

Psycho-Social Reactions of Palestinian Families in Israel and the West Bank Following War-related Losses

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ABSTRACT

Objective: To identify psycho-social reactions of Palestinian families to personal losses during the Second Intifada in the West Bank and the Second Lebanese War in Israel.

Method: Narratives were collected from support group participants in the West Bank and in individual and family therapy in Israel. The narratives were qualitatively analyzed to identify themes relating to psycho-social reactions to war losses.

Results: Themes emerging from the West Bank support groups' narratives mostly mirrored those gathered in the therapy sessions in Israel. In both sites, bereaved families exhibited similar psycho-social reactions to war-related losses. Both groups coped with loss collectively and in congruence with their common ethno-cultural background. Also, religious beliefs provided explanations. The loss experiences were ongoing and accumulative for participants in the West Bank, while in Israel it was mostly a single event.

Limitations: Both studies referred solely to war-related losses.

Conclusions: The relationships of each population group with the State of Israel shaped their political, national and personal reactions to the loss. Families of "shahids/martyrs" in the West Bank gained socio-political respect, while in Israel, Arab citizens suffering war-related losses did not receive the same political respect

from Israeli society, but were awarded sympathy by their communities. In Israel the situation is further complicated since the State is both the enemy and provider of material support, comfort and rescue.

INTRODUCTION

War is a traumatic event that causes psychological, physical, familial, and social damage and changes in daily life routine (1-5). In Israel, most, but not all, wars have been fought beyond its borders. The Second Lebanese War (SLW) was an exception, since missiles fired from Lebanon into Israel left many Palestinian citizens of Israel (PCI) dead or injured. In the West Bank and Gaza Strip, since 1967, after the Six Day War when Israel occupied the territories, the local population has lived under an armed conflict that has resulted in different types of losses and trauma, including destruction of homes; arrests; invasions; exclusion; deportations; and death of family members (6, 7). Most victims of the armed violence in those two societies were civilian males.

Losses in this paper include both personal (e.g., life, health, severe injury, loss of freedom) and property losses (e.g., destruction of all or part of the home). Loss and trauma are cause and effect components that feed each other: losses cause trauma and, in return, some traumas frame the meaning of the loss, and influence recovery. In the study reported here, I adopted for the West Bank group the definition of trauma proposed by Afana et al. (7) for the Gazan society, since the social texture and the ethno-cultural background of Palestinians in the West

Bank is similar to that in Gaza. Afana et al. (7) found that Palestinians in Gaza developed their own definitions for “trauma,” in which the religious beliefs provide explanations for the trauma and suggest coping mechanisms. Afana et al. (7) suggested that the definition of PTSD as it appears in the DSM-IV does not always fit the state of Palestinian victims in Gaza or in other non-Western societies, especially for those that have undergone prolonged exposure to ongoing sources of traumas. The authors observed that the local population uses their own idioms to grade the types of traumatic events according to their degree of severity, to describe long-term effects, and, ultimately, to make the decision to resort to treatment.

Not all traumatic events cause pathology and not all victims need therapy. Most will recover within weeks after the traumatic event (2). Moreover, Woodcock (3) claims that loss and trauma can even cause positive existential change, mainly for people who are supported by their spirituality. Importantly, spiritual beliefs frame the moral meaning that people ascribe to traumatic events (8).

Approximately 82% of Palestinians in Israel (9) and 93% of all Arabs in the Middle East (10) are Moslems. Islamic traditions influence all Arab societies, including those of the Christian faiths. Islam defines traumatic events as “tests” for believers, stipulating that they should accept their fate unquestioningly from *Allah*/God, to empower their faith (11).

Clinical studies conducted in Gaza clarified the correlation between positive coping with loss and traumatic events and the availability of a positive social support system for traumatized persons and their families. The notion of being supported helps reinforce the individual’s and the collective’s resilience to the loss (12). Palestinians in the West Bank and Palestinian citizens of Israel (PCI) have the same ethno-cultural background. Ethno-cultural mental health research emphasizes the influence of ethnicity and culture on the expression of psychological distress (13, 14). In general, people respond to loss and trauma in congruence with their own cultures (8).

OBJECTIVE

I compared the specific reactions of Palestinians to personal loss following armed conflict events. Two different projects (Projects I and II), one in the occupied West Bank and the other in Israel provided the data for the study.

