were playing around with me. I could not tolerate that. I told my daughter take them away. I was upset because my wanted son had not called for a few days. But I am not always like this. I was thinking about my son wondering what might have happened to him. I went up to the roof and kept crying over my life and that of my children's." A mother of a martyr said: "My little son is driving me crazy. He wants me to take him to the park. How can I take him to the park? He tells me: 'This is not my problem. Who will take me to the park? What can I do?' How can I get rid of those demands? You think I have a heart to leave the house in the first place? And this little one, if I do not give him what he wants he drives me crazy. Really I will go crazy."

The return to their daily routine is one of the most difficult tasks for women suffering from loss, especially the need to care of the rest of the children. On the other hand, the responsibility they have towards their living children helps the women find positive meanings for their lives. Neglect of the children creates explicit or implicit jealousy of the surviving children towards the martyr. Some of the participants in the groups said that their children expressed their wish to die, a wish stemming from the anger children feel towards the behavior of their mother towards them. In another group the siblings expressed their plans to martyrdom in order to win the same kind of love and attention granted to the martyr. In those cases it was necessary to draw the attention of the mothers to the loss felt by the children, particularly in relation to the major changes that affected the family after the incident, especially their loss of a normal relationship with their parents. In the support groups, mothers became acquainted with the idea of group management, and how to transfer this mechanism to their families so as to help everyone ventilate, speak out and share their deep feelings, both positive and negative, regarding the experienced loss. On the other hand, the mother's adoption of the principle "the living are better than the dead," forms a significant impact on her ability to direct her attention towards the rest of her children and attempt to transfer the same principle to them.

- 3- Many mothers complained about the scholastic deterioration experienced by their children after the loss of their sibling. In the beginning of the meetings, the mothers related to this problem as an additional problem imposed on them by their non-obedient, insensitive children. During the meetings the mothers came to understand that this deterioration is not a deliberate act directed against them, and it is not meant to increase their burdens, but rather it is an expression of the distress felt by the children themselves. After proper counseling, mothers tried to provide their families with the emotionally warm atmosphere that is appropriate and needed for studying. This helped the mothers regain their sense of usefulness and mastery of their household, and their ability to provide constructive solutions to the problems faced by their family members.
- 4- Some of the widows who suffered psychological tension threatened to leave their children and their homes, and return to their families. This used to cause a state of panic and insecurity amongst the children.
- 5- Some mothers deprived themselves of certain types of food to parallel the martyr's deprivation. One mother deprived herself and the house

of nuts. Another sister deprived herself of everything that her martyred brother liked, which was something that many other participants did as well. This kind of suffering was regarded as a form of expression of love towards the deceased. This form of identification is dysfunctional, since it does not help the assimilation or understanding of the experience of loss. In those cases the group was instructed to remember what the deceased used to love (such as the kind of food he/she loved to eat, his/her favorite bakery, sweets, clothes, excursions, films, music etc.), and to share that with his/her loved ones and friends. Participants were asked to talk about the things the deceased used to love, in an attempt to treat the deceased as a normal human being, rather than as a divinely figure. Through these meetings, the woman suffering from loss allowed herself to survive by reviving what the deceased used to love. In other words, the memory of the deceased was used to help the survivor regain her right to live, rather than attract her to the behavior of death and deprivation.

- 6- As in most families, sometimes a son or daughter becomes upset and wishes death or harm (explicitly or implicitly) to the parents or siblings that hurt them. When a person is martyred, the sibling who might have wished him/her harm feels guilt, regret and responsibility towards the major loss. Some of the women in the groups shared this matter as a major secret in their families. They were afraid to share this matter with others, for fear that their families would be negatively judged. However, in the group they were met with security and understanding. The facilitators helped them address the issue, and assisted them to recognize the major psychological stress experienced by their children who, at some point in time, might have wished their sibling's death. The women learned of ways to help their families abandon their sense of responsibility for the loss. This was very important for everyone, especially of the children and adolescents. One of the wives of a "wanted" man talked about her previous wish that her husband would be arrested for two months so that she could feel relieved of his demands. When he martyred she regretted her wish. In another example, the grandchildren of one of the participants wished for their uncle's death because he used to prevent them from playing and making noise when they were at their grandparents' house. The children thought they were the immediate cause behind the martyrdom of their uncle. Their mother was ashamed of their behavior and felt guilty towards her mother, to the extent that she stopped visiting her.

The Impact of Loss on Martial Relations

The loss of a son or daughter has a major effect on the nature of the relationship between married couples, especially if the reason for the injury or death is not clear. Participants shared stories of their husbands and families blaming them for allowing their children to leave the house, into the allies and streets, where they had martyred. There were other stories in which women would blame their husbands for allowing their sons to stay outdoors, causing their martyrdom. Some women confided that, since their experience of loss, there has been no intimacy between them and their husbands. Others said that while they are willing to talk, cook and wash for the husbands, they refuse to have a sexual relationship with them due to the loss. One woman spoke of the distance between her and her husband since the injury of their son: “My husband and I can no longer tolerate each other in the same house. He gets his anger out on the kids. He beats them and I argue with him. As a result of that he went to Ramallah and has taken the job of this son, despite his sickness. But this is better, because he sleeps there and there are no more fights at home.”

In one case, disputes between a married couple started when a husband accused his wife of causing the loss of his job in Israel proper because she failed to stop her son from resisting the army. In addition to losing his job, which affected the whole family negatively, the wife also suffered from psychological violence. A participant said: “My husband is putting all the blame on me. He says you got me out of my job. You should be ashamed of yourself. All this is said because they refused to give him a work permit after my son was shot.”

The sexual relationship between spouses was also affected due to the fact that children were sleeping with their parents in one room. Children were sleeping in the same room with their parents either because they feared army patrols, or because the family decided to sleep in the safest room in the house as a precaution against being hit by a missile. Intimate relationships have also been affected as a result of the accumulation of psychological tension, and the humiliation of the husband by the Israeli army.

The discussion of this subject was postponed to advanced stages of the group meetings, after ensuring that the group has achieved the needed level of mutual confidence and support. Only then could they openly discuss a subject that is usually unaddressed in view of its private nature.

It is important to mention here that men differed in their method of mourning in comparison to the women. One man decided to briefly participate in the wedding of a friend of his martyred son, because he felt that this would make

his son happy. This behavior angered his wife, since she considered it insensitive to her grief and the rules of mourning. On the other hand her husband was blaming her for the way she was mourning which affected the daily life of her family and the relationship with her husband.

Helping Grieving Women Return to a Healthy Life

Listening to the problems of other women after their experience of loss had a great impact on women participants since it made them feel that they were not alone in their suffering, and that their problems were not necessarily the most difficult. Also, each woman heard of the increased suffering of the others, as a result of the stagnation of their suffering in the early stages of grief, particularly due to shock and withdrawal from daily life. The program was concerned with gradually directing women towards ways of addressing loss:

- It allowed grieving women who were not able to bid farewell to their loved ones and cry over them, to do so inside the group. For example, some women who were given tranquillizers when they were initially informed of the martyrdom of their loved ones. As a result, the reactions of these women were not normal because they dealt with the situation as if they were addressing the death of a stranger. When they watched themselves on the videotape a few days later, they did not believe the extent to which they were in control of themselves, or how they managed to make these statements to the media. They were acting under the effect of the tranquillizer. They were dissociated from their emotions. Hence, because they were not given the opportunity to mourn, when a stranger is martyred, they would cry their hearts out about their own loss. One woman who had lost her daughter said: "When I was in the hospital I remembered my daughter and my thoughts went to her. The doctors gave me injections and I returned home as if nobody had died. I slept and did not talk about the issue. I woke up and helped in bathing her in preparation for the mourning, as if there was no funeral. God gave me patience. We bathed her and rapped her. I did not scream nor did I utter a sound in front of the men. I walked in her funeral, we buried her and I did not make a scene. Even when my son called me from prison while I was standing at my daughter's grave, I spoke to him normally, as if nothing had happened. When the press came, I was photographed as if nothing was wrong. But on the next day I cried like crazy. Next day I remembered her and I could not hold myself back. Until now, whenever I remember her I long to cry."

Women in the group managed to listen to each other and to cry anew about their lost ones, without conditions, without interference, without limits. This interaction was similar to psychodrama.

- In the second stage, we started talking about consideration for the emotions of the rest of the family members, who themselves are suffering from their own feelings of loss. Here the participants started to discuss ways of addressing the feelings of loss of each of their family members. This mission made the women participants extremely sensitive to their families' feelings, and taught them to become good listeners to what they have to say. It helped them learn essential means of understanding healthy, as opposed to pathological, behaviors towards loss (grief). This proves to have been empowering for the women. Instead of being dysfunctional, they have been recruited as students to diagnose and help improve the mental health of their family members. Women came back with observations and questions regarding the mental health of their children, daughters, and husbands, and received appropriate guidance as to how to help each of them improve their psychological behavior and attitude towards the loss. This mission also reinforced the women's self-confidence, as well as their ability to help their families to return to a healthy psychological state of being. The various forms of loss and the age differences that existed in the group had a positive educational impact. Questions were asked and the participants heard answers that were relevant to the different generations and their psychological behaviors. In a few rare cases, the condition was very grave to the extent that the participants were advised to seek professional help with their daughters or sons.
- Participants learned how to positively engage their family members in their emotions and ideas regarding the martyr. Instead of social withdrawal and silent rumination about him or her, the participant was asked to specify some time every day or once a week, during which the whole family could come together to share their feelings and talk about the deceased. The participant was asked to do that, while at the same time remembering that the deceased was an ordinary human being. Thereby the women were encouraged to talk about the lost person's virtues, the times he/she made her upset, the things for which she loved him/her or was angry at him/her. It was also suggested that some of the friends of the deceased could be invited to participate in the family sessions to listen to other social aspects of the martyred person's life. This activity helped reinstate the participant as the emotional manager of her family. It also solved the problem of emotional alienation among family members. Thirdly, it encouraged all family members to speak their hearts out and express their feeling (regardless to what they were)

without fear of encroaching on the “divinity” of the deceased. Finally, this procedure reintroduced the friends of the martyr into the family, to the psychological benefit of both parties.

- Mothers were advised to collect all relevant and accurate medical information regarding the health condition of their injured son or daughter and to investigate the stages of treatment, as well as to share this information with the rest of the family members. Mothers were afraid to face the truth or to explain the real medical condition to their family and the injured. This method helps mothers to share in the recovery plan for their injured children, and reinforces their maternal responsibility towards their children.

Suggestions for the Psychosocial and Social Rehabilitation of Grieving Women

Some therapeutic methods help in the rehabilitation of the psychologically traumatized, such as occupational therapy, art therapy (such as the use of drawing, pottery, acting, etc.), bibliotherapy, and narrative therapy (the narration and reformulation of one's life story). The support program, based on the deep knowledge of the normal daily life of the women participants and their environments, suggested daily and weekly activities that were meant to have an evident therapeutic effect. Examples include:

- 1- Women who had stopped fulfilling their house chores because of severe depression, tension and nervousness were encouraged to resume work inside the house. Women were advised to carry out physical work (cleaning carpets, cleaning windows, cleaning the house with a lot of water etc.) for a specific period of time every day, especially if they felt intense anger. This activity helped the relief of both psychological and physical tension, from which grieving women were suffering. It also helped the women in conflict management.
- 2- Women were encouraged to practice their right to daily ventilation within a socially supportive environment. Women were encouraged to maintain their coffee social gatherings, during which neighbors gather to chat, provided they do not allow others to frustrate them or direct them away from what they have learned in the group. This activity helped the women return to their social lives and to discuss local traditions and ideas with the rest of the women surrounding them. This coffee gathering worked in a way like the support group, since it included two therapeutic components: that of bibliotherapy and narrative therapy.

Literate women were directed to write everything they want to say to their lost loved one, as well as to collect their writings and publish them on important memorial days, such as the memory of the martyrdom, or on martyr's day or on the birthday of the martyred. The illiterate among the women were encouraged to develop and recite some prose or poetry that expresses their feelings of grief or their love for the lost one. Everyone was advised to remain in touch with associations, newspapers or individuals affiliated with the Palestinian Authority, so that they could publish their productions. This process would assist them in returning to public life in a new way, which would involve obvious empowerment. Through this activity, loss becomes a "lever" that assists them in changing their traditional way of facing difficulties, to a stronger and more empowering method of dealing with their reality.

- 3- We emphasized women's right to daily relaxation. Women who pray five times a day were encouraged to do so calmly and with contemplation, rather than the speedy mechanical way which prevents women from relaxing while praying. Women learnt to meditate while praying as a method of achieving psychological peacefulness. They were also encouraged to listen to the Quran and to religious chants and songs, so that the rhythm would help them relax. This recommendation involved an emphasis on a woman's right to daily privacy, during which she distances herself from the pressures of daily routine, and takes care of her psyche and the spiritual matters that are important to her. Women who used this method confirmed that they were enjoying their prayers much more than they had before.
- 4- Women were advised to walk daily or several times a week along the path walked by her lost one on his/her way to work, school or a friend's house. Many of the women suffered psychosomatic disorders after their loss. Many of them confined themselves to their homes, which caused an increase in their blood pressure and blood cholesterol levels. We wanted to encourage women to walk several times a week to relieve their physical and psychological tension and to regain their physical health. There was much doubt surrounding this procedure in light of prevailing norms and traditions, as well as the fear of social criticism. Hence, the following suggestions were made: A woman who knows where her lost one liked to walk should "follow his/her steps," so as to see what he/she used to see, watch the same scenery, and feel the same feelings. Another group may choose to walk along the route through which the coffin of the deceased was taken so as to reduce their sense of their deprivation. Alternately, a third group may choose a side road on which to walk in order to complete the "path of her lost one".

After about two weeks of advising the women to undertake this activity, about one third of the group started to walk. By the end of the meetings, about 12 out of 15 women were walking in twos, groups, or with their relatives. The declaration that the woman was walking along her lost one's path encouraged the social environment to accept the matter and helped more women to join. The process resembled women being joined by other women in their visits to the graves in areas that permit this ritual. Some women decided to walk in groups and when they reached a rough hill, they screamed and cried without restriction, and without feeling the need to hide their feelings from the rest of the family. After this psychological ventilation they felt calmer and returned home in a better shape.

One of the participants was handicapped, and sitting on a wheelchair. Some participants in the group volunteered to walk with her from her temporary residence to the ruins of her demolished home, which she had not visited since it was hit with a missile, which had also caused her paralysis. This repeated joint march helped the paralyzed participant to face the reality of her life and to plan for a "better" future. By the end of the support program she had registered in university and started planning for her studies.

- 5- Participants were encouraged to donate food as a form of charity for the soul of the lost one. Women were encouraged to make the food or sweets that their lost ones used to like, and to invite martyred persons friends and their loved ones to share that food and sweets. This process involved an element of occupational therapy, connected to a religious value of giving and sharing, which helped women regain their healthy life style, psychological status and strengthen their familial and societal relations. Distributing of any kind of charity, irrespective of its correlation with the level of poverty of the family, is associated with a feeling that the family is sharing in drawing a good fate for the deceased. This gives the family a positive feeling. One of the participants said that after one of the sessions she went and bought *konaifa* (a typical Arabic sweet), which her son used to love. She invited all his friends and her neighbors, and, thereby gathered around her all those who loved her son and loved *konaifa*. She felt that this gesture not only madder her happy, but it also made her children and her lost one happy. Some women took the habit of inviting one of the friends of the lost one each time they cooked something he/her loved. They would eat it in honor of his/her spirit. This attitude replaced the attitude of self-deprivation, which most of the grieving women had adopted before joining the group. Some women got used to making some pastry and distributing it over the soul of the lost

- one. After some time, some women started selling their products and thereby gained some income.
- 6- Women were encouraged to work in the garden and grow vegetables. This activity not only helped women ventilate their psychological tension, but also helped provide the necessary vegetables for the family.
 - 7- Women were invited to put together a photo album for the deceased according to the different stages of his life, by also collecting his photos from his friends. This activity helped mothers communicate with the friends and colleagues of their lost one, in addition to building social relations with them. Reviving the memory of the lost one therefore became a way to unite with family and friends.
 - 8- Women (particularly literate women and their children) were encouraged to writing a diary, draw, and write letters to their loved ones.

