



مركز الدراسات النسوية  
Women's Studies Centre

**Women, Armed Conflict and Loss "Phase 2"**

# **The Experience of Bereaved Women in Mutual Psychological Support**



**Dr. Hala Espanioly  
Sama Aweidah**

**September 2007**





Women Studies Center

*Freedom Dignity Equality*

**Women, Armed Conflict and Loss**

**Phase 2**

*The Experience of Bereaved  
Women in Mutual Psychological Support*

*Dr. Hala Espanioly*

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Phase II

## *Experience of Bereaved Women in Mutual Psychological Support*

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## Dedication

*To those who wiped the tears of the bereaved with their own tears and healed the wounds of others with their own wounds.*

*To those who swore not to keep their experiences to themselves but for the benefit of every bereaved woman, on the hope that she would not suffer the way they did.*

*To all bereaved supporters who worked during this phase, we dedicate this work, as a token of gratitude and appreciation to every single woman of them*



# Foreword

## *Palestinian Women and the Invasion Trauma Phase II*

**Sama Aweidah**

Director, Women Studies Center

The Center, that undertook to pursue freedom, dignity and equality for women, is determined to address all aspects that jeopardize women's freedom and dignity, and preclude equality. There is a need to identify our vision of freedom, our perspective towards dignity, and our definition of equality, in order to have holistic programs, and to formulate clear work strategies. Dignity is that of the individual everywhere and in each activity s/ he performs. Freedom is that of the individual in choosing his roles and needs without any interference from others. Equality is the environment that enables the individual to feel that he can achieve his/her freedom and dignity, without any discrimination because of sex, religion, race, color or age, etc.

The journey to attain this is a long journey. Hence, the need to identify priorities that compete and impose themselves, the more violence against women increases. Several social, political and economic factors combine and create together the most severe forms of violence against Palestinian women. Repressive Israeli measures against the Palestinian people never stop, and women are probably the group that indirectly suffers the most from these measures. She cares for the wounded, and for traumatized children; she plays the role of both father and mother when fathers are absented by these measures. She is the homemaker, who has to manage things away from her home, which the Israeli military demolished. She is the mother who heals

the wounds of traumatized children, wanted sons and unemployed husbands, but continues to be the 'minor rib', according to the society, and still seeks to actualize herself in a society that persists on her inferiority. I recall a teacher I had trained in one of the Center's courses, who asked me, 'When will a woman have a home?' I did not understand her question, and asked her to explain. She answered, 'In my father's house they used to say that girls are guests until each of them leaves to her husband's house. Today, every time I need, or ask for something my husband does not want to give, he tells me if you do not like it, go to your father's house. Where is my house, if neither my father's house nor my husband's house is mine?' Another woman I had met while gathering information for a study I had conducted for the UNDP in Jenin area said that occupation forces had arrested her husband and demolished her house. She moved with her children to live with her in-laws, but could not tolerate the inferior treatment, so she moved to her parent's house. She commented, 'conditions are better with my parents, but the house is still not mine, nor is it my children's; we do not have our own place'. Finally, I remember 'Um Musa', a woman I had met in Beit Sahour at the beginning of the second Intifada, who lived in a furnished apartment provided by Beit Sahour Municipality after Israeli occupation forces had demolished her house. She said, 'They eliminated 37 years of my life. Here I am starting a new life from a furnished apartment, to which I do not feel I belong. I do not identify with any of this furniture, and I do not feel safe because this is not my home'. Home is the common factor in the three stories, the symbol of wasted dignity and absent security, although sources of violence vary.

We had a determined choice to work with women under difficult conditions. The political conditions were imposing, and implied the need to address all these factors. Hence, we selected the topic of women, armed conflict and loss immediately following the massacre in Jenin Refugee Camp. This constituted a qualitative addition to the work of WSC. The first phase of this project was a pilot project we had implemented during 2003 and 2004 in three areas: Nablus, Jenin and Bethlehem. It aimed at developing Palestinian strategies that suit the reality of Palestinian bereaved women (those who suffered the loss of a dear person, a house or even their source of living) and enable them to coexist with their loss in the best possible manner. The documentary study, published in November 2004 covered that period<sup>(1)</sup>. We evaluated the experience, and decided to continue phase II of the project, which we also consider a pilot project, through which we attempted at developing a bereaved-to-bereaved approach, as we worked with some bereaved survivors we had worked with during phase I, to enable them to apply strategies developed then. The aim is to further outreach to confront the

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(1) Abu Baker, Dr. Khawla, Kevorkian, Dr. Nadira, Aweidah, Sama, and Dabit, Elias: 'Women, Armed Conflict and Loss-The Mental Health of Palestinian Women in Occupied Territories', Women Studies Center, November 2004.

growing Israeli violence, to empower the bereaved, and to develop work mechanisms. This is an attempt to document the experience, and make it available to all parties, male and female individuals concerned with confronting the violence of occupation and providing psychological and social support for its victims.

I also wish to express gratitude once again to the Swedish institution Kvinna Till Kvinna, to Dr. Nadia Kevorkian who worked with us during phase I, as we together developed the project design and implementation, to Dr. Khawla Abu Baker, who played a major role in implementing phase I, in designing phase II and guiding it through its first months. I also wish to thank colleague Hadil Abdo, and Maysaa Sijaj who accompanied phase II of the project, and Dr. Hala Espanioly, who joined us towards the end of phase II in documenting it. Field coordinators played a major role: Rawda Al-Basir in Nablus, Kifah Manasrah in Bethlehem, and Hanadi Shabrawi in Jenin, were not only coordinators, but also supervisors, leaders, and a warm resort to all the bereaved. It would not have been possible to accomplish the task without them.

Finally, I extend a profound expression of gratitude and appreciation to all bereaved supporters.<sup>(2)</sup> Despite their injuries and pain, they were capable of extending support to other bereaved women. They shared pain, exchanged experiences, healed wounds while their own continue to bleed, defied pain with dignity, and made a statement, that freedom and dignity are supreme to agony, and giving for the sake of good deeds and humanity actualizes and empowers self. To them once again, we dedicate this study.

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(2) See a list of the names of bereaved supporters.



# Introduction

AS indicated above, this study aims to document phase II of “Women, Armed Conflict and Loss” project, which WSC had initiated in 2002. During phase I, we listened to bereaved women, with the aim of creating new knowledge structures that enable us to develop effective intervention programs. We developed certain tools that made women’s voices heard, as Dr. Kevorkian had pointed out in the phase I study mentioned earlier (pp. 12, 13). The methodology adopted in phase I ‘exceeded disclosing the premises, or listening to, or acknowledging intuitive knowledge, since these factors alone would not improve the material conditions of the oppressed’. Dr. Kevorkian added, ‘our efforts may provide comfort, stemming from words or understanding that may help interpret some experiences, but they do not protect people from agony and suffering’. Consequently, we worked with survivors and service providers, through individual interviews and focus groups, as well as through support groups, in order to develop different strategies and mechanisms that would contribute to alleviating part, and not all suffering of bereaved women, in order to enable them to coexist with loss, and resume the best possible form of life. Loss is a human status that cannot be ignored, or overlooked, in the sense that neither we, nor any other party, can claim success in providing remedy or eliminating its consequences.

Phase I primarily focused on constructing a theoretical comprehension of the nature of loss, in the context of political, social and economic developments in the Palestinian society. We utilized different mechanisms, which not only aimed at attaining knowledge, but also at formulating an intervention system as mentioned earlier. We also experimented it with a number of bereaved women in Nablus, Bethlehem and Jenin. The system was presented to all stakeholders at the national conference held in Ramallah in cooperation with

the Ministry of Women Affairs, and sponsored by the former Minister of Women Affairs and women activist Zahira Kamal. The results were significant, as revealed by our internal evaluation and the external evaluation conducted by Dr. Leila Atshan, hence the decision to continue the project, and develop it in order to reach out to the largest possible number of bereaved women. Our choice was to experiment the bereaved-to-bereaved methodology, which we had also evaluated internally, hosting all bereaved supporters and the recently bereaved women in a workshop held in Jericho and facilitated by Khaled Nabris. Dr. Fadia D'eibes conducted on the other hand the External evaluation. We hereby document the experience, in order to make it available to all those who are concerned with loss in the Palestinian society, rather than keep it to ourselves.

## **Course of Work**

The project coordinators in the three regions, the Center's Director the Project Coordinator and the professional consultant together studied the project, focusing on finding means to reach out to the largest possible number of bereaved women. The core issue was to find the most efficient mechanism that enables this outreach, hence the idea of the bereaved-to-bereaved experiment. The next section identifies the advantages of this approach, which caused us to opt for it. We worked in the following manner:

- 1- We reviewed phase I of the project, and the final evaluation report of Dr. Leila Atshan, and determined the starting point.
- 2- We selected a number of bereaved women with whom we had worked earlier, and involved them in phase II. We took into consideration several factors, including the geographic distribution in order to cover the widest possible areas, the diversification of the form of loss, freedom of movement of the bereaved, the willingness of the bereaved to participate in this effort, and the personality of the bereaved and her community leadership capacity. Dr. Khawla prepared a questionnaire, which the field coordinators filed for 45 bereaved women, and 10 bereaved women were selected from each region.
- 3- We identified the training needs of the bereaved supporters.
- 4- Towards the end of August 2005, the bereaved women attended a five-day training course by Dr. Khawla Abu Baker, who trained them on three intervention strategies: the support group strategy, the individual intervention strategy, and the preventive public education strategy. Each bereaved woman examined role-playing with the group, in addition to train on several important aspects of the concept of loss.
- 5- A performance evaluation was conducted, where the bereaved women were given the choice on whether to participate in the project or not. Six bereaved women

were selected from each region, most of whom were committed, while a few quit for personal reasons.

- 6- Coordinators were assigned to gather support expressions, popular proverbs and sayings and verses from the Qur'an that encourage acceptance of loss, for the use of the bereaved supporters with the bereaved women.
- 7- A map was drawn of all institutions that provide financial support, house repair or maintenance, psychological support to persons in difficult conditions, wages for prisoners and others, in order to cooperate with them and transfer to them some cases during the implementation of the project.
- 8- The field coordinators, prepared the public education material, and made it available to the bereaved supporters for use during their work on public education and awareness.
- 9- The consultant prepared guidelines for work on individual cases that included the main issues that the bereaved supporter must bear in mind upon visiting recently bereaved women. The bereaved women split into teams of two: One team worked with individuals, another with support groups and the last in public awareness on means of addressing loss, and the role of close persons in dealing with bereaved families.
- 10-The local coordinators prepared the support groups program based on the intervention strategy adopted in phase I of the project.
- 11-The project team gathered lists of martyrs, wounded, prisoners and owners of demolished houses from several parties, such as popular committees, Martyrs' Families and Inures Care Establishment, and other human rights organizations that work in documentation.
- 12- The project team conducted visits to a number of recently bereaved women, during which the bereaved supporters presented their own experience during phase I, how they benefited from the project, and its impact on them. The aim was to involve them in the project and work with them during the coming period. The project team presented the idea and program of the project, as designed by the consultant and field coordinators Rawda Basir, Kifah Manasrah and Hanadi Shabrawi.
- 13-Indeed, following a month of preparations, during which the three field coordinators followed up the bereaved supporters, and accompanied them with their different visits, the project team made a list of all the bereaved with whom we would work, but kept it open to add new women, bereaved by the events that never stop in the three regions.
- 14-Field coordinators intensified their meetings with the bereaved supporters in order to review the training material and develop action plans at three levels: group

work, individual work public education and role-playing among the bereaved.

- 15- The first meetings were held between the bereaved supporters and the recently bereaved women. Field coordinators met bereaved supporters at least once a day prior to their meeting with the other bereaved women, in order to prepare agendas, and review work mechanisms based on intervention strategies formulated during phase I of the project, and that had proved to be accurate and efficient. Field coordinators were keen on meeting with the bereaved supporters after each session in order to evaluate and provide guidance. During the first sessions, the bereaved supporters faced the problem of identifying with the recently bereaved women, recalling their own experiences with loss that have definitely not gone away. Field coordinators gave the bereaved supporters the opportunity to vent their feelings and practice some relaxation exercises following each session in order to alleviate the pain. They also ensured that sessions were intermittent on a monthly basis, in order to help bereaved supporters restore balance and analyze the experience. One of the bereaved supporters said, 'as I heard stories of the bereaved women I felt I was treating myself'.
- 16- In addition to following up implementation of the plan, the field coordinators accompanied the bereaved supporters to some visits in order to follow up, evaluate performance and provide guidance.
- 17- Bereaved supporters reported to coordinators following every individual visit, group session or public gathering, in order to discuss, exchange feedback, and consult on some difficulties they were facing or unclear issues they had to address. Coordinators reported to the professional adviser, who discussed these reports individually with coordinators, providing the necessary feedback and responding to any queries. The withdrawal of the professional adviser obstructed this process, and the process lied in the hands of the coordinators, who had sufficient scientific and practical experience, enthusiasm for the project, a sense of belonging to it, and a general sense of moral commitment to bereaved women, that made them put the interest of bereaved women first.
- 18- It is worth noting that several cases of loss occurred during work. Bereaved supporters and coordinators worked with them directly. The bereaved supporter, sometimes with the coordinator, visited the bereaved woman at a very early stage, as soon as they heard the news of the loss (martyrdom, arrest, house demolition, etc) and started working with her ever since the start, trying to let her avoid some of the mistakes they had committed. Such mistakes include insisting on bidding farewell to the martyr by his mother or wife. They would encourage her to cry, prevent others from urging her not to cry in addition to other practices that she had suffered from upon her loss. It is now her turn to spare the recently bereaved woman such suffering, and to try to convince her to join the groups that were being formed after a while.

19- The project team coordinated with several institutions to conduct weekly public awareness meetings, in order to raise the community's awareness on means of dealing with loss and grieving women. Condolence halls and other gatherings were used to this end. The bereaved supporter educated people on how to treat them based on her own experience. The number of attending persons varied between 10 and 45, depending on how active the inviting institution is. Bereaved supporters were usually welcome because of their loss, but sometimes faces negative attitude. Their belief in their work, though, enabled them to confront all challenges. They used all community and religious pretexts to prove their point of view. For example, some supporters faced opposition upon encouraging the grieving woman to cry, based on wrong interpretation of religion, which says that weeping causes torture to the martyr. Bereaved supporters would use religion-based responses such as: Prophet Mohammad Peace be Upon Him cried over his son Ibrahim.

### **The study also aims to:**

- Identify the results of psychological pressure on Palestinian mothers and their children, because of political violence that led to the loss, from a gender perspective, in order to unveil the reality of women and their conditions in a patriarchal society.
- Attempt to identify mechanisms that women use to adapt to and alleviate mental stress and cumulative traumas (coping and adaptation strategies).
- Attempt to evaluate individual and group work methodologies used by bereaved supporters and targeting bereaved women, i.e. the bereaved-to-bereaved approach.

### **Methodology**

The study adopts the qualitative research methodology, documented project coordinators. Individual and group meetings in Jenin, Nablus and Bethlehem were documented. These included 13 individual activities meetings in Jenin and Bethlehem, and 32 individual activities in Nablus. Each activity consists of three individual meetings. There were also two working groups in each town. Each working group consists of 12 meetings.

### **The research methodology contains two parts:**

- 1- To analyze the impact of political violence on women and children with the narrative approach. Based on what women had narrated during group session as well as individual meetings, we will try to deduce some indicators about their daily suffering and the extent to which political violence has affected them, their

children and their families in general. At this stage, analysis is based on inductive categorical analysis, in the sense that no previous criteria are used, but are induced from the scripts.

- 2- To evaluate work methodology adopted by the bereaved supporters. This is an evaluation of the methodology and its impact on participants as well as on the bereaved supporters themselves. It also includes an evaluation of the guidance skills that supporters used, and their means of support to the bereaved women. This type of analysis is a holistic analysis, but also utilizes categorical analysis.

# 1

## *Section One*

### *Impact of Political Violence on the Mental Health of Mother and Family*

#### **1- The Suffering in a Mother's Life: the Cumulative Impact of Loss:**

**P**alestinian men and women under occupation are under continuous threat to their lives, which causes an atmosphere of fear and anxiety, mental stress, tension, depression, confusion, nebulosity, inability to predict, continuous anticipation of trauma, lack of control and other hard and painful feelings.

Women may feel the impact of occupation more than others. In addition to direct exposure to occupation policies, where she suffers with the family from injury, siege and martyrdom, she is also the mother, wife, daughter and sister of one or more martyr or a prisoner, causing her numerous losses. While she may not be the direct victim of, she feels the pain and suffering of her children, through the nightmares she and her children face. She is mostly sleepless because of her fear and concern over her wanted son/husband, or in fear of night incursions, or in apprehension of another trauma.

Women also suffer from denying them visitation right to their imprisoned beloved ones, and wait for days and nights, sometimes even months, in order to get permits, to no avail. Moreover, because of the husband's absence, a woman is obliged to shoulder all the burdens, and perform all his duties, including providing for the family, which due to gender based traditional division of roles in the society, she may not be ready to perform. Consequently, her suffering aggravates.

Furthermore, she suffers from living as a woman in a patriarchal and repressive society that silences women and denies them their basic rights, which leads to aggravating their suffering, a mix of occupation and community oppression.

Hence, it is necessary to identify the psychological impact of loss, and its negative impact at different social, personal, familial, economic and other levels. Our experience throughout this identified the daily suffering of women and families of which we mention the following:

### **Numerous loss:**

The Palestinian home suffers from loss and deprivation, not only because of martyrdom. Most mothers speak of more than one prisoner, wounded and martyr in the same family. We can barely find a Palestinian family that has not gone through the experience of martyrdom, arrest, house demolition or all of the above. This by itself has an extremely negative impact that leaves scars of daily suffering and reflect on mothers and families in general, to the extent of attempted suicide, according to one mother who said, *'I cannot take it anymore; Once I attempted suicide by taking some drugs, they had to clear my stomach'*.<sup>3</sup>

The following quotes reflect the extent of suffering of mothers resulting from loss and accumulating mental stress that lead to losing the ability to rally internal strength for adaptation. Numerous losses lead to a cumulative feeling of pain, bitterness, frustration and despair, which makes it difficult to adapt to loss, cope and resume a normal life.

A mother of three prisoners says, *'I have tolerated much, until my daughter was arrested, then I was frustrated, and failed to stand up on my feet'*. Um Tamer says, in an attempt to deny the martyrdom of her second son, *'I cooked and did not believe, and said you want to burn my second son, the first one is enough; wait till the evening... My clothes were wet, and I took them off; I felt cold; with the talk around me, I froze and started taking off my clothes in front of the people; they said I went crazy'*.

Um Amer shares her community suffering as a woman, and her suffering from political violence, which aggravates the scuffling community oppression: *'During my whole life, I have been facing difficulties, and I faced them solidly. I was weary with my husband, then I lived with my sons, but here they are martyrs, and the other one is in jail. I thank God he is in jail and God protected him. One has nothing but prayer and patience'*.

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(3) It is important to assert that all quotes have pseudonyms, but are quoted exactly as in documented statements of the bereaved women or bereaved supporters. There was no change in narration style or language. Only names have been replaced with pseudonyms.

Um Samer adds in description of the painful memories of her husband and two sons, *'yesterday I was very upset, and frustrated, as I felt I was about to have a heart attack. Yesterday they were all with me; I remembered everything together: my husband, my martyred son and my imprisoned son. They were all with me, and I felt I was about to explode but could not weep'*.

### **Multiple responsibilities:**

Responsibilities of women increase following loss, not only in the absence of the husband, but in his presence too. Men suffer from the loss of their sons and their livelihood, and mostly give in to despair and leave the burden to women, who feel the pain of their children and try to help them, even at their own expense.

Um Ahmad says, *'I shoulder the whole responsibility. I go to the mason and to the municipality'*. Another woman responds encouragingly, *'there is nothing wrong with that. I am responsible for everything; responsibility does not always have to be left to men'*.

When a family member is wounded and disabled, and needs intensive care, all these responsibilities fall on the mother. This suffering remains within the house, where no one feels it. Um Samir describes her suffering with her wounded daughter for fourteen years, *'I have been trying to find someone to help me for fourteen years. I needed a wheel chair, diapers and a bed. The doctor's report said she had 75% disability. She gained weight because she remains seated, and I could not bathe her; I asked for a bed in order to be able to do that, but no one responded'*. She adds, asserting men's authority in the patriarchal society, *'even my son in law prevented my daughter from helping me and convinced her that her sister has a contagious disease'*.

Caring for the wounded is the sole responsibility of the mother, even when such care is for the son's male genitals. Um Ali says, *'when my son was wounded, I did not realize that he would need such responsibility. I was not aware of my son's condition; I did not imagine that he would lose everything'*. She continues to describe the difficulties she faces, *'sometimes I cannot find a medicine for him; he needs a form of gel to insert the urine valve. I wake up at night and change the urine collection bag; no one helps me. His father wakes me up to remove the urine collection bag; he relies on me. These injuries break the heart, but no one cares. Only the mother feels the pain'*.

She continues to assert that a woman suffering is a blend of her suffering from the incident itself, and the patriarchal social context, which imposes its scuffling constraints on women, who have to tolerate the suffering inside their homes too. *'My tragedy lies inside my own home, I am upset with his father; I get upset when*

*I feel that he is disturbed by his presence. Sometimes he wonders, in front of my son, whether it would not have been better for him as well as for us, to have been martyred. I got used to this painful situation; my son dies in front of me day after day, and I can do nothing for him’.*

### **Loneliness and emptiness:**

The bereaved women often suffer from loneliness and emptiness even with the presence of other family members. Loneliness is painful, especially with the status granted to the martyr, which makes parents feel the large vacuum he had left behind.

*‘My son Mohammad who is currently in jail is the one who opened that door again, caused my relapse, and forced me to continue to think and talk to photos. The martyrdom of his older brother, the pain his loss caused, the loneliness and emptiness that he left behind was not enough. Now it is him too. May God forgive him. I swear to God I cannot handle any other trauma’.* Another mother says, *‘My martyred son left a huge vacuum. When he would enter the house he would call me by name, dance and sing. He was the youngest and I was very attached to him’.*

### **The Meaninglessness of life:**

One of the most difficult symptoms resulting from loss is losing the meaning of life. According to existential psychology, man cannot be comfortable and perform his ordinary functions of life unless he finds a meaning and a purpose for living. Many mothers feel that their lives are meaningless and that they have no purpose to continue to live after losing the most valuable persons for them, their sons.

*‘Since he was martyred I have been wondering why I should outlive him.’*

*‘Life without him has no taste, he was the dynamo of the house’.*

*‘When I lost Samer, I lost the most beautiful smile, I lost life; after him life is gloomy’.*

Safa emotionally tells the story of losing her fiancé one week before her wedding, and after finalizing all wedding arrangements, describing the impact on her mental condition, and asserting that she no more feels life or joy. She says, *‘I am suffering from a difficult mental condition; I feel depressed; joy has left my heart; how do you want me to feel, when I had already printed the invitations and prepared for the wedding, when my fiancé goes. He was martyred in the neighborhood. I wrapped him in the blanket that was bought for the wedding. They brought him and buried him at our door. I sprayed him with the wedding perfume. How can I have a meaning for life? Now it is impossible for me to marry, I cannot taste life anymore’.*

## **The trauma of getting the news of loss on Television**

Many mothers suffer from the first shock of getting the news, because of the absence of specialized bodies that would gradually inform parents of the loss of their beloved. They often get the news from the radio or Television. Um Ayman says, *'We were watching television when they said that Ayman was martyred. They wrote the news flash on the screen. I went into the room where they kept the wounded; maybe it was someone else; I could not grasp the situation, and did not know where to go'*.

One participant described the martyrdom of her eight and 11 year old nephews, who had been visiting her; they got killed the moment they stepped down to the street. She said, *'I was still at the neighbors, when the television announced the news. I could not contain myself'*.

## **House Demolition**

Most Palestinian families suffer from total house demolition. In many cases, this leads to wiping persons from existence, and losing hope in life. We also notice, however, dialectic of destruction and construction among Palestinians. When the Army demolishes a home, most people are rally to rebuild it. A bereaved woman described her mental condition after her home was demolished for the first time, how the Army beat her husband severely, causing him hemiplegia, how they restored hope in his recovery and in rebuilding the house, but this happiness did not last, as the Army demolished the house again, *'My children and I were mentally ruined. They destroyed any hope we had. After my husband recovered and returned home, the Army demolished the house again'*.

A mother described how their house was demolished over their heads without any prior notice, the martyrdom of her son, and the heart attack her mother got, *'as I went to put my younger son to sleep, the façade (wall) fell down, and we found ourselves under the soil. My husband was covered till his neck, but we were not. They took us, and my son had been martyred. Following that, my mother had a heart attack and died immediately'*.

