

Women, Armed Conflict, Loss and Support: From Victims to Activists

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Abstract

Many women in the West Bank face the risk of experiencing events of loss of their husbands, youngsters, and relatives through death, imprisonment, or deportation due to Israeli control. The current study aims at evaluating the effectiveness of “from a bereaved woman to another” approach. The method means to empower Palestinian women through mutual psycho-social support conducted under the observation of trained facilitators, training in turn the bereaved women themselves. In this initiative, 203 bereaved women, who participated in a program, from three West Bank territories (Bethlehem, Nablus and Jenin), ranged in age from 31 to over 50 years. The women replied to pre-intervention and post-intervention measures of attitudes towards inter-personal communication skills, the loss-related psychological symptoms, and the women's perception to social support. The results of the study confirmed a statistically significant increase in women's communication abilities, a decrease in experiencing loss-related symptoms, and more positive awareness to social support.

Keywords: Bereaved women, armed conflict, loss, psycho-social support.

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1. Introduction: Taking Context into Account

1.1 The political context

Armed conflict leaves impact in terms of control over people lives. This setting creates an atmosphere of fear and anxiety, mental stress, tension, depression, confusion, lack of predictability, and continuing concern (Shamas, 2001).

The West Bank has been significantly suffering due to the Israeli control since 1967. Palestinian resistance is being manifested in collective actions like the first "Intifada" in 1987 and the second "intifada" (Al-Aqsa) in 2000 (Hassanein, 1991; Jarralah, 2006). Palestinian confrontation with the Israeli armed forces brings about measures of losses, which includes fall of thousands of martyrs and wounded, arrests, torture, house demolitions, organized deportations, closure and siege of territories, destruction of economic facilities, bulldozing, and confiscation of agricultural land.

The data reflect the ongoing humanitarian crisis in the Occupied Palestinian Territory, and the continuity of loss experienced by large segments of children, women, men and elderly. According to “B'Tselem” (B'Tselem 2013) (the Israeli Information Center for Human Rights in the Occupied Territories) the Israeli military forces had arrested 2651 Palestinians, while total of 6,785 were convicted in 2010. In the year 2011, a total of 5,642 were convicted and 1726 were arrested. In the year 2012 the number of convicts was 4517 and 1936 arrests. Either until August 2013, the number of convicts was 4762 Palestinians and 1,591 arrests.

1.2 The program context

The first phase of the program aimed to form a conceptual context about the bereaved women, through gathering information from three hundred women survivors of the Israeli practices in Jenin, Nablus and Bethlehem (Abu-Baker, Kevorkian & dabit, 2004). The results of this quantitative study confirmed that the social support relieves the calamities, while the main source of support is families and relatives (Hassanein, 2010). The second phase focused on the experience of bereaved women according to “from a bereaved woman to another” approach (Españoli & Aweidah, 2007). Women spoke, during the individual, groups and community support's sessions, not only about the loss and its impact on them, but also about the opportunity to strengthen their voices and express their difficulties resulting from societal oppression.

In the third phase a comprehensive support system was configured, based on a documentation system. The program focused on the experience of women loss, and the surrounding community, through a supportive, collective and comprehensive intervention model (Hassanein, 2012). As a result, a decision was made to focus on the allocation of the 4th phase's experience. This phase aimed, in general, to institutionalize the approach through community ownership. This experience confirmed the need for a holistic intervention, grounded on strategic partnership on the basis of coordination, integration and networking between Community institutions.

1.3 "From a bereaved woman to another" approach (B2BA)

The approach emphasizes that the supportive bereaved women live the same experience, and in the same environment, the matter that makes them take into account the cultural and religious context; Whereas the supportive bereaved woman has experienced loss and was able to overcome the crisis, and is still continuing her life and work, this gives strength and hope to the recent bereaved woman, when they regard the supportive bereaved woman as a personal model; Participation in the experience of the supportive bereaved women helps the recent bereaved women to confront and learn new interference's mechanisms. Therefore, participation in the personal experience is considered an important factor for understanding women's experiences and overcoming crises.

The approach makes the supportive bereaved women fill out the gaps in the lives of the bereaved woman who needs someone to listen to her and share her grief, due to absence of formal supportive psychological intervention programs. The approach depends, too, on strengthening the capacity of women, as individuals, groups and communities, for interdependence and mutual support to reach intact mental health (Hassanein, 2010).