Primary Difficulties Faced During our Work with Support Groups

Work within the support group was affected on two main levels: on one level, there were obstacles related to the general context in which Palestinian society exists; on the other level, there were difficulties related to changing the meanings within what is called the “text” to which society is used.

Regarding the first level of obstacles, the groups faced the following difficulties:

- 1- Convincing all participants that the project is not affiliated with any beneficial political group.
- 2- The repeated demand made by the participants to receive financial help in addition to psychological help, because of the extreme degree of poverty suffered by the community, which has in turn affected the psychological wellbeing of women³.

³ Despite the extreme understanding of the facilitators for that need, it was not possible to fulfil this request. This resulted in one or more women leaving the group and being replaced by others.

- 3- The difficulty faced by women who had to come from the outskirts of districts of reaching the location of the meetings because of repeated military closures of villages and cities.
- 4- Several meetings were postponed due to military curfew. This experience confirms a widespread notion that a Palestinian, no matter how committed, can neither be in total control nor fully professional, in attempting to guide Palestinian families on the ways in which to cope with the damage caused by the occupation..
- 5- Tolerance was needed with peasant participants, who were often late to group meetings because they had to sell their products prior to joining the groups. It was not possible to pressure them to be punctual under these suffocating economic conditions.
- 6- In one of the groups, the facilitators had to personally contact all participants throughout the first half of the meetings (first six weeks) to ensure that women would arrive on time. This was due to the absence of a culture of punctuality in the community of that village.

Obstacles that were related to changing the meaning of the “text,” included:

- 1- Changing women's value systems, which call for the concealing of emotions. For instance, it is considered to be socially inappropriate for adults to express their weaknesses, fears, jealousy, anger etc. Participants were encouraged, for example, to express their fear of the army and to talk about this in full honesty within the groups.
- 2- Trying to find ways to help young men to honestly express their fears, without labeling them as cowards or “not good enough for the revolution”.
- 3- Finding the right balance of ensuring that we do not question religious beliefs and convictions, while at the same time allowing a deeper questioning of norms and traditions with regards to the appropriate (or even healthy) behavior of an individual in the family towards the issues of death, and martyrdom.
- 4- Convincing women of their children's right to be heard when they express their needs and complaints. Women need to accept their children's method of expressing their grief, learn to respond to their needs, and allow more than one method of mourning to be adopted by different family members. Women need to find the balance between the way they mourn as parents (such as visiting the graves of their martyred

ones) and the way their children mourn (such as listening to the music that the deceased used to love).

- 5- Discussing fear of social control and criticism towards the grieving women who were contemplating applying the discussed mechanisms of dealing with loss in their daily lives. Some women were afraid to loosen their mourning lest their surroundings would criticize them and gossip about them. One woman said that she was afraid to laugh outside her house lest people would say that as a martyr's mother she shouldn't be laughing. This obstacle of "what will people say" was one of the most difficult challenges faced within the groups that were targeting, among other things, to change the concepts related to loss.
- 6- Difficulty in accepting the role of the single mother from the perspective of strength rather than the perspective of helplessness. One of the widows summarized the contradiction between the concept relayed throughout the therapeutic sessions and that of the general culture: "A woman without her husband is worth nothing."
- 7- The popular use of language. Participants were not direct in expressing their thoughts and feelings, but they used religious expressions, verses and popular sayings to share their experiences with the group. It was necessary to listen for the content and search for the meaning between the lines. The documentation of each of their words helped us to get a deeper sense of understanding of what they meant to say. For example, the following statement made by a woman, required a deep understanding of the culture: "Thank God, Our situation is absolutely horrible."

At the same time, it was noticed that the language of the participants reflected frequent use of Israeli and Palestinian military expressions, mixed in its Arabic and original Hebrew use. This reflects the women's awareness of the types of tanks, weapons, military brigades, etc.

Difficulties Faced by the Group Facilitators

- 1- The facilitators needed time to adjust to leading a professional group without the use of the "Pathologizing Diagnosis Language," which corresponds to the methodologies used by narrative therapy and feminist therapy, targeting the empowerment of women. One of the facilitators came from the district where some of the meetings were organized. Participants used to ask her to confirm the accuracy of their reflections:

“Isn't that what happened in the camp? Isn't that how my mother-in-law behaved? You are a witness to that!” This facilitator felt that participants were relating to her as a neighbor and not as a professional and that shook her self-confidence in her ability to run the group in the beginning. After a few meetings she regained her confidence, and became convinced that being from the district was a point of strength, rather than of weakness.

On the one hand, it was found that the conversations that took place within the groups resembled a chat among a group of neighbors, devoid of the intensive use of psychological terminology. On the other hand, it constituted a therapeutic conversation that benefited the participants. One may say that this method, rather than the heavily charged theoretical method, benefited them more because it was based on the use of the participants' language. The interaction within the group was empowering because it was based on the participants' concerns, as well as their natural way of interaction to induce the desired change. On top of all that, the group was professional as well.

- 2- During the group work, one of the facilitators' husbands was arrested. Hence, she started to share her experiences with that of the women in the group. In the initial period of her husband's arrest, she was very vulnerable. She would cry whenever she heard of the sufferings of the other women, and she would compare the stories of the women to hers and that of her daughter's. After professional guidance, she started learning from the experiences of the women who either lived with a “wanted” husband, or a husband who was detained for a long period of time (one of the husbands was “wanted” for 19 years). She listened to the wisdom in the choices of women, and from them she learned of ways to face her own crisis.
- 3- The facilitators were stressed and felt responsible for convincing those responsible for the project to provide material incentives for participants, stemming from their sense of sympathy and pity with regards to the poor financial situation of the participating women.
- 4- Difficulties faced by the facilitators during the early stages of the project, especially the young ones (four out of six), included setting limits to the authoritative women within the group, and to convince them to listen to the others and to be sensitive to their feelings. The facilitators acquired the necessary skills of professional firmness and civilized sensitivity, to gradually succeed in enforcing the rules of the meetings: everyone in the group had the right to be listened to, and no woman in the group was to be silenced. In one of the groups, a participant tried to silence

another woman who was talking about her pain, caused by her anger with her husband. The facilitator interrupted them and said: “in this group our role is not to tell each other to thank God and be patient. Our role is to talk about our difficulties, to talk about all that is in our hearts. I promise you that I will never tell you that your pain is less than that of the martyr’s mother or anyone else’s. No. The pain of each of us is as big as the universe. That is why we are here today. Please continue.”

- 5- The feelings and experiences grieving women shared were really painful, to the point of suffocation. The facilitators shared in the pain of each story and cried with the women every week. Very early in the project, the facilitators were in need of psychological support and space for ventilation, so as to help them withstand listening to the cruel stories experienced by the participants, as well as to maintain their professional ability to guidance, advice and provide the necessary support. Facilitators were advised to use the mechanisms of stress relief that were previously suggested to the participants in order to reduce their psychological burden, which was accumulated throughout the project period.

Summary

Preparation for the formation of support groups was meticulous. Every detail was taken into consideration to ensure that we were providing the necessary support services for each woman in the program. After overcoming the difficulties of preparing for the meetings, the latter became more regular. In the early stages of the program it was difficult to convince women that psychological support is no less important than financial support. With the passage of time, and after building a state of mutual confidence and trust, participants started reporting about the psychological changes that were occurring in their lives, and the improvement of the psychological atmosphere within their families. By encouraging them to speak honestly and openly, women were able to voice many buried feelings, particularly feelings that used to cause them shame and embarrassment. For the first time in their lives, they were met with understanding and support, devoid of social blame, criticism or accusation.

The facilitators enriched the participators with tools of examining the psychological state of the rest of their family members who have experienced loss. The participants also learnt of ways to relieve their family members. The women were thereby transformed from dependent, passive and victimized individuals into responsible individuals, capable of dealing with loss within their families. This process was empowering for women and helped them regain their position as active leaders within their families and communities.

Although the stories of loss were both psychologically and socially difficult for all of the participants (including the facilitators), the opportunity that women had to listen to each other's stories increased their social sensitivity to loss and increased their ability to comprehend the different meanings of loss, in addition to providing them with various tools of dealing with grief and loss management.

To summarize the impact of the support groups on the women, we shall refer to the opinion of the women themselves, who described their relation with the members of the group and its impact on their lives:

"I wait for Tuesdays. I feel that some heaviness is being removed from my chest when I come to the group;"

"The group helped us and we have changed in our homes;"

"Frankly I like to come to a group like this. One speaks ones heart out. This is better than keeping our feelings locked in our heart or else it would spill over;

"It's a change of atmosphere. Something drives me to go out for the group. For other errands I hesitate a lot. Something attracts me to the group. Maybe it is my commitment towards the group;"

"By God, we come and we do not want to go home. On Monday I tell my daughters, today I am not responsible for anything. This day is mine;"

"I do everything possible to be able to come to the group. I left the food uncooked at the house and I have to cook it today. I really love you;"

"I have come to feel that we are like sisters. We have become closer and we're friends. I have finally found somebody to talk to about my concerns. Before that I had nobody to talk to;"

"Here, I have said things that I would never say in front of anyone. I have no sister or mother, or any other woman to talk to. Here I feel that we are one family. Fatma and Iman, the facilitators, support us so often. We trust them, and we have learned many things from them:"

"When we hear the stories of others, our stories become easier to bear. What happened to us is grave, but when you hear what happened to others, your problems become lighter;"

"We feel secure with each other. We trust each other. I never thought that

I would have close relationships and friends. I was totally involved in my home and children. But when I saw you (the facilitators), I trusted you and you have become an address to seek, not only for me, but for all of us.”

Recommendations

Several needs were revealed throughout our work within the support groups, but many of them could not be directly addressed. Still, it is important to refer to them in order to put closure to our work, on the one hand, and to contribute towards the improvement of the mental health of Palestinian citizens, on the other hand:

- 1- To widen the scope of therapeutic intervention to include not only women but also men and children of the family.
- 2- To network with specialized organizations with regards to addressing the psychological problems of children and adolescents.
- 3- To network with specialized organizations to organize lectures around the rights of widows, and those injured during the Intifada, and to facilitate their access to supportive NGOs.
- 4- Develop Phase II of the project, through which work with the support groups are consolidated. This phase will focus on working with some of the most vulnerable groups, specifically the widows and other women that have experienced loss. The aim would be to assist the widows in struggling against their fear of society. Our objective would be to help transform the widows from victims of the Intifada into agents of social change. The second phase of the project will also focus on the women that have experienced major psychological stress in their lives due to loss. This is necessary in order to consolidate the change of lifestyle that these women have adopted during the first phase of the project.
- 5- It is important to provide continuous guidance to the facilitators of the group within a structured support group, in order to provide them with psychological support and a space to ventilate the pressures they have had to absorb while working with the traumatized participants.

* * * * *

Chapter Five

A Glimpse into the Women's Stories

Sama Aweidah

The interviews carried out by the team of fieldworkers, under the supervision of the research team, were numerous. We had to carefully explore the context, to be able to design the questionnaire and build on it the needed intervention.

The interviews filled many pages, their memories hovering over the chest of the team of fieldworkers. At the different stages, we had to call the team together so that they could ventilate, and speak out their hearts, in order for them to be able to continue on their journey of helping women who have experienced trauma and distress.

In this study we decided to summarize some of the interviews to make them available to you. We chose them randomly, without preference of one over the other. We tried to cover all the regions, and to include stories of different forms of loss.

The stories will hurt when you read them, as much as it hurt me to write them. We just have to try to imagine how painful it was for the fieldworkers when they were listening and reliving those moments. Furthermore, we should try to imagine how painful the stories were for those who lived them in the first place.

My First Visit to Jenin after the Disaster The Visit that Paved the Way to This Project

Morning Talk

Ahmed, 10: Mother, please do not go to Jenin.

Mother: Why?

Ahmed: I am worried about you.

Mother: Don't worry my love. Nothing will happen to me.

Ahmed: But why do you have to go?

Mother: To find out what kind of lives people lead there, to know about the circumstances they have lived through so that we could help them. If we Palestinians do not take the initiative to help them, we will not be able to ask others to do the same. We always have to start with ourselves.

Ahmad: Why you? There are many other people who can do that.

Mother: I am not alone. Besides, I have always been committed to my duties and that is how I would like you to be.

Bye. Kiss.

The Road to Jenin

I arrived at the Ambassador Hotel in Jerusalem where members of the delegation were meeting. It was a multinational delegation from the United States, Italy, France and Scotland, along with Nadera Kivorkian, my friend and colleague.

Baheyya Omra from the Union of Palestinian Medical Relief Committees (UPMRC) had organized this trip and when I asked her if it were possible for Nadera and myself to join. She did not ask any questions. She also knew that this was our Palestinian duty. She bid us and the delegation farewell at the entrance.

In the bus, I sat next to an American elderly woman who was a church human rights activist. She spoke to me about her activities and what she had seen in Palestine during her visit. For a moment, I felt that it was my duty to talk to her, but I was too nervous, preoccupied with thoughts regarding what we were about to witness. My heart was beating faster and I was filled with a great fear; not of what might happen to me, but of what I was going to see. Will I really be able to tolerate those scenes which I have seen on different satellite channels?

The route was long since we had to pass via the Palestinian city of Um El Fahm which lies within the Green Line. As soon as we entered the city, I was overwhelmed by a strange feeling: this is the city of Um El Fahm, but how come I have never been here before? It was an Arab city in the full sense of the word: its people, its houses, and its buildings.

Suddenly, we approached a statue with a banner that read "the house of the martyr." I thought that was a statue for all martyrs, but soon I saw another one with the name of martyr Ahmed Ibrahim Seyam and a third with the name of Mosleh Abu Gerad. There was also a large banner with a drawing of Al-Aqsa Mosque tied in chains, and under it I read: the Aqsa is in danger carnival.

The driver asked us if we were all carrying water on us. I was surprised by the question. Nadera told me that they say we might not find any water there. How do people live there then? Should we take water for them with us? I felt a passivity I have never felt before, a passivity that deprived me of the ability to make an appropriate decision at the right moment... and silence.

My heart was beating faster. I wondered how I could strengthen myself. I thought I must not break down in front of everyone. We were there to strengthen the inhabitants of Jenin, not to break down in front of them.

The children, women and youth of Um El Fahm saluted us. A woman told us: I wish you could take a piece of my heart and give it to our families in the Jenin Refugee Camp.

The bus went up a narrow and uneven mountain road. We were still inside the city, but it was a city deprived of all services available in Israeli cities. Thanks to their racism, the Israeli government has kept Um El Fahm and its population completely Palestinian. This is what gives me the hope that this state will not continue to exist the way it exists today in the long run. A state founded on racism cannot last for long. Its basis is foul.

The bus stopped and we started to walk in the direction of Tiba village and from there in the direction of Rumana village via a dusty rough road full of blocks. Finally, we reached a spot where cars were waiting for us. We passed by the school of Rumana and the driver told us that the school, like that of Tiba, was full of inhabitants from the Jenin Refugee Camp, because the army had come with its carts and dropped many of the local population in those schools. They were hosted by the residents of both villages; some stayed in their homes and others stayed in schools. The people of Um El Fahm and other Palestinian cities within the Green Line did not hesitate to provide them with all in kind help that they needed for the 10 days before they were allowed to return to the camp.

Again, we drove on a rough, dusty road. The driver says that it used to be a public highway until Israeli tanks destroyed it.

