

## Chapter Four

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

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

#### ***The Support Group Project***

Establishing the support groups was the last step of a research project, which aimed at studying the mental and psychological health of Palestinian families during the second Intifada. After observing the psychological needs of women, who had suffered loss in the West Bank, three support groups were established in three areas in each of the locations targeted by the project: a hard hit refugee camp, a small village, and a poor neighborhood in a large city. Fifteen to eighteen women between the ages of 19-68 joined each group. The groups used to meet in a public institution in a nearby neighborhood. The participating women were chosen by the facilitators who knew them from previous stages of the project, and chose them according to recommendations from popular committees in various towns. After the first session the number of participants increased as the participating women recommended the activity to others. Each group had two facilitators, who were specialized in social work and held 12 sessions, each of which were 3 hours long. All the women had experienced some kind of loss and suffered from physical and /or social and psychological problems due to their loss. All the sessions were documented in detail. Work was done within each group to provide vocational, therapeutic and academic guidance. In addition, support and psychological relief were offered to the facilitators.<sup>[1]</sup>

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

political stage utilize their professionalism fully due to Israeli military occupation, which has impeded our work with families aimed at teaching them methods of facing this occupation.

### ***Multiple Forms of Loss***

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

Um Amjad<sup>[2]</sup> said:

“ Our house is in the area that was destroyed on the 29th of February. We were in the house, as usual, but that day I felt nervous so I shouted at my son, although I had never shouted at him before and had pampered him for the past twenty years. Suddenly, the Israeli soldiers opened fire at our house. My son quickly got up to put on his boots and get out of the house, but I asked him to stay. Then I saw a green light directed towards our house and I said: “That’s it we’re finished!” We escaped to the inner rooms, but they hit the house with a missile, which ruined the whole house and its contents. My son escaped death by a split second and almost went crazy. The Red Crescent helped us out, but after I entered the house my eyes hurt from the smell of the tear gas and I developed a headache. I felt as if the gas had gone straight through me and my skin and face were burning and stinging. After that we went to my brother-in law’s house although it is difficult for two families to live in just one house. We had to go there because it was impossible to go back to our own house. We couldn’t live in the burnt rooms or even have a bath there. Now we have sold the house after renovating it, because we couldn’t go back after what happened. I am always very nervous and my health is deteriorating continuously. The doctors say it is because I was intensely exposed to the tear gas and that I am both physically and psychologically pressured as there is nothing really wrong with my health system.”

Um Ghazi said:

(This woman cried bitterly while she was talking)

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

Um Yousef said:

“Thank you for your efforts, I think what you are doing is very important. We have been exposed to arrest, tear-gas attacks and our house has been invaded. My sons

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

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

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

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

Umayyah said:

“When they told me that Sami was martyred by a bullet from the Israeli army, I lost consciousness. After that they took me to the morgue to see him, but I was in a wheelchair, because I couldn’t walk. I felt that my legs wouldn’t carry me any more.

What should I do when my son, ‘Amer, says “I saw my father’s brains?” When I was unconscious at the hospital they took my son ‘Amer and showed him his father. Since then he hasn’t been able to sleep. He keeps having nightmares. My other son keeps saying “I want my father, I want my father.” Since his father died he keeps getting feverish and he vomits. I don’t know what to do with him. My youngest son, Saeed’s eyes hurt and the doctor says it is a virus. My daughter has become very nervous after her father’s death and she’s violent. When I send her to school, she hits the children. She even tries to strangle her little sister. Perhaps it’s my fault because whenever she says I want my father I show her a picture of him when he was martyred. What can I do? Every evening when we sit together all of my 5 children start asking, “When is father coming back?” Then we all start crying. What can I say, I feel so lonely and unable to do anything. Even the dishes Sami used to like, I don’t cook any more – I feel as if my whole life has stopped after he died. Sometimes I do something just for the sake of my children, but I feel that my life stopped after Sami was martyred. On the other hand, I also feel that I’m not doing enough for my children. Their father loved them and he never denied them anything but I’m unable to take good care of them because I still can’t absorb the fact that I have lost my husband. No one asks about us. The day he was martyred, I went to see my mother in law but all she could say was: “You killed your husband; it’s all your fault. It’s because of you.” Then, I became hysterical. All day long I kept hearing her say the same thing over and over again, but I had to wait until my husband’s corpse arrived. I was in a terrible state.”