Another woman added, *'my husband spent two years in jail during the first Intifada, during which I lived under difficult conditions, as I was newly wed. During the second Intifada, our house was partially demolished and we lost many items; I felt that one has lost too much...'*

Um Farid compared house demolition to rape especially that she had moved to her new house only one month earlier, *'I begged the Army not to demolish my house, I felt they were usurping my right. This house is my life savings, and one has toiled so much until it was built'*.

A paradox we recorded was how house demolition causes psychological relief. Um Samir said, *‘when they demolished my house I was relieved, as after that they will not knock our door and terrify us every night’*.

### **Permanent fear from Incursions**

Permanent fear from incursions leads to instability in life and a feeling of lack of control. Incursions usually occur at night, during which several violations occur, including random killing, collective house demolition, physical violations, verbal and physical violence, and sometimes, there is sexual abuse, which causes permanent fear and anxiety.

*‘God, what can I do? Jews invade the Camp and shoot every one. I am the first one, what shall I do? Yesterday, they shot a youth who was going to work. They took his clothes off; the scene would make anyone cry’*.

*‘Every time Jews enter the Camp, we get ready, prepare ourselves and get dressed. They threaten to demolish the house again, We resort to God, the trustee’*. Another woman described what happened to her during the invasion and her suffering from the obscenity of soldiers, *‘I was too scared and terrified, I left ten days after the invasion, and following a lot of suffering. They searched us on our way out; the soldier was in the bulldozer, and started telling us indecent and bad words, I felt cramps in my stomach and fell down’*.

Another mother said, *‘I hate night; I remain scared because my whole life is a tragedy. The Army entered during Eid and assassinated one of my sons...’* Another woman stressed the feeling of instability and discomfort even during sleep, to the extent that they keep their day clothes on, *‘a woman cannot relax in her night wear, but sleeps with her clothes on; we have no stability at all’*.

### **Storming and vandalizing houses**

Houses are usually stormed late at night, without any consideration for sleeping children. The Army enters and orders everyone to evacuate the house in order that they search, or rather vandalize it. The suffering of children because of the storming operations, their fear from the savage dogs, and the cold they feel as they stand outside the house late at night constitutes daily practices of the Occupation Army. These affect the mental health of children for long periods, unless they are treated at an early stage. In many instances, they stay under the rain to suffer from cold and storms.

Um Mohammad described the brutal and humiliating behavior of the Army, and their inhuman treatment, as if they were not dealing with humans (dehumanization), to the extent of forcing a one-year old to undress in order to search him, *‘The Army came at 2 a.m., entered with their big dogs, searched the house and vandalized*

everything. They took out the food from the freezer, threw the washing machine upside down, broke the bed and the door, and asked my children to undress again. They even searched the youngest that is only one year old. They asked me to lift my prayer dress...’ One can easily imagine the psychological impact on children and the scars that are not easy to remove in the future.

Um Ahmad complained of painful memories during Army house search, as they not only search one house, but also all houses in the neighborhood that usually belong to the same family. Sometimes all the houses are demolished. *‘That night, which I pray to God would not be repeated again, they knocked at my brother in law’s then at our door. It was a rainy night, and they asked everyone to step down. They searched the house and ruined it. After two hours of suffering, they called on the youth and gave them back their ID cards, except for Mu’ayyad, whom they took in his pajamas and slippers. His uncle followed him to give him his jacket, but they refused to give it to him.*

Women also mentioned that while they were chasing a wanted person in the western side of Nablus, occupation soldiers, accompanied by dogs, stormed a house, where the dog attacked a forty-year-old woman. One can imagine the extent of fear and humiliation the woman and her family were subjected to, in addition to those who watched the incident particularly that religious people consider dogs impure and do not allow them indoors.

It should also be noted that the brutal Army practices inside houses, ruining food supplies, including spilling grains, rice, sugar, and oil, inflict enormous financial loss on households, as these supplies are stored to last for a certain period.

### **Permanent concern for the wanted son**

Most mothers suffer from permanent concern, fear and worry in anticipation of trauma. They cannot tell what will happen at any moment, especially when a family member is wanted. He mostly lives as a fugitive, does not come home and his mother would know nothing about him, but feel the worry and fear for his fate. One mother said, *‘my son is like a vein to me. When they took him, my life turned dark, and while he was chased, I was always alert’*. Another mother described the life of her wanted son, *‘I did not know whether he was alive or dead; when they removed rubble with bulldozers I always watched and wondered where were you my son...’* Many mothers prefer their sons to be in prison rather than chased, because they believe that in prison they are protected from being killed. Mothers mostly suffer from an internal psychological conflict to choose between two bitter options, or the so-called avoidance- avoidance conflict<sup>(4)</sup>. When a mother prevents her son from escaping the Army, and prefers him caught rather than chased, or shot dead.

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(4) Look at the book ‘Communication Skills’ by researcher.

*'When the Army came to arrest him, he tried to run away. His brothers and I hugged him and begged him to stay with us, and told him that no matter how long imprisonment can be, if he goes out and the Army shoots him then it is a catastrophe and we will lose him'. Another woman said, 'The last time they arrested my son on the Eid day. I opened the door while my son was asleep in his bed. I refused to wake him up, so that he would not run away; I was scared for him'.*

Obviously this conflict involves grave psychological suffering, leaving the mother with feelings of sorrow and pain for the loss of her son and his arrest on one hand, and a lot of anger too, and possibly a feeling of guilt because she failed to protect her son. The concept of the 'mother protector' does not apply to Palestinian mothers. Such a conflict causes cognitive and emotional dissonance, according to Dr. Khawla Abu Baker in the first section of this study.

### **Waiting for visitation**

The daily suffering of Palestinian mothers that accompanies the arrest of sons/daughters includes her deprivation of visitation. Not only the woman is the mother of a male or female prisoner, or the wife of a prisoner, but is also denied the basic right of getting a visitation permit. She often has to wait for months to get a permit; in many cases, she is denied a permit either for security purposes, or because of closures and curfews, or even as a punishment for the prisoner. The right to visitation is, however, a basic human right that the international conventions safeguard.

*A mother said, 'the largest source of concern for me is that my son has been in jail for three years, and I have not visited him even once, My son is sick, and my heart is broken for him. I wish to visit him but I am denied visitation for security purposes. I am in bad shape, and my whole life is bitter; I am in pain for the imprisoned and for the wounded and the martyr'.*

Um Amer, A mother of three prisoners said, *'We were denied visitation; my younger daughter was 11 years old, and was the only one to visit them because only she got a permit'*. Um Amer described how she had to send her young daughter with the neighbors in order to deliver things and check on her sons. She also described the happiness of her daughter when she came back from visits, and how the other boys and girls envied her because they could not visit their bothers. Imagine the kind of responsibility this 11-year-old girl has taken.

Um Tamer said, *'I am too weary; My son is in jail and I am not allowed to see him. The have banned any communication with him, Even his things which we had sent to him were sent back. My son was arrested, and his brother had been martyred earlier. No one is responsible for me or for my daughters'*.

Even when parents receive long awaited permits, they cannot fulfill that wish

either because of closures, or of curfew that may be imposed during the validity of the permit, or any other reason, as the following quotes point out:

*‘Neither his father nor I can visit him for security reasons; they gave permits to my daughters but there was closure during the validity of the permit, hence it expired’.* Um Salam described how her sons and daughters arrived to the visit, but not allowed to see their brothers despite the permits. That was a punishment for the prisoners because they were on a hunger strike.

*‘My sons were extremely upset because they failed to see their bothers, despite the permits. It is the first time my older daughter gets a permit, and she could not visit because they were on a hunger strike. They told her we would let you visit him if you convince him to eat. She had not seen her brother for a year and a half; only one meter separated her from him, but she could not see him. She burst in rage because of that’.*

### **Depriving parents from receiving the bodies of their martyrs**

Some women are deprived from visiting the dead, because they did not receive the body of the martyr and could not bury him. A mother said, *‘I was in grave sorrow as I saw all the people visiting graves of their sons and family members, while my son has no grave like other people. I always feel the sorrow especially on the Eid day’.* Another woman said, *‘four years have passed and I did not receive my son’s body; alas, where can I visit him??’*

The religious considerations of not burying the dead must be taken into account, as principles of Islam stipulate to ‘honor the dead by burying them’, which means that failing to bury the martyr is a loss to his honor. This is linked to the parents’ feeling that the body of the martyr is not at rest, which is a source of continuous concern.

### **Difficulty in access to hospitals**

Several casualties occur during curfews, which impede access of ambulances to the wounded, and later to the hospital. The mother remains with the wounded at the hospital alone, a situation that may last for weeks. Um Ra’ed, who stayed at the hospital for 30 days alone, and no one could visit her because of curfew said, *‘one night the Army entered and imposed a curfew. My son and I were sitting at the balcony, when suddenly we heard shots. My son and I were shot. They called the ambulance, which arrived after three hours, and took us after my son bled heavily. The Army stopped us for a whole hour, as neither of us had an ID. They took my son to the morgue, but later found out he was breathing slowly, so they took him to recovery room. We stayed alone and no one could visit us because the whole town was under curfew’.*

Denying access of ambulances to certain areas is yet another issue, as it causes the death or the deterioration of the conditions of some wounded persons.

## **Permanent restlessness in anticipation of the next trauma**

Among the symptoms that accompany traumas are feelings of lack of security and permanent anticipation of another trauma. This phenomenon occurs even when only one trauma is involved. It is a fortiori even more applicable when the experience is an accumulative trauma, which leads to numerous disasters and losses.

The following quotes reflect the extent of permanent tension resulting from the anticipation of a new trauma, which leads to a feeling of instability in life and inability to predict what would happen. Palestinians mostly live under conditions in which it is difficult to plan, and to continue to live within the laws of life. It is even difficult to plan for joy, and when this happens, it is surrounded by anxiety, which makes it difficult for people to feel the real joy.

One mother said that they had been expecting their son to be released from jail joyfully but were also anxious and worried of the next trauma too, *'we remain afraid that he will get administrative detention, because it happened to many others. His friends await his release, and are preparing for a party; may God bestow his good on us'*. Another woman waits with concern for her son's wedding, *'the more the wedding gets nearer, the more heavyhearted I feel because of the conditions. Everyday there are killings, shelling and assassinations. I swear to God I am always afraid and concerned. I am afraid that once the wedding starts, the Army enters or shelling starts'*

The daughter of a family that had suffered three losses, and who suffers from permanent fear from recurring trauma said, *'after all the disasters that happened to us, we became too scared, and we anticipate similar trauma as if another horrible thing will happen to us'*.

A female released prisoner said, *'after my release, I was afraid they would arrest me again and I did not want to go to school'*.

## **Painful situations**

Israeli soldiers use many stressful psychological practices in order to break resistance and humiliate the people. Among those practices is the attempt to exert pressure on mothers and recruit them in order that they turn their sons in, a situation that puts mothers in enormous inner conflict with themselves. Women in several cases find themselves in a painful position where they are required to cooperate in order to turn their sons in. They are summoned for humiliating investigations, and exposed to harassment, insults and indecent words to exert pressure on them to turn their sons in, *'they wanted me to call on him through a microphone and ask him to surrender'*.

*'Yesterday, the Army came to the families of wanted youth, took Um Sa'id and Um Samer and Salim's wife so that they would turn them in by themselves; they took them four times and released them to exert pressure'.*

Um Samer said, *'They took us out at midnight under the rain, went in and ruined everything inside the house. The Captain came to me and whispered to me as if I was his friend; he told me that they surrounded Samer and that he was at Al-Mashrou', surrounded by dogs and beasts. "I want you to come with me and ask him to surrender so as not to die". I went with them and found between 200-300 soldiers surrounding Al-Mashrou.' He asked me to call on Samer, so I did: Samer, Samer, Samer; The soldier asked me to raise my voice...*

### **The Economic conditions**

In patriarchal societies, the husband is economically responsible for providing for the family. He is mostly the sole provider, and this is a primary component of the system imposed by the society in order to subjugate women. The conditions in which Palestinians live, of occupation and continuous political violence, have undoubtedly aggravated the problem of forceful unemployment, because of limited job opportunities and closures, which have caused the husband to lose livelihood. This may lead to a loss of his male authority, and may result in several psychological symptoms. When the father feels the incapacity he becomes nervous, violent, frustrated, desperate and depressed. Some attempt at restoring their lost authority through imposing their male dominance, by restricting women, and preventing them from going out, in addition to other behavior that reflects on marital relations and aggravates mothers' suffering.

Um Mohammad described the situation as such, *'since five years, the outbreak of the Intifada, and the lack of employment, my husband has changed; he is always nervous, and fights with me, he does not want me to go out; when I answer back he gets even more nervous and the problem gets bigger'.*

Another woman complained of hardship, which made her take her married sons in her house, creating tension and problems for her and for them, *'when my sons' conditions deteriorated, I brought my son and gave him and his family the guest room'.*

Um Samir stressed the heavy burden of mothers and the exchanged roles between men and women, especially when women become the source of livelihood for the household because of their ability to work, to sell some homemade products, or because they receive martyrs' benefits. In this case, she becomes responsible for running the finances of the household, which may make the husband desperate, angry, nervous, and has negative consequences on the family. *'My son Khaled had saved*

*some money and he wanted to rent a house, and spent all his money on the house and his father. He gave the remainder and asked me not to deprive his brothers from anything. Eight years later, his father worked as a doorkeeper at one building, but his salary was not enough for electricity, water, university tuition for my daughter and house rent... When Samir was martyred, they gave his allowance to his mother. Now I am responsible for the house; I pay for the electricity, university expenses and occasions. This has caused stress to my marital relation; my husband is no longer responsible for the household; the problem with us is that when you are responsible, then you are the man'.*

Um Haitham spoke about family disintegration resulting from the loss of her husband for his livelihood, and its impact on his role as a father and a husband. His mental condition deteriorated and he became dependent on his wife in everything, to the extent that she described him as follows, *'I felt that he became useless at all levels and I became a father and a mother'*. Despite the importance of changing the traditional distribution of roles among men and women, such forcible change resulting from trauma harms family relations and is detrimental to men's ability to cope with the consequences of trauma.

### **The impact of loss on marital relations**

Psychological, economic and social difficulties that women suffer also reflect on marital relations, as sexual relations between couples, particularly after losing a son, become a luxury women deny themselves. Women feel that sexual intercourse gives them pleasure, and this does not conform to the code of mourning, which means abstaining from all forms of pleasure. Such sexual dysfunction is usually one of the symptoms of trauma for women. Surprise raids to houses at night without any prior notice have also become an obstacle to sexual relations between couples.

Um Salem said, *'after the martyrdom of my son the relation has weakened. In the beginning, it was very hard for me to look at my son's photo when my husband approached me; God forgive me; and I felt I did not want this marital practice. I still feel that we have grown old and our mindset is not at ease with these relations... I like to sleep pure clean, as I fear the Army would come; when I am impure, I get nightmares'*.

Um Samer added, *'my husband always tries, but it is not in my hands. I remember my sons' blood. The age difference between us is three years only, and he says that he excuses me and feels with me. I care for his food and drink. My sons were in jail before they were martyred, and during that time I would not let him either'*.

Um Ahmad added that she abstained from marital relations in fear that the Army would enter, as they usually storm houses at night, *'you know this relation is quite*

*sensitive, and there is the fear that the Jews would come to us at any night'*

Um Salim said, with an implicit blame to the husband, *'my relation with my husband was affected; I could not sit with him the way I used before; I could not control myself. I felt upset with my husband because he used to beat my son; I feared that if he pushed him any further, he would run away in front of the tanks'*

Women try to find for themselves justifications and excuses when they wish to talk about proper marital relations after martyrdom. One of them said that she dreamed of her martyred son asking her to sleep with his father in the same room; another said that she was concerned for her husband, hence resumed normal relations. Only one case asserted that marital relations helped her face the pains and gave her mental comfort.

*'Since my son was martyred, my husband and I slept in separate rooms; for three moths I would wake up to hear him crying, I went back to sleep with him because I was worried about the impact of trauma on him; I resumed relations with my husband'*.

Um Nazih asserted that, *'God has legitimized this relation; it comforts both sides and increases the feeling of love between couples'*.

## 2- Community Problems

### Loss of community support to women

Although the Arab society in general and the Palestinian in particular are characterized by social solidarity, such solidarity often vanishes when it clashes with community norms. In many cases of loss, we find bereaved women under different forms of community pressures, and do not receive the necessary community support because of being women. Such atmospheres undoubtedly prevail among families that originally suffer from inherent conflicts and problems that find an enabling environment to surface. We found that most bereaved women suffered from a lack of community support, particularly from close family, and in-laws, especially if the husband is either martyred or imprisoned. A woman expressed the situation as such, *'I swear to God I feel like a tree standing in the desert, and finds no one to treat it with affection, neither my family nor my husband's'*. The wife of another prisoner described her suffering with her in-laws after her husband was imprisoned, and which reached the extent of physical violence. *'I lived at the first floor of his family's house, and they did not talk to me. When I greeted them, they would not answer. I remained like this for a year and half, until I started to feel that I could not talk any more to people. I did not use to talk to anyone, and none of the neighbors visited me'*. A third woman said, *'my mother in law says that my son had a desperate life, and that is why he preferred martyrdom to surrendering to Jews'*

### Self blame and its relation to blaming the mother and holding her responsible

Although the belief in destiny helps accept calamities, rather than get into the dilemma of self blame, as one bereaved woman said in response to a question on whether she felt any self-blame, *'no, this is destiny and I believe in God's destiny'*. Several cases of self-blame appeared throughout this study, and these are related to the mother's feeling of her important role in following up what was happening with her children, because she lives in a society that gives women the responsibility of keeping children and family. This applies more strictly on independent women (divorced or widowed), causing them to fear blame, and feel that the presence of husbands protects them from people's gossip and blame.

Um Ahmad said, *'I sometimes blame myself for getting a divorce and taking the full responsibility alone; I say that if my husband had stayed with me, he would have controlled the kids a bit, as they are young men'*. Another woman said, *'my family blamed me for keeping the children at first, and said that had I left them to their father, I would not have been held responsible'*.

The problem aggravates when others blame the mother. In most stories that

mothers narrated, they tried to assert their total supervision of their sons, that their sons were never far from supervision and tried to stress the extent of their care for their sons. This may stem from an inner feeling of the survivors guilt mentioned earlier, and which usually accompanies the post-trauma stage, when the feeling of guilt substitutes the feeling of incapacity. Women, however, do not normally speak about these feelings, either because they do not want to enhance the blame of others or because they are not conscious of such feelings. One mother said, *'I was very attentive to my son and concerned about him, and what happened to him was not a result of my negligence; but what frustrates me the most is that he is a young child, and his place is at school'*.

Blame and incrimination by others is another phenomenon that accompanies the post-trauma stage, and includes an attempt to reduce the feeling of incapacity of the accused and alleviate the feeling of injustice. When there is a guilty person, there is a legality, and the situation is not perceived as harsh and unfair (Klingman, 2000).

The following quotes point out this legality, when the mother is told that had you given him to me I would have hidden him; the father blames the mother for sending her son to school; the father blames the daughter for letting her children out of the house and so on. This means that the calamity could have been avoided had mothers behaved differently.

One mother said, *'my sister in law blamed me after my son was martyred, and said that had I given her my son she would have hidden him. On top of my calamity and tragedy, they blame me. Even my husband implicitly blamed me and held me responsible that I had possibly known but did not tell him'*. She added, *'his blame wears me out, the first time I felt his blame I became too tired, fell sick and was hospitalized'*.

Um Ibrahim said, *'when my son was martyred, my husband blamed me for sending him to school. Ibrahim, may God have mercy on his soul, did not want to go to school, but I told him no, get up. He went to school and was martyred. That is why my husband and daughter blame me'*. Um Ahmad answered her, *'this is his destiny, to go to school and be martyred, and there is no means to drive away death'*. Hana shared her experience and said, *'I tried blame when my children were wounded and their father blamed, screamed and cursed me, and swore not to come to me, because I let them get out. He also blamed me two weeks ago because my older son went out at night. I swear to God, I lock the door and go look for them from one place to another, what else can I do? My husband would be at home and my son goes out, but he would still blame me'*. Sama' said that her mother in law blamed her for her husband's martyrdom and says, *'you deprived us from our son'*. The husband's father also blames, as is the case with Haifa, who said, *'particularly his grandfather (to the father) blames me and holds me responsible until now, and says that I did not pay enough attention to him'*.

## Gender-based oppression

In many cases of individual and group support, women not only spoke about loss and its impact on them, but also voiced out and expressed their problems resulting from gender-based community repression (discrimination between men and women). As mentioned earlier, the suffering of Palestinian women is a blend of political oppression and violence, and community oppression and violence. Many women spoke about violence against women, bad marital relations, continuous threat of divorce, expulsion from home, and difficulty in finding a place to stay with their children. They also complained of husbands fabricating daily problems in order to justify a new marriage; how women shoulder the responsibility of children and are continuously blamed for any harm that happens to them, 'this is your upbringing', as if the husband has no role in raising children.

Moreover, there are the bad words and insults she faces with silence because of her wish to keep her house and children, or in fear of divorce. Few women mentioned an understanding, supportive husband who shares responsibilities and crises.

Nuhad described her suffering with her husband, *'my tragedy with their father is enough. I have been living with bitterness for twenty years, and only God knows how. Has it ever happened that someone's son was wounded but he would not go to check on him? Everyone went to the hospital to visit him except his father'*.

Hadil refers to her personal and familial suffering because of her husband's violent behavior with their son, *'what can I say? I would put food for the boy while he continued to beat him, and I would receive the blows for him. He did not want his son to eat, and did not want to give us any money, even for ordinary daily expenses. Once, I asked him for a pack of bread, he beat me and his son'*.

Several women suffer from male community oppression of fathers and brothers on one hand and husbands on the other hand. In many cases, a girl gets married on the hope that she would find a more stable and comfortable place, but is disappointed (from bad to worse).

Sabreen is a young girl (20 years) who married to escape the cruelty of her father. Her husband was arrested, leaving her with a single son. Problems with her in-laws started, until she could no longer tolerate physical and verbal violence, and tried to go back to her parents. Conditions were not any better, as her father was a tyrant, who wanted to take all the money she made. Her in-laws tried to prevent her from seeing her son, and her husband in prison threatened to divorce her if she did not go back to live with his parents. She described her daily suffering, *'I swear to God even if I am exhausted or upset, nothing will change. I try to alleviate the situation. My mother works in (cleaning lamb intestines) and I help her. I also prepare akkoub (vegetables) for cooking, and work everyday until 11 pm. The same happens during*

*the okra season. I swear I am fed up. My father does not work, but is always screaming and nagging. All the money goes to my father, while he builds a house. He also took my salary this month and gave me only 100 Shekels. What can I do? I do not care anymore; I cannot continue to worry. As for my husband, there is nothing about me, no one to ask and no one cares. I saw my son for two days, then continued to call my in laws and they sent him to me with extreme difficulty. My case will be lost since no one cares; I do not know what to change or what to do and no one cares for me’.*

Sometimes such a move is not a woman’s choice but is forced on her, as it stems from a community belief that women are not reliable, cannot provide for themselves, and other outdated norms that continue to prevail in our society. Women who lose their husbands are forced to go live with their in laws, with their parents or brothers in patriarchal societies. This causes continuous suffering as Um Mohammad put it, ‘*my father was a martyr, and my mother had only me and was 16 years old. My mother is still alive, and lives with her brother who dominates her’.*

‘S’ shared with us her suffering because there is no place for her to live with her children, after her husband expelled her out of the house and she had to move to live with her brother. She tries to please him and fulfill all his needs without any discussion, so that he would not consider her rebellious and find an excuse for her husband’s behavior. She said, ‘*I had a job opportunity but my brother refused, and I stayed unemployed, and would continue to be, since if I disagreed with him he would justify my husband’s behavior’.*

### **Community pressure stemming from prevalent community habits in dealing with matters related to the national cause.**

The Palestinian society suffers from community pressure and gossip, used as means for community discipline and control of women behavior in particular. Such attitude increases towards the wife or sister of martyrs and prisoners, because of additional expectations of the community, sometimes of a patriotic nature. There are traditions that must be recognized to preserve the status of the martyr or prisoner as the community determines. We mostly do not behave according to our ideas or beliefs of what is right, but according to the expectations of others, because we are concerned with peoples’ talk, to the extent that many bereaved women cannot cope and resume normal daily life because of their concern with people’s gossip, who would say she has forgotten her loss. The society expects the bereaved woman to lock herself up at home, and not even peek outside her house. Even sitting on the balcony is prohibited. The more the bereaved manifested sadness and pain, the more she found community support for her conduct. The group sought to support each other and enhance their ability to ignore gossip because ‘people have no mercy’. One woman said, ‘*what drives me crazy is gossip: she left, she went, she came back, as*

*if our own sorrow is not enough, so they increase it'. Another woman answered, 'ignore those who cause you trouble, and do not think of them; the martyr is your son, and the loss is yours; no one feels the pain as much as you do'. Another woman also said, 'you are afraid of people and those who want to live and make things easier simplify matters'. A bereaved supporter said: 'Pleasing people is an unattainable goal; you have a long life ahead of you, and life must go on'.*

*In another session a woman said, 'I changed slightly, I mean when... she said do not take people into your account, I have learnt and I stopped taking people into my account. I started to get out to the balcony and sit with my daughter over a cup of coffee'. Another bereaved woman said, 'I faced these problems when I went to work at a workshop, and people started to say she wants to dress up and look good. I was young and I liked to dress up; I did not worry and continued to do so; so long as I am correct, I do not turn to them about what they said'.*

*Um Fares said, after their house was demolished over the family's heads and no one was hurt, she decided to go out 'it is better to lose money than people'. Gossip, however, surrounded her, 'people would not leave me alone; her house was demolished, but she is going out with husband and children as if nothing happened'.*

*These positions reflect a contradictory position the community takes towards mothers of martyrs. On one hand, they deal with martyrdom as destiny, and expect the mother to accept martyrdom willingly. On the other hand, however, the same social mentality prohibits accepting the consequences of such destiny, and expects martyrs' parents to stay sad and helpless. A bereaved woman, who had attended the wedding of her in law and been faced by weird looks, expressed herself by saying 'as if people want us to remain sad, never feel joy and become secluded'.*

*Even parents of prisoners suffer from gossip, as one mother said, 'when my daughter was arrested, people did not spare us the talk, and now as my son was arrested, I am extremely upset with people's talk, and their fabricated gossip'. One female prisoner described the injustice inflicted on her by the closest persons to her, even her mother, 'Mom said I wish they took both my sons but did not take the girl, because we belong to an oriental society, and people have no mercy in their talk. I suffered a lot while I am still 19 years old; sometimes I wish I had stayed in prison, rather than get out and see people's looks to me'. She added, criticizing the double standards of the society, and how people have different standards for men and women, 'when a male youth is arrested, they call him a hero, but not if the prisoner is a girl... regardless of whether they are educated or uneducated. My school principal did not admit me to school and said I do not need an ex-prisoner to subvert the girls, until the Governor interfered and I was enrolled at school. All my friends deserted me, and I spend the whole year in depression, received low grades, although my average was nineties before. They also used to tell me who would take you (marry you) except someone like you'. A participant encouraged her by saying, 'my sister in law was arrested,*

and she got married to a senior leader in the revolution'. Another participant said, 'imprisonment is an honor to a young woman, just like it is to a young man; a young woman must defend her country just like young men'. The coordinator answered, based on her experience, 'do not worry, female prisoners married the best men'.