We entered Jenin, where paved roads no longer existed, water and sewage systems were destroyed, and where electricity and phone lines were cut off. Only a few destroyed buildings remained to witness the disaster. Street workers were trying to repair what had been destroyed by the barbarians of the 21st century.

Entering the Camp

As we approached the camp I felt my heart sink. How am I going to meet them? How shall I talk to them? What will I see? The car stopped and we

were approached by young men wearing white shirts on which “Rescue of the Palestinian Medical Relief” was printed. A young man approached me and asked if we were the delegation. I nodded in confirmation. He asked if the delegation had any Arabs. I told him that Nadera and I were Arabs.

- From where?
- Women’s centers.
- We know Sama Aweidah from the Women’s Studies Centre.
- That is me. Where do you know me from?
- You? Really? We have been trained on gender by your center here in Jenin and we have read your name on all the training material. We wanted to meet you. Boys, this is Sama Aweidah.
- I felt a great sense of relief and started the trip with Sami and his colleagues, who *were leading the delegation into the camp.*

Inside the Camp

As soon as we entered the camp we began to breathe the smell of death. It was that smell which I frequently wrote about. While it was an assumption when I wrote about it, now it was really filling my lungs. I looked around and saw piles of concrete and iron, amidst which hanged remnants of clothes and pieces of furniture that could hardly be recognized. I wondered: to whom did those clothes belong? Where are their owners today? I failed to fight away my tears. Sami approached me and said: “we should have been provided with masks and sterilizing materials. Diseases are starting to spread and rescue groups have not even been vaccinated. Until now, there are three cases of scabies and we may soon have epidemics. We have to be ready and we have to do that fast.”

I looked to the left and saw a house which was half demolished. The other half was still there. Some pictures were still decorating the remaining half. Amidst the ruins, I saw a woman. She was frozen in her place, totally immobile to the extent that one might wonder whether or not she was alive had it not been that she was standing on her feet. Sami turned to me and said: “You haven’t seen anything yet. Let us go into the camp.”

We crossed over the sewage water that covered the ground and walked in the middle of mud to realize that the house I had seen was just the beginning, as Sami had said. Suddenly, we saw scores of people gathering on top of a hill of rubble and heard shouting. They had just taken out the body of a child from under the rubble.

We walked further. In the Hawasheen alley we no longer saw houses, but piles after piles of rubble. A woman from the camp looked in our direction and said,



“Our camp has become an outing for tourists.” I looked towards her and replied in Arabic: “Thank God for your safety.” She replied, “Same to you my sister. I did not mean anything except that those dogs that have turned us into something to be gazed upon. I appreciate your coming, but what if you were in my place? The soldiers spent five days and nights in our home. They injured my brother and brother-in-law and we lost our nephew and we still do not know where he is. They forced us to strip and did the same to our men. They enjoyed humiliating us. Tell those foreigners all this. Translate to them what I just told you.”

I started translating. Children gathered around us and young men started asking me to translate what they were saying, while Nadera tried to speak to the children and comfort them.

- Tha'er, 13, said: “We have seen corpses filling the streets of the camp. We left our home and ran away into the eastern alley to my grandfather's house.”
- A child (in a hysterical tone): “Yes, we saw the bodies. They were many. We know some of them. Wayed, my schoolmate, was among them. I saw him with my own eyes lying on the ground. Only yesterday a landmine blew up Asaad, 10.”
- Another child: “As'ad was not alone. He had two children with him. I saw As'ad's leg. They took it to the hospital.”
- Sami: “If you had been here a few days ago, you would have seen the many legs, hands, heads and shoulders we found. We did not know to which body all of those parts belonged. All we could do was transport them to hospital.”

Suddenly, Shaymaa appeared. She was an 11 year-old girl, very pretty, and quiet. She watched us from a distance. Nadera called her and started to talk to her. But she did not answer. She barely told us her name. I felt that a major heaviness lied behind her silence. I came closer to her. I hugged and kissed her. Then we learned that her house had been completely destroyed and that she came every day to visit its ruins. Despite her silence, she did not leave us. She was walking beside Nadera, getting closer to her. Suddenly, it seemed that she was Nadera's daughter. As if she had come to look for love, security, warmth, and everything she had lost, along with her home. Surely, her parents have lost their sense of security with the loss of their home. How could they give her what they themselves have lost?

A woman came closer to us and said, “How would you like to do something useful? Help us lift the rubble. Maybe we can find our children.” She looked at me and asked me to translate. Members of the delegation asked whether

specialists had arrived at the place to undertake this mission. The answer was that a delegation of foreign experts had been barred from entering its equipment into the camp. They promised them to do something about it.

A group of young men approached us and asked me to translate what they said:

- We do not want financial support. We want political support.
- Tell them that we have lost our loved ones.
- Tell them that European and American media are biased and that they have to relay what they see with honesty.
- Tell them we know that Zionists are controlling the minds of the West, but it is time to change that and they should start today.
- Tell them we shall not leave the camp and we shall rebuild it.”
- Tell them that what they see today does not reveal the whole tragedy. They had to come earlier to see more than what they see now.”
- Tell them we are not terrorists as the world thinks. We have been killed here, inside our homes.
- Tell them the terrorist is the person who kills people and destroys homes and pulls out trees.
- Tell them that in Sabra and Shatila they killed people. Here they have even killed the stone.

“Tell them, tell them, tell them.” I no longer remember all they said. But I translated it fully and honestly.

On the Hill of Rubble

On top of one of the hills of rubble she sat: a woman in her early forties or maybe younger. She was sitting there silently, looking around, and holding a bottle of water in her hand.

When I saw her I decided to climb up to her. I sat on a stone near her.

- Thank God for your safety.
- Same to you.
- Is this your home?
- It used to be my home and that of my two brothers. It was a three storey building.

They burnt it and then bulldozed it to the ground.

- I hope you have all managed to come out safely.
- Thank God. We came out safely. All of us are all right, but they took my



three brothers with them. We do not know anything about them. Thank God we are all

OK!

- And the children?
- Their mothers took them and went to live with their families.
- And you?
- As you see. I sit on top of the rubble every day from dawn to dusk. Then I find myself a room in any of the neighboring houses where there are still some undestroyed rooms and sleep there with the neighbors.
- But why do you sit here every day?
- I guard the house.
- But it has turned into rubble.
- Still, I might find our money, our things. I am now responsible for my brothers' children. How can I spend money on them? I have to find our money so that I can take care of them.
- But you said the house was burnt.
- Still, I might find the money. I shall wait until they get someone to help me remove the rubble. But they never come. I shall wait.
- I wish you luck.

The Room of the Bride

While I was with the woman who was guarding her home, Nadera entered a ruined house. There she met a bride who had just gotten married a couple of months before the invasion. The bride took Nadera into the bedroom to show her the remnants of the furniture and her new clothes, including her nightgown, which the soldiers had piled together and urinated on. The bride said, "I had no time to enjoy the furniture, nor my clothes." Silence. "I had no time to enjoy being with my groom. They took him with them."

Flower Anadems

Now and then we came across flower anadems and knew that they were put where people believed there might be dead bodies, or where bodies were found. That was all people could do in memory of the dead.

Meeting with Rania

From amidst the ruins I saw Nadera hug a young girl and cry. They both cried bitterly. I came closer and met Rania Elsalus. I waited for a moment for her to see me. She hugged me and I found that it was a chance to shed some tears myself, tears I was forced to hide.

Shaymaa Starts Talking

I came closer to Shaymaa after I noticed that Nadera had managed to break her silence. I asked her:

- What do you want to become when you grow up?
- I don't know. I have not thought about that yet.
- But you have to think from now.
- But I already told you.
- Sorry, I did not hear you. Would you tell me again?
- I shall be a suicide bomber.
- No, Shaymaa. You are a pretty girl. You have to live.
- Why and where?
- Why? Because they want you to die and we want you to live. And where? Here, where your home will be rebuilt and will be nicer than the old one.

Silence... She holds on to Nadera's hand to help her cross over the piles of concrete and iron.

In Fatena's Home

There, Fatena invited us to enter what had remained of her home. Her mother spoke to us: "They gathered us, 36 people, and put us in the ground floor in a single room. They prevented us from leaving the room and threatened to shoot us if we tried to get out. We lived in that room for 10 days. We used the bed sheets day and night until we could no longer bear its smell. The children urinated more than once because of fear, not to mention the smell of sweat. We could not change our clothes once. We had to ask for permission to go to the toilet, where we were accompanied by one of the soldiers who occupied our home. They even searched the toilet after we used it. As soon as we heard the sound of the bulldozer destroying the terrace where we used to sit outside the house, we raised white flags and went out pleading out of fear that they might destroy our home on our heads."

Fatena led us to the upper floor and removed a cover that was covering a wall. Behind it we saw a big hole and knew that the hole was made by soldiers, who covered it with a piece of cloth. This was where snipers sat to monitor the camp.

Fatena showed us the remainders of children's boxes where they used to keep their savings. The soldiers opened them and took the children's savings.

Fatena said that as soon as the soldiers felt danger they ordered her to carry her nephew, 4, and stand with him in front of the house. She was used as a human shield to prevent the soldiers from being shot at for a period of time. With greater bitterness she added, "They did not leave the way they came. They

took all the young men with them.” Her elderly father added, “We do not know whether they have taken them or whether they have killed them. We know nothing about them yet. Inhabitants of the camp have seen them kill many of the young men they had taken away.”

El Damaj Alley

As for El Damaj Alley, there was nothing left to indicate that it was an alley full of houses and people. Houses constituted obstacles for the tanks that failed to move on the camp's narrow streets. They destroyed the alley and turned it into a “proper” street without warning its inhabitants. As soon as I realized that we might actually be walking over dead bodies, I felt nauseous. How could I step over the body of a martyr?

The Families Are Busy

The usual scene in the camp was to see families busy searching through the rubble. They searched for bodies and whatever might have remained of their belongings. The unusual scene was that of the elderly woman coming and going in search of her grandson. She still had hope that he might have left the house before it was destroyed on top of the family. Maybe he will come back. He is only a child. He cannot go far. Surely, he will return and she will find him and take him with her. That was what she thought. That is what I hope happened.

The Martyrs' Roundabout

At the entrance to the camp there was a different kind of destruction. As Sami told me, there was what was known as the martyrs' roundabout of the seven martyrs who were martyred during the last invasion. Camp residents buried them in the camp and built a memorial statue for them on which their names were engraved. The barbarians of the new century did not like that. They blew the graves up, took the bodies out and threw them away. Residents gathered the corpses and reburied them in the camp's graveyard.

In Jenin Hospital

Our last station was the government hospital close to the camp. It was a hospital devoid of almost all facilities found in a modern hospital, except for its committed personnel, particularly the hospital director, Dr. Mohamed Abu Ghali. The doctor told us much: “They completely besieged the hospital. They prevented the arrival of any of the wounded. They prevented our staff from getting out to fetch the injured. They destroyed an ambulance that was parked outside the

hospital. They destroyed the electricity generator and electricity was cut off for 20 hours. You and I can imagine the conditions in the hospital without electricity, especially the blood bank. They besieged us with tanks. They bombed water containers as well as the oxygen and natural gas pipes. We asked the ICRC for help and during the time of our meeting with them in this room, the occupying forces shot at us.” He pointed to the traces of three gunshots in the ceiling and the walls. “After a lot of effort we managed to get a permission to repair the generator to save whatever we can of the blood. They threatened us that if we went out to rescue the injured our fate would be like that of Dr. Khalil Soliman. He was in an ambulance that was shot at with missiles, which killed him instantly and caused 70% burns to each of the other three members of the medical team who were taken to El-Makased Hospital in Jerusalem for treatment. We have named this hospital after the martyred doctor, in honor of his heroism. We operated with minimal resources. We worked day and night. We buried some of the bodies in the hospital yard.” On the wall was a map which indicated the places and names of the bodies.

- How many injured people did you receive?
- 121.
- Only?!
- There was no possibility to treat the injured. They killed all the injured before they reached the hospital. They even killed one of them after he had arrived at the hospital, on the hospital stairs. We could not bring him in since they continued to fire at us. They destroyed two of the hospital rooms.
- What about the number of martyrs?
- We cannot decide give you precise numbers. I was watching from my window here when the van that carried the dead came twice a day. It was 12 meters long. It would carry the corp collective graves inside the camp, in addition to those who are still under the rubble. We have just received the corpse of a child. We could not determine neither the age nor sex of the child. There are many who are missing and we do not know if they are detained or if they have martyred.
- Nadera: Did you see this van with your own eyes?
- Yes.
- And you saw the corpses?
- Yes.
- Did you recognize any of them from afar?
- Yes.
- And you are still able to talk about it?
- My heart is dead. I am just a doctor who is doing his job.

I looked at him. I was close enough to watch all those emotions that drew lines on his face. I wished I could tell him, “No doctor, your heart is not dead. An individual who is as committed as you can only have a heart that is very much alive.”

More delegations entered the hospital. It was time for us to leave.

As'ad

Before leaving, I asked Sami if we could visit As'ad in the hospital. We go to visit him in the intensive care unit. He was a little child, unconscious, and his hand was amputated. However, I could not look at his face. It brought back to me a painful memory, the memory of the burnt faces of my sons, Ahmed and Fayez, following a less severe explosion. There was no difference between the faces. The swelling, the blackness, the end of self composure were the same.

I could not pull myself together any longer. I walked out of the room crying, only to find his mother in front of me. I hugged her. I kissed her. I ensured her that I understood what she was going through. I pulled myself together. I told her that my children had the same face and that they have recovered now. She asked me about his hand, about his fingers. I looked away and went. I met his father. He was crying and begging me to help transfer his son to another hospital or to ask the delegation to help him. "He will not recover here. He will not be saved." Those were his last words. I promised to do whatever was in my power to help.

I left the hospital and immediately called Terry Balata, the Chair of the Board of the Women's Studies Center. I told her about As'ad and begged her to immediately call the Committee of Kuwaitis for Jerusalem, hoping that they might take him for treatment in Kuwait. She told me she would do that and that I should bring his medical report. I looked at Sami and asked him to immediately follow up regarding the report and to send it to me by fax. He promised he would.

On the Way Back

We started our trip back after we were hosted by the Union of Palestinian Medical Relief Committees, who invited us to share a light meal with them that the young men had prepared themselves. We headed towards Rumana, then Al-Tiba. The drivers managed to take us to the last possible point before reaching the dusty road, which separates Tiba from Um El- Fahm. It was the road full of dirt of barriers.

Soon after we crossed the second sand barrier we found some youth standing amidst the trees. They told us that they were transferring a caravan of aid that had arrived from our families within the Green Line. The soldiers found out and shot in their direction. They had to leave the aid material and run away.

We spent a few moments brainstorming before we decided to undertake the transfer ourselves from the third sand barrier to the second sand barrier. Most of the members of the delegation were foreigners, and as we started carrying the aid

the youth returned and carried the aid across the second barrier. The soldiers noticed what was going on and approached quickly. The youth withdrew, but we stayed.

A heated discussion took place between the soldiers and ourselves. The soldiers ordered us to leave the aid on the ground and to leave the place at once. We continued talking in English, discussing their insensitivity by preventing necessary aid from reaching needy people. My complexion, my fair hair and my mastery of the English language allowed me to act like a foreigner amidst the delegation and to strongly participate in the discussion. The discussion between a female soldier and myself went out of control.

- What is your problem if this aid reached a child so that he might sleep in it tonight?
- My problem is that this child will then carry out a suicide bombing that will kill many Israelis.
- Children do not blow themselves up.
- Don't you know that last week we arrested a child who tried to sneak in here with an explosive belt?
- Liar.
- I do not lie.
- You are a professional liar. Did you see the children in Jenin Camp? How they live while you can keep such aid from reaching them?
- Did you see the victims of bombings in Israel?
- I cannot compare. I bet you do not know how things are in Jenin.