METHODS

PROJECT I

Research conducted in 2002, with a sample of 301 women in the West Bank, showed that almost 99% testified that they had been harmed during the Second *Intifada*: 49%, experienced damage to their houses; 28% were traumatized by the imprisonment of one or more family members; 13% suffered from the physical disablement of a family member; and 10% lost one or more family members killed by the Israeli Army (IDF) or by Israeli settlers. The majority of the women, 65%, claimed they were unable to return to normal life after the loss, while 75% of them used religious belief as a coping strategy (15).

The author planned and supervised support groups provided for approximately 21% of this group of women to help them to alleviate their loss and grief.

Participants. The target group included 64 women who were part of a larger study group (N=301) (1). They were recruited through an advertisement offering psycho-social group support for women who had been exposed to loss or trauma during the Second *Intifada*. Three psycho-social support groups were organized in three areas: the Bethlehem and Nablus regions and the Jenin refugee camp. Each group was led by two local female social workers during the period of 2002-2003. The number of participants in each of the three sites varied between 18-24 women.

Participants were all Moslems, aged 19 to 67 years, and with education ranging from 1 to 16 years, as follows: 1-6 years, 35.0%; 7-9 years, 30.0%; 10-12 years, 23.5%; and 13-16, 11.5%. Almost all (n=63) women had been married and had children prior to the loss event. Four women (6%) were gainfully employed, while all others were housewives.

The types of loss or injury sustained by the participants were as follows: partial or total damage to their home, 48.5%; loss of husband, 20%; loss of child(ren), 26%; internment or imprisonment of family member(s), 20%; chronic physical disability, 13.5%; and stalking, 1%. Of the participants, 41% suffered from at least two types of losses; 16.8% from at least three types of losses, and 9% from all types of losses. Participants included mothers and widows of *shahids*/martyrs (as people killed by the IDF are known locally) while one participant (the only single woman), had been injured in an attack on the Jenin refugee camp, she has been left quadriplegic. She also lost her home, two siblings and an aunt.

In comparison with the two subgroups from the other two sites, the Jenin group had twice the number of participants who reported that their homes had been demolished following the IDF invasion in 2001.

Procedure. The support groups met once weekly, for three-hour sessions over five months. Sessions included pre-planned updated weekly content, corresponding to participants' current needs. The sessions were prepared and supervised by the author.

Participants opposed audio-recording of the sessions fearing that tapes might be found by the IDF and reveal sensitive information. Therefore, all conversations were documented verbatim (by two social workers) and analyzed (by the author) using thematic analysis and content analysis, according to the Dye protocol (16). Care is taken here not to provide identifying details of the participants and the transcripts are stored securely to maintain confidentiality.

ANALYSIS

To enhance trustworthiness of the findings the following strategies were used:

To enhance objectivity (17), themes suggested by the author were compared with those suggested by the social workers who documented the sessions;

To enhance external validity (17), themes raised in each of the three groups in each session were compared;

To test consistency (17), themes emerging from the support groups were compared with the results of the background research that had been conducted with 301 women (1); and

To reinforce internal validity (17), the narrative and types of reactions of each participant were recorded and followed up in detail throughout the project.

The results of the thematic and content analysis of the support groups' transcripts are presented after introducing the second project in the next section.

PROJECT 2

According to the author's perception, PCI have not been allowed to adequately vent their feelings with regard to their exposure to the national and military trauma which preceded the establishment of the State of Israel, feelings that grew with each war in which Israel was involved (18).

Although Palestinians in the Palestinian Authority (West Bank) and PCI have the same ethno-cultural background, since 1948, PCI have not been at the frontiers of any of the Israeli wars. PCI are exempt from

army conscription, and most wars took place at a distance from their homes. The Second Lebanon War (SLW) situated PCI in the frontline facing Hizbollah's missiles, fired from Lebanon. The war lasted 34 days, exposing PCI to losses and trauma, e.g., destruction of their homes, physical injuries and death. Nineteen of the 44 Israelis killed during the SLW were PCI. Three families of PCI who sustained deaths and one family of a severely injured victim were referred to the author for individual and family therapy.

Participants. The group of PCI included persons considered eligible according to National Insurance Institute criteria to receive individual or family therapy after war-related loss. Four families were referred to the author. In the first family, only the mother agreed to therapy; in the second, five out of seven members; in the third, all six members; and in the fourth family, all eight members. A total of 20 people were in therapy for periods of four months to three years as detailed below:

Of the group, a Christian widow, age 66, residing in a large city had lost her son, age 28, in a terrorist attack at his workplace, a year prior to the SLW. Two adult sons refused to participate in the family therapy sessions.