The above dynamics reveals the extent of support the group extends to each other, which reflects a friendly and supportive social and psychological environment especially that all women share a common political concern, and are restrained by similar community constraints. This confirms the feminist movement predicament that 'personal is political'.

Martyrs' mothers suffer from oppressive community pressure, as parents, especially the mother, are not given the chance to see the martyr and bid him farewell. She is often prevented from expressing her feelings. Most participants asserted that the martyr is 'almost abducted'; they neither see him nor does his body enter the house, and hence they are deprived of their right in bidding their sons farewell, by seeing, touching or hugging him, which deepens women's suffering. A bereaved woman said, 'they did not let me go to the cemetery, and when they brought him home, they did not let me see him properly; women threw themselves on him and did not let me see him properly'. Another woman said, 'the same happened to me; women shut me up and did not let me scream or weep'.

Another bereaved woman also said, 'they did not let me cry and prevented me from crying for my beloved'.

### **Giving Sedative injections during burial**

Giving sedative injections for women (mothers and wives of martyrs) at the time of burial has become a widespread habit, with the aim of alleviating the impact of trauma on the mother or wife, assuming that suppressing and calming down emotions through injections reduces the weeping and hence would help them. The opposite is true. Giving the opportunity for venting and crying is comforting and helps grasp the scale of the trauma rather than ignore it. In this context, a mother said, 'the shock was enormous; I could not see anyone around me during condolences; everything was black; a black image, then they injected me and I went to sleep'. Another mother described how she felt towards the martyrdom of her son, before the news was conveyed to her, 'I ran barefoot to the hospital and found people saying he was wounded, but I said no, he was martyred, then passed out. At one a.m., I saw him after I begged them to; they gave me injections, and barely let me see him'.

### **Glorification of martyrdom and martyrs**

Martyrdom and martyrs are highly glorified, sometimes to an unrealistic extent. The martyr becomes a hero, the best member of the family, the role model, while all brothers are negatively compared to him, which leads to jealousy and to attempted

martyrdom in imitation of the brother, and an effort to gain similar status. One mother said, *'my mother and father in law always tell Ahmad that Mohammad was better behaved; he did not do this or that'*

There is also discrimination in favor of the prisoner, as all his requests are met. Sometimes mothers borrow money in order to satisfy their demands, although some mothers admit that some demands are exaggerated. This causes brothers to feel jealous and discriminated against. One mother said, *'his brother told me that you discriminate in his favor because he is the only hero in jail'*.

### **The attitude of mothers towards martyrdom**

The media, particularly the western media, tends to highlight the image of mothers who celebrate the martyrdom of their sons. The Israeli and Western predicament is that mothers are satisfied and they send their sons to martyrdom. Nevertheless, we found several stories that reflect the real dilemma that mothers suffer, and that rebut claims that Palestinian mothers send their children to death, and assert that mothers are dissatisfied with the martyrdom of their sons. The messages conveyed through the support groups were clear, expressing parents' disagreement with the idea of martyrdom as they opted for the less bitter option, i.e. preferred arrest or injury to martyrdom. A mother of two prisoners said, *'this is a very difficult thing, and my two sons were arrested one after another during a period of two months. I thanked God, however, that they are still alive'*. Another mother described the time when her son was arrested, *'when they took him I was too scared and I thought I was going to die. I felt I could not stand on my feet and cried bitterly as they took my soul with them. Then I thought it is better to take him than to shoot him'*. Another woman said that when her son was arrested, he told her, *'you continued to pray to God until they took me'* and she answered him by saying, *'yes, rather than die'*.

In general, mothers expressed fear of martyrdom of their sons. Another woman said, *'my son used to go to the cemetery; I used to beg him not to go and he would answer I would go for a week and then come back'*.

Another woman blamed herself by saying, *'had I known he would shoot at the Army I would have grabbed him with my hands and teeth, and tied him with metal chains, rather than let him get out of the house'*. Another bereaved woman said, *'I do not accept to sacrifice my son for the country; I wish they would take everything I have, and let me live in a tent, but have my son back'*. Her daughter added, *'we lost him; people tell us to hold our heads up in pride; we do not want to hold our heads up; let us hold our heads down, but we want him'*. Another woman quoted Prophet Mohammad (Peace be Upon Him) to convince her only son to drop the idea of martyrdom, *'when a man came to him and asked to participate in Jihad, the Prophet answered, 'do you have a father and a mother?' when he said yes, he told him, 'practice your Jihad with them'*.

### 3- The Surrounding Environment and its Impact on Children

Although we do not intend to address the issue of suffering and fear of children under occupation, as this requires a separate study, there is a need to point out some issues that mothers had mentioned, and which reflect the suffering of mothers for their children, or the suffering of children that has a direct impact on the mothers' suffering.

Mothers' suffering reflects on children and similarly, children's suffering reflects on their mothers' too. Children constitute the manifestation of, pain, sorrow and bitterness. Children suffer from major problems, including fear and deprivation of the simplest rights that all other children of the world enjoy. Moreover, they suffer crises that cause sickness, with symptoms that include involuntary bed-wetting, fear, screaming at night, anxiety in anticipation of events, fear and night panic, all of which are the result of recurrent incursions of the Territories, particularly at night.

Children not only suffer from losing their beloved ones, as brothers/ sisters of male and female martyrs or prisoners, with all the negative impact and the environment that is charged with pain, fear and terror. They are also the sons of bereaved mothers; hence they also suffer with the suffering of their mothers as they lose their affection. They also suffer from the lost role of the family in providing them with protection and giving them a feeling of safety and assurance. The bereaved family mostly does not give enough attention to support children emotionally and to give them a feeling of comfort and assurance. Sometimes this reaches the extent of depriving children from certain kinds of food that were favorite for the deceased, as the mother refrains from preparing them. One mother said, *'since my son was martyred, I did not bake any Ka'ek (traditional cookies)'*. Another woman answered, seconding her notion by saying, *'when my brother was imprisoned and sentenced for 20 years, I refused to make many things, such as Ka'ek and other dishes my brother liked'*. Another woman said, *'I could not bake any Ka'ek for four years, then I tried to bake on the fifth year. At first I could not, but then I baked and distributed and invited my family'*. Another woman said, *'when my sons were arrested, I deprived my sons from many things such as Ka'ek, which I did not bake for three years'*. This may reach the extent of depriving a young girl from festivities on her wedding day.

*'I do not attend weddings; my daughter will get married this year, and she is not allowed to do anything. I mean she can do whatever she wants at her husband's house'*. Another woman commented by saying, *'thank God I go wherever I please and I take the girls. I swear to God yesterday I attended two weddings and I do not prevent the girls from anything; if they want to dance then it is ok, I let them dance'*.

## **Mothers' fear and its impact on children**

Children need a psycho-social atmosphere that satisfies the most basic supportive conditions that enable developing their identity and proper progress. This depends on the availability of conditions that ensure freedom of movement and freedom to play for children, and promotes initiative. One can wonder how Palestinian children can grow and develop in such an atmosphere, in which they suffer from the continuous anxiety of their mothers, to the extent that they prevent them from going out, in fear that soldiers hurt them, or that they would join political parties that would make them wanted. Mothers tighten their control over children, which causes disorder in their relations with parents on one hand, and restricts children and prevents them from proper movement and development on the other hand. In this regard, a mother said, *'I am always afraid for my children, especially my Tawjihi (high school) class son; I am worried that he might be involved in some political party'*. Another mother said, *'I do the household shopping and do not let them go out'*. Another also said, *'after his bother was martyred, I prevented him from going out, so he threatened me that he would go to the mountain where his brother was martyred, and become a martyr like him'*.

*'I am afraid to lose my son as a martyr; I stay with them in the room when the Army enters, I am always afraid my son gets killed like my nephews. Yesterday when the Army entered, I sat with my sons on the bed and were scared'*.

Um Mohammad described her sons' joy when she allowed them to go out and attend a family wedding, *'when my sons attended my brother in law's wedding, they were very happy and came back to me saying you are burying us alive'*.

Um Mu'ammam said, *'children suffer from excessive discipline as there are no places for recreation, especially in apartments, where the doors are shut and they are kept at home; children are suffocating'*.

## **Children fear and its impact on family life**

Children suffer from several psychological problems due to exposure to numerous traumas, which harm their childhood, their freedom, their basic rights, and their feeling of safety and optimism. These problems cause feelings of fear and anxiety, create confusion and a lack of confidence in the laws of life. Children under such conditions mostly tend to have a negative perception of the world. The older cannot protect them and do not give them their full-time attention, and this aggravates their fears and concerns, and increases their attachment to adults seeking the lost protection. Hence, they are continuously afraid and ask to sleep near their mothers, which in turn increase the family suffering.

*'My son is 16 years old and he told me I want to sleep beside you, keep me warm Mom'*.

*'Since my daughter was martyred, my sons are always afraid, and now we all sleep on one bed'.*

*'Fear of shots woke my sons up, especially my older son who was too scared, so he moved his mattress to our room and slept there'.*

Um Samer said, *'my younger daughter is too scared, and she screams when she hears shooting near the house or noise resulting from storming a nearby house at night, and she holds me tight because of her severe fear'.*

Um Mu'ammam described the condition of her younger son after the Army stormed their house and arrested his uncle, *'my son is four years old; he was terrified by the Army and their dogs and has had fever ever since; he says the Army will kill my uncle; I will buy a gun and shoot them'.*

Um Ahmad added, *'children are always afraid, they want me to accompany them to the toilet or to the kitchen. Imagine every one of them comes to me at night in order to go with them to the toilet'.*

Another mother asserted the need to understand children's fears, *'I hear many mothers screaming at their children instead of asking them why they are crying or why they are afraid; why don't they give their children the right to talk about the problems they suffer from?'.*

### **The impact of the father's loss on children**

The psychological and physiological health of children is undoubtedly affected when they are exposed to difficult conditions during their childhood. Sandler (2001) defines difficult conditions as the relationship between the child and his environment that threatens the satisfaction of his basic needs, emotional deprivation, lack of self-esteem, lack of empowerment and belonging to a supportive environment. Where is the supportive environment in the life of Palestinian children? Can such an environment prevail under the harsh and horrific conditions of occupation? Can children have self-esteem when they witness the humiliation of their fathers, brothers or mothers with their own eyes? How can children develop self-identity in the absence of a central supportive personality with whom they can identify? Who can satisfy their need for psychological and emotional safety, the bereaved mother, the deceased father, or the imprisoned brother?

The martyr, or prisoner, or wounded are often fathers, and this has a grave impact on the wife and sons. The absence of the father has a serious negative impact on his role and functions with his children, because his presence within the family constitutes an important factor for developing the ego and special identity of male children in particular.

A mother described the suffering of her sons and daughters after their father was wounded causing permanent disability, ‘their father developed a very bad temper, and would not tolerate hearing any word; expenditures of the family increased because of continuous therapy. The girls’ school performance deteriorated, as they could not concentrate and were always afraid for and from their father’. Another woman, the mother of prisoner, the wife of prisoner and the sister of a prisoner and a martyr described the impact of her husband’s arrest on her children, ‘*it is very difficult, vacuum, a lot of emptiness and difficulty I cannot describe; it has affected my sons immensely*’. Another woman said, ‘*my grandsons, sons of my martyred son, ask me about their father, and I do not know what to say; this is too annoying*’. A third said, ‘*I used to take my middle son to the market, and whenever he saw a boy walking with his father he would say I envy him, his hand is in his father’s*’. Another mother also said, ‘*my daughter was 9 years old when her father was arrested; she started to talk too much, it was not normal; she would not stop talking; sometimes I am fed up and shout at her because I am not always in the mood for listening*’. A fourth woman seconds her idea and shares her experience in solving the problem by saying, ‘*I have a 9 year old daughter and I feel she needs more affection; sometimes I feel she wants to talk more , and other times she remains silent and asks why Alaa’ did not bid us farewell. I started to let her draw. At first, she drew a funeral, then things became less intense. I would take her to the swings in the mountain where she would go on very high speed. I also let her write letters to her brother the martyr blaming him for not bidding us farewell; after that she was much better*’.

Another mother, sending a message of love of life and hope in building the homeland said, ‘*when my husband died, he left me with five children who had seen their dead father. The younger one, rather than the older, used to say I will kill those who killed dad, but I used to tell them that their father used to love life, and if we die, who will build our country and homeland*’. Another bereaved woman said, ‘*I am choking and I do not know what to do with my sons, they became very nervous; my son holds a knife and says I want to kill the one who killed my father*’.

An analytical outlook to these attitudes reveals that mothers are capable of supporting each other. Some of them have their own methods to address loss, such as giving room for expressing feelings, venting through drawing, sports, writing and other mechanisms, in addition to legitimizing the child’s feelings, such as writing a letter blaming her martyred brother, exactly what a psychologist would do.

### **The impact of mothers’ trauma on infants**

A mother described her children’s suffering the moment their father was martyred in a very touching manner, ‘*they told me that my husband was martyred and took me to the morgue on a wheel chair, as I collapsed and could not walk anymore. They gave me injections and admitted me to hospital, after which I felt dizzy. My*

*younger son was a baby and I did not know where he was. They were appealing to breastfeeding women on TV to breastfeed him, but he would not breastfeed from any other woman. He survived for seven days on water and sugar. When they brought him to me, his voice had disappeared because he had cried heavily. The doctor told me that if he continued to cry, his vocal cords would be damaged. My children were scattered in different places. Someone took my older son to the location where he saw his father lying on the ground with his brains out. He was traumatized; he did not cry but he continued to stare. Since the accident, he dreams that his father is under the table, wakes up screaming and crying; this stirs all his brothers to scream with him; Hasan cried all the time and vomited’.*

## 4- Post Traumatic Stress Disorder (P.T.S.D.) Symptoms:

### 4-1 Crisis... Trauma and beyond

Crisis is an urgent and unexpected situation, perceived as an extremely difficult situation that threatens the individual's safety, goals and ability to fulfill his basic needs. Trauma is a psychological event that arises as an internal reaction to exposure to crisis. A person may feel loss of control and inability to gather internal and external power of adaptation. Some define trauma as an event that has a continued negative impact on the person and his psychological condition (Shapiro, 2002).

Psychological trauma leads to several psychological effects, including:

- \* Acute post-traumatic stress: a natural reaction to an unnatural event, where an individual feels stress and fear, and his/her psychological mechanisms mobilize to help him/her to adapt and survive.
- \* Post-traumatic stress disorder: a state manifested in sick psychological symptoms that persist for a long time after the trauma, during which psychological mechanisms fail to help individual adapt to the crisis.

Several factors affect the way we deal with crises and traumas. These include proximity to the event, the extent of direct impact on us, and subjective factors such as **self-consciousness** towards own strengths and ability to utilize them during stress or difficulties. They also include **awareness of available resources** in own environment, and ability to benefit from them, **previous experiences** and their impact, the structure and attributes of own character, in addition to several other factors. No matter how these factors vary, it is important to provide children or adults who have been exposed to a stressful experience with the opportunity to express their feelings, experiences and means of adapting to crises. It is also necessary to realize that all these feelings are legitimate and that defense mechanisms vary between one individual and another. We need to accept each individual, and his/her feelings and means of addressing the crisis. Our task as supporters is to accept such differences and give room for every participant to express her painful experience and support her to restore balance to her life and resume normal life.<sup>5</sup>

As mentioned earlier, persons who go through crises exhibit diversified symptoms that vary with different persons and different events, and are related to the extent of emotional and psychological support the person receives from others. It is known that individuals who can use effective coping strategies do not exhibit symptoms of post-traumatic stress disorder, and which can be summarized as follows:

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(5) See 'We Move Forward', Al-Tufula Pedagogical Center, Nazareth.

**Fear and restlessness:** These are the most common responses to trauma, and constitute normal and necessary reactions to danger. Fear constitutes a form of siren to protect us from dangers that threaten our lives. Persistence of such feelings for a long period after the trauma is diagnosed as a disorder that requires psychologists for treatment.

**Hyper arousal:** and this takes the form of a reaction that accompanies fear, where the body is alert, cautious and gives the person a feeling of jumpiness and shakiness. A person has high pulse, quivers quickly, and suffers from grave psychological and nervous stress. Hyper arousal may cause problems in attention and sleeping disorders. If these symptoms persist, the patient may suffer from hyper nervousness, hyper anger and deterioration in academic achievement. This cluster of reactions may either cause fight, flight or freeze situations.

**Intrusion symptoms:** These include retrieving the event in the form of nightmares, and forcibly re-experiencing painful events. Patients have illogical ideas and hallucinations, and sometimes have flashbacks, in which they retrieve event as if it is occurring now. They get severe anger and terror tantrums.

**Avoidance symptoms:** To refrain from remembering painful event and anything that reminds of it; lose interest in daily activities, such as refraining from going to school, or taking initiatives. Participation in social events decreases, with a tendency to seclusion, or excessive attachment. This is accompanied by many negative feelings, such as frustration, and negative feelings toward self, accompanied by pain and excessive complaining and growling.

**Numbing:** This experience may occur because of a person's attempt to refrain for thinking of the ideas or feelings associated with the event. This may alleviate difficult and painful emotions the individual may feel, but also prevent him/her from having positive and joyful feelings.

In general, emotions of fear and anxiety are normal feelings that accompany other difficulties and problems, and they disappear quickly in most persons. Some, however, sustain, even deepen and aggravate these symptoms during the post trauma stage, Hence, some can adapt to the event and cope with it, while others develop long-term symptoms called post-traumatic stress disorder (P.T.S.D.), in which case it is necessary to see specialized psychologist treatment.

#### **4-2 PTSD symptoms among women**

Upon analyzing women's narratives, we found that some of them suffered from PTSD. Some exhibit fear and restlessness, others exhibit over arousal, such as forgetting and anger and crying tantrums, others exhibit withdrawal and panic such as hallucinations, sleeping disorder, and cases of avoidance exhibited in avoidance

of adaptation to the event through addiction on injections. These can be summarized as follows:

**At the mental level:**

**Hallucinations:** *'I wake up from sleep scared and my heart beats high, then they put me back to sleep. The problem is that in the morning I do not recall any of what I had done'*.

**Absent-mindedness:** *'I used to have cramps, be absentminded, and forget a lot while talking, and I bite hard with my teeth and nerves'*. Another bereaved woman described her condition after the martyrdom of her husband and brother *as such, 'he is on my mind every moment, I am always absent-minded and I imagine him when he sat on the chair as if I am leaning on him; I miss him a lot'*.

**Forgetfulness:** *'I suffer a lot from forgetting, Once I went to the market and forgot everything; I did not know what I wanted'*.

**At the behavioral level:**

**Sleeping problems:** A bereaved woman described the day her son was martyred and her daily suffering by saying, *'when they brought him home, they did not let me see him properly...since that day I do not sleep at night'*. Another bereaved woman said, *'I always cry at night'. 'I wake up at night and scream; my husband and children tell me that I wake up and walk at night but I can't remember'*.

**Addiction on injections or sedatives:** *'I swear to God I have become addicted to sedating injections. Whenever I am upset, I cannot calm down except when I have one'. 'I started to take sedatives, I became worse and my condition deteriorated'*. Another woman said, *'I still take sedatives until now'*.

**Continuous crying:** In many situations a person suffers from post traumatic difficult emotions and from difficulties in close relations, where s/he feels that most persons s/he loves and expects to be close do not support him/her. This feeling of frustration and despair causes frequent fits of crying.

*'Since my daughter was arrested, I sit everyday at the balcony and remember her, and I see girls going to school in the morning and then coming back, and I always cry'*.

**At the physiological level:**

**Psycho-somatic symptoms:** *'I have developed diabetes, blood pressure, weak vision and breathing disorder'. 'I feel my mouth moves only in one direction'*.

*I suffer from stomach ache, my stomach is bad, my blood drops to 6 and I go to*

hospital for blood transfusion; I get nervous quickly and I hit, and my whole mental condition is a mess since that day’.

‘I had a heart attack and a stroke that affected my arm and leg’. Another woman said, ‘the more the days pass, the calamity gets bigger; I swear to God I cannot lift anything with my hand because of the grave concern’.

‘I have stomach problems, and my diaphragm is upset; the doctor gave me a diet and said that my mental condition is affecting and upsetting my stomach’.

Nervous disorders: ‘every two to three months I take an injection of Sedative in order to calm my nerves down; when I am upset, I sleep for two whole days’.

### **At the psycho-emotional level:**

Continuous fear and restlessness ‘I swear to God we live in a nerve war, I remain scared from surprise visits day and night’. ‘I always have severe fear and restlessness’.

Loss of appetite: ‘When I am upset, I stop eating, and I have no appetite’.

## **4-3: PTSD symptoms among children;**

### **At the mental level;**

Forgetting: ‘after he was arrested, the girl suffered from forgetting’. Another woman said, ‘my children were gravely affected by the invasion; they started to forget and sit absent-minded in class and lost interest in studying’.

Deterioration in school: ‘Since his brother was martyred and the other was arrested, my 17 year old son refuses to sleep in their room although I remodeled it; he failed the Tawjihi although he was one of the best students, and he refuses to think of his studies’.

‘My son lost his fingers, and he became a different person after that. He was 16 years old, he dropped school so that no one asks him about his fingers or teases him, and he cries over his condition very often.

‘my 15 year old son refuses to go to school and has become very nervous and breaks things around, since his brother was martyred’.