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

- I. A healthy family normally provides its members with a source of safety and stability. However, the extraordinary experience of the Palestinian family is that it can neither promise its members safety nor stability. Constant, daily fear has become the norm and is a real, natural and healthy reaction to the circumstances that the families face. Fear arouses wariness, which makes the Palestinian family doubtful of its surroundings, and always ready for a speedy reaction to safeguard its members from any looming danger. The problem, however, lies in the intensity of events, their prolongation and the continuity of the “on guard” situation, which has been the case since the first Intifada. The experience of a lack of stability within the Palestinian family due to the occupation, forces families to live in a state of trauma, which has become the long-term, daily “norm”.
- II. The concept that the home provides the Palestinian family with psychological, spiritual and existential securities. Palestinians, regardless of their place of residence or age, internalize the effects of the collective experience of the loss of a home. Burning a home or demolishing it completely or partially carries deep psychological meanings, the most important of which has been that Israelis have been determined to destroy the lives of Palestinians ever since the establishment of the state of Israel in 1948, and have been able to destroy their homes and feeling of security time and again. Many refugee families have lived scrimping and saving for tens of years with the aim of building a small home and purchasing its basic needs. Burning such a home or destroying it means burning the only dream and savings of a family. “How many Palestinian houses have been destroyed within 50 years, do you think? All I know is that I have been building

my house since 1974 (due to poverty and lack of resources) and in the end the Israelis came and destroyed it in 5 minutes,” exclaimed Um Khaled.

- III. The Intifada has caused massive direct and indirect material losses for the Palestinian family, and this has resulted in daily psychological pressure on each individual within the family. In addition, fathers have felt complete impotence in the face of material difficulties, and their inability to provide their families with basic needs. Some losses, such as the burning or pulling down of a house, can be compared to the psychological pressures resulting from experiences such as the Palestinian exodus.
- IV. The Israeli army’s pursuit of “wanted” young men causes their families and the rest of the neighborhood a great deal of anxiety and tension; the army raids their houses during the night, which deprives everyone in the neighborhood of sleep. This results in the residents’ (including the students, workers and housewives) inability to perform their daily tasks in a natural and successful manner. Many of the women from the inspected sample group suffer from fatigue syndrome. This acute psychological restlessness has, in many cases, turned into a nervous breakdown due to recurrent shocks that are subject to treatment.
- V. In addition, people suffer from continuous fear and restlessness due to the fact that Israeli forces are constantly on the outskirts of their towns, which prevents them from moving freely at night. The fact that there are Israeli tanks surrounding a certain town means that they could invade it at any moment, and leave casualties or major material damage behind.
- VI. The families of prisoners are constantly nervous about the negative effects of imprisonment on their young sons and their possible harassment by non-political prisoners.
- VII. Normal and normative roles have been shaken in the Arab family. This is indicated in a number of types of behavior such as reversing roles. The children of a bereaved or widowed mother have to take care of her, rather than the opposite. One of the mothers said: during the incursion, I was very afraid but my son Mustafa used to encourage me and his words helped me overcome the fear. He used to say “why are you afraid, I’m still young and if the soldiers come into our house they won’t arrest me because I am still young.”
- VIII. The constant fear of something terrible happening makes everyone very tense, which results in an abnormal way of life even when everything is normal. For example, when people suspect that the army will invade their area of residence, the children are woken up and dressed in outdoor clothes. This is done so that they are ready in case the army storms into the house and the family has to leave it. In addition, some of the preparation measures taken by Palestinian families include the collection of all their papers and important documents in a bag that is readily available so that they can take it with them in case of an invasion. This is a procedure usually depended upon by people who live in areas where there are recurrent natural disasters.
- IX. Destabilizing the Arab man’s image within his family: The Israeli army beats fathers in their own homes and in the streets, in front of their children, family, wives and neighbors. Thus, they have caused damage to