The second family unit included a Moslem family residing in a village, consisting of a widowed mother, age 56, and four daughters. The oldest daughter (age 31) was single, another one (age 30) was married, the third daughter (age 24) was a widow, and the youngest daughter (age 14) was single. The mother and her 30-year old daughter were housewives, her oldest daughter worked in a factory and the two younger daughters were students. Two additional children refused to participate. This family had lost a daughter (age 25) and her young son (age 5); while a younger grandson (aged 2) remained handicapped. In addition, the family sustained severe damage to the home. All losses were caused by a missile fired from Lebanon during the SLW.

The third family unit consisted of a Moslem family that resided in a mixed Moslem/Christian city. It included the two parents (the unemployed father, age 46 and the housewife mother, age 41), three sons (ages: 17, 15 and 11) and three daughters (ages 16, 9 and 6). All children attended school. The family lost two boys (ages 6 and 9) in a missile attack from Lebanon during the SLW. Prior to their referral to family therapy, a clinical psychologist had made the following diagnoses: the father, dysthymia; the mother, chronic depression; and the three sons, PTSD.

The last family unit consisted of a Moslem family from

a large Moslem village and included the two parents and their four children. The father (previously a builder) was severely injured when a missile fired from Lebanon fell on his car during the SLW leaving him with a severe head injury and quadriplegia. At the time of the injury, the father was 39 year old, the mother (a shopkeeper), 34 years old, and the children were 15, 14, 10 and 8 years old, respectively. The father became violent, abusing his wife and children verbally and emotionally. The wife was depressed and felt hopeless. The oldest son showed aggressive behavior towards his mother and teachers.

Procedure. Sessions were scheduled on a weekly basis excluding holidays and memorial days for the victims. They took place in the clinic with some home visitations. The therapist participated in a memorial ceremony at the cemetery. Detailed protocols were documented by the therapist during and immediately after each session.

The bereaved Christian mother received individual sessions for 18 months. Members of the second family had both individual and family sessions during three years. Therapy with this family was interrupted several times due to additional losses: the death of an uncle and the unexpected killing of a son-in-law in an accident. Members of the third family received both individual and family sessions, while the parents also underwent marital therapy and parental guidance. This family remained in therapy for about six months. The fourth family received individual and family therapy sessions, sometimes in the family home. Therapy was interrupted due to emergency hospitalizations of the injured father. The family only participated in ten sessions.

ANALYSIS

To enhance trustworthiness of the findings the following strategies were used:

The large number of therapeutic sessions from which the information was gathered guaranteed rich and complete personal narratives. This enabled the identification of subjects repeated by the same clients over a period of time; this increased the reliability of the data (17);

The identification of common themes in the four cases in therapy also improved reliability (17);

All family members were treated individually, thus the loss narrative was heard from various sources within the same family, allowing comparison of thematic representation. This procedure improved external validity (17);

To improve external validity (17), the author studied loss narratives of particular participants in different

family therapy sessions, comparing the different narratives, attitudes, feelings and coping systems of those particular persons at different times; and

Internal validity was established by comparison between the themes documented by the therapist immediately following each session with themes emerging from content analysis following therapy termination.

RESULTS

This section provides a synthesis of the results of the two projects. Eight main themes emerged from narratives in Project I, as follows: “types of losses within the same family”; “repetition of loss”; “immediate reactions to loss”; “long term psycho-social consequences due to loss”; “searching for meaning for the loss experience”; “changes in the family’s socio-political status”; “relations with authorities”; and “internment, imprisonment”; and “stalking of family members.” The themes that emerged from the narratives in Project II resembled those that were identified in Project I except for the last theme (internment, imprisonment and stalking of family members) that was only reported among women in the occupied territories.

DEGREES OF LOSS

We grouped the two themes related to loss (i.e., “types of loss within the same family” and “repetition of loss”) under one theme, “the degrees of loss.” Participants who experienced multiple types of losses, or experienced the same type of loss more than once, as well as those who learned from the experience of these participants, reported differential reactions to loss and different levels of bereavement intensity as a result of the type of loss. Of the 64 women who participated in Project I, 52 (approximately 80%) had experienced multiple losses as a result of a single event, such as the killing of a family member and destruction of the house. An example of the multiple losses endured by some of the participants was described by one of the women: following the injury of a “wanted” family member, his arrest after a few months and sentencing to life imprisonment, the father developed depression and the family endured loss of income.