### **At the behavioral level:**

Involuntary bed-wetting: ‘my daughter is five years old and suffers from involuntary

*bed-wetting since they invaded the Camp'. Another woman said, 'I have a daughter with the same condition too'. A third said, 'after the injury of my son, my other children became scared and suffered from involuntary bed-wetting; they are so terrified that they do not go to the toilet at night'.*

*Over or under talking: 'my daughter was 9 years old and she used to talk so much and would never stop. It was not her normal condition'. 'I have a 9 year old daughter whom I started to feel she is in need of more love and care; sometimes I feel she wants to talk too much, and other times she remains silent and would not talk to anyone'.*

*Aggressiveness: 'I have a son who has changed after the invasion. 4 years ago, he neglected his studies, became aggressive and beats children down. Around a year ago, the Jews entered his room where he was sleeping. He woke up to see them just over his head. He was terrified, started to have nightmares and walk during his sleep. He also became more aggressive, beats his Tawjihi and university student sisters, and says bad words'.*

### **At the physiological level:**

*Stuttering: My son developed a stutter, I took him to a psychiatrist and he said that he suffered from trauma'.*

*Psycho-somatic disorders: 'my younger daughter is 4 years old; she had a fever when her brother was arrested. I took her to several doctors who said that her condition was psychological'.*

*'They took my young boy (10 years) and his mental condition has been ruined. Few days after they had taken him, he woke up and all his skin had changed color. Doctors said it is a result of 'panic' and he would not improve. His hair turned grey, and when people see him, they laugh at the way he looks'.*

### **At the psycho-emotional level:**

*Nervousness: 'My son became very nervous and is always upset; when his brother was martyred, he left home and changed'.*

*Withdrawal: 'My twin sons cannot tolerate the situation or accept it; they are separated, and one of them is suffering. He is always withdrawn and continues to think of his martyred brother; he does not want to study; the other one is over nervous'.*

*Depression and frustration: 'He attempts to die or commit suicide since he saw the two martyrs; his brother and our neighbor with blood all over the ground. He does not eat or sleep .He is very pale and became very thin'.*

## 4-4 Symptoms of PTSD among the family:

### At the physiological level:

**Nervous disorders:** *'Because of the frequent problems, my husband developed a nervous disorder and is now on medication and is always asleep'.*

**Psycho-somatic:** *'The day my son was martyred, my husband had bleeding in his stomach and was taken to hospital; he is still very sick and suffers from the loss of our son'.*

At the psycho-emotional level:

**Continuous psychological suffering:** *'My first son has a hand and pelvic injury, which resulted in his infertility. He has complexes, is not well and feels bad'.*

*'What drives me crazy is my husband's condition; people come to me and say that my husband is on the streets eating dry bread, and I get upset. I swear to God he was fine until five years ago when he became as such'.*

Note: most women, children and family P.T.S.D. cases are from Jenin, possibly because the intervention came after a long period following the invasion, which was enough to develop P.T.S.D. symptoms.

## 5- Sources of Strength:

As we read stories of women, we wondered how they could continue with their lives despite hardships and tragic conditions, and continue to say 'life must go on'. Where did they get this morale from? What is the source of their strength and determination to survive? What is the source of their perseverance to overcome the loss? We found answers in the following quotes which were classified into internal and external resources.

### Internal resources

Internal resources are divided into skill and self capacity-related resources and dogmatic resources.

- Internal strength (internal self): *'A person must find within her/himself the patience'.*
- Faith: (internal-dogmatic): *'I believe in the destiny of god, and when a human suffers from a calamity, God bestows on him/her patience'.* *'Resorting to God and to piety helped a lot'.*
- For the sake of the other children (internal-dogmatic): *'Women gather their strength because of their belief in their significant role in supporting the*

family and the rest of the sons'. *'I remain firm and strong at home because I am responsible for the house and children'*. Another woman added, *'I think of my children and that they need me'*.

### **External resources:**

- External resources consist of social support and material environmental support.
- Universality of the experience (external-social): This is one of the most common attitudes that constitute a source of patience and strength, expressed by many through the Arabic saying, *'when you see others' calamities, yours becomes milder'*, which means that the perception of traumatic incidents as a general thing that happens to everyone constitutes a source of strength, challenge and firmness. This is a coping strategy too.
- High morale of imprisoned sons (external-social): One bereaved woman described her visit to her imprisoned daughter as such, *'she had very high morale, talking and greeting, and I was surprised by her patience and courage; she inspired me with patience and courage and I gave her my blessing'*. Another bereaved woman described her son who had been sentenced to 800 (eight hundred) years by saying, *'his morale is high, he has faith and gives me strength'*. The mother of a wounded and disabled daughter for whom she has been caring for 14 years said, *'I used to tell them I learned patience from her, she is more patient than me'*. The return of the older son from abroad to support the family had a major impact that provided support to the mother and gave her strength.
- The experience of bereaved supporters (external-social): Sharing the experience of the bereaved supporter was effective in helping to overcome crises and give hope and optimism.
- The extended family (external-social): Despite above-mentioned problems with extended families, they nevertheless, often constitute a source of support, particularly in families that enjoy close relations, since their presence constitutes a source of support that helps everyone overcome crises more quickly.
- Neighbors and social relations (external-social): *'before my loss we had good relations, but after the loss our relations became stronger; our friends and neighbors do not leave us, and always check on us. A person is in need of continuous support'*.

‘Our relations with the neighbors and people became stronger; they are always surrounding us’.

‘People are supporting me and this raises my morale’.

‘Relations with relatives were disturbed, but became closer with neighbors; one of my neighbors is so good that she opened a door between her house and mine’.

‘My neighbors love, respect and sympathize with me and my children; they take my husband to hospital and support us’.

- Friends of the deceased (external-social): *‘His friends always visit me; they visit me on a certain day of every Eid and tell me we are your sons and we want to spend Eid with you; this makes me feel better’.*

## 6- Coping and Adapting Strategies

Coping is defined as one or a group of attempts an individual subject to difficult conditions makes to adapt or adjust to the new conditions in order to preserve or restore a state of psycho-social balance.

People react differently to crises, even to the same incident, depending on individual’s experience, potential, character and others. It is known, however, that all individuals have potential coping abilities to adapt and adjust, and that they generally use them to cope with daily stress. This means that including coping strategies as part of intervention programs helps many learn and benefit from experiences of others, and gives them hope in adapting and adjusting. This allows a larger number of people to feel capable of controlling their lives, enhances their mental well-being, and helps them have a better life.

The Integrative Multi-Modal Model (Lahad 1993) is one of the important programs that address coping strategies. This program focuses on six fundamental elements called (BASIC PH) which are:

- a- the set of beliefs and values, including the religious belief, faith, social values, belief in the social mission...
- b- Affection and emotions: These include different forms of expressing emotions, looking for emotional support...
- c- Social: This includes belonging to social groups, family, friends, and work teams, as well as joining societies, organizations and different social activities.
- d- Imagination: This includes relaxation, oriented imagination, and different forms of creativity.

- e- Cognition and thought: this includes gathering and organizing data, self-orientation, self-talk, positive thinking, problem solving and prioritization.
- f- Physiology and activities: this includes physical activity, relaxation exercises, trips, house chores...

One of the major tasks of intervention programs during crises is examining the coping strategies an individual uses to cope with stressful situations replete with negative emotions, and restore mental balance. The goal of these conversations is to enhance the personal ability to cope, confirm the individual's ability to cope, assert the existence of different coping methods and the fact that what is right for me does not necessarily have to be right for others. Introducing people to coping strategies helps them strengthen and enrich coping mechanisms, learn from others' experiences (selecting what suits me), improve mental health, increase emotional resilience of individuals, increase social inclusion, reduce P.T.S.D. symptoms and attain better well-being.

Following is an attempt to deduce the coping strategies that the bereaved supporters and the bereaved women identified, and to classify them according to the BASIC PH Model.

### **Mechanisms to cope with loss:**

Following are the mechanisms used to cope with loss. Some of these mechanisms were developed during Phase I of the project. During this phase, the bereaved supporters shared these mechanisms with the recently bereaved women using simple expressions. Other mechanisms were developed during this phase, and through the work between the bereaved supporters and the recently bereaved women. One cannot overlook the major role of field coordinators in the three regions in developing and examining these mechanisms in both phases.

#### **a- A set of values:**

- Prayers: *'When I feel upset or restless, I resort to God; God gives comfort, and I feel assured and calm; He is giving'. 'I mostly praise and praise God and read Qur'an'. 'Qur'an is my companion in this world; I have to accept the destiny of God'. Some did not have any religious practices, but after martyrdom, they felt the need to resort to religion and prayer. 'The martyrdom of my son was good, in the sense that it brought me back to religion; I did not use to pray regularly or wear a veil, but then I said that the martyrdom of my son is not enough to preempt me on Judgment Day, and that I have to go back to prayer and religious practices'.*
- Belief in destiny: The majority of women agreed on the importance of belief in destiny as a main source of support and an effective coping strategy, as

revealed in the following quotes of participants: *'This is destiny and thank God'*. A bereaved woman said, *'Thank God our Lord who put us in the Holy Land (Rabat), and I believe in destiny'*; *'this is something from God and there is no escape from God's destiny; no mother likes to see her son harmed, and I care for my children, but what can I do?'*; *'this is destiny, and the will of God; God wants this calamity, and no matter how a human may hide, or had we hidden, or prevented, or tied or even locked him up, destiny cannot be escaped'*. A woman wrote a poem on destiny that says, *'I believed in destiny, I wrote his name on the leaves of trees'*. Another woman gave an example that asserts destiny, *'he was the first in class; his school was far and I was worried about his safety because of the events, and would wait for him anxiously. When he moved to a closer school I felt assured and I thought he was safe, but he died in the closest area, close to home'*. Another woman added, *'at first the calamity feels so enormous, but after a while, when one recollects events, she finds that her own calamity is less than that of others, and believes in God's destiny'*.

### **b- Affection and emotions:**

- Talking about the deceased: A supporter said, *'talking and conversing about the deceased comforts; talk about him/her, what s/he used to do, what mistakes s/he use to commit and how s/he did with his/her life'*. Another woman said, *'it is best for the family to meet after Iftar (Ramadan breakfast) and for everyone to talk about the martyr, disclose their feelings so that everybody is comforted'*.
- Writing: *'Writing too; write to the martyr or the prisoner, talk to him/her through writing, tell him/her about your feelings and emotions, and give them to him/her when you visit him/her or when s/he is released'*. *'Sometimes I write my emotions in letters and I feel relieved'*. Another woman said, *'I draw sketches on paper, and sometimes I resort to eating, and I like to draw the design of the house'*. Another mother whose son had been martyred four years ago but never received the body said, *'when my son was martyred I started writing him poems and talking to him about everything'*.
- Breathing and relaxing: *'When you are annoyed, drink a glass of water, open the window, breathe deeply and try to relax, or go out to relieve the stress'*. *'I like to talk, shout and release. If they do no respond to me, either I go out, or enter to my room, shut the door and get comfort'*. *'I weep deep from my heart, and I feel a voice from inside; I work at home, and go have a cup of coffee with my neighbor and feel better'*.
- Visiting the cemetery: *'Sometimes I feel stress, go to the cemetery and have comfort; I stay there in quiet for an hour'*. Another woman said, *'sometimes I cry and go out to walk, and I like to go to the cemetery and cry'*.

- Crying: *'When I am upset, there is nothing I can do except sit and weep; there is no one to talk to, my husband is in jail, and there is no communication. I keep my feelings in my heart, what else can I do?'* Another woman added, *'I continue to cry until I am relieved'*. *'When I wept, I was relieved, and when one hears about problems of others, her problem becomes smaller, and this relieves me'*.  
*'My sons recorded the funeral on a C.D. and I watch it, cry and feel relieved'*.
- Listening to music: *'I like to listen to soft music as it comforts me'*.

### **c- Social:**

- Visiting the parents of other prisoners or martyrs to feel consoled and benefit from their experience.
- Participating in public activities in support of prisoners or martyrs' families, as means for alleviating anxiety and stress, and it also gives a feeling of effectively contributing to an issue that concerns them and their son/daughter.
- Participating in activities on prisoners and martyrs: *'I used to visit prisoners and feel better. I used to make people happier and compensate them for their own parents. We used to suffer a lot at checkpoints and with permits but continue'*. Some are keen on participating in all funerals and feel as if it were their son's. *'When I see any martyr, my body feels sick, and I like to march in all funerals because I did not see my son's'*.
- Resorting to family and friends: *'I get the phone, call my mother and ask her to come visit, comfort and talk to me'*. *'I go to my parents where I talk and discharge, and also with my neighbors, and this gives me comfort'*. *'I went to my parents and stayed with them for a long time, where I vented all what is in my heart'*. *'When I am upset, I get the phone book and call friends, talk to them about everything and then I feel comforted'*. Another woman said, *'today is my son's birthday, I gathered his friends and instead of the cake, I cooked for them the chicken dish he used to like, rather than deprive my children of eating it'*.
- Spending time with the neighbors: *'I go visit my neighbor over a cup of coffee, and feel comforted; this is my only consolation'*. Another bereaved woman said, *'had it not been for my neighbor, I would burst'*.

### **e- Cognition and thought:**

- Positive thinking: A method of thinking that perceives difficulties as an element of challenge, rather than one of obstruction and paralysis. This is a way that helps coping, and provides a person with optimism and hope, rather

than despair and frustration. It is known that the positive view of matters reduces frustration and multiplies energy. One supporter who has two of her sons in jail and cannot visit them said, *'I am certain that I will get a permit during the coming days, and instead of weeping and screaming, I look for means to send stuff to my sons'*.

- Realizing the other side of the calamity: Among the other aspects of positive thinking is the ability to perceive the calamity as an incentive for challenge and a source of strength, rather than an obstacle and cause for paralysis and despair. By seeing the full half of the cup, we can feel optimism and the ability to face challenges. Optimism and hope help to cope. The more we look at the future positively, the more we are capable of coping, and are less frustrated, as we mobilize our energy towards coping. This is what the supporters attempted to do, through highlighting the positive aspects of trauma and trying to benefit from this side rather than continue to be depressed, and weep and lament our fate.

A supporter said, *'I told her that although the calamity is tough, it strengthens the bonds among a loving family, as they support each other'*. *'Despite the gravity and difficulty of a calamity, it ultimately gives us strength, and we need to control ourselves when we face a calamity, rather than let the calamity, anger and sorrow control us'*.

*'A calamity not only hurts, but also strengthens and gives a new experience in life'*. The supporter encouraged Safa who does not want to attend school anymore after her imprisonment and is concerned with the way the girls and teachers look at her by saying, *'your experience in prison gave you new dimension in life and an experience your friends lack'*.

These quotes support the notion of benefiting from the compulsory crisis and adopting it as a project for change, to shift from a state of helplessness and inability to a state of activity,

- Personal responsibility: Existential psychology stresses the need for the individual to take responsibility for his/her life and existence, not only in the physical, but also in the existential sense. Personal responsibility means the ability to choose the reaction, and the ability to accept its outcome. This means bearing responsibility for our actions, thoughts, emotions and reactions. This helps us to come to terms with ourselves, and to take the actions that we choose to take and bear their consequences. Some participants used this mentality as a coping mechanism, as a bereaved woman expressed the need to take personal responsibility in order to overcome her sorrow and be able to give emotions to her other sons. She said, *'the saying goes 'the alive are more existent than the dead', and people make their lives and must change'*. Another woman addressed her colleague by saying, *'you have to give priority to the things*

*that make you relax and solve your problems, and not let anyone control your thoughts and your life’.*

- Self-resilience: the coordinator asserted the importance of using personal experiences and abilities to cope with the problem, and indicated that no one can solve our problems for us. She gave the following example on personal strengths; *‘someone asked where we get wisdom from? Some answered that we get it from clerics; he went to clerics but could not find it. Others told him you can get wisdom from scientists, so he went to them but could not find it. The man was fed up and went to the sea, where he found a man sitting there. He sat near the man who asked him why he was so sad. He answered that he had been looking for wisdom for several weeks in vain. The man told him, ‘close your eyes and you will find wisdom inside you’.*
- Another woman said, *‘we started to give strength to ourselves; we are neither the first nor the last persons’.* Another woman added, *‘what else can I do, I am finding consolation from within me’.* Another woman also said, *‘no one is going to do you any good, and you must strengthen yourself at an early stage’.* A woman added, *‘why do we over stress ourselves? I try to be stronger than any problem since my younger children need my care’.*
- Simplifying the problem; according to the cognitive theory of psychology, the way we perceive a problem affects our feelings more than the problem itself. Hence, when we simplify the problem we can deal with it more easily and control our feelings. Um Ahmad said, *‘if you want to survive and make things easier, you can’.* Um Mohammad approved her ideas by saying, *‘often I feel nervous and about to burst, but I simplify matters, control myself and smile, because I do not make things simpler, they get more complicated’.* Um Amer added, *‘when you focus on your sorrows you will collapse and fall sick. Our sons and daughters need us. We must not fall sick but must be patient and accomplish our mission’.*
- Self talk; our self talk also affects the way we perceive the problem too. The thoughts which we discuss with ourselves affect our attitude and hence our feelings. For example, when we talk to ourselves that something is scary, we feel the fear, and so on. When we think that prison is less grave than martyrdom, and we talk to ourselves about these thoughts, we alleviate the stress and tension. Um Ibrahim said, *‘when my son was arrested I wept a lot, then I wondered why I am weeping, the prisoner ultimately gets out of prison’.* Um Samir said, *‘I started telling myself that my son is in jail, God help the mother whose son is martyred’.* Haifa described her condition following the martyrdom of her fiancé, how her condition deteriorated and all the house was affected and her father fell sick, She said, *‘after a while, I made a review and*

asked myself until when? The whole house is suffering and so is my mental well-being. I said I have to change and I started changing'. Safa said, 'I get terrified so much from incursions but I feel that God is with me and I tell myself that this is not the first incursion and how can it get worse. This way I calm my fear down'. Um Samer said, 'I started talking to myself and saying I want to care for my sons, daughters, home and husband. Suffering from calamity is not the same as watching it. No one cares for another; A person needs to care for herself'.

- Hope and optimism: The saying 'After distress only comes relief' was often repeated. 'A person must be patient and must have hope in tomorrow'. Another woman quoted Prophet Mohammad Peace be Upon Him: 'I wonder about a believer who thanks God for the good and thanks God for the bad'. She added, 'this means that humans survive with hope'.
- Restoring mental balance: According to the theory of cognitive dissonance,<sup>6</sup> the incompatibility in our attitudes causes cognitive dissonance, which in turn creates stress and anxiety and leads the individual to change his/her values and intellectual system in order to restore balance. Hence, the calamity is alleviated through finding the positive side and convincing self that situation (a) is better than situation (b), so **martyrdom is better than disability**: 'Thank God for everything; we are in a better situation than others; it is good that he did not get wounded, had a permanent disability and continued to suffer'. Arrest is better than martyrdom: A mother of a martyr and a prisoner asserted that by saying, 'I was extremely affected for my son especially that my other son was martyred before him and he became my only son. My heart aches and I am grieving, but what can I do, I started to console myself and said he is better in prison than martyred, I have to accept the fait accompli'. **The death of the daughter is milder than the death of the father**: 'my husband was standing in front of the house just near Alya'; he bent down to pick up something from the ground, when a bullet hit Alya' who was standing behind him, in her cheek. Thank God it was not because of the accuracy of the soldier, he does not deserve such an honor. Imagine what would have happened if the bullet hit my husband. The whole family would have been ruined. I thank God for this blessing'.

### f- Physiological

- Walking: 'walking vents and relieves stress'.

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(6) Dissonance is lack of balance

# 1

'I used to scream and hit; after that session however, I started to get out and walk around the house'.

Another woman said, *'I walk; I like to walk and it comforts me'*.

● **House chores:** *'Kneading relieves me, as I put all my energy in it. I tried it and was relieved. Also house chores vent and comfort me'. 'Also dusting the carpets is a big relief'*.

'Try to work at home, such as embroidery, flower arrangement, or food catering'.

'House work relieves and releases energy. It happen with me so often'. 'I occupy myself with work'. 'House work comforts and relieves stress'. 'Sometimes I knead and I get relieved'. 'Kneading involves a lot of venting and it comforted me'.

● Encouraging on visiting graves and planting flowers or trees near the grave.

● **Gardening:** *'you can plant some plants or take care of the plants in the backyard, as this gives a lot of comfort'. 'When I get nervous, I go out to the garden and care for the plants. I also embroider and draw. The whole world is not worth being nervous'*.

● **Going out to work:** *'Two weeks ago, I started working at a workshop; I actually felt better, as I do not have time anymore. Stress became less, and now I stay at the computer from 12 midnight until 4 am.'*

● **Computer:** *'When I feel upset, I get out of the house or play computer card games'*.

Some mechanisms that help children cope were mentioned too, most of which focused on emotions and encouraged different forms of expressing feelings. These included:

● **Drawing:** *'I started to let her draw; at first she used to draw a funeral, then she became better'*.

'I give them colors and let them draw whatever they wish to tell their father'.

● **Writing letters:** *'I let her write letters that include gentle blame to her martyred brother'*.

● **Recreation and sports:** *'I take her out to the mountain and she vents with very high speed on the swings'*.

● **Sympathizing with anger:** *'I have a daughter who expresses her sorrow through extreme anger and I try to show her sympathy'*.



# 2

## Section TWO

### *Evaluation of Approach*

#### **1-Bereaved-to-Bereaved Approach:**

AS mentioned earlier, this experience is a continuation of a previous phase of providing psychological and social support to the group of bereaved women, with whom direct work aimed to develop strategies and mechanisms that enabled them to exit their psychological crises and resume their lives as closely to pre-trauma as possible. During this phase, the intervention approach has been developed, and the bereaved survivors were adopted as supporters to recently bereaved women, in order to expand the circle of intervention in the areas<sup>(7)</sup>. A number of bereaved women from the first group took upon themselves the task of supporting others, after they had gone through training on concepts of mental health and skills of providing support. They accomplished this task with the help of local coordinators in Nablus, Jenin and Bethlehem.

The intervention project builds on a culture-sensitive and gender-sensitive perspective, and constitutes an attempt to make the voice of women heard in a world of male dominated culture.

#### **Psycho-social support aims to:**

- Provide women with the opportunity to tell their own stories and generally make their absent voices heard.

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(7) Women, Armed conflict and Loss (2004) pp.4

# 2

- Stimulate, strengthen and empower skills and capacities of bereaved women.
- Support them to create a regular routine environment and provide an atmosphere of continuity and stability in their daily lives.
- Restore balance, efficiency and adjustment.
- Enhance coping strategies.
- Prevent the accumulation of negative experiences that may persist until the post-trauma stage, i.e. prevent and alleviate P.T.S.D. symptoms.
- Improve the people's emotional and mental well-being.

## 1-1 Characteristics of the Approach- Why the Bereaved Supporter?

- *Civilization-Cultural bonding*: the bereaved supporters live through the same experience and in the same environment, and are hence culture and civilization sensitive, which makes their intervention homogenous with the civilization, cultural and religious context.
- Personal model and a source of strength and hope: since the bereaved supporter has passed through the loss experience and managed to overcome the crises and has resumed her life and work, this gives strength and hope to the recently bereaved women, who look at the bereaved supporter as a personal model. This may possibly help them overcome their own hardships, and give them hope in being capable of coping with loss.

In this regard, one supporter said, *'they would look at me and wonder how this woman is patient and is going on and continuing with her life'*.

- Learning from experience: Participating in the experience of the bereaved supporter helps the recently bereaved woman to cope and learn new coping mechanisms. Principles of the feminist experience broke the historical isolation of women and acknowledged common problems among them, 'personal is political'. Hence, participating in the self experience constitutes an important support element to understand experiences of women and overcome crises.

One supporter said, *'I tell her everything I do and she chooses what suits her'*. Another supporter said, *'I also tell her things that adversely affected me; I like to tell her so that she would avoid them'*. One bereaved woman said after listening to the experience of a supporter, *'I wish you progress and success and I wish to be as strong as you'*.

- Trustworthy: A supporter said, *'loss gave us credibility and we enjoy the trust and acceptance of the bereaved women, so they talk to us with confidence'*. Another

supporter said, *'at the beginning, the mother was afraid to tell me anything, but when she knew that I am the mother of two martyrs, she trusted me and talked'*. This alleviates feelings of concern, fear and caution that may emerge when the supporter is foreign. In this regard, Bonamski (1988) said, *'women were cautious in their concern over interviews because of the security threat to them and to their sons and because occupation is everywhere, in many cases children were uneasy at the beginning of our visits'*.<sup>(8)</sup>

- **Speaking with strength:** Since the bereaved supporter has been through a similar experience, she is capable of understanding the recently bereaved woman. She can speak up with strength, since she does not fear some one to confront her by saying you cannot understand me, or to tell her, *'having your hand in water is not the same as having it in fire'*. A supporter expressed this by saying, *'no one will tell me you have not been there, or you cannot feel with me, because I have been through the same suffering and I am talking with someone who is like me'*.
- **Empathy:** Sharing the suffering makes the bereaved supporter capable of empathizing with the recently bereaved woman and feel her pain and suffering. A supporter said, *'I find a bond between their loss and mine, and their feelings and mine, since we all have one pain and one loss'*.
- **Understanding pain and refraining from denying feelings:** The bereaved supporter has gone through the same pain and suffering, which helps her get deep into the feelings of the other bereaved woman and understand her pain, fears and worries, and be able to support her. One of them said, *'when I used to see people crying, I used to ask them why they were crying; after my son was imprisoned, I started to say may God be with them; now I excuse them as the pain is enormous'*. Another woman said, *'after my son was martyred I started to like to support martyrs' parents and console them, because my pain is enormous and I feel theirs'*. One supporter addressed the group by saying, *'think how we can support each other, because we understand each other and understand our suffering better than others'*.
- **Awareness of details:** The previous experience of the bereaved supporter undoubtedly enriched her and informed her of many details that she can convey to her bereaved colleagues for their benefit.
- **Acceptance of the supporter:** Since the bereaved supporters are mothers of martyrs or prisoners, they, particularly mothers of martyrs, acquire a special social status. The Palestinian national movement has considered them the *'symbol of the nation'*, which gives them support when introducing themselves to recently

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(8) Bonamski, (1988) pp. 59.