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

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

- X. There is an exaggerated expression of anger towards unimportant issues. This phenomenon is called displacement (that is the feeling of anger is transferred from the original subject to another one that can be controlled). For instance, in the case of Israeli soldiers storming into a house and destroying property, women would talk about their anger from such behavior or their sadness over their material loss. The women did not mention the essential problem, which is the occupation. This behavior is an important defense mechanism that the women have used to reclaim their right to get angry at the soldiers. Due to the occupation's long history and the illegal presence of the Israeli army (even within Palestinian Authority areas), the anger is not directed towards the army's invasions, but it is directed towards their ethical behavior, such as the illegality of trespassing on a people's privacy within their home at night or stealing from their home. Hence, the demand to end the occupation is exchanged with a much simpler one, which is to request that the army treats the

- population more humanely. On the other hand, displacement concentrates on transferring the anger from its original cause, the occupation, to another issue at which one can easily express anger, such as the Palestinian Authority and its bodies. One of the women in the group said: "I am also angry and upset at the municipality – they have not fixed anything yet, and I have my pride. I will not stop to beg at the expense of my children."
- XI. According to a report from the mothers, violence has increased i.e. mothers are more violent with their children as in an attempt to prevent further loss. For example, they beat their children, believing that this would prevent them from throwing stones at the soldiers, and getting arrested or injured. In general, family violence has increased and family members are suffering because of it.
- XII. People have reverted to the habit of forcing their daughters into early marriage due to economic pressures, and as a result of the lack of regular schooling and the fear of the possibility that their "honor" might be harmed by the soldiers.
- XIII. Blaming the victim has increased, such as blaming a mother if her children are arrested or martyred instead of blaming the perpetrator (in this case, the Israeli army). One of the participants said: "I felt like my mother in-law was blaming me. She would tell me 'you allowed your children to go out at 10 at night.' They would say that I haven't brought them up as I should. They put all the blame on me, and when I would say 'their father is here too,' they would answer 'No! you're the one who stays at home.' Then, they arrested my second son, who is very quiet. He used to pray in the mosque at dawn. I used to try to prevent him, but he would refuse and. I tried to control him so that people would stop talking, and also because I was afraid for him. My son is not that old. He is 24, but I used to lock the door to prevent him from going to the mosque. So he said: 'You want to prevent me from praying?'"
- XIV. The struggle for providing daily bread. This struggle has become one of the main burdens on each and every Palestinian family. It has also caused other issues due to the dilemma between providing the family with its daily bread and political activism.
- a. Palestinian families of political activists, military personnel, or anyone that has participated in the events of the Intifada have been prohibited from working in Israel. The women have reacted to this prohibition as a great material loss because the income of working in Israel is much higher than the average income within the areas governed by the Palestinian Authority. In addition, prohibition from work in Israel has guaranteed unemployment and deprivation for many Palestinian families, whose standard of living has deteriorated greatly.
- b. The Israeli army's hounding of the Palestinian son, husband or any other member of the family, has meant their inability to work due to the fact that they are wanted, and therefore have to stay in hiding. Their status as wanted persons meant that they have been forced to give up their role as providers. This has caused a reversal in roles: it is now the family's duty

to provide the men with their basic needs, such as telephone cards, cigarettes, clothes and food. All this is happening while there is a high unemployment within the family and continuous military curfews.

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

XV. The worst case of loss as a result of political activism that Palestinian women have talked about is the destruction of their houses, due to one of their sons’ carrying out a military operation. This type of loss is composed of several layers of loss, and the loss of a house is the last layer. It is equal to the loss of a family member’s health, sexual ability, life or freedom (in case of imprisonment). The destruction of a house reverts the family directly to the experience of exodus and their loss of economic and psychological security. With the destruction of their house the Palestinian family loses its stability as well as its ability to carry out its daily norms. Examples include:

- i. Believing in the importance of the Intifada. The discussion of the importance of the Intifada and its benefit to the Palestinian family and society was questioned by a woman in mourning, who painfully exclaimed: “The son I lost during the massacre in the camp is worth the whole of Palestine. A true Muslim should feel with his Muslim brother. But where are these Muslims?”