She became angry and started shouting. I decided to withdraw before she revealed my identity. Members of the delegation came closer to continue the discussion with her. Nadera argued with another soldier in Hebrew and the women of the delegation took advantage of the soldiers' involvement in the discussion to rapidly transfer the aid to the young men.

The discussion continued, and in the meantime we succeeded in transferring the aid. When the female soldier failed to answer the American doctor's questions. She turned to me and poured her anger out on me, claiming that I was not respectful of her. I turned around for fear that she might discover my identity.

Suddenly, military enforcements arrived and ordered us to show our passports. I had not foreseen that. I tried to sneak among the foreigners. A soldier noticed me and ordered me to return. I spoke in English and told him that I would do so at once. Nadera distracted him. The elderly American woman noticed what was happening. She called me and said, "I am old and cannot walk. Help me walk." I helped her and then I left her to the bus. I walked back to Um El- Fahm to wait for them there. I did not wait for long.

No Need to Follow Up on the Procedures

Terry called and told me that the Committee of Kuwaitis for Jerusalem had expressed their willingness to receive the child, and that they would start procedures with the Kuwaiti Ministry of Health at once. I felt relieved and tried to sleep in the bus at the end of an exhausting day.

My cell-phone rang. Sami was on the line.

- Sami, good that you called. Don't forget As'ad's report. We have received the agreement.
- *There is no need for that Sama.*
- What are you saying Sami?
- *He just martyred.*

The trip ended with tears, just as it started. But it definitely was only the beginning. We had to come back to work with them, men and women, and that was the beginning of the project.

23/4/2002

Only We Have Sadness

"Only we have sadness," repeated the family members of the martyred children, Abed and Nedal. These words were repeated over and over again, in different forms and using various expressions, beginning with Nour's rejection to talk to the researchers, to the mother's hesitation to speak, and ending with the father's repeated attempts to convince his wife to put an end to her conversation with us.

This family shared in the experience of loss during the 40-day invasion of Bethlehem. They believe that their story began when Ahmed, 2, called out for bananas. His three brothers, Abed, Nidal and Nour, insisted on responding to his request. They left the camp on their way to Bethlehem, not knowing what was awaiting them.

The mother returns to her memories of that day. "The boys went out. We heard the sound of an explosion. I felt it was them. I ran, in the accompaniment of other people. I immediately realized that those were my children. I recognized them from their shoes. They had killed them, leaving nothing but their shoes. I returned home and heard the news on television."

After moments of silence and tears, she continues her story, while Nour

begs her nervously to stop; he does not want to remember that day. He does not want to remember how he lost his brothers and his limbs. He does not want to remember the day he was locked up in a wheelchair and deprived of his beloved brothers.

The mother continues to tell the story, but he insists that he does not want anyone to hear it. He believes that now with his disability he has become an unwanted child. The father also requests the mother to be silent, believing that talking will do no good.

In her moments of daydreaming, she remembers them. She remembers how Abed prepared tea for his family. She remembers their manners, their love for their mother, their tenderness, their willingness to help around the house. She remembers the tomato dish which Nedal prepared for her on the morning of his martyrdom, how well-done and delicious it was. “But where are they now? Where are they?”

Then she points towards her daughter, stressing how much she loves her. Her martyred son, Adeb, used to adore her. That is why she loves her so much. She points to Mansour who has become aggressive, breaking his color pencils and tearing his papers apart, while adding that the father has no steady income.

But all this is trivial compared to the annual memorial of the martyrdom of the loved ones. The house is so empty without them. Nobody remembers them other than their immediate family members. “Only we have sadness,” were the final words of the father.

A Most Difficult Situation

When Ms. D opened up her heart to Rania, she spoke of the many difficult experiences that she had to live through during the invasion of the Jenin Refugee Camp. She was like the many families who lived through the terror of the brutality of the 21st century. Ms. D spoke about the suffering imposed by the siege: the shortage of food, the hunger of the children, the scarcity of water, the detention of her young ones, the anguish of being separated from them, and the longing to drink coffee with her detained son. This was what she loved most in life, to listen to him talk, while they were drinking their coffee together. He would tell her stories that would make her forget the hardships of life. She spoke to us about the electricity being cut off for days on end, the smell of death spreading throughout the camp, her grandchildren’s fear of the sound of bombings, the ugliness of the smell of garbage accumulating in the camp. Then, Rania asked her to describe the most difficult situation she had lived through, to which she answered:



When my husband was shot and there was no ambulance to help him. I was always ready with gauze, cotton, a disinfectant, plaster, scissors and I try to help whoever needs help. But he was not at home when he was shot. My son wanted to go out and bring him. I refused. I said: your father martyred, may God have mercy on him. I do not want to lose the two of you. He said, OK, you go and get him. I said, you lost your father. Do you want to lose your mother too?

That is how Ms. D described that horrible situation when her husband, 65, left the house in an attempt to find food for his hungry children and grandchildren. He decided that he should risk leaving the house during curfew, to spare his young boys the bullets of the Israeli army. He thought that they would leave him alone because he is an old man. However, no sooner had he left the house, than he was shot with a bullet that entered through his abdomen and left his body through his back. He screamed of pain. His children wanted to get out of the house to help him. But that is where the most difficult decision lay: they had to decide between leaving their father to die, or to sacrifice another member of the family. The mother refused to allow her young children to leave the house, realizing that it would mean losing another loved one. She was afraid to get out herself, lest she would leave the family without a mother. It was enough they had already lost their father.

In the beginning, the father did not give up. Despite his wound, he tried to rescue himself. He crawled on the ground and after a while, he managed to enter the house from the backdoor, to die in the presence of his family. The mother bravely approached him while he was taking his last breath. She told him: "You are kind and the kind go to heaven. You were always a good man. He smiled at me. You never insulted me. You were never a bad person. I patted him on the shoulder, and I kissed his head. When he died I prayed: we are God's property and to Him we shall return."

She proceeded to describe the feelings of her daughters and sons at the moment of separation. She told us of their crying and wailing. Once again she fascinated us with her strength, which was much needed now that she had become responsible for the family, all on her own. She asked her family to be strong, reminding them that they were in a situation where all of them might die. She realized that death was a real possibility for them, and the whole camp. Together, they had to think of how they could escape, how they could survive.

She felt the weakness of her pregnant daughter and her inability to console her frightened children. Despite her pain and anguish, she took care of them. She tried to soothe their pain and calm them down. She became the story-teller if they were in need of hearing a story, the singer if they were in need of hearing a song. She even told them jokes in an attempt to push the ghost of fear away.

We taped one of the songs she used to sing to the children:

*Ye, old grandmother, the best in the alley
You gave me a cigarette, to light during the air raid
Sattuta, ye, sattuta, I pray you remain happy
Granny, your jug is full, give me a drop to drink
Granny, mistress of the house, give me some bread with oil*

Now that she is responsible for the family, she ventures out to fetch some water, since there was not a drop in the house. She tells us about a journey that takes her hours, during which she felt that death was haunting her. When she came back, her family had left the house since it was no longer a safe place in which to live. She continued her journey to join them. As soon as she caught up with them, she jokingly complained that they had left her, and together they began to laugh again.

She endured the death of her husband, the fear of the children, thirst and hunger. However, she remains incapable of dealing with two issues:

- 1) The detention of her sons. She admits that she misses one of them more than the other. She misses the one who would not drink his coffee except with her, who enjoyed having conversations with her that would last for hours. His detention stole the sleep from her eyes. She cries over him day and night. He was the one who used to support her, talk to her, and understand her. He had the answers to her questions.
- 2) The second is the fall out of her hair, which has turned white. Ms. D and her daughters told us that until before the invasion she did not have any white hair. She was proud of her thick braid, because she was a woman who loved beauty and elegance. She always looked elegant. But now her hair is falling out and turning white, to the point that she is afraid of looking into the mirror. She actually does not look into the mirror, since her body has developed a continuous tremor.

Those were some snapshots of the long meeting of the researchers with this mother. Yet the meeting did not end before Ms. D told us a few more issues, some of which we enlist hereafter:

- Her continuous concern over her detained sons: how do they sleep? Do they eat? And a million more questions.
- Her unwillingness to undertake tasks that she is forced to fulfill. She considers that violence.
- The continuous closures, which deprive her from seeing her daughters and grandchildren.

- Her conviction that feasts are only celebrated by the Arab countries, who, according to her, seem to have lost their faith.
- Her anguish over the camp's homes, that are either destroyed or host funerals.
- Her only hope is to bring her family together.

Thus ends the meeting, yet the pain of Ms. D does not end. Will it ever end?

The Pain was Overwhelming

She was pretty and quiet. She acted in a way that seemed older than her real age. Every day she likes to bring her father his coffee and she never forgets to bring a glass of water with it. She was studious at school. She loved her younger brothers at home. I liked to escort her to the market. I always liked her taste in the things she bought and I liked the way she dealt with the salesmen.

This is how the mother of martyr Ayat El-Akhras described her daughter. The tears do not leave her eyes while she talks. She makes a great effort pressing on her hands in an attempt to move her fingers. Her fingers stopped moving when Ayat's heart stopped to beat. After repeated trials she managed to move her fingers with difficulty except for one finger which refuses to move, as if it insists to stop being alive, just as Ayat's heart.

She sat with the researchers and the wives of her sons, all of whom are detained. They were detained because of the martyrdom of Ayat. They surrounded the mother who welcomed talking to them, as if she was looking for somebody to ask her about her feelings without reminding her of her duty that she should celebrate the loss of her daughter; somebody who would listen to her feelings as they are without having to conceal them; somebody who grants her the right to cry without blaming her for it.

She spoke of her pain, her shock, her loss, her anguish, her condition after she had lost her precious daughter. She spoke about her little sisters who deteriorated not only at school but also in comprehending each other's presence as if each one of them felt there was no life after Ayat's absence.

She spoke of the festidious wedding that the relatives and neighbors and camp neighbors organized celebrating the martyrdom of Ayat. She spoke about it wondering if that was the wedding she was expecting for her engaged daughter. She said that Ayat would not have had such a wedding if she was alive. But it was a wedding where she could not hold herself together, so she was carried to the hospital, together with the father, the sisters and Ayat's fiancée.

She is surprised by Ayat's boldness. She is surprised by her abilities which she did not notice before. How did she get to Jerusalem despite the closure and the siege. She hardly moved between the houses of neighbors alone. How did she manage to do that, when she did not manage to do much simpler things. How did she sacrifice her beauty, her youth, her fiancée, her future!! Those were the questions posed by the mother as well as by the father of Ayat. None of them could find any answers.

She looks at Ayat's picture on the wall and for a moment seems to have gone n a trance. Then she says that sometimes she has this strange feeling, that everything that happened is not real and that Ayat is still alive, and that she will come back. Yes, she will come back to her mother's embrace who is still waiting refusing to believe that she is gone. She refused to believe in the beginning. How can she believe what is being said about her daughter in the news? How can she know about the martyrdom of her daughter through the television just like everybody else? Is that possible? To learn about her daughter's news on TV? She acts as if she did not hear the news. She goes to the streets to ask about her. She asks her brothers who did not hear the news yet. She asks them to go look for her because she was late coming back from school. She was supposed to sit for a religion exam and then come back. Her colleagues have come back but she has not. She insists that they go look for their sister ignoring the news she had heard until she heard the ululations and the women come to congratulate her. She collapses and is taken to the hospital.

At first she did not believe the news. But they forced her to believe it. They were celebrating and ululating and she was compelled to celebrate. So, it is best that she leave them all and to lose her consciousness, if being conscious means believing that she had lost Ayat.

A few moments of silence and then Ayat's mother starts recalling her memories. As if through the memories she is once again trying hard to believe the news. She talks about Ayat's admiration of martyr Wafaa Idriss. How she blamed her mother and accused her of being a miser, when Ayat used to jokingly ask her why she was not ready to give up one martyr if she has seven daughters. She would jokingly ask her not to be a miser and to give one of them for martyrdom. She remembers all that and remembers how she did not give it much attention. She though Ayat was joking. She never though that Ayat was planning for that day. And why should she plan for it?

She blames herself for not taking Ayat seriously. She wonders, a cat defends her kittens. How come I could not defend Ayat if I had known about what she was up to. Her father, in a separate encounter, confirms her story. She recalls the memories of that day. On the evening before Ayat's fiancée and his

family were at their place. Every time they tried to leave Ayat would ask them to stay a little longer. As if she was saying good bye. Whenever they reminded her of her exam the following day, she would say that had studied well and once again she would ask them to stay. Until it had to be good bye. Her fiancée has nothing left but memories. He comes to visit every now and then to console them and console himself with her memory.

In the morning she asked her mother to wish her good luck. And when the mother asks for what, she says I need your prayers for the exam. She actually goes to the exam and she gets a full mark, as confirmed by her teachers. And after the exam she headed for the other exam and never came back.

Ayat has gone and with her all the peace of mind. Today, in that house, there is nothing but memories; memories of a beautiful loving young woman, memories of the youth who are still in prison, and remnants of sisters and brothers who have lost their wish to study, and illnesses that haunt the bodies of her parents.

Ayat has gone and has left nothing behind but pain and anguish, the family's anguish for her loss and their bitterness for being treated as a "terrorist" family. Her father was expelled from the Israeli company where he worked for 30 years without any compensation. All her brothers were arrested. A sense of injustice because they have to celebrate her absence. And another sense of anguish because Ayat is gone, but the injustice did not. Still Rafah is being bombed, still the people of Jenin are suffering, still the detention centers are full of detainees, the brutality continues to raise its flags, the Arab radio continues to sing and the Arab press, says her father, continues to write about the dancing and the singing and never thought to broadcast Ayat's life not the dreams for which she is now gone.

Thank God We Are Still Alive

She was standing in front of her house, smiling, ready to receive the two researchers. Her mother-in-law had told her that they had visited her earlier and inquired about her. Then researchers explained to her the objectives of the project. She waited for them with a smile on her childish face, a face that surprised Rawda with the amount of pain it was discretely hiding, pain that was too heavy even for mountains to bear.

She started to talk quietly about the events that took place on the 4th of April 2003 in Balata Refugee Camp. She described that day as one that was initially quiet, free of any bombings or confrontations. She was sitting at home, while her son Youssef was relaxing in his room which overlooked the valley.

Suddenly, and without prior warning, she heard the roaring of tanks getting closer. She also heard voices coming out of loudspeakers, asking the inhabitants to clear the building.

“We did not know that they were addressing us. We did not realize that our building was their target. So, we did not move”. Those were her last words before she broke down and began to cry, pointing to the walls that were showered with bullets. She described their escape from the building, her words drowning in her tears. They ran towards the ground floor, bare footed, bare headed.

She could not finish her description. The details of the event were greater than she could bear. Her eyes filled with tears, her face grew pale and she started to tremble. We were forced to put the conversation on hold, and guide her through a relaxation exercise until she felt a little better.

Once again, Sanaa resumed her story. She described her feelings of loss, despair and fear. Together with her children and husband, they managed to flee their home and seek refuge in the camp, where they were hosted by one of the many families who had opened their doors to destitute families that are in need of shelter. She was given a sense of relative security among those people who opened their hearts as well as their doors to her family. But what was next?

At about 9 p.m. the loudspeakers started to call again but this time, the inhabitants did not hear the voices of Israeli soldiers; they heard the voices of the camp’s youth who were calling for volunteers to put out the fire that broke out in the Ga’ara home, Sanaa’s home.

Her heart dropped and she felt excruciating pains in her stomach. After a few moments, some of the neighbors walked in only to tell them that one of their rooms was completely burnt. It was Youssef’s room.

The husband walked out with the youth towards the house that stood on fire from all sides. The electricity and water were cut off. The youth started collecting water from the well in order to put the fire out. After hours of struggling with the flames, they succeeded in their mission.