# 2

bereaved women, and makes it easier for the bereaved women to accept them and share their sorrows with them.

- Absence of intervention programs in our society: which means that the bereaved supporters are filling a vacuum in the lives of the bereaved women who need someone to listen to them and share their sorrows. There are two reasons for the absence of psychological support intervention programs: first, because of the lack of sufficient number of psychologists, and second, because psychological therapy and support is not considered important, and there is a lack of awareness towards its importance.
- Community legitimacy: The community does not accept, and stigmatizes specialized psychological therapy and support. Many do not accept psychological therapy in fear of gossip and being stigmatized. It is easier to accept psychological support from ordinary people. There is a current global trend to involve persons from the community, rather than specialized psychologists, in providing primary support, since the direct intervention of psychologists may make people think that recipients are psychologically ill, and hence cause a problem of a pathological nature and undesirable outcome. If this is the situation at the global level, then it is even more so in our oriental society that has a persistent negative perception of recipients of psychological care.
- An un-hierarchical model: The presence of bereaved supporters as group facilitators gives the feeling of parity and reciprocity, rather than a feeling of hierarchy.
- The Bereaved supporters are facilitators for and part of the group: They share with the group their pains and thoughts, and start talking by presenting their personal experience, and how they managed to overcome them at the previous group, which in turn gives hope and strength to the group.

## 1-2 Pillars of the Approach<sup>(9)</sup>

### ● An enabling environment:

A major pillar of psycho-social support is providing an enabling environment for participants, to give them a feeling of security, and encourage them to participate, open up and comfortably speak about their experiences.

We found out that groups were quite open, even during their first meetings. A participant expressed that by saying, *'only here I can speak my heart', 'here I feel very comfortable and I can disclose'*.

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(9) Arab Resource Collective Manual, based on the Sphere handbook (2004).

- Community-based participation:

Experts currently tend to use intervention programs that build on community-based participation, because they believe that increasing the participation of concerned persons in planning and implementing an intervention is a crucial necessity, a basic right and a principle of good quality programs in humanitarian work. Furthermore, this is particularly important for the healing process, because it enhances peoples' sense of their abilities and of ownership of their lives.

Caplan (1984) asserts that the task of the psychologist during crises is to instigate the community system in order that it provides the psycho-social support, to sit in the backseat and only move to the front seat if there is a need for his/her support. He asserts that it is important for the crisis exit path to have the support of the natural support forces that exist within the community.

The bereaved-to-bereaved approach adopted the principle of community-based participation, as the bereaved supporters were partners in planning and implementation. Involving the bereaved women in providing support gave them a sense of accomplishment, which constitutes by itself an element of healing. As one supporter said, *'while I was talking to them, I felt as if I was treating myself'*.

- A holistic integrative partnership

This approach is based on enhancing the ability of the communities and their individuals to have solidarity and reciprocal support in order to attain sound mental health. Hence, the support that a previously bereaved woman gives to another bereaved woman constitutes a source of social solidarity, which reflects that she can give part of what she had received.

- Ability of coping:

Support programs must focus on people's ability to overcome painful and difficult events, rather than assume fragility and weakness.

The bereaved supporters revealed that through using the method of support, giving hope and enhancing expectations that every individual is capable of coping.

- Make daily life as normal as possible

It these programs must seek to make daily life as close as possible to normal, to re-organize life through re-establishing family interaction and strengthening the feeling of a normal daily life.

Supporters continuously tried to examine the possibility of resuming daily routine and to provide the bereaved with the opportunity to reconstruct their lives. They also tried to make them restore family communication, especially with the

husband, as the majority of bereaved women expressed the presence of a crack in their marital relations after the loss. Hence, they tried to help them overcome that and restore the legality of life and continued communication.

● The empowerment approach:

It is important that psycho-social support programs focus on advancing individuals through building on their skills, knowledge and abilities. Hence, it is important to invest in and enhance available strengths, resources and potentials of each individual, as well as the belief that every individual has his/her own special and distinctive potential, which contributes to their resilience and helps them cope with difficult conditions.

Bereaved supporters continuously used this skill during their individual sessions.

*'What happened to you is not something easy, and during a short period of your life; you are however, strong and you tried to cope with the difficult conditions you faced; this is very important and you behaved consciously'. 'You are the pillar of this house, and you are important to all member of your family; your strength is their strength and theirs is yours'.*

*'You, Um Mohammad are patient and enduring; you are relying on your enormous energy, of which you still have a lot to rely on, and which makes you feel strong. This is the strength that your sons need'.*

● Respect for Personal Dignity

Intervention programs are based on the acknowledgement that all people have personal dignity and deserve respect, equality and social justice. There is a need to treat participants accordingly. We believe that the bereaved-to-bereaved experience is characterized by parity and an un-hierarchical treatment that is built on equality between people and respect for their personal dignity.

● Willingness to volunteer and transfer impact

The bereaved supporters were enthusiastic and willing to volunteer and provide support and maximum benefit through transferring their experience to bereaved women. Um Amer said, *'our humanitarian motive and personal experience in loss had a major influence on us to continue this work with high morale and a strong determination to help those women even after finishing the scheduled sessions'.*

## 2- Work Strategies

**During this phase, the following working strategies were adopted (with a theoretical introduction on each):**

### 2-1 Individual support:

#### **2-1-1 Goals of individual support**

Post trauma individual support aims at helping a person to cope with trauma and resume normal life as soon as possible. Hence, it is important to follow four basic principles: Immediacy, proximity, prediction and sustainability (Klingman 2000).

**Immediacy:** it is important to intervene quickly, i.e. the intervention must happen immediately and directly after the incident, in order to prevent deepening sadness and sorrow.

**Proximity:** Intervention must be at or close to the place of the incident in order to maintain relations within the family and benefit from the support of people in the close surroundings.

**Prediction:** enhance the capacity and give the person a feeling that s/he can be strong towards trauma and can resume normal life. It is important to initiate positive and unexaggerated expectations about the individual's ability to resume normal life.

**Sustainability:** trauma usually obstructs the pace of normal life. Consequently, the intervention must aim at preserving functions at the personal and family levels. This requires encouraging initiatives that aim at resuming normal life, helping the family to cope with children's reactions and introducing it to the necessary coping mechanisms.

According to the above proposed intervention model, interventions are not necessarily made strictly by psychologists, but it is important to mobilize supporting persons from the community. Priority is given to supporting persons from the surrounding environment, particularly immediately after the incident. The presence of a professional may confirm abnormal feelings the bereaved may feel following the incident, and may leave a negative stigma, as if the bereaved is suffering from a pathological condition. Providing support through persons from the surrounding environment does not give such an impression, while professionals must provide support to supporters.

Hence, the individual support strategy meets all the above conditions. It took place immediately, at the place of the incident, and aimed at giving a feeling of ability to cope and to survive. The bereaved supporters also belong to the local community and are trained to give psychological support to the bereaved.

### **2-1-2 Characteristics of individual support**

The post-trauma period is not only about the objective loss, but also about the subjective loss, i.e. the loss of the meaning of life, and the loss of the legality of life (Janoff-Bulman, 1992). The person lives with a feeling that life is harsh, cruel and unfair, and continuously expects a calamity or a new trauma, since s/he has lost the feeling of security and control (Figley, 1985, 1986; Segal, 1986). In order to restore the feeling of control, there is a need for a dialogue with memories related to the trauma and to speak again about the trauma in order to understand the whole picture of the painful experience and restore the feeling of control (Horowitz, 1993; Spiegel, 1990).

Speaking about the trauma and re-narrating it is one of the major components of understanding the inflicted calamity. This constitutes a factor to help exit the crisis according to the theory of narrative therapy.

Some resort to escape and withdrawal in order not to remember the painful experience, resorting to alcohols, drugs, continuous sleep or other means. Restoring the experience asserts that the body and mind are fighting to cope with trauma. Hence, it is important to give the bereaved women the opportunity to re-narrate their stories.

In the case of Palestinian women, this process gives her the opportunity to re-narrate her story as she perceives it, and to give her the legitimacy of re-living the event the way she feels it and desires it to be, rather than what others, who usually prevent her from living the loss experience honestly, desire. This is what the bereaved supporters did during individual sessions. They would start by talking about the project, its goals and the success of phase I. Then the supporter introduces herself and the aim of her intervention with the family, assuring them of complete confidentiality; then the floor open for listening and participation. She poses an open-ended question in order to give the bereaved the chance to express and re-narrate the event, while the supporter listens and expresses understanding.

This builds confidence between the bereaved supporter on one hand, and the bereaved woman and her family on the other hand. It also helps the bereaved woman to vent and discharge, and to see the event in a holistic manner, which is the main goal of each intervention. When the bereaved woman tells the event, this helps her become aware of all the facts that surround it, to become conscious of her feelings

and comprehend them and to position herself within her own coping method. All this helps her reach a deeper understanding of the calamity that afflicted her family and restore a feeling of control of her life.

Despite the fact that re-narrating the event brings to the bereaved all the painful memories and the hard feelings related to the event, it nevertheless helps her exit the crisis in a better manner.

### ● Primary organizational support

In addition to re-narrating the event, listening and understanding on behalf of the supporter, the first meeting provided the bereaved women with organizational information that helps them deal successfully with crises, such as information and telephone numbers of parties that can give support such as the Red Cross, Friends of the Prisoners, the Prisoners Club, and others, as well as some guidance to the family on necessary preventive matters, such as: gathering the vital and identification records of the prisoner and others. These things are very important during immediate intervention, when the bereaved would not be conscious, and chaotic and disorganized feelings prevail, and hence they would be in need of someone to direct them to the right addresses.

### ● Gaining confidence and encouraging expression:

The second meeting is usually more open for expressing emotions. Women can express their feelings and describe their grievances and painful memories without any barriers. The bereaved supporter said, *'I noticed a difference between today and the first meeting; today they are more at ease, and speak more openly and frankly'*. This asserts that the bereaved supporters can break down barriers quickly and gain the confidence of the bereaved. This may require several sessions had the therapist or the intervener been a foreigner or did not belong to the same environment.

### ● Involve all members of the family

Individual intervention occurs at home and with the presence of other members of the family, which may help provide support not only to the mother, but to other family members as well, and give them the opportunity to vent and discharge, sometimes through talking, and other times through drawing and coloring. Children were also counseled on mechanisms of releasing their energy in order to alleviate nervousness. During these sessions, reactions of children toward trauma were identified, and parents were counseled on means of treating them appropriately. As mentioned earlier, this helps the whole family to cope with the crisis, resume normal life and perform previous routine functions, such as going back to work

or study. In a discussion with a bereaved sister she said, *'before his martyrdom I had made a study plan because I want to excel, but now I cannot comply with that plan'*. The supporter encouraged her regarding the need to resume the plan and she was convinced.

### ● Life continues

It is important to strengthen the bereaved capacity and make her feel capable to cope, control and resume normal life, rather than fall into grief. It is also important to encourage resumption of routine daily life since the predictable routine based on clear and fixed roles enhances the feeling of safety and security. This is what the bereaved supporters did during the second and third sessions, as they would ask bereaved women and family members about their daily lives, and whether the mother had resumed her previous daily life, in addition to other questions that aim at encouraging the family to resume the legality of life as it was before the loss.

A supporter encouraged the bereaved woman who recently managed to go downtown shopping by saying, *'life goes on, and no one is grieving for the imprisonment of your son more than you and your family, but the routine of life continues'*. At another occasion she said, *'I asked her to go visit her parents and bothers to try to get out of the depression and sorrow she suffered from, and to gradually start to go back to her daily routine as much as possible'*. When one of the mothers said that her daughters annoyed her because they laughed too much and she could not handle that, the supporter answered, *'the most important thing when suffering loss is to resume as much as possible the usual daily routine before loss. With martyrdom we want to see smiles on your faces again. This does not mean that your daughters have forgotten their brother; sorrow is there and loss is also there, but hope and life are there and continue to be there'*.

By the end of the third session, life relatively goes back to track in most of the cases. The bereaved women expressed that by saying, *'now we are eating like we used to'*. *'Life goes on; my sons went back to their work and so did my daughters'*. *'We have accepted our fate, and now when you hear about the calamities of others yours seem milder'*. *'That is it; I am not going to quit school because I want to become a lawyer to defend prisoners'*.

### **2-1-3 What the bereaved benefited from individual support**

- Talk and discharge: *'The visits calmed me down and relieved me, I talked about things I do not talk about with anyone else'*.
- Comfort: *'Talking with you comforts me and I spoke my heart'*.  
*'I can barely wait till Sunday for your visit. We liked you and I feel comfortable*

*talking to you; I count the minutes for your visit and also the girls feel comfortable with you’.*

*‘I feel mentally relieved because when a girl is released from prison she cannot find someone to understand her experience and you were helpful to me in understanding and clarifying many issues, and relieved me a lot’.*

- Additional information: *‘We benefited a lot, you told us things we hear for the first time, and I felt comfortable talking to you’.*
- Functional change: *‘Before you came to us I had an extremely upset mental condition; if one of my sons asked me to cook I would yell at him, and if they asked me to give them a bath I would do the same; if my daughter asked me to comb her hair in the morning in order to go to school I would shout; but now, after you came, my treatment to my children has changed, and now I wake up early in the morning to comb the girls’ hair and I prepare breakfast and meet their requests’.*
- Health improvement: *‘I beg you not to stop visiting me, but to continue to visit me always; I have been waiting for your visit since the morning; I loved you as my sisters, maybe even more. Today I am very happy and I feel healthier. Even my neighbor noticed and told me your face has gained color, and I visited mother and this was an unexpected step’.*

#### **2-1-4 Difficulties the bereaved supporters faced during individual work**

##### ● The difficulty of separation

It is difficult for the supporter to break up with the bereaved after the sessions, especially if the bereaved and her family suffer from difficult conditions and need support. Since the role of the supporter gives her the feeling that there are people who need her and that she is capable of helping, it is difficult to give up the role of supporter and resume previous daily routine. One of the supporters expressed this by saying:

*‘It was hard for me to leave them because they used to beg me to visit them; we loved you and liked your talk; we want to continue to see you always’.*

Another supporter said, *‘The relation is burdensome and exerts psychological pressure on me, since I cannot separate with them, especially when I saw how they keenly wait to meet me’.*

##### ● The presence of several members of the family

It is important to pay an immediate visit to the location of the event. According to our oriental traditions, however, condolences continue for three days, during

which the house is full of people, and which sometimes impedes the process of support. In this regard, one supporter said, *'during my three meetings, the house was full of relatives and consolers, who did not allow me to interact with her deeply and continuously; meetings were frequently interrupted'*.

The presence of the extended family also sometimes obstructs the process of support. Um Samer said, *'when we visited some martyr's families and wanted to talk to the wife, the mother sometimes resisted, prevented the wife from talking to us, and asked her not to discuss such issues with us; we used to find difficulty communicating with the wife and trying to counsel her toward coping with loss and means of dealing with her children'*.

It is worth noting that in some cases, supporters succeeded in overcoming this situation by asking the mother to sit with them alone, and this is not an easy thing to do in our society'.

## 2-2 Group Work

### 2-2-1 Goals of Group Work

There are several benefits for working in groups, related to awareness and goals of the group. There are therapy groups, support groups, self consciousness and growth groups, human relations development groups, groups that suffer from the same illness or problem, learning groups and others. According to Dinemeyer & Muro (1976), working in groups has several goals, namely:

- Psychological comfort: emotional discharge makes a person let go of the repressed and inhibited painful emotions, which causes comfort and relaxation.
- Support: through sharing experiences with the group.
- Self consciousness and possibility for change: groups enable us to discover our problems and give us the possibility to change.
- Parity: the individual learns to conduct dialogue and treat others with parity when s/he is around people who equally give and take.
- A corrective, supporting and encouraging experience: Through encouraging, supporting and promoting acceptable conduct, and not enhancing unacceptable conduct.
- A mirror of the individual: The group can be a mirror of the individual more than any counselor in individual work.

- I am not alone in this: when the individual listens to problems of group members s/he would feel s/he is not alone in facing this problem, which alleviates it.
- A therapeutic step: group work is a step in an individual's treatment, even when treatment is not the goal. When a person hears that others share the same problem and that they are capable of understanding his experience and difficulties, this by itself is a therapeutic step.
- Learning: the individual learns to cope with his/her problems through the experience of others, which gives him/her hope.
- Mutual help to exit the crisis.

Yalom D.E. (1975) considers that group work, irrespective of its type, achieves the following goals by merely meetings people in groups:

- Give hope.
- Give a feeling of universality of experience.
- Get or give information.
- Care for others.
- Corrective experience.
- Develop mechanisms for making friendships.
- Imitate behaviors.
- Personal learning.
- Collective conglomeration.
- Venting
- Existential changes.

### **2-2-2 Psycho-Social Support Groups**

The human is a social being who lives since birth in permanent social structures. Hence, the social support that an individual receives from the group is considered essential, important and supportive of the individual's ability to cope with difficulties and crises. Research shows that psycho-social support groups constitute an essential resource to support the individual's mental wellbeing and helps him/her cope with emotional difficulties (Sarason, Sarason & Pierce 1994; Vaux, 1988). The individual's feeling that s/he is not alone and that there is someone to support him/her is crucial in psycho-social support process.

The intervention group is one of the several forms of support groups, which are usually formed in the wake of a problem or a crisis (Pesso, A. 1973). It aims at:

# 2

Giving the individual a collective feeling (you are not alone)

Expressing feelings

Empathy (especially that others have the same problem and hence are capable of understanding the pain and the suffering).

Learning from others' experiences.

Deriving strength from others.

Legitimizing difficulties and problems.

Venting and expressing feelings

An opportunity for collective expression, and

An opportunity to learn coping mechanisms.

## 2-2-3 Self Support Groups

During the eighties, self help groups developed (Knight, Wollert, Levy, Frame, & Padgett, 1980; Zimmerman, Seidman, Rappaport, Toro, & Salem, 1991). These would meet once a week or every two weeks with the help of a facilitator, who may be a specialist or a person who suffered a similar problem, has previous experience in a similar group, and has possibly received simple basic training in running groups. These groups may also meet without the help of a facilitator.

The core function of the support groups that consist of persons who suffer the same problem is:

To receive continuous social support through different means, express negative emotions (fear, anxiety, frustration, despair), discharge and get liberated from these emotions, receive information, receive emotional support and encouragement, and receive guidance, counseling and means of assistance to cope with difficulties. Researchers assert that a major part of support to participants stems from their feeling that they are helping others too, rather than being merely recipients of help (Lieberman, Videka-Sherman, 1986; Matton, 1988). Furthermore, relations that are formed within the groups may last outside the group too. Pearson (1990) asserts that support groups constitute a successful counseling tool for many problems and crises. Research also indicates that persons who participated in such groups usually feel optimistic, have greater self-confidence, and acquire diversified coping mechanisms during or after the work (Humphreys & Rappaport, 1994; Trojan, 1989).

### 2-2-4 Specificities of women groups

Groups constitute a transitional space for women in particular, since moving away temporarily from daily burdens helps them break the isolation imposed on them, and hence give them an opportunity to think afresh. Creating interaction among women also helps them discover their common problems, experiences and feelings, as each one of them discovers that her problem is not individual, but is rather a general problem that has social and political reasons. The feminist concept of empowerment asserts that personal is political. Hence, women groups are a mutual path for unveiling the joint power of women. According to Virginia Wolf (1929), a prominent feminist, finding a feminine space within the patriarchal society constitutes an important and central factor in liberating the voice of women. Simone de Beauvoir, (Bauer Nancy, 2001) said that finding feminine space through groups effects change in the lives of women, and contributes to asserting the feminist slogan that personal is political. The premise of the feminist movements is that repression of women is community repression founded in the patriarchal society, and that conditions of women cannot be understood unless the community relations that govern them are understood.

Moreover, sharing experiences in women groups who suffer a common concern helps alleviate the concern and create a relation that lasts after the end of group work, which ensures sustainable support and communication.

### 2-2 Skills the bereaved supporters used in group work

#### ● The group's Constitution

Identifying a constitution for the group, with the participation of the group members in setting the laws is essential. The bereaved supporters did that in a simple and clear language: *'We want to put some laws for the group and apply them'*. *Laws were also written in an easy language, using the cultural heritage and the daily language of participants. For example, instead of saying 'not to compare pain', it was formulated as such, 'not because I have two martyrs then this means I am better than that who has a prisoner or a wounded; each has her own worry and a big calamity', or 'we are in it together', or 'we are all drinking from the same water'; 'each one has a different form of loss, but each one finds her own loss difficult and bitter'*. The groups expressed the 'empathy' law in words like, *'feeling the pain of everybody because when one tastes the thing she feels the pain of others'*. To express the need to accept and give the chance for expression even when we differ, the supporter said, *'we give the opportunity to any bereaved women to express herself even if she said things we disagree with; expression is important and relieves the bereaved'*.

### ● Participatory approach:

Sharing experiences within the group alleviates the feeling of isolation, helps identify the common elements and alleviates stress by asserting universality (you are not alone). At another level, conversation within the group helps assert distinctiveness of each individual. Moreover, one can get to know different coping mechanisms and learn from the experience of others.

The bereaved supporters used their own experiences to enhance coping mechanisms among bereaved women. For example, a supporter said, in an effort to encourage a bereaved woman to deal fairly with her other children and enhance her ability to cope with loss, *'when my sons were martyred, I gave their clothes to their brothers and when they put them on I would be pleased'*. On another occasion, as she was trying to encourage a bereaved woman to get out of the house rather than withdraw and fall into the trap of negative thinking she said, *'I go out and I do not restrict myself; what happened to me is not easy, but one must practice her daily life and try to cope with the situation'*. At yet another occasion, the supporter tried to assure the bereaved about the condition of her son in jail though the experience of her husband's nephew. She said, *'when my husband's nephew was in the same jail as your son, he had enough food, clothing and blankets; do not worry'*. During a visit to the mother of a prisoner who was not accepting and weeping bitterly over her son's imprisonment, the third loss in the family, the supporter talked to her about her own experience in prison, and how her mother was keen on seeing her the day she was released, and assured her that *'the prison does not shut forever on those who are inside it'* and that her son will not remain imprisoned. She also talked to her about her mother's letters while she was in prison and said, *'try to write to your son about your feelings towards him as this will comfort you'*.

A bereaved supporter also warns of the use of sedatives, building on her own experience, as sedatives made her emotionless and she could no more express herself, and that she continued to be ill and became dependent. *'Medicines numb feelings and obstruct the discharge process. This is what happened to me; I was sleeping sedated at the hospital, and they held my husband's funeral and I did not participate in it'*.

### ● Encouraging the expression of feelings

The process of expressing feelings is very important for the mental health, since repressing or burying feelings makes them swell and swell until they cause many physiological sicknesses. Research revealed that refraining from expressing feelings particularly anger, frustration, bitterness and despair, affects the body's immunity system and does not help liberate the person from these feelings (Goleman, 1995).

Hence, it is important to help bereaved women express their feelings in order to be able to successfully cope with the crisis, especially that the Palestinian society often prevents bereaved women from expressing their feelings due to the belief that it would be harmful for the martyr. The bereaved mother must express joy for the martyrdom of her son/daughter/husband rather than express pain for her loss.

Goleman<sup>(10)</sup> asserts the need to express feelings and its importance for the mental health and the immunity system, indicating that the person who lets his/her negative feelings control him/her, cannot give time for positive feelings, and that the accumulation and repression of these feelings makes them swell and swell until they show as psycho-somatic illnesses.