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

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

## **The Social Support Networks:**

### ***Psychological Factors that Provide Support to Palestinian Society***

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

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

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

### ***Paradoxical Methods of Protection within the Family***

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

The emotional and moral pressure that places parents in a position that makes them choose the lesser of two evils for their loved ones, with the aim of preventing the worse kind of harm, leads to mental and emotional dissonance. The concept of a parent’s protection for her child was not understood when the mother admitted to herself and then to the group (which was more difficult), that she handed her own son over to the army. Initially, this kind of behavior is interpreted as a form of collaboration with the enemy, support for the occupation, betrayal of the national cause, and endangering the family’s safety. Despite the fact that these

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

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

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

a) The Israeli soldiers harass the women as a method to make the "wanted" men come out of hiding and give themselves up. One participant said: "my husband is wanted. He came into the house and took off his clothes and was sitting in his underwear. Suddenly, the army came into the house. My husband hid quickly and when the army asked about his whereabouts I denied his presence in the house. So, the soldiers started to harass me through sexual expressions. They did all this in a loud voice, with the aim of making my husband angry and trick him into revealing himself." The soldiers put this couple in a very difficult situation. The husband is wanted because he wants to defend his country, but he can't defend his own wife from a direct attack. He is faced with a dilemma. If he faces the soldiers, this will definitely lead to his imprisonment or death. In other he would not really be protecting her but only his image as a husband. At the same time, if he does not protect her, it would be possible for her to see him as a coward, who is only afraid for himself. This experience is one of the most difficult double bind experiences in a Palestinian family, especially because it could be the basis for schizophrenia.

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

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

c) The soldiers asked young Palestinian men to kiss girls that they didn't know at the checkpoints, with the purposeful intention of breaking the system of social values, or in other words, to destroy Palestinian social ethics. Thus, these young men and women, as a result of these requests, are exposed to two systems of control: The military one, which is strange and antagonistic, and the social one, which is internal and authentic. And a person could pay with his/her life, health, or freedom if the laws of either of these systems are broken. And since breaking the social laws in this case is the only solution, the army is able to destroy the social value system, with the aim of undermining one of the most important pillars of social control within Arab society.

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

d) Some women claimed that the soldiers kidnapped a forty year-old woman and took her into an armored car, where they harassed her, claiming that they were searching her instead. Whether this story is true or not, it spreads fear concerning women's decency whenever armored cars enter the neighborhood.

e) Exposing young men's sexual organs in front of their family. In one case the army stormed into a house and asked a young man to take off his cloths, so he remained standing in his shorts. But the soldier made him pull them down in front of everyone, with the excuse of wanting to make sure that he wasn't hiding anything inside. This behavior is considered highly reproachable in the Palestinian family but the young man was forced to do it in front of the rest of his family.

f) Exposing Palestinian men's and women's private parts in public areas. The threshold of personal humiliation and oppression by making Palestinians feel that they could not even be in control of their own bodily dignity reached its peak. Under the guise of searching for "wanted" men during incursions and home raids, soldiers have been able to exert full control over an individual's needs. On the days that soldiers would order families to stand outside of their homes, the women and children would gather in one circle, while the men and youth would gather in another. Palestinians would have to stand under the sun or cold and suffer from hunger and fatigue. And whenever one of them had to go to the toilet they were forbidden or asked to do it in front of everyone. So, the soldiers would humiliate them and erase their personal dignity by treating them like imbeciles or children who are irresponsible for their behavior and in the most severe cases, treating them like shameless animals in an attempt to dehumanize them. As an example of this degradation, one of the women said:

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

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

he/she has willingly participated in the soldiers' actions. This is called "identification with the oppressor."