The husband went back to his wife, but he was unable to speak. He was totally immersed in black. He could only say: “our home is destroyed.” She did not really comprehend what he said, or at least, she did not want to comprehend. She went outside in the hopes of discovering another reality, but her neighbors confirmed that one of the rooms of her home was completely burnt. She went back to comfort her husband, reassuring him that what has been destroyed could be restored.

The next morning something happened that took her completely by

surprise. It was a morning she hopes to erase from her memory, a morning she exerted much effort to avoid reliving.

She used to live in an extended family, headed by a sick father who could not provide for all of them, driving him to make his daughter get married at an early age.

With this marriage, she was able to realize her dream. She set up the home she had always wished for. With her husband's efforts and her wise management they were able to provide a good home for their children. She decorated it with love and furnished it with the furniture she had always dreamt of. And finally she bought a piece of furniture that cost her 500 Jordanian Dinars. She mentioned that piece of information frequently during the interview.

On that unexpected morning she witnessed the shattering of her dream. Her home had turned into ashes. The furniture was burnt. The carpets were burnt. Nothing was left of the decorations, her clothes, the photos full of memories, memories of the kids before they grew up, memories of her wedding. Everything had vanished.

Who could blame her for leaving her home? Who could blame her for seeking refuge in her family's home when her home was no longer safe? On that morning, she could no longer recognize what was once her home. She could only see black walls that reflect the disaster that had befallen her home, and remnants of burned furniture which she had covered with blankets she had borrowed from her mother-in-law. She did not want to return to that unrecognizable place. So, she returned to her family's home, seeking some safety.

Three months had passed and she still refused to return. But upon the insistence of everyone, especially her mother, she returned. She was looking for safety, and she found it with one of her elderly neighbors, who took her in like her own daughter. She felt like a child again who was in need of the company of a mother. Her neighbor was generous with her love and sympathy. She even shared some of her belongings with Sanaa. This was not surprising to Sanaa because she knew the old lady before and after the disaster. She was the one who welcomed Sanaa in her home on that black day.

Sanaa cries non-stop. She still needs somebody to protect her, despite her age. She still misses the sense of security. She even lost her will to live. She ignores a question about her relationship with her husband, and she talks about her son instead, her fearful son, who insists on sleeping by her side. She tries to give him a sense of the security that she herself is in search of. In spite of her experiences, every now and again, she does not forget to utter: "Thank God we are still alive."

Um Hakam

Now 57, she was only 3 years of age when she witnessed the 1948 displacement. She and her family immigrated to Nablus, where she studied until Elementary 4. She was married at the age of 19 to a newspaper seller, 9 years older than herself. She lived with him in Bullata refugee camp and gave birth to 12 children, eight of whom (seven boys and one girl) survived.

A woman with so much pride and strength, she says that her strength comes from her ability to destroy the fear and remain steadfast in the face of the Israeli occupying forces. She only loses her strength when she falls sick with pain in her back, which places limitations on her ability to move around and confront soldiers.

She insists on being strong and courageous and refuses to discuss the reasons for her sadness. It is only the pain that she feels in her back when she bends that indicates the amount of sadness and bitterness she is hiding.

For many years since the first Intifada, she has been forced to go on regular visits to prisons. All of her children, without exception, have taken turns in getting imprisoned, some repetitively. She has gotten acquainted with the hallways of hospitals due to her frequent visits to her injured children. One of her children experienced being shot by a bullet that penetrated through his chest and came out from his back. Another child was shot three times in the back, forcing him to remain in the hospital for four months. She herself was shot by a rubber bullet in her elbow. On top of all that, her 14 year-old grandchild, whom she was responsible for taking care of after the divorce of his parents, went through a long period of recovery after a severe injury.

Her inability to follow up on household issues due to her continuous visits to prisons and hospitals left her with no choice but to take her only daughter out of school so that she could take care of family affairs.

She refers to herself as a “trouble maker,” because she is incapable of watching soldiers beating or imprisoning a youngster without attempting to come to his defense. The day came when she had to pay a high price for refusing to be a bystander in the face of injustice. On that day the soldiers responded by shooting her with a rubber bullet in her knee, after which she fell to the ground. The soldiers continued to beat her on her leg, where a scar of the beatings remains to remind her of that day.

The problems in Um Hakam’s (i.e., Hakam’s mother’s) life were not limited to her attempts to save her children from being imprisoned or injured by

the occupying forces. The privacy of her home was invaded by Israeli soldiers on many occasions. On such days, soldiers would force all the family members into one room and they would undertake a search that would last for hours, during which Um Hakam would not give into their orders. She would accompany them during the whole search period. She would respond to their interrogations smartly and swiftly. When the soldiers inquire about the presence of a martyred youth's photo, she invites them to take it with them. When they ask her to give reasons for possessing a Palestinian flag, she does not hesitate to offer it to them. And when they ask her for the reason of hanging the photo of Abu Ammar (Yasser Arafat), she tells them "he is my leader and the crown on my head." When the soldier insists that Sharon is her leader, she ignores him without fear.

Even though her life has been difficult enough, the day she was informed of Hakam's injury, her life took a turn to the worse. Despite the fact that he was not the first of her children to get injured, Um Hakam felt that what happened to Hakam was not a mere injury. That night, Um Hakam decided to dare the curfew that was imposed by the Israeli soldiers and head to the hospital. When darkness fell, she left her home, in the accompaniment of her daughter in law. They walked a long distance, in order to bypass the soldiers. When they reached the hospital, they found a group of young men gathered around, offering to help Um Hakam if she needed anything. When Um Hakam describes the situation, she proudly adds that she is well-known and loved amongst the youngsters.

When she enters the hospital, she asks the doctor about Hakam, but he tells her that he is not present. A strong feeling tells her that he is dead. She is informed that Hakam has been transferred to another hospital. She walks to the other hospital, where the doctor instructs her not to visit her son. She begins to experience a breakdown, an experience a mother has when she insists that there is no power on earth that would prevent her from seeing her child. She finds her son in intensive care. Hakam is unconscious.

She heads home and she is informed that her home has been broken into. Four days later, during which Um Hakam makes more visits to the hospital, her home is broken into once again. When the soldiers leave the house, her neighbor informs her that Hakam needs her in the hospital.

She hurries to the hospital. If her son called for her, perhaps he has regained his consciousness? Her emotions await her near her son's corpse. She sees what she had been intuitively expecting before arriving to the hospital. She experiences another nervous breakdown. Refusing his death, she continues to insist that she is strong. However, his martyrdom causes deterioration of Um Hakam's health, represented by her inability to walk.

Despite her disability, she starts to prepare herself to fulfill the duty of Al-Haj, along with the parents of the martyred, insisting to persist.

The Third Migration

“This is the third migration,” says Um Ahmed, 47, from Jenin Refugee camp. The occupying army had forced her and her daughters, together with the women and children of the camp, out of their homes. At the same time, her husband and son were taken to detention centers, along with several other men from the camp.

Um Ahmed and other residents of the camp had to leave their homes in accordance with orders from the Israeli occupation forces, after a series of bloody events had taken place in the camp. She told us about those events, along with their delicate details, sharing with us her bitterness, anguish and concern of what the future holds for them.

Um Ahmed sat on the floor, in proximity to the researchers who sat on a carpet. She started describing the events of April 2003, the events that followed the invasion of Jenin. She was accurate, hoping that the world would listen to the reality of what had befallen the camp, hoping that the world would neither forget nor forgive.

There was a big hole in the wall. She was obviously trying to cover it as best as she could, using a large bed, on top of which lied piles of rubble. She was trying to reclaim the privacy of her home, to protect her daughters from the eyes of strangers, to protect them from harm. She did not repair the internal door, which was destroyed by the bullets, nor the equally destroyed wall-clock. She must have decided that the internal household objects could be restored at a later period in time.

Now and then she sighs, repeating her sentence: “A woman in war bears a much greater responsibility.” She tells us about the burden that she has been left with after the detention of her husband.

First, Um Ahmed talks as an eyewitness to the destruction of many homes on top of their inhabitants. She remembers the women, children and men who did not escape the destruction. Her eyes are full of bitterness. She remembers each and every one of them, each and every child. She describes their burns and their injuries, and what she felt as she helplessly watched the people in pain.

Then, she talks about how she hosted her neighboring family of 6 after the

demolition of their home. The demolition took place after midnight. She had to wake up her daughters to ask each one of them to make room for one of the neighbors' children in their beds. She describes the days they had spent together, during which they shared the little food that they had, trying to survive, to resist. At the same time, her home was not spared the bombing, nor was her husband spared the injury.

She chokes on her own words as she attempts to describe the men of the camp when they were being stripped of all their clothes, except for their underwear. Then, in an attempt to humiliate them, they were exhibited by the soldiers. She repeats the word *awra* (the private parts that should not be seen by others), to stress that forcing men to show their *awra* is the peak of humiliation.

Then she describes the big incident, when the soldiers gathered the women and children of the camp in the center of the camp and made them stay there from noon until 10 at night. She describes the hungry children and their helpless mothers who could do nothing to relieve the fear and hunger of their children, other than talk to the soldiers, in an attempt to persuade them to have pity on the children. The children had to urinate in their places. None of them was allowed to walk a little farther to urinate. She describes the smell that soon filled the place. The women too were not allowed to move to a private area to urinate or defecate. Hence, the women were forced to encircle each other consecutively so as to cover up for each other. The soldiers did not even spare the *awra* of the women, humiliating them even further.

All of this was bearable until the soldiers asked the women to leave the camp. At this point, Um Ahmed collapsed and started screaming: "this is the third migration." Women were trying to soothe her, while the soldiers asked them to stop, and ordered them to uncover their heads to prove that they were women. Um Ahmed screamed at the top of her voice: "No, we shall not expose our hair." Then the bargaining began between the women and the soldiers: either they expose their hair or their breasts!! The women decided to expose their hair, choosing the lesser of the two evils.

Refugee status was her destiny and that of her daughters. Once she took refuge in a hospital, another time in the home of a family that was willing to share with her family the little they had. She had to endure this until she managed to return home and close the big hole in the wall with her modest possessions. She works as a guard, protecting her daughters from harm and gossip, especially because their father was still in detention while her son, 13, was released a few days later.

Um Ahmed described many events. Although it is difficult to include everything that she said, I find myself obliged to quote some of her words:

It is difficult to overcome war;
The word 'violence' immediately reminds me of Israel;
Life goes on. Whoever wants to put an end to it, will lose;
The invasion is a provocation of the people and their feelings;
One should try not to remain sad and desperate;
I was happy that my daughter passed her final school exam. I distributed
candy despite everything that we have been through;
I manage with very little income. I buy vegetables when their price
drops and I dry them. I make sweets at home for the children, so that
they do not feel deprived;
I only hope that my daughter would continue her medical studies. It
requires a lot of money and I am working hard to provide for that, even
if I have to turn our living room into a small shop;
My God, how patient women are;
The criminal will not escape punishment, even if it takes time;

During the invasion I was like a servant. I worked around the clock to
provide for my family, to help them survive, and to protect the girls when they had
to go to the bathroom. I had to stay by the door to protect them.

Which One of Them Is the Victim?

Our researchers, Amal and Rawda, visited this house three times. On
the three occasions, the daughter of the martyred mother was patiently waiting
for them, as if she wanted to spend the rest of her life talking about her mother.
Or was she waiting for someone to whom she could speak her heart out? On the
three occasions, they were also welcomed by the son of the martyr. He seemed
strong and composed but he too wanted to talk. He wanted to describe how he
felt towards the loss of his mother, the conditions of his new life, and his anger at
those who killed his mother. He wanted to express his pride for having overcome
his crisis (that is, if really had overcome it).

On the three occasions, a third person was waiting. It was the sister of
the martyr and the new wife of the martyr's husband. She married him after her
sister's martyrdom. Did anyone care about her feelings, or listen to her concerns?
Did anyone try to extend their support to her?

Thus the story begins. It is the story of a mother who bravely fought
against illness. She worked hard to raise her children: a daughter, 10; a son, 13.
She tried to teach them to be independent, although her illness only caused partial
disability to her body and was not meant to lead to her death. But it was not illness

alone from which this family suffered. Another evil was standing on guard. It was something more dangerous than illness. It was the artillery and the missiles of the Israeli soldiers, of occupation.

The two children start their stories by telling us how their move to live in the camp was the reason behind all their tragedies. When their father managed to buy a house at the periphery of the camp, they left their home in Nablus and resided in the camp. They left their schools and friends. Their mother had to leave her friends and neighbors of the old residence.

Everything was fine in the beginning. They did not feel estranged or sad. They went to the camp's schools and soon managed to socialize with the camp's residents. Soon they felt they were part of the camp. They could not foresee the day the camp will be besieged.

When the siege began, soldiers started to order the residents to get out of their homes. They gathered in a three-floor building where everybody crowded on the first floor. The sound of the bombing did not only shake the windows, but also their hearts.

A missile hit their hiding place. The son crawled under the bed covers, trying not to see what was happening, trying to escape reality. He heard the weak voice of his mother call for him, a faint voice. It was not hard for him to realize that it was the voice of someone crying for help. But he was in so much fear. He himself was hoping for help. There was no force on earth that would have forced him to come out of his covers.

The soldiers walked in and started to order people to get out of the room. The boy's face was covered with blood due to the many splinters which hit him. He saw his sister, injured in her knee. They saw the soldiers carry a woman to their tank. It was not difficult for them to recognize that the woman was their mother, and that she was injured. The little girl recognized her dress.

The boy picked up a stone from the ground, while a soldier handed him a bottle of water to wash his bleeding face. He took the bottle determined to throw it, along with the stone, at the soldier's face. He was overcome by feelings of revenge for what had happened to his mother, as he immediately realized the seriousness of her injury. His father interfered and stood in his way. He still regrets having obeyed his father. He still regrets that he was not able to take revenge at that moment.

For a few days the mother was clinically dead, until she finally died to join the convoy of the martyrs of Palestine. Her children also joined the list of orphans of Sharon's massacres, and the curfew continued over the camp.

The children and their father were preoccupied with her burial in the camp. They refused to bury her outside the camp. For days the dead body was moved from their uncle's house to their aunt's house until they could get it into the camp.

“We wanted her to be close to us, so that we can visit her and read the Koran over her soul, and put some flowers on her grave.” Those were the words of her children, expressing what they felt about the location of the grave. They felt that they managed, at least, to fulfill one of their wishes.

For two months the children remained at their grandmother's place. But they insisted on returning home. First, they passed by the old house to tell their neighbor about the disaster that happened. She cried over their mother, who was her best friend. They cried together to release some of the anger and pain.

Then, they returned home to live with the memories of their mother. She used to comb the little girl's hair. She used to help them study. “She used to tuck me into bed.” This is how the two children remember her.

Their maternal aunt becomes the stepmother, willing to take care of her niece and nephew. The aunt herself has had a long struggle with life, never feeling that she was justly treated. The children accept her, since the aunt is better than a stranger. However, they insist that she will remain the aunt. She will never be the mother.

“The aunt is very kind and nice. But she is not our mother. She is totally different from our mother. Our mother was strong, she is weak. Our mother challenged her fate. She is submissive to her fate.”

The daughter is overwhelmed by a desire to live close to her mothers' friends who are similar to her mother. She wishes to live in a home that did not witness the death of her mother. But that is impossible.

The little boy eventually regains his strength. He joins extracurricular activities including a first aid course. He grows to feel stronger and capable to help others. The little girl remains does not improve. She pretends to be strong, betrayed by the frequent shiver of her lips, which makes her leave the room every now and then, under any pretext, until she feels better. She does not allow anyone to see her weakness. She complains that girls' schools do not give any attention to extracurricular activities.