Bereaved supporters used this skill in an easy and simplified manner, utilizing everyday experiences of the bereaved. For example, *'we want to say that screaming and crying at the moment of the trauma is very important, since it is necessary for the bereaved to express her feelings and her shock at the news'*. In another instance, the bereaved supporter said, *'these negative feelings deplete our energy and we get nothing but frustration, anxiety and disturbance; hence, it is very important to discharge in order to be liberated from negative feelings'*. The supporter also encourages participants not to silence any voice, but rather accept different means of expression, by saying, *'we want you to refrain from silencing any voice, it is important to take out all the feelings inside you. We are different people and our reactions vary. Hence, we ask no one to restrict her feelings, but rather let her express them in any form'*. The supporter also said, *'expressing feelings is strength and crying and expression is healthy; you are in a safe place where you can express your feelings'*. Sometimes, religious sayings are used to encourage expressing feelings and crying such as, *'crying is no shame and The Prophet Peace be Upon Him, cried over his son'*. The bereaved supporter tried to help the mother express, rather than repress her feelings by putting the picture of her martyred son in front of her, which made her cry bitterly and scream loudly. Sometimes she used words from simple daily life in order to stimulate the mother's feelings such as *'this is your son, sons are precious'*.

### ● Legitimizing feelings

We (the Arab society) generally tend to avoid confronting pain, and refrain from talking about loss; the mother prevents her children from expressing their pain, thinking that this way we are helping and supporting the bereaved family. We

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(10)Or further details see 'Communication Skills' for the researcher.

often deny them their feelings instead of understanding them and legitimizing the expression of those feelings.

One of the major premises for addressing feelings is to realize that feelings cannot be discussed. There is no right or wrong feelings; feelings are personal events that cannot be judged. Feelings belong to the person who feels them and all we need to do is understand them (Españoli, 2002). This is what the bereaved supporters did, as evident in the following quotes:

A supporter answered a mother who complained that her daughters cried a lot by saying, *'what they feel is a natural right, let them express their feelings'*.

*'Your sorrow for your son is your right, is a normal feeling and is acceptable'*.

*'We appreciate everyone's feelings, and we want you to talk about everything. We want the voice inside you to come out; we do not want anyone to feel embarrassed; here, speaking about anything is legitimate, so long as it helps us improve our mental wellbeing'*.

The coordinator calmed the mother who was speaking about her fear and her sons' fear from incursions by saying, *'fear is a normal feeling; when we feel afraid the body prepares itself and becomes alert, which is a natural defense mechanism'*.

When the mother who suffered numerous losses spoke about her permanent fear from a new trauma, the supporter answered her, *'this is a normal feeling after the incident, the fear from recurring calamity and loss; this, however does not mean that a calamity or a loss will actually occur'*.

### ● Empathy

Empathy is the ability to understand the emotions of the other party, where we try to put ourselves in his/her place, and feel his/her feelings, i.e. put ourselves in his/her shoes. Through empathy, we can enter into the other person's world, look through his/her eyes, try to understand his/her world and emotions, and feel his/her sentiments (Españoli, 2002). Then we must select the words that reflect the feelings of the other person and clarify that we are capable of understating and feeling him/her. This is an important skill for group work as it gives the other the feeling that someone understands and feels my feelings and appreciates my suffering and pain. Some bereaved supporters expressed this through the following quotes:

*'I feel with you, your calamity is enormous'*.

*'It is difficult for the mother to lose her son and this is not easy'*.

*'Loss is an unusual and very hard event'*.

*'I swear to God Um Majdi, our hearts are with you'*.

*'We all share with you your sorrow and pain'.*

*'You, Samira, are talking about a very difficult thing; it is definitely not easy to see your son and not be able to hug him'.*

### ● Understanding feelings

This is a complementary skill to the previous one, since it is not enough to accept and legitimize feelings, but it is also important to express the extent of our understanding and sympathy towards these feelings. This gives the speaker a feeling of comfort and encourages him/her to continue talking.

*'I understand you feelings'.*

*'We appreciate your loss and the difficult conditions you have been through'.*

*'We appreciate your feelings and understand your anger'.*

*'We understand you. We feel your suffering and loss. We do not underestimate any loss, no matter how small or big it is'.*

*I understand you situation and circumstances and you have suffered a lot by losing your husband and son and the arrest of the third, all in one year. May God help you in this very difficult condition'.*

In another situation, a supporter said that she understood the lack of cooperation of the bereaved with her, and her fear from talking about her feelings, *'you are right to be afraid and not confident, since the circumstances that you have been through are difficult for any human'.*

### ● Describing feelings

Describing feelings towards the other is an important skill that helps proper communication and continued relations. It helps clarify things and understand the other. It is important to express our feelings in the 'first person' without hurting or blaming the other. A supporter described her feelings when she went to meet a bereaved woman but did not find her for the first and second times by saying, *'frankly I felt that you were avoiding meeting me'.* This is a skill that helps reflect feelings without accusations or hurting.

### ● Rephrasing

One of the major skills that are necessary for proper communication and counseling is rephrasing what the individual said in the language of the facilitator. This asserts listening to the other, a skill that helps the other listen to him/herself and re-examine his/her statements. This skill has been used in some cases:

*'You, Amani, are telling me that the arrest of Samir is a situation that made you feel upset and prevented you from going out'.*

*'You say that more than one thing caused you to be upset and that you are in pain*

*because your older son was beaten for no reason’.*

*‘Um Mohammad says that there are common concerns among women, that at any time they may lose their homes’.*

### ● Respect for the desires of others

Among the important things that grant a feeling of security and confidence is treating others with respect and giving them a feeling that we trust you, respect your wishes and trust your ability to make decisions. A supporter said, *‘it is very good to sometimes consider how the person in front of us thinks, and we think aloud with you, but do not impose anything on you, but you decide what is right for you, so the decision is yours’.*

### ● Calming down

Calming down leads to a feeling of comfort and alleviates tension, anxiety and stress. Supporters used with mothers expressions that calmed them down and provided them with some information that would help them alleviate their anxiety, depending on their previous experience. A supporter responded to a mother who was complaining that the Army would not let her send things to her imprisoned son by saying, *‘but the young men do not spare anything from each other, and give each other blankets and clothes; do not worry about him, all the prisoners are his brothers’.* In another instance, where the mother is worried about her imprisoned son and wondering how they treated him, the bereaved supporter answered by calming her down (based on her experience with prisoners), that the prison where her son is kept, is easier than others and has better food. These responses calm the mothers down and give them hope, which can help alleviate their stress and anxiety.

### ● Strengthen the ability to cope

Among the important matters that help a person cope with crises is making him/her feel his/her self-strength and that s/he is capable of coping, has a major role in exiting the crisis, and not a submissive and passive victim. Supporters cleverly used this skill to assert the bereaved women’s ability to cope and overcome difficulties.

*‘You have achieved a lot inside your house, and you deserve all the appreciation and admiration. You have raised your children properly and not everyone is capable of doing so’.*

*'We want you to be strong for the sake of your sons; you are both the mother and father; they need you, and you can help them be happy'.*

*'If you have the will, you can be at your best'.*

Among the things that characterize our Arab society is the fact that it is socially stressful. Instead of helping the bereaved overcome the crisis and resume normal life, many members of the society have a negative attitude towards people who try to resume their daily routine, as if they have forgotten their beloved. Community pressure is mostly a women-to-women pressure, which involves a form of identification with the oppressor. Hence a lot of talking and negative intervention in the life of the bereaved take place, preventing the bereaved from overcoming the crisis. The bereaved supporters had a major role to play as they tried to support the bereaved women to do what they thought was right, rather than yield to community pressure. This is revealed in the following quotes:

*'One should do what is right, speak out and vent but not keep things in her heart, or care for what people say'.*

*'The best thing to do is to think of yourself and balance between different things in your life; this is your life, so look for things that make you happy and forget about gossip'.*

*'But you are strong and will be able to overcome them and continue; the most important thing is to be optimistic about tomorrow'.*

### ● Respect for different opinions and acceptance of difference

The facilitator was alert and sensitive to the participants' reactions towards each other. They tried to stress the need to respect and accept each participant, accept plurality and the right to be different. Commenting on a participant who tried to object on what her colleague said, the facilitator said, *'during these meetings, I want everyone to express herself and her calamity the way she pleases; we do not want to silence anyone'.* On another occasion a supporter said, *'each one here speaks according to her own beliefs, background and environment. We are here to propose ideas, and no matter how much we differ, we do not object to each other. Difference in opinion is something healthy'.*

### ● Encouraging positive thinking

One of the means that help us maintain balance and control of our emotions is the attempt to substitute our thoughts and self-talk with positive and calming thoughts. Our thoughts are often the cause of our emotions, and vice versa, as each aspect nurtures the other. Lazarus (1978) calls this process the mental mediation, and is based on the pretext that reactions to mental stress and overcoming them is the outcome of mental perception. Positive thoughts help in calming and getting rid of

negative feelings, and open the way for optimism and hope. Upon analyzing the documents, we found that the bereaved supporters used this skill and tried to orient the bereaved women in a positive manner. One bereaved woman said, *'sometimes a person is swamped by the negative thing and cannot see the good thing in our life'*. Another woman said, *'thank God he is not wounded, disabled or suffering in front of you'*. A supporter described how her positive thinking helped her accept the crisis and feel the importance of survival, *'I could have died and become a martyr, but God kept me alive, and He has wisdom behind that. Definitely someone needs me, who knows'*. The coordinator addressed a bereaved woman who did not want to attend her daughter's wedding by saying, *'when we think positively, we get positive results, and you thought that you cannot face the moments of joy without your martyred sons'*.

Religious sayings were also used to assert the importance of positive thinking for optimism in our lives: *'Be optimistic in good, you will find it- our role model is the Prophet Peace be Upon Him who said so'*.

At another occasion, the coordinator explained the relation between thinking and emotions, asserting that positive thinking can create positive emotions: *'our feelings come from our mind, thoughts and will; we see that we want to feel happy, and we do feel happy, hence our choice in life is what we think, and the decision is yours; you draw your life; life must go on; do not answer now, but I want you to think'*.

### ● Directing anger

It is important not to repress the process of expressing feelings, and not to deny a person his/her feelings, but rather direct his/her anger. This is what the bereaved supporter did when the mother was expressing anger towards her son's choice to become a martyr, answering her, *'I understand your feeling, but our anger must be directed towards occupation which is the cause for this'*.

### ● Renewing hope

In order to change the meaning of the difficult life, there is a need to strengthen and consolidate the personal feeling based on hope and continuity, through helping the bereaved adopt another attitude and a different account of the crisis situation. The supporters tried to help parents see hope in life and joy through the remaining children, and not give up to frustration and despair. When a mother said, *'that is it, I will never feel happy again in my life'*, the bereaved supporter answered by renewing her happiness for the success of her daughter and other sons repeating the saying, *'the alive are more existent than the dead'*. At another occasion she said, *'you, Um Mohammad, are important to your sons; your grief is yours, and their sadness is yours; when someone sees his mother sad, the whole world*

*becomes dark in his own eyes, help your sons because they need you; let your son get married and try to bring in joy to your home’.*

There is also a need to give hope by envisaging the problem as a passing issue, *‘this is a period and it will pass’.*

### ● Correcting misconceptions

During crises, a person is ready to listen to any opinion or advice that may help him/her alleviate the suffering or restore hope. A lot of Advice and opinions are said, some are correct, but others are false, or based on rumors, and on the crisis that makes people willing to do anything for help. Supporters played an important role in refuting some misconceptions, correct some wrong trends and confront rumors. A supporter told the group, *‘we want to think and reconsider some wrong beliefs, and see whether these beliefs, that are translated to behavior, help the bereaved person or not’.*

One of the wrong beliefs is that crying near the deceased is wrong because tears torture the deceased. The bereaved supporters corrected this misconception using the words of Prophet Mohammad Peace be upon Him, when He cried over his son Ibrahim and said, *‘the heart is sad and the eye is in tears for departing with you Ibrahim’.* Another misconception is that crying in front of people is a sign of weakness and makes people feel sorry and pity for you, which the supporter refuted and encouraged expressing emotions by saying, *‘we are humans, and when we are sad or suffer a loss we feel the urge to cry and sometimes scream; it is comforting to cry, bring sadness and internally repressed stress out’.*

They also tried to distinguish between realities and rumors regarding the ability of the ‘sheikhs’ (plagiarists) to revive the martyr and bring him back, in return for paying a sum of money. They warned women from falling into the trap of those who claim they can talk to the martyr in return for money.

### ● Confronting reality

The facilitator sometimes has to use the confrontation method to help the bereaved identify the problem that impedes her liberation from stressful emotions. Confrontation is the process of clear and open identification of the problem and providing alternative methods to address the problematic. It is important to do this process without judgments or accusations and with an understanding of the difficulties and emotions of the other party. The coordinator of the Nablus group did so on several occasions: To help her accept reality, the coordinator told the mother of martyr who still believed that her son came to her and talked to her at night, *‘Definitely Um Hasan, you wish that your son were alive and would*

*write to you, and hence you imagined that he wrote a letter to you; you wrote it inspired by your attachment to your son; some of it is realistic; you wrote and your imagination was dictating to you. Writing, however, helps you to express your heart towards you son, and the love you taught to your son throughout the years’.*

On another occasion, a bereaved mother still believed that her son’s room smelled like musk and his towel was still wet, four years after his martyrdom, i.e. her memory is fixated at the first phase of the mourning process. On one hand, she says she is accepting God’s destiny, but she is still at the phase of unconscious denial of the incident. She told her, understanding her feeling and confronting her with her reality, *‘I know that you wish your son was still alive and you still saw him, smelled his perfume, saw him always take a bath and you hung his towel; But Um Majdi, he is not living at home, but he is living in your heart, with his thoughts and jokes and everything that reminds you of him; the reality is that he is dead, his body is in the grave, and his soul is with the martyrs’.*

She confronts Um Samer by saying, *‘you Um Samer, when you son was martyred, you refused the news, and escaped the bitter and painful reality, as if that person who was martyred is not your son, because you wanted him to stay with you; this happens sometimes, but the reality is your son was martyred. You, Um Samer, were not given the chance to bid your son farewell and everything happened quickly; this makes accepting reality difficult; try to write letters and say in them things you could not say’.*

The above indicates that the bereaved supporters used several counseling skills that help create an atmosphere of comfort and trust among participants, contribute to encouraging them on expression, opening up and emotional discharge, and to enhancing coping strategies, which manifests their ability to facilitate group work supportively and successfully.

### **2-3-1 The Process**

Intervention programs related to tension and stress usually focus on three points:

- a- The event that disturbs mental balance,
- b- Reactions to the event, and
- c- Restoring balance through different strategies humans adopt.

Group sessions usually present realities related to the event and how it happened. They usually give room and legitimacy to expressing feelings and emotions related to

the event; then they move to examine sources of strength and support (what helped) and coping strategies (what I did to help myself) and what your future expectations are.

Upon examining the process of group sessions, we found that they mostly adopted the above structure.

The group sessions process was compliant to the above structure, and all meetings had a unified structure, which helps in steadiness and clarity. Relaxation exercises which were conducted in Nablus at the beginning of meetings also had a positive impact in helping the bereaved women to relax and alleviate their internal burdens in preparation for group work.

An atmosphere of openness and legitimacy for expressing emotions prevailed in all groups. The meetings gave women enough room to cry freely, without having to worry about the children or the husband, since many of them were reluctant to cry at home in front of their children and felt choking. These sessions, with their supportive and comfortable atmosphere constituted a place for venting, crying, talking about the loss and sharing with women their pains, experiences and suffering.

Women were able to disclose their pain and suffering freely and quickly. This sometimes happened at the first meeting, possibly because the group shares a common political concern and all of them know the event. The event of martyrdom does not remain private; hence women were able to talk about it since the start. When the facilitator asked them to identify themselves, such identification was linked to the loss and the accompanying pain. In any case, this track reflects a good and supporting atmosphere within the groups, and reveals that the bereaved supporters were capable of creating such atmosphere and building trust and comfort within the group to enable expression.

Many asserted the importance of confidentiality in sessions in order to maintain mental comfort: *'a woman comes here to release, and the session is confidential which is good'*. Another woman said, *'what happens among us is comforting and what we say here does not go out; whatever happens here stays here'*.

All groups addressed and enhanced coping strategies, while facilitators tried to help women restore their mental balance and resume normal life.

In addition to social and psychological support, these sessions provided important and effective information to the bereaved women, such as: how to behave at the time of arrest, how to deal with children, provide alternatives to negative conduct accompanying anger, stress alleviation mechanisms, and support institutions.

### 2-3-2 The Language of the Bereaved Supporters

The language of mental health and psychological disorders may constitute a barrier that impedes beneficiaries of psychological and social support groups, as it complicates the topic and makes talking about it difficult. Consequently, using a language that is close to the reality of beneficiaries facilitates the process, enables talking naturally and contributes to expanding the knowledge of the psychological support system. Hence, it is important to use simple terminology that is easy to understand and makes ordinary people's reactions to difficult conditions normal. This also enhances people's ability to communicate among each other, facilitates overcoming calamities and strengthens psychological support systems.

We notice that the language used in the bereaved-to-bereaved approach is simple and easy, since supporters use popular language, the same language of the bereaved, and behave similarly. They often used cultural heritage, popular proverbs, religious sayings or verses from the Qur'an, which facilitated communication between the supporters and the bereaved women. Furthermore, these sayings had a stronger impact on listeners, since they relate to their familiar surroundings, beliefs and faith. Following are examples:

*'When you see the calamity of others, yours becomes milder'*; this was one of the most common sayings the bereaved women themselves as well as the supporters used to alleviate the calamity and restore mental balance.

*'The alive are more existent than the dead'*: this proverb was used several times to encourage the mother to care for her living children rather than fall into the cycle of grief and sorrow and neglect her home and children, or in order not to deprive her children from the favorite dishes of the deceased, or to restore hope and encourage her to survive for the sake of her children.

*'The prison does not forever shut on those who are inside it'*; this saying was frequently used to alleviate the trauma of arrest and imprisonment, and to give hope to the mother that relief is coming soon.

*'The Prophet cried over His son Ibrahim'*: this was frequently used to encourage and legitimize crying, and refute the misconception that tears torture the dead.

*'Satisfying people is an unattainable goal'*; this was used to encourage the bereaved to be relieved from community pressure since no matter what a person does, s/he cannot please everyone.

*'A word may trigger affection and another may trigger madness'*: this was used to encourage good treatment for children.

*'Nothing will happen to us except what God has decreed for us'*: this is a verse from the Qur'an used to help the mother accept her calamity as her destiny.

*'A child is precious'*: this simple expression was used to encourage bereaved mothers to cry, and is an expression originally used to express the love that parents have for their sons/daughters.

*'And do not throw yourselves into death'*: this expression was used to encourage mothers not to give in to fate and destiny, but be cautious and alert.

Expressions used to alleviate pain and help accept loss included:

- *'God we do not beg you to repel your destiny, but beg You to be gentle to us'*.

- *'God inflicts a calamity and grants with it patience'*

- *'Think not of those who are slain in God's way as dead. Nay, they live, finding their sustenance in the presence of their Lord*

- *'One calamity is milder than another'*

- *'Thank God in good and in bad'*

- *'Believers receive graver calamities'*

Proverbs that were used to give hope and optimism included:

\* *'After distress only comes relief'*

\* *'Be optimistic about good, you will find it'*

\* *'Verily, with every difficulty there is relief'*

\* *'As a crisis gets bigger, it is then resolved'*

\* *'Night has to come to an end'*

### **2-3-3 Significance of the Experience.**

What the supporters benefited from group work

- **Confidence and courage**: going out to work and interact with the society and people gives the individual self-confidence and trust in her abilities, and helps gain courage. One supporter said in this respect, *'I broke the barrier of fear between the outside community and myself'*. Another supporter said, *'I stopped saying I cannot do this or that; I started to try and felt that I could.'*
- **Feeling of importance and meaningfulness of life**: through giving support and help, the self-perception of the supporter changes, and instead of playing the role

of the passive victim, she plays an active and important role in the society, which gives her a sense of importance and ability to control. A supporter expressed this by saying, *'I felt that I became an efficient member of the society; people contact me to give them lectures'*.

- **Acquiring some skills:** the training course that the bereaved supporters received, and their work experience, enabled them to acquire essential and important life skills. As one of them said, *'I have become capable of solving problems'*. Another said, *'I learned to listen rather than talk; as an advocate I speak a lot, and here I learned to change according to circumstances, from an advocate to a supporter'*.
- **Empowerment:** the ability of bereaved supporters to help bereaved women in coping with their calamities and pains is empowering for the bereaved supporter too, as it helps her discover her potentials through constructive contribution to supporting the bereaved to resume her normal behavior. This gives her a sense of significance and of her ability to help, which enhances her self-confidence, gives her a sense of value; she assumes a leading role, which by itself strengthens her ability to cope with frustration and trauma.

*'When I lost all that, I felt that life has stopped; this experience gave me strength and courage'*.

*'I was excessively desperate; I was afraid to face people, and move on a wheel chair; I felt that this course we took played a positive role, and I felt it gave me strength and resilience in life'*.

- **Ability to survive:** One of the main goals of crisis intervention programs is to restore the feeling of control over own life, and restore the feeling of continuity and communication between the bereaved behavior and habits before and after the loss.

*'I remained isolated and afraid to go out of the house; this is what brought me out'*.

*'I went out of my seclusion and saw persons who share with me my sorrows; I was relieved and helped relieve others too'*.

*'I became less nervous'*

*'Work has changed my personality; after twenty years of quitting school, today I enrolled at the university'*.

*'If I did not go out for this work, I would have gone crazy'*.

- **Reinforce patience and will:** *'my resolve and will have increased through the experiences of others; my son and husband at home, have become the core of my new life, despite having two prisoners'*.

- ‘When you see the calamities of others, yours becomes milder’: sharing experiences helps you feel that ‘you are not alone’, and listening to the suffering of others helps you realize that the experience is universal, and helps alleviate the mental tension and stress. *‘When I first came, I thought that my calamity was the biggest of all. When I started to see others and hear about their calamities, I felt ashamed to talk about my problem. I was making life at home a misery, but I went back and resumed my role at home; I had anew outlook to life’.*

*‘When I heard each one of them, I felt that there are disasters that are bigger than mine, or possibly equal, and this gave me great consolation’.*

- Means for filling time rather than preoccupation with thinking: It is known that work and activity during crises not only helps fill the emptiness, but also alleviates feelings of fear and stress. One of the bereaved women said:

*‘Work caused us to forget all problems that we faced, since sharing with people their concerns relieved us from a major concern and alleviated many of theirs’.*

- Reinforcing therapy: The supporter gains strength, resilience and ability to confront hardships, not only through providing support and assistance, but also through sharing and listening to the experiences and problems of others and understanding their emotions.