### ***Psychological Problems***

Some of the primary results of the field research carried out with the participation of 300 women include the following: the percentage of complaint from physical illness during the second Intifada rose by 39% in comparison to the prior period, doctor's visits increased by 16.7%, and the percentage of those who take sedatives and medicines continuously rose from 2.7% to 31.6%. It is well known among psychologists that women in the Arab world resort to describing their psychological state by talking about their physical state. A sad woman would say "my heart aches" and a depressed one would say "my body feels like it's melting" and an angry woman would say "I feel as if fire is coming out of my head." This psychosomatic description is usually adopted by Arab women living in cultures in crisis. As a result of loss and deteriorating psychological circumstances during the second Intifada, many women have complained from psychosomatic problems that have forced them to miss many focus group meetings, despite their commitment to attend and follow up. This reflects the loss experienced by women, and the societal limitations imposed upon them. Hence, they are often unable to express themselves when they are very disturbed, and they need a long time to overcome their state of being. Usually women who express their psychological state of being are accused of being impatient and are told to be patient. Or they are threatened to be punished if they do not control their emotions. As a result, their psychological health deteriorates. In other words, women remain silent and they do not express their psychological distress, which in turn causes physical pains.

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

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

## **The Folkloric Methods**

### **Used by Women to Express their Psychological Problems**

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

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

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

When a daughter of one of these women in the group got engaged she was unable to be happy for her daughter like the rest of the family. It was as if the event concerned strangers and not her own daughter. Thus, the woman moved further into a state of dissociation and emotional isolation. The mother of a number of young men described her psychological situation after years of anxiety: “I now feel as if I’m a corpse.” The following paragraph is what a 19 year old girl said after her fiancé was arrested, reflecting her psychological status:

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

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

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

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

Treatment of the injured sometimes requires moving them from one hospital to another, or from one hospital inside the occupied Palestinian territories to a hospital outside. This constitutes an additional drain on the family’s economic stability, its daily life and its cohesion. On many occasions this would be the first time that the mother travels alone outside the country. Or it might be the first time that her husband leaves her alone for a long period of time with the rest of the children, while he is following up the treatment of his son outside the country. In any case, the injury of any family member constitutes a psychological and financial burden and affects the life of each and every individual within the family.

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

3- Many mothers have complained of a change in the behavior of their children after the injury of their brothers or sisters. The psychological saturation affecting the parents because of the injury of their son or daughter hardly leaves them with any psychological energy or readiness to deal with issues facing one of their other

sons or daughters, which is perceived by the latter as rejection. Symptoms of anger of the children are frequently expressed in the form of nocturnal enuresis, scholastic deterioration, nervousness, defiance or deliberate absence from the home. All those behaviors confuse the parents, who enter into unhealthy confrontations with their children. Children feel that they are all victims of the same injury.

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

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

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

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

A solid rule in family psychology is that trauma acts like a chemical test substance that examines the stability of the family. That test substance dissolves unstable families that have not solved their problems in a healthy way and leads to final dissolution of the family. Inside a stable and healthy family, trauma helps consolidate family relations, strengthens the roles of the different members and brings people closer. After an experience of loss, family stress within an extended family complicates the psychological consequences of loss, and adds more stress upon the widow and the family of the martyr. There are some social concepts which legitimize the oppression of a daughter-in-law by the family her husband. The in-laws tend to relate to the widow as someone who is not a member of the family. This image is attached to the widowed daughter-in-law for many years, irrespective of the period for which the young woman was a daughter in law.

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

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

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

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

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

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

Those conflicts form the larger crisis that is associated with loss. The widow becomes a victim, not only of the essential loss, but also of the social construct and tradition. The husband's family draws this right from tradition, some religious interpretations, and by

threatening the widow with their ability to gossip about her. They basically mobilize the local community against her.

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

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

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

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

The conflict has a pure material basis: the compensation money is sometimes immediately transferred to the family of origin, while at other times it is transferred to his widow. Because of the extreme poverty of the population in the occupied Palestinian territories, that small sum of money disbursed to the families of the injured and the martyred is a relief, and sometimes the only guaranteed income for many families. Hence, depending on which party the PNA chooses to forward the compensation, the criticism could be acute.