As for the aunt, she has lost her loving sister, the one who used to listen to her and support her. She had already lost her father at a younger age, leaving her to a mother who was struggling for life and did not have the energy to give her love and security. She lost all hope in life except for her need to continue living for



the sake of her sister's children. She respects her husband because her sister used to love him. He is nice to her. But she cannot forget that in his arms she is in the same arms where her sister would have been, had she not died. She cries bitterly. She says that she is not like her sister. How can she be a mother to the children the way her sister was? "I am weak and she was strong. I gave up on life since I was a child and had to leave school. She had challenged her fate. She continued her secondary school despite all the difficulties." She could not resist but draw unnecessary comparisons between her sister and herself. She feels that she has always been, and will continue to be, weak. But she has faith in God, faith that God will always be by her side, because she never abandoned her mother, and now she will take care of her sister's orphans.

The daughter walked in carrying her new holiday clothes with a big smile on her face. They ask her how she and her brother feel on feast days. She replies: "I feel that our mother is with us."

She Could Not Bid Her Daughter Farewell

She lives in the humble home of her husband's family in Dheisheh refugee camp in Bethlehem. In an attempt to deny her weakness -or prove her strength- she insists on drawing a smile on her lips throughout the conversation. There's laughter amidst her tears when she talks about her husband, Ismai'l.

Helen, 21, has been living with her husband's family since before her husband's detention. She shares the sadness of loss with her mother-in-law, who misses her son's presence, and hopes that someone would be able to help Helen overcome her sadness.

The mother-in-law welcomes the researchers into her home, in the hope that they will assist Helen, insisting that she is the weaker link that is in need of their help.

Helen starts to recall her memories, memories of soldiers breaking into their home during the 40-day incursion (as it is referred to by locals), and the siege of the Nativity Church. She was five months pregnant then. It was three in the morning one day when the soldiers broke into the house. The soldiers ordered all the men in the household to stand outside in the cold. Helen immediately felt fear, followed by intense pain in her abdomen.

After the soldiers entered their home, the whole family was ordered to go outside, preventing them to take shelter in their neighbors' homes, despite the cold. They caused much damage to the house, including damage to the furniture in the living room.

Helen spent days living in a state of fear over what is the destiny of her detained husband, who worked as a police officer with the Palestinian National Authority. She regained her hope when her husband was released from prison. Unfortunately, her hope was short-lived because soldiers took to the habit of imprisoning him every time there was an invasion. Finally, when he was detained on the 18th of June 2002, his detention days lasted for an indefinite period of time, and he is yet to be released today.

During this time of emotional instability, Helen gave birth to her daughter, but the baby was too weak to survive, and she died a few days later. Curfew was imposed during the same period in which Helen's daughter died, and this prevented Helen from reaching the hospital to bid her daughter farewell. Only the baby's grandfather took the risk and reached the hospital to bury her in silence. Helen was still in the postpartum period and she could not take the same risk and walk to the hospital, where her daughter's corpse was awaiting to be buried.

When Helen met with the two researchers, she was still awaiting the return of her husband Ismai'l. At the same time, Helen's tears are yet to dry over a child she could not bestow with love, over a child she could not breastfeed, over a child who was buried before her mother could kiss her goodbye.

Two Blows in a Row

The meeting took place in their more than modest home in A'skar refugee camp, north of the West Bank. It is a dark house, almost empty of furniture. One could only see a worn-out carpet, a few faded pieces of cloth hanging here and there, in addition to old plastic chairs and a vast number of photos of martyrs decorating the walls.

It is a small home that shelters a large number of individuals. Since most, if not all, of their memories are painful ones, each member of the household has lost the meaning of security, stability, privacy, and happiness. The young women of the household complain about the delayed visit of the researchers after their second brother was martyred. Each one of them was looking forward to the chance to talk about her inner feelings and emotions.

In this home lives a father who became jobless after he lost his mental stability due to being shot by Israeli soldiers during the Gulf War; a mother who felt like she had lost her partner when he was shot and nothing was left of him other than his mental instability and his physical presence; two sons who have suffered through detention, one of whom was martyred after six months of his release from detention; a child who was martyred when confronting tanks shortly

after they invaded the camp; another son who lost his fingers after he was shot for the third time by the enemy; a daughter who suffered injury in her stomach; another daughter who had given up life with her husband and returned to live with her family; three brothers and three sisters in search of security and happiness, wondering whether happiness will ever find its way to their home.

The father, 55, forgot his reality, lost himself after he was shot by a bullet. He entered a different world. He feels the absence of his loved ones, both of his martyred sons. He blames his wife for the martyrdom and loss of his children. Then he returns to his loss, gives into the reality of his life, forgets his responsibilities as a father, except for his ability to exert violence on his family.

The mother, 53, experiencing one disaster after the other, possesses contradictory feelings that fluctuate between happiness and unlimited sadness. While on the one hand she is proud of her martyred sons who, according to her, have sacrificed their lives defending their nation. On the other hand, she is sad because her sons are not with her today and they will never be with her again. She has lost them not only as children that she carried in her womb, breastfed, and spent many sleepless nights taking care of them. She has also lost her sons' support at home, as the only breadwinners of the family after the loss of her husband.

As for the daughters, each one has a story that is unique both in nature and details. However, after much analysis, the root problems of the stories are the same: they are the stories of young women who have found themselves in a poor environment, and hence were deprived of various opportunities in life. Each one of them dreams of getting married to prince charming, who will carry them on his horse, save them from their poverty, and fill them with love and kindness, the love and kindness of which each one of them was deprived first after their father's injury and its effects on the family, and then after the martyrdom of their loved ones and the transformation of their home into a funeral home.

Then there's their mother's sadness over her martyred children and her insistence that they were the perfect children, a natural feeling that every mother experiences after losing a child, more so when her children are freedom fighters and martyrs. The life of the mother has turned into a continuous funeral ceremony, as she insists on participating in every martyr's funeral and attending every funeral ceremony despite her personal circumstances.

The sisters talk about the pressure of being constantly under the watchful eyes of society because they are the sisters of martyrs. Today, unlike other youngsters, they are required to mourn for the martyrdom of their brothers in the traditional way, which is represented by a long mourning period, a mourning period that does not even allow them to set foot outside their household. They talk

about their basic material needs, such as buying medication. One of the sisters is in need of eye drops. Even though she received monetary assistance to perform an eye operation, when she left the hospital she was shocked to hear the news of her second brother's martyrdom. She took off the bandage from her eyes so that she could cry, preventing her eyes from undergoing the necessary healing process after surgery. Hoping to solve their financial difficulties, the sisters are in search of any kind of job opportunity to be able to support themselves.

The sisters' misery does not end with the financial difficulty that they face. One sister lost her chance to get married when her father, because of his mental illness, decided to throw out her fiancé and the invitees from his house on the day of her engagement.

Another sister got married, only to return home to inform her sisters that marriage brought her nothing but misery. She now lives with her sisters, with whom she shares her sadness.

The mother falls silent before she resumes her story. She tells us of her painful experience as a wife after the injury of her husband, of her pain as a mother over her detained children, of her grief over her son who had lost his fingers, of her agony over her two martyred sons, of her pain over her daughter who left her husband in sorrow, of her pain over the sick daughter who does not have money for her medicine, and of her sadness over her daughter who was left by her fiancé on the day of her engagement. The list of agonies goes on and on and on.

She tells us the story of her second son's martyrdom and how she felt that he was going to be a martyr that day. He had given her all his possessions (cell-phone, jacket, cigarette pack, and lighter) and asked her to head towards his brother's grave and read the Koran over the soul of his brother until he catches up with her. With her motherly instinct, she sensed that her son will not catch up with her. She followed him, and she saw that he was confronting the military tanks. She called him. She was afraid of losing him as well. He came back to comfort her, and then he urged her to fulfill his request. She complied with his request and went to his brother's grave. She started reading the Koran but she was not able to finish one *Sura* (chapter for the Koran). She felt distressed and returned to her home. His friend called and asked for his phone number. Her feeling of loss increased. They informed her that her son is injured in the hospital. Before his death was confirmed, she announced her son's martyrdom:

We will sacrifice our blood and soul for you, oh martyr;
We will sacrifice our blood and soul for you, oh Bassam.

She went to the hospital to look for him in the morgue rather than the beds of

the patients. Before his death was confirmed, she knew that her son was martyred.

She talks about her sadness and sorrow, confirming that two blows in the head hurt. She reiterates her song:

*Sharon, how did you find your way to me?
You killed my youngest and eldest sons, both dear to me
They were young pigeons in my lap and now they have flown away
You shot them with a cursed bullet and I was left with nothing but grief*

She did not forget to sing a song for the detained, and another one for Jerusalem. She talks about how “something has been torn out of her heart,” as she describes how she feels. She is proud and sad at the same time. She asks us not to remind her of the holidays, as she has forgotten their true meaning. She attempts to soothe the sadness of her family, and admits that she is always willing to confront a military tank, even if all she could do is throw a stone. She continues to hope for the soldiers' death.

* * * * *

Conclusion

General Summary of the Project's Achievements

Dr. Khawla Abu-Baker

Feminist Action Oriented Research, the Politicization of Loss, and Lessons Learnt from Um Ahmed and other Women Whom We're Helped

In spite of the team's prolonged intervention, and its familiarity with hundreds of stories of misery experienced by Palestinian women and their families due to war and its consequences, each and every story that was told by the women involved in the project created a firm emotional reaction amongst the members of the team. However, I often question the justification of this reaction from the professional point of view. Is it right to be so emotionally involved?

People who study the politics of loss and the loss caused by politics among Palestinian women will conclude that these women are obliged to adapt to political reactions, attitudes and behaviors that are imposed upon them, either for the sake of public opinion, the media or society. Palestinian women cannot take decisions with regard to general issues that concern the State or the profound loss experienced by them over the course of history. It is important to note that loss is not something new for Palestinians who have been suffering from different types of loss since the 1948 catastrophe, which has brought about Palestine's political, military and national distress. However, despite the fact that Palestinian women do not participate in forming national policies, they have been forced to abide by them and accept their consequences. Palestinian women, like women in other parts of the world who are suffering from wars and are losing their loved ones, their homes, their properties and the mental health of their families, are not living under acceptable and normal political circumstances. Hence, the only humane reaction that this experience would require from us is the rejection of loss and its glorification. In an attempt to prevent loss, it is our responsibility to call for a policy that shuns the voices that support destructive conventional warfare.

Throughout the project, we noticed that the women who experienced loss lived in a dual world: a world that requires them to accept the consequences of

living in a conflict zone, and another world in which they are incapable of coping with the misery of what had befallen their families. We, on our part, were able to encourage most of them to raise their authentic voices and give them the legitimacy they deserve. In the course of the project, the women experienced respect for voicing their needs with regard to the various issues discussed throughout the project, as they were neither pre-judged, nor accused, nor humiliated in the process. This experience proved necessary in a patriarchal society that suppresses the voice of women, including their pains and sorrows.

The question that remains unanswered is: as a professional woman, do I have the right to cry whenever I read the notes taken from discussions that took place during support group sessions?

As mentioned in the introduction of this study, we adopted the sensitive feminist approach to fulfill the objectives of this project. The research undertaken relied upon several methodologies, including quantitative, qualitative, and action oriented research. It was only right to use the different methodologies for the purposes of this research. One of the principles of the hybrid methodology we used is to look at women in the field as human beings with values of their own, and not just as figures in questionnaires. In fact, they were our teachers and instructors, as they related to us the means by which they confronted the occupation. We, on the other hand, acted as researchers and professionals experienced in our fields of expertise. Every woman agreed to meet with us, and to fill out the questionnaire. The women willingly chose to participate in the focus group and support group discussions. The participating women had as much of an effect on us as we had on them. Whenever we asked them questions about their lives, they willingly responded to us as researchers, but mothers and women. They told us moving stories about which we cannot remain silent.

This brings us back to the different research methodologies that one may utilize in the field: qualitative, quantitative and action-oriented. While quantitative research is considered the last resort by which researchers do not sympathize with the subjects of the research, classical scientific research requires that the professional neither sympathizes nor is biased towards the subject of the research. We believe, however, that this approach is neither scientific nor practical in social research because it is impersonal. From the clinical point of view, empathy with an individual helps understand her, merge deeply into her feelings and thoughts, and discover the ways in which she copes with her problems. We, as researchers, lent our ears to real human issues to the extent of identifying ourselves with the women who had experienced loss, so as to find the best ways for this research to proceed. We were not at all ashamed as we sympathized with the women and shared their tears. We believe in professionalism as well as skillfulness. After utilizing the correct mechanisms for carrying out the field research focusing on

women, the appropriate therapeutic and social intervention strategies were used. It is this combination that reflects the sensitivity by which our feminist work in the field was undertaken, which is what action-oriented research is all about.

The doctor that Sama met in the hospital described how his heart had almost stopped beating after witnessing so many deaths and injuries. As feminist researchers working in the field, our belief in change prompted us to control our emotions throughout the project so as not to get burnt out. We wanted to continue helping every woman who had experienced loss; our main aim was not to carry out research but to be useful to these women.

The facilitators sympathized with the women and understood their needs and confidentiality of the information they were willing to share with the facilitators. One of the most important issues was the confidentiality of the whereabouts of their husbands and sons, as they were being politically pursued. None of the facilitators used the real names of the women in professional discussions with the team of the project in order to ensure that there was no leakage of information about their daily lives. The facilitators were very careful throughout the stages of the research, as they were aware of the harm they could cause to the family that was hiding its pursued son if they did not respect the confidentiality of the information that was shared.

Another experience that made us examine in detail the reality on the ground and formulate mechanisms to empower women to implement change in their lives, was the participants' suffering from military closures, curfews and checkpoints. The soldiers were not an external topic to analyze, as their presence interfered in our daily plans. The checkpoints and the soldiers' behavior deterred the activities of our project and forced us to reschedule some of the planned rehabilitation workshops. Before starting the project, we emphasized the importance for the participating women to be punctual when attending all the support group meetings. The soldiers, however, prevented us from being punctual and imposed their agenda on us. During those circumstances, the question that guided our ability to learn about the daily routine of the women who had experienced loss was, "If this is the reality that prevents individuals to be the masters of themselves in the full sense of the term, what then is the best psychological and behavioral reaction they could adopt?" Keeping this context in mind taught us not to lose control, but to channel our anger positively in order to continue pursuing our path of change.

Despite the fact that we had prepared general guidelines for our work during the project, we did not assume to know what the women's needs were before meeting with them and studying their cases. So, it is during our work with the support groups that we formulated a plan for therapeutic intervention for



every participant after studying her case, including the structure of her family, her state of mind, and the support she received from her environment. All these interventions were built upon, and in conformity with, Arab culture.

We were skilled both in utilizing the methodologies of research and in working with the women who had experienced loss. We did not want to implement a previously formulated intervention. We preferred to develop interventions that were based on the needs that the women related to us on a weekly basis. Some facilitators were wary of this kind of approach because they believed that if they did not have the 'Project Book' in their hands, they would not know how to work with the women. The saying "we will learn about the women's needs and we will guide them professionally to unveil them," had a dual effect on the facilitators. On the one hand they appreciated working in an environment of equality that was void of the feeling of superiority; on the other hand they were nervous due to their lack of experience of working in such an environment. Social and mental health workers are used to going to the field with an imposed agenda, a "Hard Copy" of what they need to do, which is very rigid and inflexible. The alternative method we used in therapeutic intervention was the examination of the women's mental health, and the change she had undergone in different stages over the course of our meetings. In this way we could develop suitable therapeutic intervention strategies. A project of this sort would expect from its implementers to listen, to discuss and to pay full attention to the participants' and the societies' needs. Although this method makes circumstances of intervention in the project difficult, all facilitators managed to succeed. We believe that it is the professionalism and skillfulness that accompanies feminist field research that helped the team and the participating women's group to formulate a shared program. The researchers' role was to assist the women to utilize their individual and social skills in confronting crises situations. At every meeting, we asked the women to share with us public sayings, Qoranic verses, eulogies and other traditional customs to which they resorted whenever they wanted to pay their condolences to women who had experienced loss. Based upon our professional knowledge, we then formulated these customs as strategies of support for the women, in order to assist them to voice their feelings and offer them with genuine and effective treatment.