*‘While I was talking, I was treating myself’.*

*“The words of Um Hasan were addressing my emotions, and also Um Ayman was speaking about me; conversation was psychological treatment for me’.*

### **2-5-2 What the Bereaved Women Benefited from Group Work**

The main purpose for every intervention program is to give room for expressing emotions, venting and releasing. The ultimate goal is to help the bereaved women restore their mental balance, overcome the loss, and gain the ability to resume daily life routine (see goals of psychological support at the beginning of this section). We tried to check whether these goals have been achieved through the expressions the participants used for evaluating the sessions. We believe that the best evaluation for group work is the participants’ comments, which we categorized according to the following criteria:

- Venting and discharging:

*‘At least now I have someone to listen to me; I am not young, but everyone likes to have someone listen and guide her; I kept all my feelings inside me, until I was*

*about to reach depression; during the last session, however, I released, was a bit relieved and felt comforted’.*

*‘Thank God I became better; I started talking and venting with my sisters, unlike before; I do not try to repress, and I read the Qur’an every night; now I wake up at night once a month, while before I used to wake up at night once a week’.*

*‘A person does not like to talk about her ailments in front of everyone, even my mother and brothers; but here one can discharge and release about her problems and life, and express her situation; even if she cries, she discharges and feels relieved’.*

### ● Attentive Listening

*‘There are things we cannot tell anyone; speaking openly here causes mental and physical relief; at home one cries alone, and no one helps, so I become stressed and mentally ill; sometimes I scream, it is not in my hand, and I vomit; a person cannot express or talk, and there is no one to listen; but here one gets relieved, because there is someone to listen and give consolation’.*

### ● Self-Confidence:

*‘Indeed, I felt change since the first session; I did not use to bother about anyone or share, but now, during this month I started to discuss and argue, I gained courage to talk’.*

### ● Self control:

*‘I used to be nervous all the time; I used to beat my children often; now I became a little bit calmer, and I restrain myself’.*

*‘I felt mentally relieved; I stopped being nervous with my husband and children; before, I did not use to sit with anyone, but now I sit with people and family and I talk to them; we sit and solve our problems together and everything can happen’.*

*‘I used to behave in a different manner with my children, I never listened to them; now we sit together and talk and they became closer to me and talk to me’.*

*‘I used to be very nervous; now I am better and treat them better; also I used to treat my mother nervously; now my condition is better’.*

*‘We benefited a lot; we stopped nervousness, and started to accept everything and break the isolation’.*

*‘I became less nervous and most importantly my relation with my daughters became better and I started to care for them’.*

*‘Before, we used to discharge all our upset emotions at our children; now we started to think of everything before we do it with them’.*

● Mental comfort

*'I used to keep everything to myself; but not anymore, now I want to talk all that comes to my heart and I am very relieved and pleased'.*

*'I am extremely pleased with these sessions; since the morning I prepare myself, and I like to attend; I even dream that I am late and wake up asking about the time. I enjoy the session and miss all participants. We all have similar circumstances and I feel relieved when I go. I changed since I started to attend, I started to laugh more and I no more care about gossip like before; I take things in a simpler manner and feel a lot of change'.*

*'The first time I came I was mentally ruined; later I started to feel relieved when I come; it is a change of atmosphere'.*

*'I wait for this day impatiently to see the group; today I was supposed to go to Jerusalem in order to sell, but I took time off to attend the session and see those kind faces; I have become better and feel mental relief'.*

*'Seeing the calamities of others alleviated our own'.*

● Renewing hope

*'I feel hope when I come here; I am pleased when I come here, and I wait to come here in order to be relieved and feel that someone is listening and feeling with me; indeed I like to come here and listen; if you hear the problems of others yours become milder'.*

● Boosting the morale

*'A woman who has worries, problems and pains brings them out, and we all have similar problems and worries; when I see you are patient, my morale is boosted; if you hear the problems of others yours become milder'.*

● Trust

*'I also have an issue; because I suffered so many problems; I no more trust anyone or listen to anyone. But here there is trust, and I speak about what it is in my heart'.*

*'I wait impatiently for this meeting; I feel as if I am seeing my family, and we have no problems or gossip; even if I say something, it is not interpreted; thank God when you called me I could not believe that I will go at last to a place I enjoy'.*

● Functional changes

*'I swear to God I started to feed my young children as much as I can, and cook the dishes I did not use to cook; I feel much better'.*

*Um Samy said, 'I changed in many aspects; I used to get nervous quickly and beat*

*randomly; now I am less nervous; I started to discuss things, unlike before when I would simply beat, especially when Samy went out'. She continued to say, 'my voice was always high screaming, as my mother and sister in law told me'.*

Um Samer told us about her continuous improvement, and that she decided to take lessons to sit for the High School exams: *'One time after another, I am getting better; thank God, every time I am better than the previous session; now I go to school twice a week because I want to sit for the High School Exam; I need to learn English in order to teach my daughter since her English is poor'.*

Haifa said, *'here I have become a partner with my uncle in the bookstore; I am working now'.*

Hana also said, *'I have profoundly changed; I am a totally different person now; I am now relieved, but I used to treat the family at home nervously'.*

● Changes in gender-based roles (the roles of women and men as defined by the community):

Many women mentioned positive changes to their roles, i.e., as a result of suffering and numerous responsibilities, women succeeded in mobilizing their energy to cope, which helped them discover potentials they were not aware of before. The following quotes confirm that occupation and numerous losses within the same family led to an exchange of gender-based roles and a change in them, and created new tasks for women that enhanced their role. This does not mean that we needed such circumstances to enhance the status of women, as we actually do not. Nevertheless, despite tragedies and pains, it goes without saying that women must learn how to maintain them without infringing on the status of men.

Um Sa'id said, *'women play a major role; in fact I have a role; when my children and husband see me sad and depressed, the all collapse with me; I work hard to keep high morale in order to raise his'.*

Um Samer said, *'the conditions of the Intifada compelled Palestinian women to play a role other than their routine role; circumstances are different; after the martyrdom of my husband, I had to work, and to lead the house and my five children, while I was a housewife before; Palestinian women are capable of shouldering burdens; women always have the opportunity to advance and progress even after the martyrdom of their most beloved persons; life goes on and never stops'.*

Um Amer also said, *'after the martyrdom of my husband I started to do the shopping, and take my children to the doctor if they fell sick; now I am required to do everything'.*

Um Ahmad added, *'When I took the responsibility of my sons and grandsons following their father's arrest, it made me assume a new role since three years; I have three prisoners, and am responsible for the house, my daughter in law and my grandsons; these are my responsibility until their father is released after two months'*.

Um Ahmad said, *'after the martyrdom of my husband, I became the mother and father, and I managed to perform all my duties; my younger son used to say I want Dad; first I used to cry, but now when he says this, I tell him I am your Mom and Dad; thank God a woman is capable of giving more, and capable of overcoming the wound and becoming strong; now I have strengths; I hold my five children tight; when my husband was martyred, my children and I were lost, and believe me, the Palestinian woman is capable of doing all kinds of work and she is strong'*.

● Changes in methods of thinking

*'Thank God I have come to think that a person must not always be worried; we are dying tomorrow'*.

*'I am much better; I used to worry about everyone; I used to think and involve myself; now I ignore things; I am different and a better Samira'*.

● Simplifying the problem:

*'Thank God I changed, and I started to enjoy people's company; even alone, I started to think about the session, simplify matters, visit my family, relieve myself and take things easier'*.

● Personal responsibility

*'It is good for a person to express herself and become stronger in her affairs and in running her life; a person does not enjoy something unless she does it; a person must cope; what we are in is not something easy, but in fact it is difficult; we must try to change, to sit with people and hear from them, rather than stay home, look at photos and weep'*.

● Learning and benefiting

*'A person must learn good things and benefit'. 'It is good and teaches stuff'. 'A person learns new and good things'*.

*'You are telling me new information that I did not know before, and this is good and I benefited a lot'*.

*'When I used to speak within the group I learned a lot, and the group helped me and listened to me'*.

*'We learned how to help others face cases of arrests or others'*.

## The Bereaved, Before and After the Group Work Experience

When the bereaved women were asked to express by drawing their situation before and after the experience of the group sessions, what they would do in five years, and what they would name the group, we noticed that the majority chose the tree in its different forms to denote the different situations that women felt. We deemed it appropriate to include the majority of the metaphors that we got in order to stress the importance of the experience.

- *Before I came to these sessions I was a withering lifeless tree; later I became a strong giving sun; I wish I can become a poet to wipe the sorrow and tears from the hearts of others'. She named the group 'the Happy Home'.*

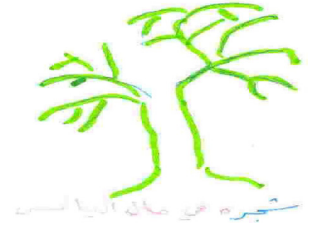


(11) We have added black boxes to cover the names and maintain privacy.

- Before I came to these sessions, I was a dry and ruined tree in a state of despair; after these sessions, I drew the tree of friendliness; the tree was watered, and after three years it is bearing fruit and giving. The group was named 'giving'.

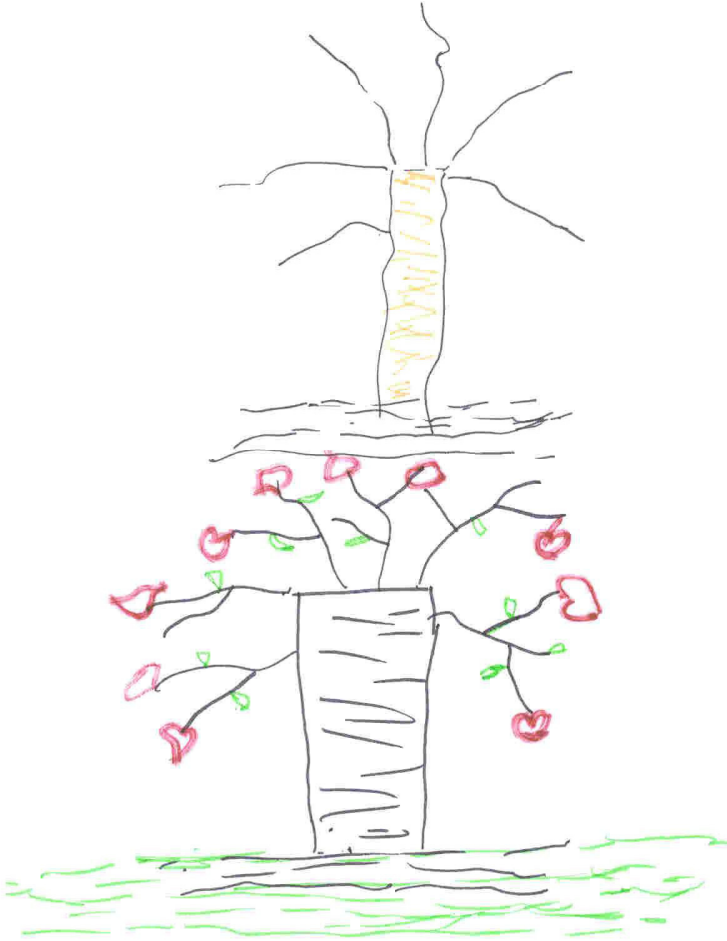


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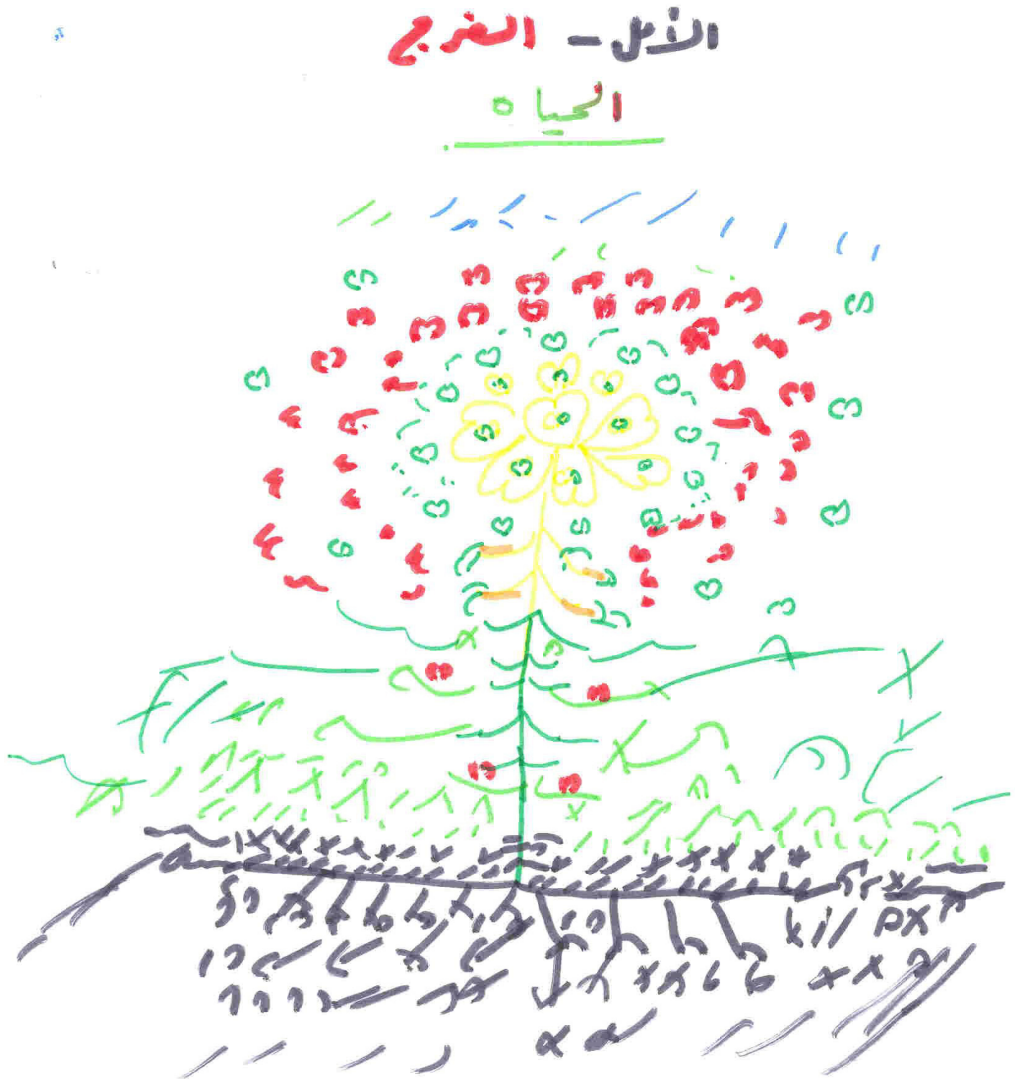


- 'Before I came here I was a dry tree; after I came, I became a green and flowery tree. I called the group 'challenge'. In five years I wish life will be better for my children and I hope we can live a better life'.

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- I was a tree whose leaves have fallen after my husband died, my son was martyred, and my other son was arrested; three painful calamities. After attending the sessions, I drew a tree that is bearing fruit. I wish my son released from prison. In five years, I drew the Black Stone, since I wish I could go for Pilgrimage; I drew candles and lights on the hope to visit the Prophet. I named the group 'faith and hope.



2

- At first, I drew a broken heart, then I came to the course, the heart opened up, the sun rose, and a new hope in life emerged. Then I drew a tree and I wrote beside it a new future. I called it 'the steadfastness and challenge group'.

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مجموعة الصبر والتحدى

امنيار



امل جديد في الحياه



حياه جديده  
ومستقبل جديد



- I drew a black cloud, and wrote beside it, I am like a black cloud full of water that has to be discharged...Then I drew two clouds in blue and black and I wrote: it started to improve; I gradually started to release what is inside me, then I drew the sun in the sky, and a mountain on top of which I stand. I wish to have a status in the society. I named the group 'tears of the night', because they differ from day tears, because then a person lives the moment of truth with herself.



# 2

- 'I drew a withering rose, with a weeping eye beside it; the sun rises again and the eyes are smiling. Then I drew a mountain where I stand. This is my humble wish. I named the group the 'Challenge group', since I stood up to the challenge when I graduated from university, as if I stand on my legs better than those who actually can stand on their feet, thanks to God' (this quote is from a woman who was wounded during the Invasion and crippled).
- 'I drew a locked prison, and an open door from which I emerged; I wrote the road to life; then I drew an olive tree and I wrote beside it: this is the way to freedom, I move towards life. I called the group 'the road to life, the road to freedom'.

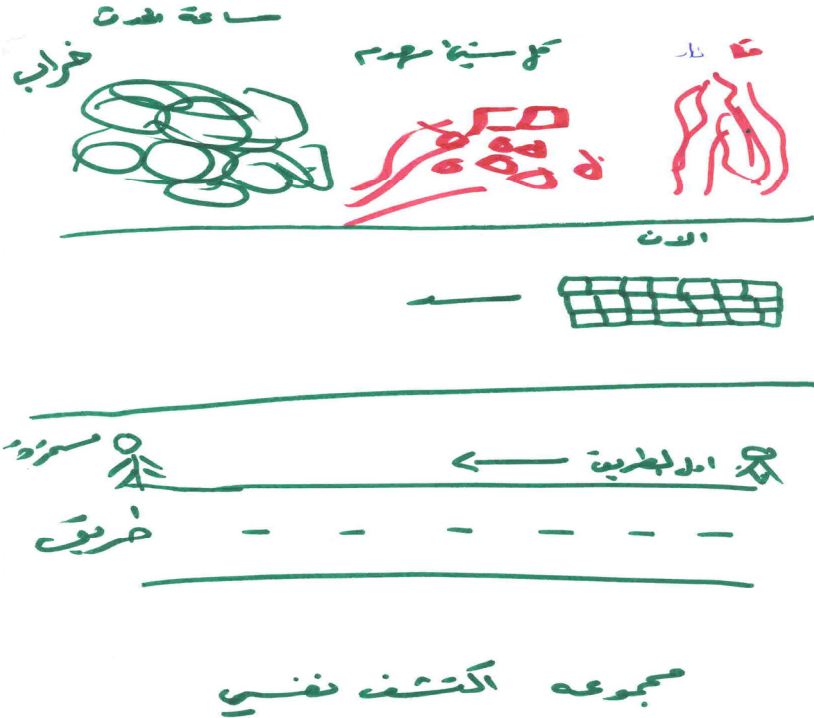


● I drew a window and a prison, a moment of loss, with winding lines; I was scared, then I drew stairs and I was trying to reach the top. I named the group 'the pulse of life'.

● In the beginning I collapsed and fell down; I was trying to stand up again on my feet to proceed with the march despite the thorns, but I had no strength for that. After the sessions, I stood up on my feet despite the thorns. In five years, I see light, balloons and joy; I see Al-Najah University and a little child growing up.



- Before my husband died, I drew a fresh rose, after my husband's death I withered; before two years had passed, my son was martyred and I became desperate of life. After I came here, I accepted reality, and now I want to have my second son married; after attending these sessions I coped with life; I called the group 'survival'.
- I drew the day the disaster happened, when the Army demolished the building; soldiers were surrounding me, they arrested my sons; I drew myself surrounded by soldiers, as this image is always on my mind. I saw the death of my own sons; then I wish to hold my three sons with my hands as they are released from prison, God willing, with all prisoners. In five years, I wish I can have my sons married; I named the group the return 'group'.
- 'I drew the Invasion, when everything was destroyed, fire and blood around us; in the second drawing, and after I attended the sessions, I felt like a fence that stands to prevent the collapse of my family; in the third drawing there is a road on which I walk, as I will continue my university education in order to learn and continue. I called it 'I discover myself group'.

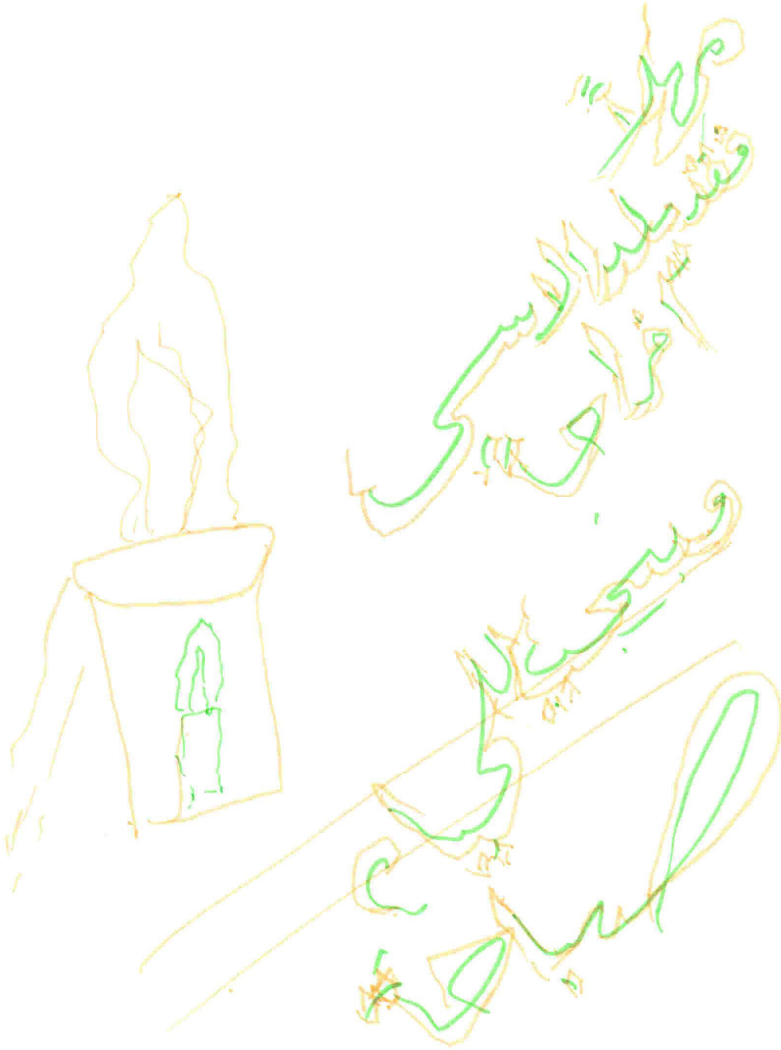


- *'I drew my house, which was dim after the martyrdom of my husband and before I came to the group; later, I felt that my life was changing, and I started to feel hope again; that is why I drew a house with green plants. I called the group 'from darkness to light'.*



# 2

- 'I drew a weeping eye, tears and fall; in a while it turned green, with sunlight, then life became better; coexisting with reality. I called it the 'safe home group'.
- I named the group 'breaking the wall of silence'. I drew a lamp with a lit candle. Before the group I was like an unlit candle, but I after I joined the group I felt that hope has replaced sorrow. That it why I wrote, 'be patient, sorrow may bring joy and life brings in daylight'. Also my emotions were yellow, and then they turned green.



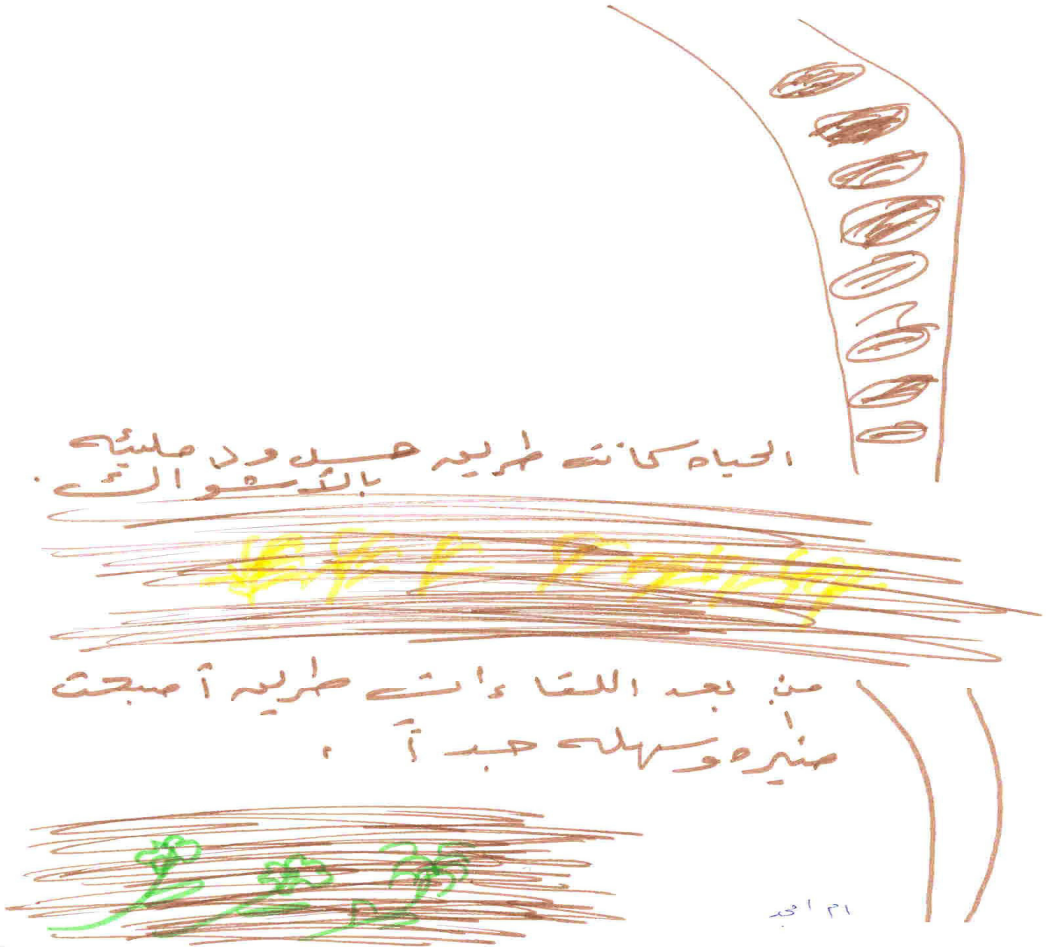
- In the beginning, I felt like barren land; after I joined the group I started to feel growth. Then I drew my three children and I saw in them the continuity of life and hope. I named the group 'the optimism group'.



2

- I drew a road full of stones and thorns because I felt like a blocked road is ahead of me. After the sessions, I drew a road with green flowers, since I felt that my road has become lit and very easy. I called the group 'lighting the road'.

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The above descriptions undoubtedly confirm that the majority, or even all women, benefited from the sessions and could overcome the crisis and move towards the future.

## **6-2 Difficulties**

The supporters faced some difficulties in their method and skills of providing support. Following are the main difficulties that we will address in the future:

- Empathy sometimes changes to identification then sympathy. When the supporter identifies with the pain, fear and anger of the bereaved, she becomes emotionally involved and cannot provide support.

In this regard one of the supporters said, *'I used to worry about her and feel her problem is mine; I only felt relieved if she was relieved as well; the important thing is to learn how not to let our emotions influence us'*. Another supporter said, *'sometimes I lived through the same cycle'*. Another supporter also describes the extent of her association with the bereaved women by saying, *'I do not know; when any one of them talked, my emotions would be mixed with hers'*. Another supporter said, *'in the beginning it was hard for me; I had to separate their loss from mine; but when I heard others I forgot and got taken as if it was my loss'*.