Women who experienced loss described their own degree of loss. The different degrees were discussed and most women agreed that they could grade their degree of loss in relation to the level of intensity of their bereavement. These degrees of loss ranged from low to

high and included: loss of objects; loss of houses; being chased; arrested; administrative detention; prosecution; long prison sentences for family members; severe injuries causing chronic disability; severe injuries causing constant life threat and later death of a family member; death of a family member; death of an entire family; deaths in the neighborhood. Participants in the three sites agreed that severe injury of a family member that left the injured person under constant threat to life and in need of continuous and intensive care by the family was the most difficult loss to manage. A mother of a youth, age 18, killed by the IDF and a girl, age 12, injured by an IDF shot that caused paralysis in her right limbs and left shrapnel in her right lung said:

I buried my son then spent three months with my daughter in the hospital in Jerusalem, then they sent her to Amman for a month and I left everything and stayed by her bed. Then they said that Qatar would help to rehabilitate her in Jerusalem so we returned. But alas, nothing helped her really. I would rather have lost my home and all my money instead of losing my son and watching my daughter being severely handicapped.

The bereaved women emphasized the Islamic prohibition of crying and shouting as expressions of sorrow. They believed that this behavior would harm the dead person when s/he reached heaven. This restriction of active expression of sorrow affected the expression of depression and sometimes caused somatization. Women who experienced the highest degree of loss expressed their sorrow by detaching from ordinary life, avoiding communication with their family, spending most of the days sleeping and nights praying. Finally, they abstained from their enjoyable daily routine behaviors, such as wearing new clothes, and deprived themselves of such small pleasures as eating their favorite food or food favored by the deceased.

Although PCI did not experience some of the losses and traumas described by the women in the West Bank, they did share the sense that there were different degrees of loss and reacted similarly to the degrees of loss identified in the West Bank. Two of the families in therapy had experienced several types of loss (two deaths in each, beside a severely disabled child and home damage). The reaction of these families to loss was reflected in the reported long-term depression of family members and PTSD among some siblings. For example, the wife of the victim who suffered from quadriplegia felt that her family's loss was the most painful. She said:

His situation has worsened since he was injured. Our life deteriorates with his condition. What can I expect

for tomorrow? Nothing really positive will happen in the condition of my husband.

LOSS AS A COLLECTIVE EXPERIENCE

The themes: "immediate reactions to loss" and "long-term psycho-social consequences due to loss" were grouped together under "loss as a collective experience." The bereaved wives and mothers emphasized that they reacted to loss together, as a collective. They were surrounded by significant others from the first moment they experienced the loss. Following severe traumas, for example when a family experienced multiple losses, literally hundreds, and sometimes thousands of people, including strangers, visited the family in an attempt to provide support. A mother in the Bethlehem site said:

I heard in the news about the shot in the street. In five minutes people gathered outside my door. I understood that the person shot was my son ... From that moment and for the rest of the month relatives, neighbors and people that I never knew did not leave me alone. They took care of the logistics of the funeral and the needs of my family. I felt that they behaved as if my disaster was theirs.

Due to the intensity of loss in the West Bank bereaved women had to spend time visiting mourning families. The fact that the expression of their psychological grief was restricted by religious proscriptions magnified the significance of these visits turning them into a legitimate social activity for these women, helping them to share the loss of others in order to digest their own loss, allowing them to repetitively retell their own loss narrative. Thus, this activity functioned as group therapy.

The group of PCI who experienced loss during the SLW was very small. They were unable to share their specific war-related loss with people who experienced other losses. The Christian mother felt supported by the intensive visitation of her relatives and community. But, surprisingly, she felt unable to visit any mourning family. She said: "I was unable to see mothers, who reminded me of my situation, when my loss experience was very fresh and deadly painful."

TRAUMATIC EVENT AS A MESSAGE FROM ALLAH/GOD

Participants in both projects searched for meaning for their loss experience, asking questions such as "Why God, why me, why my husband, daughter, children, home?"; sometimes in agony, weakness, anger, distress and as a cry for help. Searching for meaning, participants in both projects related to the loss as a message

from *Allah*/God. The title of the theme was revised to reflect this conceptualization.