The process of supporting is combined with "Training on action" (Barsalou, 2001) activities, which aimed to guide the supportive women in line with their needs, during implementing the support sessions. The training was supervised by mental health professionals including psychologists and social workers. The bereaved supporters met with the new bereaved women in organized groups and individually at their homes twice a month over two years. During the time, supporters met also with mental health professionals to seek on-action support. The aim of the individual meetings was mainly to assist in loss expression and strengthen interpersonal skills, while the Group meetings expanded on these components and provided a platform to mutually reflection and share experiences of loss.

2. Theoretical Background

Women are victims of war and conflict in a variety of ways. The loss of family members, which include husbands, brothers and sons, has long-term psychological effects on them. Thus, armed conflicts lead to destruction, not only of material things, but also of emotions and social relationships. When a house is destroyed, people not only lose their dwelling, they also lose a place of belonging, and those who have died leave traces (images, memories, histories, experiences, developments) in the survivors (Becker & Weyermann 2006; Conner 2005).

Studies (e.g. Eade & Macleod, 2011; Wright, 2008) showed that women were traumatized by conflict, by experiencing high levels of stress and anxiety in their daily lives. They displayed typical signs of trauma, including depression, listlessness, chronic fatigue, anguish, psychological disabilities, and recurrent recollections of traumatic incidents.

Studies that deal with coping the loss of someone close and significant focus on the different patterns used, such as maintaining a relationship and referring to him or her as if he or she were still with him or her (Rosenblatt, 2000). Other patterns that help people cope with the loss of someone close and significant include keeping the person's room and personal belongings (Ronel & Lebel, 2006; Rosenblatt, 2000).

The need for attaching significance to loss is even more evident in cases of sudden, premature, traumatic and unexpected event of war and armed conflicts (Davis, 2001). Thus, attributing significance to loss is one of the most important resources for coping. Accordingly, religious and cultural norms, in the Palestinian societies, related to the expression of bereavement (Awwad, 1999; Rubin & Yasien-Esmael, 2004). Therefore, the social support is supposed to assist the bereaved women in coping with the loss, by providing the feeling that the community is with them in their distress (Yasien-Esmael & Rubin, 2005; Wikan, 1988).

Support programs are, consequently, directed to psycho-socially empower women dealing with their tragedies in such contexts (e.g. Abu-Dakha, 2009; Bajraktarevic-Hayward, 2008; Becker & Weyermann, 2006; Drumm, Perry & Pittman, 2001; Green, et al., 2000; Jarralah, 2006; Klaric, Stevanovic, Grkovic & Jonovska, 2007; Robertson & Duckett, 2007; Hassanein & Taamra, 2010).

The common factor fundamental many support programs is that traditional psychological therapy, focusing on suffering individuals are less efficient on their own to handle the volume of the population-widespread problem. Psychological therapy is also expensive and in rare cases women under conflict conditions can meet the associated costs. Thus, the collective holistic framework, which are implemented by women to women (such as B2BA) ensures working together with women in dealing with specific experiences. Studies (e.g. World Summit on the Information Society, 2005) showed that women recognize that the process of sharing others in pains, through listening to the bereaved women immediately after the loss, helps to improve interpersonal communication. Adding the long-term intervention, which helps the bereaved women perceive and explain ways to manage psychological difficulties through group sessions, which used cognitive therapy techniques, while their aim is to assist victims to understand the sources of loss disorders and alleviate the symptoms (Hinton, Navarro & Pointe, 2006).

Consequently, the support groups are one of the significant ways of dealing with loss disorders. Support groups have proven to be effective in assisting persons and alleviating their pain, especially when they share their experience and their grief with people who suffered a similar loss (Mahgoup & Lantz, 2006; Picton, et al., 2001; Rosenblatt, 2000). Bereaved women Share the traumatic experience of losing through "truth narrative process" as stories about lives as they understand them (Porter, 2007). This process is important for a range of reasons, primarily, to seek justice and healing on the personal, group and community levels. Secondly, to gain deeper understandings of different perceptions of history through reflecting symbolic and forgotten memories, as communities undergo experiencing during times of armed conflict (Hinton, Navarro & Pointe, 2006; porter, 2007; World Summit on the Information Society, 2005).