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

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

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

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

3- Many mothers complained about the scholastic deterioration experienced by their children after the loss of their sibling. In the beginning of the meetings, the mothers related to this problem as an additional problem imposed on them by their non-obedient, insensitive children. During the meetings the mothers came to understand that this deterioration is not a deliberate act directed against them, and it is not meant to increase their burdens, but rather it is an expression of the distress felt by the children themselves. After proper counseling, mothers tried to provide their families with the emotionally warm atmosphere that is appropriate and needed for studying. This helped the mothers regain their sense of usefulness and mastery of their household, and their ability to provide constructive solutions to the problems faced by their family members.

4- Some of the widows who suffered psychological tension threatened to leave their children and their homes, and return to their families. This used to cause a state of panic and insecurity amongst the children.

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

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

### ***The Impact of Loss on Martial Relations***

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

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

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

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

It is important to mention here that men differed in their method of mourning in comparison to the women. One man decided to briefly participate in the wedding of a friend of his martyred son, because he felt that this would make his son happy. This behavior angered his wife, since she considered it insensitive to her grief and the rules of mourning. On the other hand her husband was blaming her for the way she was mourning which affected the daily life of her family and the relationship with her husband.

### ***Helping Grieving Women Return to a Healthy Life***

Listening to the problems of other women after their experience of loss had a great impact on women participants since it made them feel that they were not alone in their

suffering, and that their problems were not necessarily the most difficult. Also, each woman heard of the increased suffering of the others, as a result of the stagnation of their suffering in the early stages of grief, particularly due to shock and withdrawal from daily life. The program was concerned with gradually directing women towards ways of addressing loss:

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

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

- In the second stage, we started talking about consideration for the emotions of the rest of the family members, who themselves are suffering from their own feelings of loss. Here the participants started to discuss ways of addressing the feelings of loss of each of their family members. This mission made the women participants extremely sensitive to their families' feelings, and taught them to become good listeners to what they have to say. It helped them learn essential means of understanding healthy, as opposed to pathological, behaviors towards loss (grief). This proves to have been empowering for the women. Instead of being dysfunctional, they have been recruited as students to diagnose and help improve the mental health of their family members. Women came back with observations and questions regarding the mental health of their children, daughters, and husbands, and received appropriate guidance as to how to help each of them improve their psychological behavior and attitude towards the loss. This mission also reinforced the women's self-confidence, as well as their ability to help their families to return to a healthy psychological state of being. The various forms of loss and the age differences that existed in the group had a positive educational impact. Questions were asked and the participants heard answers that were relevant to the different generations and their

psychological behaviors. In a few rare cases, the condition was very grave to the extent that the participants were advised to seek professional help with their daughters or sons.

- Participants learned how to positively engage their family members in their emotions and ideas regarding the martyr. Instead of social withdrawal and silent rumination about him or her, the participant was asked to specify some time every day or once a week, during which the whole family could come together to share their feelings and talk about the deceased. The participant was asked to do that, while at the same time remembering that the deceased was an ordinary human being. Thereby the women were encouraged to talk about the lost person's virtues, the times he/she made her upset, the things for which she loved him/her or was angry at him/her. It was also suggested that some of the friends of the deceased could be invited to participate in the family sessions to listen to other social aspects of the martyred person's life. This activity helped reinstate the participant as the emotional manager of her family. It also solved the problem of emotional alienation among family members. Thirdly, it encouraged all family members to speak their hearts out and express their feeling (regardless to what they were) without fear of encroaching on the "divinity" of the deceased. Finally, this procedure reintroduced the friends of the martyr into the family, to the psychological benefit of both parties.

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

### ***Suggestions for the Psychosocial and Social Rehabilitation of Grieving Women***

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

1- Women who had stopped fulfilling their house chores because of severe depression, tension and nervousness were encouraged to resume work inside the house. Women were advised to carry out physical work (cleaning carpets, cleaning windows, cleaning the house with a lot of water etc.) for a specific period of time every day, especially if they felt intense anger. This activity helped the relief of both psychological and physical tension, from which grieving women were suffering. It also helped the women in conflict management.