Participants who experienced traumatizing events mentioned the name of *Allah* intensively, reminding themselves and others of *Allah's* intentions toward them. Immediately following the traumatic event, they started a new dialogue with *Allah* and moved through five stages vis-à-vis their relation with Him: (a) initially they questioned *Allah's* reasons for choosing them to suffer this event, (b) they blamed *Allah* for His harsh treatment or blamed themselves for insufficient obedience, (c) they understood their helplessness and need of support, including supernatural sources of support, (d) their religion was reborn or they emphasized their religiosity, (e) they revised their previous decision when they returned, several weeks or months later, to their regular life. The stages of this dialogue seem to resemble the stages of reaction to trauma that begin with questioning the traumatic news and end with accepting the traumatic event (19).

People who are not acquainted with Arab or Islamic culture find it hard to understand that a traumatized person or bereaved parent can praise *Allah* for their loss. We understand this phenomenon as the traumatized persons' conclusion that they will never actually be able to control all aspects of their life since there are forces more powerful than them. A woman from Nablus region, who lost two children in the Second *Intifada*, and whose third son's lungs were severely injured, said:

Praise Allah. When my first son became a shahid/martyr, I behaved like a crazy person. I shouted to Allah, I blamed Allah, I stopped praying, I was very angry. My family was very angry... When my second son was killed 45 days after his brother's death, I was paralyzed emotionally. I did not know how to react. I just kept asking Allah, why? Tell me why? ... Three months after the death of my second son, my third son was injured. When people ran to tell me about my third son's injury, suddenly I understood that Allah is sending me messages that I have to understand. My reaction to people who came to share my sorrow was just one sentence "I praise what comes from Allah," "Thank Allah."

Another PCI mother who lost her young daughter cried out at first against *Allah's* "choice" of this daughter who had performed all her religious duties. Later the mother convinced herself that the loss was a message from *Allah*, believing that *Allah* chose the best of her family members for His heavens. The mother felt that she had understood the message: "my daughter was a gift from Allah to us. He wanted his gift back."

CHANGES IN THE FAMILY'S SOCIO-POLITICAL STATUS

The social status of mourning West Bank families changes immediately after the loss and they are thenceforward seen as "relatives of the *shahid*." They gain social respect at the community and national levels. Some represent the "*shahid* families" nationally and internationally, including on national TV.

Some PCI called their deceased beloved ones "*shahid*." A sister of a young woman killed in a missile attack said "*The only thing that consoles me is my knowledge that my sister is in heaven with shahids and prophets.*" Another sister of the same deceased said "*Now she will help us to be forgiven for our faults on the day of resurrection.*" A father said "*I received condolences from Sheikh Nasrallah addressing our children as shahids. My children did not die for nothing.*"

The discourse on the "*shahids*" left the Christian mother with a disharmonious feeling concerning the Islamic nuances of the title. She blamed the Palestinian suicide bombers for the escalated violence that killed her son. She related to a woman suicide bomber as her enemy and was full of resentment towards her.

Comparison between the two groups showed that while in the West Bank mourning families gained socio-political respect, in Israel, they were awarded the sympathy of their communities.

RELATIONS WITH AUTHORITIES

In the West Bank, families of "*shahids*" receive a small monthly pension from the Palestinian Authority. For many families, this pension is the only source of income. Whenever both the widow and the mother of the "*shahid*" claim to be the sole beneficiary, disputes may disrupt family relations. If the mother receives a pension for the loss of her son, this may allow her to control the daughter-in-law. Some widows became politically active to influence Palestinian Authority's policy concerning pensions.

Women in the support groups related to the State of Israel as "the enemy." This declaration was met with socio-political support. Externalizing the identity of the enemy also allowed them to overlook enmity among Palestinian groups.

One member of the PCI group also related to Israel as "the enemy." He accused the State of causing his children's death since Israel had not made peace with the Arab world. Most participants sympathized with Hizbullah, especially after Nasrallah (leader of Hizbullah) sent his personal condolences to each mourning family. These

communications from Nasrallah were kept private since the families feared that the State might punish them by confiscating pensions and other benefits that families of war victims received.

INTERMENT, IMPRISONMENT AND STALKING OF FAMILY MEMBERS

This theme frequently emerged among the members of the West Bank support groups but it did emerge occasionally as a significant theme among PCI as well. Some of the women in the West Bank reported a lifestyle that included fighting against the IDF, (e.g., to escape, to be chased, arrested, sentenced and imprisoned). One woman said that in her 22 years of marriage, her husband, an active member of the resistance, never slept at home for five consecutive nights. Stories shared related to fear of being caught, ways of infiltrating in and out, IDF night attacks on homes, queuing for permission for jail visits, long day trips to the jail for 30 minute visits, etc. Although these women raised their children almost alone, they never related to themselves as single mothers. This description signified the death of the father that they tried to prevent with all their power.