The coordinator said upon evaluating the work of the bereaved supporters, *'they are still affected by the women talk, and they merge with them to become like one entity. This problem is because they lack professional experience. I asked them to maintain a separating line between themselves and the participants in order to be able to continue and counsel others rather than blend with them'*.

- The bereaved supporter is also a bereaved woman who shares the pain and suffering, and may have problems that have not been fully treated yet; these problems and emotions surface again, which leads to associating and sympathizing with the bereaved woman to the extent that it becomes difficult to provide support. Sympathizing with the bereaved may lead the supporter to feel compassion fatigue. The Nablus coordinator said, *'the first few sessions were like digging the past again for the bereaved supporters, and they felt the meetings were stressful for them. We used to discuss, discharge and have prolonged talks'*.

A supporter from Nablus said, *'at first I dealt with more difficult and bitter losses than mine, hence the emotions of the bereaved woman whom I tried to console were very difficult; they affected my mental well-being and my life. So I became sad and depressed like those women, to the extent that I personally was in need of someone to help me, because of the pain I faced with the women'*. She asserted, however that, *'the role the coordinator played, her support and assistance, helped me overcome these emotions'*.

Another supporter said, *'in most of the cases, and during consoling mothers of martyrs, I used to remember my martyred sons and recall the memories. Although I*

*am strong now, I am affected and I go back home with a headache. Despite all that, I used to genuinely like and want to console them and make them feel better in any possible way’.*

- The difficult role that supporters sometimes have to play: Sometimes the bereaved supporters live under similar conditions and in a similar environment. This constitutes a source of strength on one hand and a difficulty on another. It is a source of strength since supporters can understand the emotions and pains of the bereaved and share their experience without any hierarchy. There is, however, a difficulty in dissociating from the traditional role, and moving towards the professional role. In this regard, the coordinator said, *‘at the beginning of the sessions, the bereaved supporter used to adopt the behavior of the other bereaved women, and instead of playing the role of leader and counsel, she would become like one of them, lose her role as a supporter and start to talk like them’*. She pointed out that in one of the sessions, a bereaved woman was saying that the towel of her martyred son was still wet since four years, and asked the supporter to confirm what she was saying. The supporter answered, *‘it is true, and I saw it’*. Here comes the role of the coordinators in continuously accompanying and following up the bereaved supporters.
- The difficulty of assuming an active and leading role for some supporters: since some supporters are women who have never departed their personal space, and have never taken an active role in society. Hence, some of them had difficulty. A supporter from Bethlehem said, *‘in the beginning I faced a lack of courage to speak with women because of the isolation in which I used to live’*. Much of this was overcome during the sessions the coordinators organized, where each supporter was given the chance to express herself and her emotions in front of others and to get her colleagues’ support.
- The difficulty in dealing with some hurdles related to orienting the group, such as dealing with the attempts of some group members to control the session. A supporter from Nablus said, *‘I faced difficulties, such as the presence of some difficult women, who tried to impose their opinions on others and did not respect the opinion of others’*.

Other difficulties included the inflexibility in addressing issues. The supporter added, *‘sometimes we planned for a specific topic, but on-going events were more significant than the topic at hand; we faced difficulty in dealing with such situations’*. Furthermore, there were difficulties in addressing ‘sensitive’ topics that women proposed, such as sexual topics. When the supporter herself is not ready to talk about such topics, she may have difficulty addressing them in a group. In this regard one

supporter said, *'when women talked about marital and family problems resulting from loss or the Intifada, I found such topics sensitive and had difficulty talking about them'*.

Other difficulties included the difficulty to address misconceptions of some women. A supporter asserted that the presence of the coordinator was crucial in helping in such situations.

- The difficulty in concluding: since the bereaved supporter plays an active and leading role in the society, she acquired a sense of self appreciation and a feeling of significance, and consequently, it is difficult for her to give up the role of supporter and resume her ordinary life. It is also difficult for her to part with the team (supporters and bereaved women).
- The difficulty of working under unstable conditions: One of the coordinators said, *'among the most difficult problems we faced was the intervention of occupation in all details of life, to the extent that sometimes we failed to plan one day ahead. All efforts we exerted to plan for a public activity, support group meeting or a house visit were re-scheduled several times, but we continued planning until we succeeded'*. The supporter added, *'there were many occupation-related obstacles, since we were exerting a lot of coordination efforts, but any curfew or presence of the army would prevent us from meeting'*.



# 3

## Section Three

### *How the Bereaved Supporters Identify Themselves*

**This** section addresses some details of the evaluation workshop that WSC organized in Jericho upon the completion of the project. The bereaved supporters, the project team, consisting of three coordinators, the Center's Director, Deputy Director and Workshop Facilitator Khaled Nabris met on the first day, while the recently bereaved women joined on the second day.

This section documents their words as they introduced themselves. These words summarize many expressions needed to define loss, its forms and impact. It also summarizes all what can be said about the bereaved-to-bereaved methodology, as the bereaved women summed it all up as they introduced themselves with these words. Some of them elaborated, while others were first satisfied with one or two words, but later resumed talking.

*Fadia Ja'ja', Nablus:*

*Nasra Shehab, Nablus:* Mother of two martyrs, and mother of four sons and four daughters. When we were introduced to Rawda, we were in a state of severe trauma, then, we were slightly relieved following the first meeting with Rawda.

*Wajiha, Um Mohammad, Jenin Refugee Camp- Al-Hawasheen neighborhood:* A mother of a martyr, and still has one son and seven daughters; my house is demolished.

Fakhriyyeh Abdul Rahman, Jenin Refugee Camp: I attended both invasions. We had a textile enterprise; we lost it and the Israelis took all our assets. We lost 132,000 JD in one month. It was a three-storey workshop, with equipment estimated at 75,000 JD. During the invasion it was demolished and everything inside it was destroyed. They turned it into a prison, military base, hospital, and command and investigation room with the Camp's residents. They destroyed my brother's house, and turned beds into dumpsters. When the children returned, they could not find anything to wear. They destroyed everything, my brothers' houses; they demolished my cousin's house over their heads; they beat the neighbors who came to help us, and their son was martyred.

Nawal Sa'id Sa'di, Jenin Refugee Camp: I lost two of my sons; the third son and my husband are prisoners. I lost half my house during the invasion, and moved to another house because I could not tolerate living in the house where my two sons were martyred. My third son is wounded in the neck. I was walking on the streets like a shadow... my husband was wanted when my sons were martyred, and I have two martyred brothers.

Fathiyyeh Al-Shati, from Jenin Refugee Camp: a mother of four children. I benefited a lot from the project, and from the course we took in Bethlehem.

Hanadi Shabrawi, Project coordinator in Jenin: I lived through the invasion of Jenin Refugee Camp, and our house was demolished. Losing home is very difficult. When I joined the project I was in trauma. The first project was treatment, benefit and experience. During the second project I was more capable of working.

Na'ila Darwazeh, from Nablus: I am the wife of a martyr and the mother of four sons and a daughter. 19/4 is the anniversary of my husband's martyrdom. Was it not for the project, every time I woke up at the hospital I said I did not want to live...let me die... Today I discovered in me several strengths that I was never aware of while my husband was alive...now my family relies on me and I feel strong and capable. The first project was the reason why I existed in life. Thank God, the second project was not easy for me, as a bereaved woman to live the same experience through others, but it gave me double strength. I felt I am a source of strength to people, and this made me strong.

Muna Mahmoud Sa'id, from Al-Khader, Bethlehem: I got to know the center during the first project as a bereaved woman. Then I worked as a supporter during the second project. My son was in prison while I was working in the second project. Thank God I could resist; I resisted all circumstances, and nothing changed with me because of the imprisonment of my son. I wish WSC all progress, and that it becomes known in all regions. I hope the project is renewed.

Rabi'a Yousef, from Al-Khader, Bethlehem: I suffered a lot from the invasion, and the imprisonment of my two sons. Thank God, after the center reached out to me, I managed to restore my life. My son was wanted, and I was in a ruined mental condition. This project must be generalized to all regions, not only in specific regions. Many mothers want this project to continue.

Basma Abu Shamma, from Al-Khader, Bethlehem: responsible for Child Care Charitable Society: during the first project, and because I am very ambitious and like to help, I organized a meeting with mothers for Fatima Al-Mu'aget (first project coordinator in Bethlehem). I myself was a mother of two prisoners, one released and the other still in prison. We felt the loss and still do. But I feel that we need to support others the way we received support. The project made me realize several strengths in my life; I felt this strength and I provide support to other bereaved women.

Sahar Abu Safiyeh, from Nablus: I am married and have three children, one of them is wounded. I used to live in one room; after I got to know Rawda my conditions improved a lot; I had major problems because we used to live in one room. I bought a computer for my son when I received my first honoraria from the center.

Ra'ida Freitekh, from Nablus, B.A in Psychology: I thank all the supervisors of this project who managed to bring us out of Nablus, especially in this month when my health conditions deteriorated, and I became on a wheel chair, and lost two of my aunts as the house was demolished over our heads. A year later, on the same date, my brother was martyred. My experience was very hard, and changed my life totally...I felt that life has stopped, ended, and that death was inevitable. I was surprised to know that life continues despite pain and wounds. I continued my studies while on a wheel chair and with the efforts of Rawda and the project my life was totally reversed. My presence here is evidence that I am in a better condition.

Fadia spoke again and said: The project of working with bereaved women did many things to me, and helped me plan my life. I enrolled at the university after 22 years of quitting, and completed the first semester with Honors. I dedicate this success to WSC and to my family.

Ra'ida added to what she said earlier: work was a quality shift. I worked with groups, and at every session, I used to cry with women, hence it was a discharge for me and for women. We felt alike because I am a bereaved women just like them. They told us smallest details, and one time after another trust increased, they discharged more, and details increased. This means credibility, when the person tells you the smallest details of her life. My life has been totally reversed to the better too. I enrolled at university and perceived loss positively. I wanted life, after I had deemed

my life useless. I went out to people and to university. I did not care anymore that I am on a wheel chair, and here I am with you. I even managed to become a supporter to others. This project must continue, because so long as there is occupation there is loss.

Then *Nasra* added: I passed through difficult conditions after the loss of my son Kamal. I ran away from home for ten months. It took me some time until I talked to Rawda about what happened to me. I moved away even from my husband and he was tolerant. One year and eight months later, my second son Tayseer was martyred. I was shocked, but I also paused and saw that I was losing my children one after another. When my older sons came for the condolences, I told them you are better than Kamal and Tayseer, although I was feeling very bad from the inside. My dear Um Ziyad (Rawda) introduced me to the Center, and we work together now. While we work, every time a woman talks she relieves us. I arranged the wedding of my son Lu'ay, two months after the martyrdom of Tayseer. Everybody gossiped, including one of the women who work now as a supporter, but before becoming one; I told people the martyr is mine and the groom is mine; when my son was martyred no one gave me anything, and when my son was married, no one gave me anything either.

*Following are the main points that the bereaved supporters mentioned during evaluation:*

### **1- We felt strong**

Most supporters indicated that working with bereaved women made them feel strong, and that they discovered their own strengths that they had never discovered before:

- *'The blow that does not ruin strengthens, and we have become stronger and we want to make others stronger'.*
- *'After the martyrdom of my son I was finished, and I did not see him after his martyrdom. They buried him before I could see him. I remained for three years in the same dress I was wearing the time he was martyred, refusing to take it off; I said I would not dress in anything else unless Mohammad came back. I abandoned my husband for ten months, and I wandered on the streets. I thank God for His generosity, as I went to the Pilgrimage. My (Thyroid) glands were ruined because they prevented me from crying and I had to undergo surgery. Today I am strong and I bought new clothes. Now I counsel mothers of martyrs so that they avoid what happened to me'.*

## **2- We became the most capable of understanding the suffering of the bereaved:**

- *'Women need big support. Some women who received support asked why we did not reach them earlier. I was in ruins, and I thank God I found persons like you'.*
- *The idea of a bereaved woman becoming a supporter was a pioneering idea, since the bereaved woman has credibility towards the other bereaved woman. Moreover, she comes from the same town which is very important, and people would highly trust us, and even ask us to lecture on topics other than loss, such as polygamy and treatment of adolescents, especially that some fathers expel their adolescent sons from home'.*
- *'I worked as an individual supporter. I felt acceptance on behalf of the bereaved, and their tendency to do as I say. I felt we needed more sessions. I visited one of the bereaved women more than 13 times because incidents within her family were immense. They felt that our visit was necessary, and started to consult us on everything'.*
- *'Sometimes we felt that people accepted us more than specialized experts'.*

## **3- We became an address for the bereaved**

- *'One day I was in an area, and women there told me that they heard that I lectured on loss, and wished I could come work there. Indeed, they started to send a car to take me back and forth, where I gave three lectures'.*
- *'When someone is martyred, they would look for me and take me help his mother .*
- *'I received several letters from young men in prison thanking me for working with their mothers'.*
- *'Some families wonder why we work only with mothers of martyrs. We also suffer and need support and help'.*

## **4- We felt happiness and victory**

- *'Indeed, every time we get a woman to exit her crisis, we feel glad and happy for a big achievement'.*

- *'There were two mothers of martyrs at Balata refugee Camp, whose sons were martyred on the roof of the house. They developed a complex towards the place, as they linked it to the incident. We made an achievement as we visited them as a support group, held our session on the roof with the presence of the children and family, and together we recalled memories of both martyrs'.*

*- 'When I feel that I made a bereaved woman happy, or I alleviated her suffering, I feel happy and I thank God'.*

### **5- Sometimes we felt breakdown**

*- 'I worked with support groups. In the beginning, it was not easy for me as a bereaved woman to support others. At first I thought it would be easy, but the experience of living through others' experiences was very hard. Sometimes I used to relive my own story while the wife of a martyr talked. Rawda asked me to draw a separating line. After two sessions, I managed to draw such a line, after which sessions became much easier. I separated their problems from mine. When I cried with them I felt that I was discharging, and felt relieved; I felt that I still had things inside me that need to get out, which I could release with them'.*

*-I have a missing brother since 25 years. We lived through the invasion of the Old Town, and our house was partially destroyed, When I saw other cases, I felt that what I have been through is nothing compared to what happened to others. Once I talked to the wife of a martyr, who told me the tiniest details, which made me cry deeply and about to break down. I contacted Rawda and told her I could not go on. Rawda, however, worked with me again and I was relieved'.*

### **6- We managed to resolve some loss-related social problems**

*- 'It was difficult for me to enter the house of the fiancé of my martyred son. I worked with everyone except her. It was even difficult for me to talk to her. Once I entered the house and talked to her about my son. I asked her to choose her way, rather than let life stop. Today I am seeing her and talking to her strong heartedly. The barrier between us has vanished. My goal now is to help her, and to see her married, God willing'.*

### **7- We did not suffice with our assignments but did more**

*- 'When I felt a bereaved woman needed me, I paid her more visits than scheduled'.*

*- 'I visited a mother who lost her 15 year old son in an electric shock accident for three times, and helped her although her loss is not a result of occupation'.*

*- 'Fadia was in a state of severe trauma; she would neither talk nor cry. I held a poster of her husband and entered to her; she started to scream and cry, and release everything inside her'.*

**8- Community violence was sometimes more severe than occupation violence, to the extent that we felt helpless towards it.**

- *'The husband of one of the bereaved women punished her and remarried'.*
- *'I faced a very difficult problem of a woman whose husband was sentenced for life, her in-laws took her son away and her husband divorced her. I felt unable to help her, and I was consumed because of that, and failed to find a solution until now'.*

**9- We should work gradually:**

- *' It was not easy for families to accept us at first. We visited a case where the mother was bed-stricken, in trauma and fainting. Women were telling her that her tears would burn the martyr; I argued with them, and said that the Prophet cried over His son; gradually I succeeded in having an influence'.*
- *'One case I visited, women were congratulating the mother for the martyr. During the second visit I asked the martyr's mother, 'what do you think of the congratulations?' then we started to talk. During the third visit she was talking, crying and saying, 'what are they congratulating me for? I lost my son...my son is gone...I do not accept the whole homeland in return for my son'. That is when I felt that she started to get some comfort.'*

**10- We were sometimes faced by sarcasm**

- *'During one of the lectures, I was speaking about the correct behavior of a bereaved family, when part of the students started to laugh, and one was telling another 'take your Mom to the graveyard or take her to the park'. I started discussing with them and they apologized'.*

**11- We conveyed strength to our sons and daughters**

- *'When my husband was martyred in front of my four children, they were traumatized, but I did not feel that then. After the course, I started to apply what I learned at home. I felt that my sons have gained more strength'.*

**12- Women are asking for further work with them**

- *'Women are asking about the next session. They look forward to the next meeting, and remain in contact with us in between sessions'.*

**13-We found unexpected community support**

- *'Many youth asked to volunteer with us and helped us'.*

**14- Sometimes we felt apprehension**

*- 'I was shy to get out of home, especially that I became a widow. I was too scared, as I was to lecture for the first time. I was afraid, so I practiced the lecture in front of the mirror and then I became much stronger'.*

**15- Training was extremely important**

*- 'We still need training on several skills especially relaxation skills'.*

*- 'We benefited a lot from training; otherwise we would not have been able to work'.*

**16- We had to contribute to stopping the 'bloodshed'**

*- 'I did not stop, I would have lost the remaining children after I had lost two, as I heard one of them swear to the other to avenge his brothers' death. I had to stand up and stop the bloodshed and death, and salvage my family. I told my sons that you are all I have left, I want you and you are the best'.*

**17- Lack of financial support**

*- 'Women thought there was funding, and when they realized that there wasn't, they would reject. When we explained what it is about, they agreed, especially that we are bereaved like them'.*

**18- We realized our status and entity**

*- 'When someone asks me to go to a martyr's house and help their family, I feel I am an important person who has a role'.*

**19- We coordinated with other institutions**

*- 'We influenced some educational institutions to exempt some children from tuition'.*

*- 'We helped some institutions distribute medicines on bereaved families'.*

*- 'We helped some mothers through some institutions to have visitation permits for their imprisoned sons'.*

*- 'During work we found cases that needed specialized care, such as cases of involuntary urination or loss of sight. Through the project we transferred these cases to specialized institutions'.*

**20- It was our choice**

*- 'This is our choice and no one compelled us; if we want to quit no one can prevent us'.*

**21- It was a distinguished task through which we raised awareness**

- *'Our work was distinguished; no one but WSC undertook such a job. Hence, it is a national and religious duty'.*
- *'We feel that there is no one else to do the job'.*
- *'We convinced several children and adolescents that studying and steadfastness are forms of resistance'.*
- *'After we talked to the young girls who were asked to undress by soldiers, they are demanding a female soldier to be at checkpoints'.*

**22- We felt cohesion**

- *'The support group was like family to us, and worked like magic'.*

**23-This work must continue**

All the bereaved women unanimously agreed that this work has to continue, using different expressions.

- *'There is a major need for this work. We need to continue because conditions continue to cause loss. The more we benefit from this experience and receive help, the more we should be there to help others'.*

**24- The bereaved-to-bereaved approach spread without pre-planning:**

During the discussions at Jericho Workshop, we realized that the approach we had adopted has spread without our planning for it. We had planned to work with some bereaved women but the impact of the work of those bereaved women was positive on bereaved women, and encouraged them to work with other bereaved women without prior planning. The following documented statements of supporters are evidence:

- *women need a lot of mental support; some of the women with whom I worked asked why we did not reach her earlier. **'I was ruined, and I thank God that I met person like you. I used to refuse to bake Ka'ek or anything my martyred son liked. Today I go out and support other women'.***

- *'I visited the mother of a martyr and worked with her. After a while, another woman's husband was martyred. When I went to her, she told me that a mother of a martyr she never knew before came and gave her similar support. I discovered that she was the woman I had worked with before'.*

*-I used to convey every session I took to others; I was a supporter before WSC selected me, and that is why they did'.*

*-I used to support families of martyrs and prisoners even before embarking on this organized work. After working with Rania and Hanadi, I became more capable of accomplishing the job'.*

*-Following the awareness lectures, many women became supporters'.*

Following are some quotes of the recently bereaved women when asked how they perceived the project during the second day of the Workshop:

*-There was no hope...now there is hope ... we called our group Hope'.*

*-I used to wish death. After the project we had hope, the supporter used to tell me how are you going to leave martyr Osama's daughter? Who will raise her after the death of her father; so she restored my faith in the importance of life'.*

*-My husband became mentally disabled; my life it very difficult and full of violence. When Um Ahmad visited us I talked to her, although I usually do not like to talk to anyone. She helped me and convinced me to endure....my suffering continues'.*

*-It is boring to talk too much, but I was comfortable with Rawda and Ra'ida, and they helped me move forward. I was a child with a childish mind, but now I feel I started to grow up'.*

*-We restored life and the love of life through starting a more sociable life'.*

*-Good words constitute charity'.*

*-My personality became stronger at all levels; my brother in law did something wrong to me, and I made him apologize in public'.*

*-I used to wish martyrdom for me, for my remaining sons and my husband after the martyrdom of my two sons; I used to live beside the graves all day. Now I go out, visit families of martyrs and attend religion classes' (She used to take 8 pills a day); she refused to attend her daughter's wedding.*

*-I wish WSC would continue giving, and proceed with its march; it gave me hope to bring out my talent (writing poetry)'.*

*-Talk is nice, but reality is painful; we try to change from within, but this is difficult;*

*we need the support of the youth and the honorable people in order to be able to confront life'.*

*-'All the money of the world cannot compensate the mother of a martyr'.*

*-'Weak people are those who look for material things; all the money of the world cannot compensate for one harmful word'.*

*-'I used to pull my hair and beat my children. Now I am calmer; I praise God. I read the Qur'an and behave calmly. Before I would not calm down until I had an injection'.*

*-'Had it not been for this project, we would have a lost society, because if the mother is shaken, the whole society will be. You salvaged mothers from being shaken in order not to have a shaken society. We hope that you would expand your work and address other women'.*

*-'Fakhriyyeh was a role model to us'*

*-'I wish I can become a supporter'.*





## Concluding Note

*The prevalent psycho-social scene indicates that women are the first victim of occupation practices, even if not directly. Their suffering has two faces, one is political and the other is social, where women face all forms of oppression: gender-based oppression resulting from patriarchal male dominant society, and political oppression resulting from the brutal occupation and its hideous military practices. Women use several strategies and means to face this oppression. These include silence and endurance, particularly towards social oppression, and resistance and confrontation, particularly against occupation, with the aim of diffusing darkness and attempting to find light at the end of the tunnel.*

*Following are the crucial forms of women suffering identified from their narratives of their daily lives in their own voices:*

- *The majority of women suffer from economic, social, family and psychological problems, because of loss or numerous losses.*
- *The Palestinian society suffers from grave breaches of basic human rights by Occupation Authorities, starting with the right to life, up till the right to education.*

- Occupation constitutes a major obstacle to women development and empowerment, as it prevents them from their simplest humanitarian rights. Women continue to suffer from many community obstacles that hinder their march towards recognition and respect for their entity.
- In general, we can say that Palestinian women have multiple suffering, because of community humiliation at one level, and political humiliation at another. They suffer from existential alienation- 'alienation of those sentenced to death at birth, and those who realize that life is a waiting room for death'.<sup>(12)</sup>
- Children suffer from the atmosphere of terror, anxiety and fear that daunts their hearts because of occupation practices, to the extent that children's nightmares are no more restricted to the time of sleep, but have become part of their daily lives as well.
- Children suffer from their mothers' anxiety and fear for them, and from restricting their freedom to play and move.
- Children suffer from their mothers' nervousness, who mostly release their anger and nervousness at their children.

Such oppressive practices undoubtedly affect people's lifestyle, options, future plans, job opportunities that ensure acceptable economic conditions, freedom of movement, lack of social life, education, finding stable housing as a source of stability and protection, and hence prevents normal living.

The bereaved-to-bereaved approach used at this stage at both individual and group levels, had a major impact on women's success to confront pain and change it to hope. They managed to restore their depleted energy, and gather their strength to restore their normal lives. As one of them said, 'a great leap from where we were to where we are', as an indication of the change that occurred to her life because of participation in support groups. This was indicated by most participants.

Consequently, it is necessary to adopt and expand this approach.

Finally, we can only share the words of the mermaid, as she said that she was certain that 'she is no more buried alive, but now has a voice, has restored her vocal chords and has tens of rhythms'.

*On the hope that voices of women continue to be heard with pride and dignity.*

*On the hope that, a new era of alliance between men and women against their common enemy starts.*

*On the hope that occupation ends and suffering ends with it too.*

*Hoping that the independent Palestinian state is established on principles of democracy, opposed to oppressive forces, and on social justice, gender –based equal opportunity and respect for plurality.*



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