2- Women were encouraged to practice their right to daily ventilation within a socially supportive environment. Women were encouraged to maintain their coffee social gatherings, during which neighbors gather to chat, provided they do not allow others to frustrate them or direct them away from what they have learned in the group. This activity helped the women return to their social lives and to discuss local traditions and

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

3- We emphasized women's right to daily relaxation. Women who pray five times a day were encouraged to do so calmly and with contemplation, rather than the speedy mechanical way which prevents women from relaxing while praying. Women learnt to meditate while praying as a method of achieving psychological peacefulness. They were also encouraged to listen to the Quran and to religious chants and songs, so that the rhythm would help them relax. This recommendation involved an emphasis on a woman's right to daily privacy, during which she distances herself from the pressures of daily routine, and takes care of her psyche and the spiritual matters that are important to her. Women who used this method confirmed that they were enjoying their prayers much more than they had before.

4- Women were advised to walk daily or several times a week along the path walked by her lost one on his/her way to work, school or a friend's house. Many of the women suffered psychosomatic disorders after their loss. Many of them confined themselves to their homes, which caused an increase in their blood pressure and blood cholesterol levels. We wanted to encourage women to walk several times a week to relieve their physical and psychological tension and to regain their physical health. There was much doubt surrounding this procedure in light of prevailing norms and traditions, as well as the fear of social criticism. Hence, the following suggestions were made: A woman who knows where her lost one liked to walk should "follow his/her steps," so as to see what he/she used to see, watch the same scenery, and feel the same feelings. Another group may choose to walk along the route through which the coffin of the deceased was taken so as to reduce their sense of their deprivation. Alternately, a third group may choose a side road on which to walk in order to complete the "path of her lost one".

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

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

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

6- Women were encouraged to work in the garden and grow vegetables. This activity not only helped women ventilate their psychological tension, but also helped provide the necessary vegetables for the family.

7- Women were invited to put together a photo album for the deceased according to the different stages of his life, by also collecting his photos from his friends. This activity helped mothers communicate with the friends and colleagues of their lost one, in addition to building social relations with them. Reviving the memory of the lost one therefore became a way to unite with family and friends.

8- Women (particularly literate women and their children) were encouraged to writing a diary, draw, and write letters to their loved ones.

### ***Primary Difficulties Faced During our Work with Support Groups***

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

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

- 1- Convincing all participants that the project is not affiliated with any beneficial political group.
- 2- The repeated demand made by the participants to receive financial help in addition to psychological help, because of the extreme degree of poverty suffered by the community, which has in turn affected the psychological wellbeing of women<sup>[3]</sup>.
- 3- The difficulty faced by women who had to come from the outskirts of districts of reaching the location of the meetings because of repeated military closures of villages and cities.
- 4- Several meetings were postponed due to military curfew. This experience confirms a widespread notion that a Palestinian, no matter how committed, can neither be in total control nor fully professional, in attempting to guide Palestinian families on the ways in which to cope with the damage caused by the occupation..
- 5- Tolerance was needed with peasant participants, who were often late to group meetings because they had to sell their products prior to joining the groups. It was not possible to pressure them to be punctual under these suffocating economic conditions.
- 6- In one of the groups, the facilitators had to personally contact all participants throughout the first half of the meetings (first six weeks) to ensure that women would arrive on time. This was due to the absence of a culture of punctuality in the community of that village.

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

- 1- Changing women’s value systems, which call for the concealing of emotions. For instance, it is considered to be socially inappropriate for adults to express their weaknesses, fears, jealousy, anger etc. Participants were encouraged, for example, to express their fear of the army and to talk about this in full honesty within the groups.
- 2- Trying to find ways to help young men to honestly express their fears, without labeling them as cowards or "not good enough for the revolution".
- 3- Finding the right balance of ensuring that we do not question religious beliefs and convictions, while at the same time allowing a deeper questioning of norms and traditions with regards to the appropriate (or even healthy) behavior of an individual in the family towards the issues of death, and martyrdom.
- 4- Convincing women of their children's right to be heard when they express their needs and complaints. Women need to accept their children’s method of expressing their grief, learn to respond to their needs, and allow more than one method of mourning to be adopted by different family members. Women need to find the balance between the way they mourn as parents (such as visiting the graves of their martyred ones) and the way their children mourn (such as listening to the music that the deceased used to love).
- 5- Discussing fear of social control and criticism towards the grieving women who were contemplating applying the discussed mechanisms of dealing with loss in their daily lives. Some women were afraid to loosen their mourning lest their surroundings would criticize them and gossip about them. One woman said that she was afraid to laugh