GENDERED REACTIONS TO LOSS OR INJURY OF A SPOUSE

Members of the support groups described a widow who decided to marry a stranger and move away after the death of her husband, as a cheating wife. Traditionally, young widows are expected to marry the deceased's brother or to deny their need for a partner, investing all their emotional resources in their maternal role. Yet, when the deceased person was a woman, it was acceptable for the husband to remarry a few months after the death. A mourning mother from the Nablus site said:

My son was married for three months when he was killed. Three days after his burial, the family of his wife moved her back to their home. It was like another stab in his dead body. His home was closed forever.

This understanding that a man should live a complete life also appeared in therapy with PCI clients. A mother whose daughter had been killed said:

I was very sad when her husband remarried. But I understand him. He is young. He has a handicapped son that someone has to take care of. He should remarry.

DISCUSSION

The analysis of the two projects assumes that Palestinians in the West Bank and in Israel share the

same ethno-cultural background. This partly explains similarities in the two populations' reactions to war-related loss. Mental health service utilization by the two populations is very limited and mostly negatively stereotyped. However, local traditions in both the studied regions have developed procedures that serve as ethno-cultural services to maintain mental health.

One of the major features of individual reaction to loss that emerged from the findings is that the individual loss is experienced together with the collective. Because loss became a daily event in the West Bank (especially during the Second *Intifada*), and because some families experienced various or repeated losses, they became "experts" in understanding the feelings of bereaved persons. Extreme interpretation of Islam forbids mourning people to shout, cry loudly or inflict self-injury to express deep sorrow during bereavement. Mourners repeatedly visited other mourning families in an attempt to continue to vent their loss and search for a new meaning to their loss. This practice resembles supportive group therapy and narrative therapy for both the fresh mourners and those with a longer experience of grief.

In such gatherings, bereaved veterans shared details of the types of loss they had experienced and assessed their own degree of loss, in comparison with recent losses in their community and larger society. This, in turn, helped the audience to assess their own loss comparatively in the same way. When people experience helplessness following what they deem as a disastrous loss, assessing their own loss in comparison to losses of others brings some comfort and consolation. These intensive meetings exposed the bereaved to available choices of after-loss life style and activities, adopted by other people.

Like the bereaved of the West Bank, individual grieving PCI also experienced all types of loss within the collective. However, they lacked the community's longitudinal management of war-related loss because the SLW was the first event in which the Palestinian population experienced such a loss. The group of families that were referred to therapy had no opportunity to meet with one another. However, details of their loss were published in the Arab newspapers and on-line. This allowed people to assess the degrees of loss and to compare family members' narratives in therapy.

The study reveals that the nature of the relationship of each population with the State of Israel influenced some reactions to war-related loss. Palestinians in the West Bank were unequivocally proud to be known as the "family of the *shahid(s)*," a title accompanied by social

prestige and sometimes financial compensation or pension. In comparison, socio-political reasons cause PCI to hesitate to adopt such a title publicly. This study revealed that a bereaved Christian mother did not empathize with the title because she did not share the same Moslem religious value of the “*shahid*.” This concept also raised questions regarding the identity of the “enemy” when the death of PCI was caused by other Arabs or Palestinians. The situation was more complex for this group due to the financial and psychological support that this group was eligible to receive from the State of Israel, inasmuch as the character of the State became ambiguous as the enemy and supporter, comforter and rescuer.

Finally, although the three support groups in the West Bank incorporated only women, including the social workers who facilitated the meetings, a substantial amount of information was documented in the women’s narratives regarding reactions to loss of husbands, sons, brothers, in-laws and other male family and community members. Thus too, the PCI group, dealing with the loss caused by war, generated significant information regarding its political attitudes toward the State of Israel, the Israeli-Palestinian ordeal, the relationship between Israel and the Arab world, the attitudes of PCI toward Islam and Islamization of the conflicts in the Middle East.

Although the two projects aimed to investigate the reactions to war-related loss, the narratives that were collected reflected rich knowledge highlighting parent-child relationships at all ages and the status of women within their families and societies. It is however noted that due to the qualitative nature of the data, any generalization to other similar circumstances is limited.

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