As methods of Quantitative Research have dominated scientific thinking and as western terminology on mental health had dominated the understanding of professional expertise, at the beginning the facilitators had some doubts about the effectiveness of our work. So they thought that the contribution of the women in the field, particularly the peasants and the illiterate, was either primitive or inferior. Furthermore, they believed what the women who had experienced loss were exposed to was due to the lack of professionalism. We had to explain to them every therapeutic intervention, its goals, and the long term vision of the role of the women in order to erase the facilitators' doubts. So we immediately started

observing the changes that the women who had experienced loss had undergone, who in turn expressed their gratitude to the facilitators for the way in which they worked with the women. Taking the emotional and psychological aspect of cultures into consideration, as well as the absence of the factor of power during therapeutic sessions, is what caused the success of the honest psychological support that was provided to the women.

It was difficult for the team involved in the project to disregard the stories of the women who had experienced loss, as they affected the entity of each one of us. We are all Palestinians and we are all women who suffer in one way or another from Israel's policies. One of the most complex questions that we had to answer was whether our assistance was 'useful' to the families who had experienced loss. The difficulty of the question lies in the hardships the families had been facing. Some of them had lost their homes, their furniture and clothes. Others had lost members of their families. Others were suffering from physical deformities and psychological problems and yet others had lost their jobs, and their sources of income. One of the women in Jenin, for instance, told us that the Israeli soldiers had turned the Camp into a 'show' for people to watch. Neither did we want to deal with these hurting women as if they were a show, nor did we want to stand nailed to the debris of their world, as did the woman whom Sama met in the Jenin refugee camp. We wanted to help. We wanted to find out how we could be of help and where to start. The incentive that helped us transition from the stage of identifying with the women who had experienced loss, to the stage of guiding them professionally, was the question: "How can I be useful to these women now, today and tomorrow?" We wanted to take action. We wanted the women to go through a process of change in their lives that would gradually take them out of the circle of loss, depression and helplessness in which they were living.

Generally, Palestinians who are subjected to research expect researchers to help implement change in their lives rather than limit their role to conducting the research itself. The subjects of the research present their cases, and they want to know whether the researchers have contacts with any doctors, or a place where their son could be employed, or a clinic that would provide psychological therapy to their daughter. The limited capacity of the project's professional team members could neither contribute to the construction of a ruined home, nor to the removal of debris, nor to the securing of employment, nor to food provision. They could, however, provide the women with treatment of their physical and mental disturbances, even during the time that was designated for filling out questionnaires. During these instances, the facilitators would put the research and questionnaires aside in order to assist the women. It was the individual that was given the priority and not the research itself. The working team helped in mediating between institutions to solve the women's problems. They also mediated with other Arab countries for the medical treatment of the

wounded so as to relieve the tension of their mothers. Moreover, they sent those in need of therapy to organizations that have expertise in counseling in order to relieve the consequences of the individual's illness on women and their families. In addition, the team encouraged the women participating in support groups to seek employment. They helped one of the disabled participants to register in the university. All these practical actions took place throughout the stages of the research. When the study was complete, it was presented to different NGO's in the field, which adopted its recommendations that called for the continuation of the provision of assistance to other groups of women and their families who had experienced loss. The study is also going to be presented to the Palestinian Authority in order to formulate national strategies that would aim at providing proper treatment to individuals, their families and societies that have experienced loss caused by politics. All of this is expected to raise opportunities to implement the change envisioned by the project.

According to the facilitators and the academic advisor, Dr. Khawla Abu-Baker, the weekly meetings of support groups were on the one hand filled with enthusiasm of the women for the chance to meet and discuss their agonies, and on the other hand they were filled with feelings of sorrow and tension of the details that the women were sharing with one another. Every conversation brought back memories of horrifying sights, odors of destruction, fires, corpses of loved ones, the dispersion of body parts of neighbors' children or schoolmates, in addition to Israeli soldiers' humiliation of the Palestinian individual, be it a man, a boy, a husband, a youth or a respectable woman. The scenes were present in every session. Professionally, we controlled ourselves during the presence of the women, but we cried loudly and lost control of our feelings at the end of every meeting. The close examination of every woman's experience of loss, as well as the intensity and the duration of her suffering made us lose much energy and hope. The responsibility of supporting every woman who had experienced loss remained the only source of our energy, for the sake of which we searched for positive ways to start improving their conditions. Throughout the period of the project it was necessary to provide the facilitators with therapeutic sessions in order to relieve them from the pressure resulting from the accumulation of the feeling of sympathy with the agonies of the women who had experienced loss. Instead of causing deterioration in the facilitators' professionalism, which would be questioned in Quantitative Research, the sensitivity and professionalism of the facilitators increased, and their listening skills strengthened, thus decreasing the sorrows of the women and their families more than ever.

Um Ahmed said that after the inception of war, women bear more responsibilities than men. Is Um Ahmed's theory correct within the Palestinian context? The theoretical presentation of researcher Dr. Shalhoub-Kevorkian confirms Um Ahmed's views in regard to women's role in wars, in different parts

of the world. This was also confirmed in other studies made in Palestine. Um Ahmed, as the example of a woman whose life, as well as that of her family's, was placed in a state of war, mustered all her strength to protect her family from the traces of oppression left by the Occupation. Ironically, the Israeli Army, which is composed of individuals who work for the army to gain their source of income, arrested Um Ahmed's husband and son, and deprived them of their source of income and their ability to look after their family. Not only did she have to tolerate the loss of her husband and son, but she was also obliged to adjust to the new conditions in her life as well as ensure the well being of her children. However, when the father and the eldest son were absent from the patriarchal society to which Um Ahmed belonged, she felt paranoid of it, as well as of the patriarchal army, fearing for her daughters' safety and honor. She was therefore forced to gather all her psychological and social strength to protect her daughters from sexual or social abuse. There is no doubt that during their imprisonment, Abu Ahmed and his son suffered physically, psychologically, emotionally, and nationalistically, and they were humiliated in the worst possible way by the occupation. Um Ahmed, however, was responsible for pushing her 'normal, daily' life forward, attempting to prevent additional forms of loss.

When the historiography of national events are recorded in a patriarchal way, Abu Ahmed, his son and their likes in Palestinian society as well as elsewhere in the world, are mentioned as 'heroes who resisted'. Whereas Um Ahmed and her likes in the Palestinian society and others, are considered as the 'tolerant mothers'. Doesn't Um Ahmed resist? Doesn't she strive for change? Doesn't she push the wheel of daily life forward? How could Abu Ahmed and Ahmed have more to contribute than her when they are in jail? Um Ahmed came up with the idea of transforming her living room into a store for which a door was made that had access to a narrow passageway on the street. Another woman knew how to protect her children when she analyzed the military situation correctly. She forbade them from saving their injured father who was lying just outside the house during curfew, and later from wailing about his martyrdom, lest the soldiers should find out their hiding place. Then she worked to raise her children and grandchildren, and to lift up their spirits. She assured them of her strength and happiness, and that she would always protect them.

We concluded from this study that there is much silence concerning the issue of loss within the Palestinian family during armed conflict. The issue of silence is connected to the prevention of considering the role of women as a political role. At the same time, there is an adopted policy of limiting the role of women to the emotional realm, such as describing Um Ahmed as 'the tolerant', rather than 'Um Ahmed, the resistant'. Furthermore, there is a silencing of the natural and emotional voices of mothers, especially during experiences of loss.

When a woman's husband and sons get involved in war without consulting her, she has no choice but to be a widow or a mother bereaved of her child. And when this happens, the enforced political slogans are at the tip of her tongue. Whether she is a two-month bride or whether she has already lost 7 out of her 10 children (due to death or disability), she starts repeating the popular political sayings, and she prepares herself to bear more children who will be forced to go to the battlefield, and who will also be killed, with her consent. When the attention of the media subsides, the women are left alone in social silence and mental illness. During an interview with a woman who had lost 3 of her children, whose son had lost four 4 of his fingers, and whose daughter was injured in the stomach, the husband of the woman screamed that talking about the wounded was useless, and that she should remain silent.

Our Study, as well as other studies on mental health in different societies, has led us to the conclusion that, talking about trauma or a person who is suffering from trauma, is one of the most important criteria to understand and treat its consequences in the most effective way. It is necessary to ensure that following an experience of loss, the Palestinian woman is granted with the right to make her authentic, rather than the society's, voice heard.

The second Intifada has brought about a state of anomaly, which is the absence of values, the absence of customs and traditions practiced during times of loss within Palestinian society. The reasons that have led to this state include:

1. The accumulation of loss after the first Intifada;
2. The numerous and various forms of loss experienced by one family or the other;
3. The contradiction between what is good for the nation and what is good for the family;
4. Heated arguments about what is religious and what is secular in recent days.

The husband of the woman who had experienced several forms of loss said that, on the first commemoration day of their martyred children, not only did they feel the absence of their children from home, but they also felt that their children were also forgotten by society. Sorrow was the family's only possession.

This study brings us to the conclusion that the family who has experienced loss has the right to come up with new customs and traditions to cope with its loss, and it must be supported both by the society and the organizations that exist in society. The customs exercised currently, including the kidnapping of corpses from hospitals or homes, and the rush involved with organizing a funeral in which local communities participate, strip the family from ownership of its

loved one; the corpse is transferred in such a traumatic way, that in no time, it becomes the possession of the community. In spite of the fact that there have been more than 4000 martyrs over the years of the Intifada, and tens of thousands wounded, Palestinians haven't developed the idea of formulating professional and specialized teams for transmitting news of the wounded to the families in concern. Instead, the martyrs' families hear about their loss either on television or from acquaintances. Later, the route to agony begins: they start rushing from one department in the hospital to another, until they end up in the morgues. Although this procedure prevents the family from experiencing the trauma of bad news in its full sense, it does not solve the problem. In fact, there are professional ways by which mental health specialists, doctors, and representatives from political and military organizations, can assist families that have experienced loss. We therefore recommend the establishment of such committees in every hospital to contribute to the treatment of the mental health of families that have experienced loss, from the very beginning.

The role of a family is to look after its children and to take care of them. Families look after their children from the day of their birth onwards. So, when parents lose their children, they feel guilty for their inability to protect their lives. Loss, as the word itself indicates, does not include any profit, so the normal human reaction would be to express sadness and feelings of distress. The pretence of joy upon the death of a family member as a martyr, places the family in a state of dissonance, because the behavior contradicts the natural reaction of any healthy family.

Taking advantage of the martyrs' families during times of grief and convincing them to give a political speech, has badly affected the families in all societies that have suffered from wars, including the Palestinian society. It is preferable that a family's catastrophe is not used for media purposes. It would be possible to talk to the family as one that has experienced loss, and to focus on its sufferings, instead of focusing on its illusionary joy and the acceptance of its loss. Some families would rather not have the media interfere in their lives at times of tension and grief, and this request must be respected.

It is important for people who are close to the family that has experienced loss protect them. Moreover, the political and military factions to whom the martyr belongs, must leave the family alone for at least 3 hours, in order to give them the time they need to part from their loved one, in an intimate manner, without having these factions watch over them, or pressure them, or cause any incitement. In this respect, we advise hospitals to set up a special room for the family, which should be warmly furnished and welcoming of the family. In such an atmosphere, they can bid their loved ones, whose corpses are not in a condition to be taken outside, farewell; cleansing rituals could be performed on loved ones; or trouble could be avoided during times of curfew. At the same time, it is necessary to keep

the family in isolation at home with the bereaved for consolation, and in order for them to bid their loved ones farewell in a memorable atmosphere.

Another recommendation of this study is the empowerment of groups of women who have experienced loss, and have received therapeutic support, with the necessary skills to assist other groups of women who have experienced loss. These groups of women, therefore, would be qualified to reach out to families in distress, and to guide the women, their families and their communities to utilize the correct coping mechanisms in dealing with loss. We hope that such a development would become a custom rooted in Palestinian society.

In order to ensure the family's right to express its agony, rather than sustain its feelings of sorrow, the continuity of social customs like lamenting and wailing for the dead as a mechanism for coping with loss must be encouraged. This kind of collective relief is helpful to the family that has experienced loss. In addition, it is helpful to the families of the bereaved and the widows to mitigate their agonies through sharing tears. Those who criticize such behavior from the religious point of view contradict the Prophet's tradition or Hadith, which supports a grieved person's right to cry and to visit graves.

Another point that should be taken into consideration is the fact that when a person in mourning takes action, or "works," this provides the person who has experienced loss with relief. For instance, within Palestinian society men attend to the funeral and its details, like the ritual of cleansing and the burial. This decreases the agony of the man who has experienced loss to a certain extent because he feels he is doing something useful for his loved one. On the other hand, women are confined to their homes, forbidden to cry, and in most cases, they are not allowed to bid their beloved ones farewell, or even to walk behind the funeral, and in some extremely religious environments, they are forbidden from visiting graves. In these circumstances, the women who have experienced loss become numb or incapable of expressing their emotions towards such a disaster. As a result of these prohibitions, our research revealed that several of these women were suffering from depression, and different kinds of breathing problems. In case of the existence of such a social custom, which is harmful to mental health, its efficiency has to be reconsidered.

It is important for us to transcend other social customs that are harmful to families that have experienced loss, in order to assist them to return to the lives they were leading prior to loss. For instance, the society, including neighbors, relatives and acquaintances, criticizes the immediate return of the family to its customs prior to the experience of loss, disapproving of the women who do not wear black, or those who visit friends, or others who quickly indulge in studying or participate in social activities and other people's happy occasions, or celebrate

on feasts. Seemingly, the environment does not contribute to the relief of the family in distress. Instead, through criticism and gossip, the surrounding people force the family into seclusion, sorrow and depression. Despite restrictions placed on Palestinians, the neighbors can contribute to relieving the family's distress by taking the children to parks, which is costless, and by inviting the families to social activities, and by encouraging them to go out and gradually indulge in normal daily functions, and by supporting them to express their feelings about their happy moments, just as they supported them during times of sadness.

Furthermore, we suggest that organizations and political and military entities, contribute to the inclusion of families that have experienced loss in taking an active role in the preparation for activities that commemorate martyrs' day. In order for them to feel like they are 'doing' something constructive and positive for the memory of the martyrs, siblings and other family members could assist in preparing for days that commemorate their loved ones and other martyrs. These measures are relieving and constructive.

It is important that all social eulogies and political ululations composed by the women, which truly and directly express the agonies they experience due to the politics of war, are documented and published in brochures, in order for them to be used in homes where condolences are paid. The ululation uttered by a mother who had lost several of her loved ones, is applicable to numerous Palestinian widows and women bereaved of their children:

*Sharon, how did you find your way to me?
You killed my youngest and eldest sons, both dear to me
They were young pigeons in my lap and now they have flown away
You shot them with a cursed bullet and I was left with nothing but grief*

This eulogy, spontaneously and with unique honesty, reflects the feminist belief that 'the personal is political,' just as it reflects the political image of loss. It also supersedes the euphuistic classical writings of men that are designated for literary and political podiums, writings that women neither read nor use at times of distress. Eulogies, on the other hand, are no doubt congruous with the experiences of women who have lost someone dear to them. The time has come to contribute to change in societal attitudes towards the importance of a woman's emotions, her behavior and contributions to society.