outside her house lest people would say that as a martyr's mother she shouldn't be laughing. This obstacle of "what will people say" was one of the most difficult challenges faced within the groups that were targeting, among other things, to change the concepts related to loss.

6- Difficulty in accepting the role of the single mother from the perspective of strength rather than the perspective of helplessness. One of the widows summarized the contradiction between the concept relayed throughout the therapeutic sessions and that of the general culture: "A woman without her husband is worth nothing."

7- The popular use of language. Participants were not direct in expressing their thoughts and feelings, but they used religious expressions, verses and popular sayings to share their experiences with the group. It was necessary to listen for the content and search for the meaning between the lines. The documentation of each of their words helped us to get a deeper sense of understanding of what they meant to say. For example, the following statement made by a woman, required a deep understanding of the culture: "Thank God, Our situation is absolutely horrible."

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

### ***Difficulties Faced by the Group Facilitators***

1- The facilitators needed time to adjust to leading a professional group without the use of the "Pathologizing Diagnosis Language," which corresponds to the methodologies used by narrative therapy and feminist therapy, targeting the empowerment of women. One of the facilitators came from the district where some of the meetings were organized. Participants used to ask her to confirm the accuracy of their reflections: "Isn't that what happened in the camp? Isn't that how my mother-in-law behaved? You are a witness to that!" This facilitator felt that participants were relating to her as a neighbor and not as a professional and that shook her self-confidence in her ability to run the group in the beginning. After a few meetings she regained her confidence, and became convinced that being from the district was a point of strength, rather than of weakness.

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

2- During the group work, one of the facilitators' husbands was arrested. Hence, she started to share her experiences with that of the women in the group. In the initial period of her husband's arrest, she was very vulnerable. She would cry whenever she heard of the sufferings of the other women, and she would compare the stories of the women to

hers and that of her daughter's. After professional guidance, she started learning from the experiences of the women who either lived with a "wanted" husband, or a husband who was detained for a long period of time (one of the husbands was "wanted" for 19 years). She listened to the wisdom in the choices of women, and from them she learned of ways to face her own crisis.

3- The facilitators were stressed and felt responsible for convincing those responsible for the project to provide material incentives for participants, stemming from their sense of sympathy and pity with regards to the poor financial situation of the participating women.

4- Difficulties faced by the facilitators during the early stages of the project, especially the young ones (four out of six), included setting limits to the authoritative women within the group, and to convince them to listen to the others and to be sensitive to their feelings. The facilitators acquired the necessary skills of professional firmness and civilized sensitivity, to gradually succeed in enforcing the rules of the meetings: everyone in the group had the right to be listened to, and no woman in the group was to be silenced. In one of the groups, a participant tried to silence another woman who was talking about her pain, caused by her anger with her husband. The facilitator interrupted them and said: "in this group our role is not to tell each other to thank God and be patient. Our role is to talk about our difficulties, to talk about all that is in our hearts. I promise you that I will never tell you that your pain is less than that of the martyr's mother or anyone else's. No. The pain of each of us is as big as the universe. That is why we are here today. Please continue."

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

### **Summary**

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

For the first time in their lives, they were met with understanding and support, devoid of social blame, criticism or accusation.

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

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

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

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

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

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

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

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

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

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

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

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

“We feel secure with each other. We trust each other. I never thought that I would have close relationships and friends. I was totally involved in my home and children. But when

I saw you (the facilitators), I trusted you and you have become an address to seek, not only for me, but for all of us.”

### **Recommendations**

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

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

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

<sup>[2]</sup> The names of all participants have been changed in order to maintain their confidentiality and personal safety of the affected families.

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