Thus, it is important to use the comprehensive- holistic approach, by removing the power and authority elements from the intervention, which makes the psychological support honest, active and fast-acting (Espanioli & Aweidah, 2007; Hassanein, 2010). Therefore, women were regarded as a real self-existing entity, where they were the supporters and facilitators regarding their ways of confronting the reality (Abu-Baker, et al., 2004; Hassanein, 2012). Consequently, the conflict's context produces stories for bereaved women and provides opportunities for exchanging them in a supportive and open atmosphere.

By practicing B2BA, as informal intervention, women become conscious of their power relations and decision-making ability, the process which leads to further empowerment and gender equality. The B2BA is a collective holistic framework, which ensures working with women by women in dealing with "collective loss" as a result of armed practices (Abu-Baker, et al. 2004; Bajraktarevic-Hayward, 2008; Espanioli & Aweidah, 2007; Hassanein, 2010).

4. Aims and Assumptions

The central aim of the current study is to construct a framework for understanding the effectiveness of B2BA as a mutual psychosocial support. By exploring the approach effectiveness, the stakeholders will improve designing, assessment and policy-formulation processes about women, bereavement and support in conflict situations.

The study examines the effects of B2BA at three levels: Women's conscious concerning communication's skills, women's loss related symptoms, and women's perception on social support.

This study assumed that: (1) Intervention, through B2B approach, will have positive effects on women's attitudes towards their personal communication skills, (2) Loss-related psychological symptoms, among the bereaved women, will decrease due to the support experience, and (3) The support experience of bereaved women has affected, positively, their attitudes towards support and surrounding sources of assistance.

5. Methods

5.1 Population

The research population consisted of 203 bereaved women who participated in the "women, occupation and loss" program, equally from three West Bank areas: Bethlehem, Nablus and Jenin. About 85% of the participant women experienced a recent bereavement within the past few months before the intervention. The majority (62%) of women noted suffering a loss due to imprisonment, about 23% suffered a loss due to martyred husband or family member, and the rest suffered multiple losses. Most bereaved women (71%) were married, and 21% were widowed. About 42% of the women aged between 41-50 years, 30% aged over 50, and 20% aged between 31-40 years. 59% had a less than 8 years of school education.

5.2 Measures

The 203 bereaved women responded to a pre-test (January 2013) and post-test (December 2013). The questionnaire consisted of four parts: (1) the demographic variables. This part included questions relating mainly to age, marital/social status, area/ place of residence, education, and type of loss. (2) The loss-related psychological symptoms. A series of 23 psychological symptoms connected with the experience of loss were selected from the literature to assess the bereaved woman's status of loss managing and her ability to move forward. These included for instance sleep disorders, loss of eating appetite, isolation, feeling of loneliness, anxiety, depression and psychosomatic signs. Respondents selected their responses on a 5-point Likert-scale ranging from 1 "Never" to 5 "Always". (3) Participants responded to 20 statements to assess intra communication (self-knowledge, self-assessment, self-confidence, self-satisfaction, peace of mind, self attainment, planning for the future and self-independence) and with inter personal communication skills (including for instance, caring for other, reaction to expression of appreciation from other, sharing feelings and thoughts with other, interest in supporting other, ability to listen to other, reaction to criticism, acceptance of the different, ability to work with teams) . Respondents selected their responses on a 10-point Likert-scale ranging from 1 "Very little" to 10 "Very much". It is worth noting that for the measures of attitudes towards personal communication skills, participants were asked to note on the same scale the degree that reflected their current state and the desired degree. (4) Five closed questions about women's perspectives about support, where their

answers fall in a scale of 1- totally disagree, 2- disagree, 3-somehow, 4- agree and 5- totally agree.

The Cronbach's alpha reliabilities of the loss-related psychological symptoms, attitudes towards communication measures and women's perspectives about support were all good (values of .85 for Pre-intervention, and .88 for post-intervention).

5.3 Data Analysis

Data were coded in the statistical software SPSS version 19. A multivariate analysis of variance was first carried out to explore whether any need to partial out the effect of demographics on the dependent variables. Second, to test the three hypotheses, a series of paired sample t-tests were conducted.