* * * * *



Appendix

Survey: Mental Health of Women Experiencing Loss During Times of Armed Conflict

Name of surveyed woman: _____

Beginning time: _____

End time: _____

Dear participant,

The Women's Studies Centre in Jerusalem, in cooperation with the researchers and psychotherapists, Dr. Nadera Shalhoub-Kevorkian and Dr. Khawla Abu-Baker, are conducting this survey that aims at studying the effects of loss, resulting from the second Intifada, on the psychological health of women and their families. The aim is to provide the organizations that exist in the field, in addition to the women in distress, with the necessary psychological coping mechanisms that would be of use on the personal, familial and societal levels.

Hence, we request your honest and truthful participation in answering the attached questions. We encourage you to contact the Women's Studies Centre in the case of feeling severe distress resulting from loss. To arrange a meeting with one of the counselors involved in the project, please talk to May Yasin, the Project Coordinator, at the following number: 02-234-8848.

We would like to reassure you that the answers you provide for the survey, as well as any conversations you have with the counselors, will be confidential information and the identity of the surveyed woman will not be revealed under any circumstances. We would like to confirm the confidentiality of each stage of the project.

In order for the interviews to take place smoothly, and without any restrictions related to language or other issues, we decided to write the questions in the colloquial Arabic language that is closest to the classical Arabic language. We will record your answers in the same manner.

Personal information:

- 1) Name or surname: ____ Adopted name for purposes of the research ____
- 2) Age in years: _____
- 3) Marital status:
a. Married b. Single c. Divorced d. Widow
e. Engaged f. Lost a fiancé g. Other
- 4) Place of residence in the area of:
a. Bethlehem b. Jenin c. Nablus
- 5) Years of study _____
- 6) Additional education, including training courses or others _____
- 7) The profession for which you have been trained _____
- 8) Current job _____
- 9) Level of the job _____
- 10) Economic situation:
a. Very poor b. Poor c. Middle class
d. Upper middle class e. Wealthy f. Other
- 11) Number of sons _____, and number of daughters _____
- 12) Number of individuals living at home _____, degree of relation _____

Types of Harm (Loss) Experienced During the Current Intifada

- 13) Have you been a victim of direct material or personal harm during the current Intifada?
a. Yes b. No
- 14) If the answer is yes, what type of harm have you been exposed to?
I. Damage of homes:
a. Complete burning of home b. Partially burnt home
c. Complete destruction d. Partial destruction
e. Theft of possessions f. Theft of jewelry
g. Theft of money

- II. Harm caused to civilian family members
a. Martyrdom of a husband b. Martyrdom of a son or daughter
(write down the number of martyred sons and daughters) _____
c. Martyrdom of brother or sister (wri
d. Martyrdom of mother or father _____
- III. Damage caused due to internment:
a. Detention of husband b. Detention of one child or more
(write down number of detained children) _____
c. Detention of brother (write down number of brothers that have been
detained) _____
d. detention of father e. detention of mother
- IV. Severe disabilities. Who are the people that have been diagnosed with a
disability?
a. Husband b. son/daughter c. sibling d. Father/mother
- 15) In your view, what is the level of harm that has been caused to your family?
a. Severe b. Average c. Little
d. other: please specify _____
- 16) Have you ever been besieged in your own home?
a. Yes, on the date of _____, for the period of _____ b. No
- 17) Have you been a political prisoner during the current Intifada?
a. Yes. Time period? _____ Charge? _____ b. No
- 18) Have you been a victim of fear during the current Intifada?
a. Yes. Why? _____ b. No
- 19) How was the fear reflected on your daily life? How did your life become
different?

- 20) Have you been subjected to beatings or bodily harm during the current
Intifada?
a. Yes. Who mistreated you? _____ b. No
- 21) Have you been subjected to humiliation by the Palestinian Authority?
a. To what kind of humiliation have you been subjected?

- 22) a. When were you subjected to such humiliations? _____
b. How many times have you been a victim of humiliations? _____
c. No, I have not been subjected to humiliations.
- 23) Has any member of your family that has been active in the current Intifada, been a victim of Israeli military violence?
a. Yes (if your question is yes, please move to question 24)
b. No (if your answer is no, please move to question 27)
- 24) Determine the type of military violence to which your family has been subjected:
a. Imprisonment b. Martyrdom c. Injury d. Disability
- 25) How many members of your family that have been involved in the current Intifada, have been direct victims of Israeli governmental violence? _____
- 26) In your opinion, what has been the level of harm done to the family as a whole?
a. Very severe b. Severe c. Average and tolerable
d. Little e. Other

Ability to Persist

- 27) Despite the difficult circumstances under which Palestinians have been living during the current Intifada, do you feel like you could live a normal life the way you used to live before the Intifada?
a. Yes b. No
(If your answer is yes, please move to question 28)
(If your answer is no, please move to question 29)
- 28) What are the steps you take to help yourself live a normal life every day?
a. Undertake the same activities as before, such as go to school, engage myself in household activities, or other activities
b. Take care of my family members and assist them
c. Participate in seminars, workshops or courses, such as _____
d. Find work that has a constant income
e. Participate in political activities
f. Participate in social activities
g. Participate in religious activities
h. Think of new ways to be active in order to encourage myself to go on, such as _____
i. Have faith that the circumstances will improve

- j. The existence of encouraging institutions - organizations that might be capable of supporting us, such as _____
- k. Faith in our right to the land
- l. We see people and it is comforting to know that we are facing the same issues
- m. Other ways: please specify _____

- 29) Do you experience any of the following on a daily basis?
- a. Loss of hope
 - b. Generally feeling incapable of performing daily activities at home
 - c. Every day, we are shocked to hear that one of our friends or loved ones has been exposed to harm, therefore increasing the level of our trauma
 - d. Feeling of powerlessness under the current circumstances
 - e. Every person is busy with his/her own pain. Nobody tries, or is capable of, helping someone else
 - f. None of the above. I feel _____

Social and Moral Support

- 30) Is it true that solidarity and assistance during the current Intifada has relieved people's suffering?
- a. completely agree (100%) b. Maybe (75%)
 - c. To a certain extent (50%)
 - d. I completely disagree (people don't receive help from anyone)
- 31) Do you feel like you have experienced certain circumstances during which you were in need of help?
- a. many times b. sometimes c. never
- 32) Do you feel like you have received personal assistance during difficult circumstances?
- a. Yes b. no c. sometimes
- 33) How do you evaluate the help that you've received?
- a. very helpful b. helpful c. somewhat helpful
 - d. not helpful e. it was harmful rather than helpful
- 34) What are the sources of this assistance?
- a. Familial: my relatives b. Social: friends and neighbors
 - c. Organizational: religious/political/women
 - d. Other: please specify _____

Coping with Loss

Have you ever suffered, or do you currently suffer, from the following symptoms?

- 35) **Insomnia**
I) Before Loss- a) always b) often c) sometimes d) occasionally e) never
II) After Loss- a) always b) often c) sometimes d) occasionally e) never
- 36) **Loss of appetite**
I) Before Loss- a) always b) often c) sometimes d) occasionally e) never
II) After Loss- a) always b) often c) sometimes d) occasionally e) never
- 37) **Increase in appetite**
I) Before Loss- a) always b) often c) sometimes d) occasionally e) never
II) After Loss- a) always b) often c) sometimes d) occasionally e) never
- 38) **Isolation (I do not like to see anyone or spend time with anyone)**
I) Before Loss- a) always b) often c) sometimes d) occasionally e) never
II) After Loss- a) always b) often c) sometimes d) occasionally e) never
- 39) **Fear of loneliness**
I) Before Loss- a) always b) often c) sometimes d) occasionally e) never
II) After Loss- a) always b) often c) sometimes d) occasionally e) never
- 40) **Nightmares and disturbing dreams**
I) Before Loss- a) always b) often c) sometimes d) occasionally e) never
II) After Loss- a) always b) often c) sometimes d) occasionally e) never
- 41) **Hearing voices (as if there is an open radio inside of my head)**
I) Before Loss- a) always b) often c) sometimes d) occasionally e) never
II) After Loss- a) always b) often c) sometimes d) occasionally e) never
- 42) **Complaint of physical illnesses**
I) Before Loss- a) always b) often c) sometimes d) occasionally e) never
II) After Loss- a) always b) often c) sometimes d) occasionally e) never

Determine the type of illness or illnesses

- 43) **Inability to concentrate**
I) Before Loss- a) always b) often c) sometimes d) occasionally e) never
II) After Loss- a) always b) often c) sometimes d) occasionally e) never



- 44) Constant fear
 I) Before Loss- a) always b) often c) sometimes d) occasionally e) never
 II) After Loss- a) always b) often c) sometimes d) occasionally e) never
- 45) Fear of the night
 I) Before Loss- a) always b) often c) sometimes d) occasionally e) never
 II) After Loss- a) always b) often c) sometimes d) occasionally e) never
- 46) Fear of military incursions
 I) Before Loss- a) always b) often c) sometimes d) occasionally e) never
 II) After Loss- a) always b) often c) sometimes d) occasionally e) never
- 47) Fear of the sound of tanks, helicopters and bulldozers
 I) Before Loss- a) always b) often c) sometimes d) occasionally e) never
 II) After Loss- a) always b) often c) sometimes d) occasionally e) never
- 48) Intense crying
 I) Before Loss- a) always b) often c) sometimes d) occasionally e) never
 II) After Loss- a) always b) often c) sometimes d) occasionally e) never
- 49) My emotions have become numb. In other words, I feel neither sadness nor happiness
 I) Before Loss- a) always b) often c) sometimes d) occasionally e) never
 II) After Loss- a) always b) often c) sometimes d) occasionally e) never

Please give examples

- 50) In-take of pills and tranquilizers
 I) Before Loss- a) always b) often c) sometimes d) occasionally e) never
 II) After Loss- a) always b) often c) sometimes d) occasionally e) never

In the case of the constant use of tranquilizers, what kind _____
 What is the amount that you take every day? _____

- 51) Constant visits to the doctor
 I) Before Loss- a) always b) often c) sometimes d) occasionally e) never
 II) After Loss- a) always b) often c) sometimes d) occasionally e) never
- 52) Acts of nervousness (such as beating up others, swearing, breaking of things, shouting, etc.)
 I) Before Loss- a) always b) often c) sometimes d) occasionally e) never
 II) After Loss- a) always b) often c) sometimes d) occasionally e) never

- 53) Constant anger (I am angry under all circumstances and nothing calms me down)
I) Before Loss- a) always b) often c) sometimes d) occasionally e) never
II) After Loss- a) always b) often c) sometimes d) occasionally e) never
- 54) If you are veiled, is it due to the political situation?
I) Before Loss- a) always b) often c) sometimes d) occasionally e) never
II) After Loss- a) always b) often c) sometimes d) occasionally e) never
- 55) Are you confined to your home, without ever leaving its premises?
I) Before Loss- a) always b) often c) sometimes d) occasionally e) never
II) After Loss- a) always b) often c) sometimes d) occasionally e) never
- 56) I spend as much time as possible outside the house, because I don't like to be confined to it.
I) Before Loss- a) always b) often c) sometimes d) occasionally e) never
II) After Loss- a) always b) often c) sometimes d) occasionally e) never

Violence Against Women at the Hands of Relatives (Social Violence)

What is your opinion of the following:

- 57) Is beating up a woman a form of educating them to self-behave (at the hand of her husband, brothers, father, brother in-law, etc...)?
a. Yes b. No

It is said that, due to the current Intifada, there has been an increase in the percentage of:

- 58) Physical violence against women (beatings)
a. Yes b. No c. I don't know
- 59) Psychological and moral violence (threats, being deprived of things a woman is in need of, humiliation)
a. Yes b. No c. I don't know
- 60) Sexual harassment (sexual comments, being pursued in the street, being stared upon, prank phone calls, or attempts to feel a woman's body and touch sensitive areas)
a. Yes b. No c. I don't know
- 61) Sexual violence, such as rape
a. Yes b. No c. I don't know



62) In your opinion, how many out of the 10 homes that surround you or that you know of, some kind of violence exerted against women?
a. 1-3 b. 4-6 c. 7-10
d. I am not aware of what happens in the privacy of people's homes

63) Samah is a wife of a political prisoner and she says that since the detention of her husband, she has been exposed to psychological violence at the hands of her husband's family. In your opinion, what is the reason for Samah's suffering?

64) Who is responsible for the suffering of Samah?

65) How could Samah be helped?

66) Salwa approached one of the medical centers in request of help, after she was exposed to sexual harassment by Israeli soldiers and harmed. In your opinion, is this an on-going phenomenon that only came to light during the current Intifada?

- a. Yes b. No c. I don't know

67) In your opinion, has this phenomenon existed to some extent before the Intifada, but exacerbated during the current Intifada?

If your answer is yes, please explain:

68) Can you provide us with stories that you have heard of during the current Intifada, focusing on the harassment of Israeli soldiers of Palestinian girls and women?

69) Firyal is a wife of a martyr and a mother of two children. She was offered to get married to her brother in-law, who was already married, but she completely refused. What do you think of Firyal's behavior? Please explain.

70) Would you agree to force the wife of a martyred man to get married to her brother in-law or a relative of her husband?
a. I completely agree b. I would agree under certain circumstances
c. I don't know. It is a difficult decision d. I do not agree
e. It would be impossible to agree

71) Fatme has been severely injured during the Intifada. She has recently attempted to find a job but her parents prevented her from doing so. Instead, they want her to get married to someone and become his second wife, but she completely refuses to do so. What do you think of Fatme's situation?

72) What do you think of her parents' behavior?

73) In your opinion, is Fatme being exposed to violence?

74) Salwa is a previous political prisoner. She has recently decided that she wants to continue her education. However, her parents have asked her to get married to a relative to whom she does not want to get committed, and they have prevented her from resuming her education. What do you think of the situation that Salwa is in?

75) What do you think of her parents' behavior?

76) In your opinion, is Salwa being exposed to violence?

77) In your opinion, have many women been exposed to harm during the current Intifada, but have been forced to attend to their families, as if nothing has happened to their psychological well-being? Do you know of any examples of this kind?

- 78) Has the current Intifada prevented many girls from pursuing their education?
a. Yes b. No c. I don't know
- 79) Has the current Intifada restricted the movement of women, and decreased their ability to progress?
a. Yes b. No c. I don't know
- 80) Has the current Intifada caused a return to the enforcement of early marriage on girls?
a. Yes b. No c. I don't know
- 81) Has the current Intifada caused an increase in the violence of men against women?
a. Yes b. No c. I don't know
- 82) In your opinion, has the current Intifada increased the level of fear amongst girls of sexual harassment by Israeli soldiers?
a. Yes b. No c. I don't know
- 83) Has the current Intifada increased the level of fear amongst girls from sexual harassment within Palestinian society?
a. Yes b. No c. I don't know

84) If you have heard of forms of assault, please specify:

- 85) Has the current Intifada caused an increase in the number of women killed due to what is called "family honor?"
a. Yes b. No c. I don't know
- 86) Has the current Intifada led to the independence of women and their equality with men?
a. Yes b. No c. I don't know
- 87) Has the current Intifada led to the increase of the percentage of women working outside their homes?
a. Yes b. No c. I don't know

- 88) Has the current Intifada led to the increase of the percentage of women's violence against men?
a. Yes b. No c. I don't know
- 89) Has the current Intifada led to the increase of the percentage of women's violence against their children?
a. Yes b. No c. I don't know
- 90) Has the current Intifada prevented many from their ability to learn?
a. Yes b. No c. I don't know
- 91) Has the current Intifada affected the nature of a marital relationship?
a. Yes b. No c. I don't know
- 92) If the answer is yes, please choose the answer that is most relevant to your relationship:
a. The events of the Intifada have caused the deterioration of the relationship, forcing us to feel distant from one another.
b. The events of the Intifada have caused in the improvement of the relationship, bringing us closer together
c. The relationship is the same as it was before the Intifada started
- 93) Has the current Intifada affected the sexual relationship between a woman and her husband?
a. Yes b. No c. I don't know
- 94) Please provide us with examples from stories that you know of on this subject-matter:

Thank you for your cooperation