6. Results

Initial analysis showed that none of the background variables (such as age, marital status, education, area of residence, and type of loss) were related to the dependent variables (loss-related psychological symptoms, attitudes towards personal communication skills and attitudes toward support).

To assess the intervention effects on the overall change in bereaved women's attitudes towards themselves and their perception of interpersonal communication skills, the study examined the pattern of scores' distribution before and after intervention. Specifically, the score range of 1-10 of the measures was split into three equal parts: weak = [1-3.33], moderate = [3.34-6.67], and strong = [6.68-10], and the percentage of women who satisfied each category was computed. Findings, in Table 1, reveals that at pre-intervention, about 99.0% of bereaved women defined their current communication patterns as weak and moderate, while 93.0% termed their current patterns as strong at post-intervention. Likewise, at pre-intervention, 72.9% of the women desired for a moderate status of interpersonal skills, while at post intervention 99.0% desired to achieve better scores on these measures.

Table 1. Attitudes of bereaved women towards themselves and their perception of interpersonal communication skills (n= 203)

	Rating	Pre-intervention	Post-intervention
		%	%
Current state	Weak (1.00 – 3.33)	49.8	0.00
	Moderate (3.34 – 6.67)	49.3	6.9
	Strong (6.68 – 10.00)	1.0	93.1
	Total	100.0	100.0
Desired state	Weak (1.00 – 3.33)	27.6	0.00
	Moderate (3.34 – 6.67)	72.4	1.00
	Strong (6.68 – 10.00)	0.00	99.0
	Total	100.0	100.0

Further analysis based on paired sample t-test exposed a statistically significant increase in participant women's attitudes towards their communication patterns after intervention, at both the current communication patterns ($t_{(202)} = 0.118, p = .000; M1=1.512, SD1=0.520; M2=1.724, SD2=0.448$), and the desired communication patterns ($t_{(202)} = 0.021, p = .03; M1=2.931, SD1=0.254; M2=2.999, SD2=0.099$).

The differences of bereaved women's responses to the loss-related psychological symptoms measure before and after the intervention are given in Table 2.

Table 2. Pre- and post-intervention loss-related psychological symptoms (n=203)

Measure	Mean	SD	T-test Value	p
Pre-intervention	3.536	.641	-20.083	.000
Post-intervention	2.357	.534		

Examining the effect of the intervention on the means of loss-related psychological symptoms, a paired-sample t-test exposed a statistically significant decrease, ($t_{(202)} = -20.08, p < .001, M_1 = 3.54 (SD_1 = .64), M_2 = 2.36 (SD_2 = .53)$).

With respect to sleeping disorders, for instance, the results revealed that there are statistically significant differences between the bereaved women's attitude, during loss, and their attitudes in the post-support period ($t_{(202)}=3.59; p=0.000$). There are other ten disorders similar in results, such as loss of appetite, seclusion, fear of loneliness, nightmares and bad dreams, hearing voices in head, excessive crying, beating and yelling at family members and staying in house.

Table 3 reveals that there are statistically significant differences between the responses of women pre/ post intervention about support. Obviously, the majority of bereaved women believe in their need for assistance, as a result of loss.

Table 3. Women's perspectives about support (n= 203)

Before support	M= 2.243	SD=.879	t= 4.114	P=.000
After support	M= 3.258	SD=.879		i.e., p<.05

The experience of bereaved women has affected their attitudes towards sources of help: around 26% of them believed, before support, that institutions are the source of assistance, while this percent has changed to 51% after the support. These changes are statistically significant and the result substantiates the importance of the support provided by B2B experience. In general, the findings reflect how much bereaved women are aware of the importance of internal and external assistance when dealing with loss's symptoms.

The findings confirmed that through participation in B2BA bereaved women can enjoy the benefits of increased interpersonal communication skills, decreased levels of psychological symptoms related to loss, and thinking more positively about support.

7. Discussion

The study was designed to consider the effectiveness of a recently implemented B2BA. During the intervention, women touched on their psycho-social pain. Previous researches (Ahern et al., 2004; Dybdahl, 2000; Stein, 2000) signified the importance of social support in facing post-loss difficulties. Support strategies oriented towards transforming women from being “silent victims” to effective participants in their social support attainment were proven useful to overcome the women’s psychological pain of loss (Becker & Weyermann, 2006; Liebling, et al., 2008). The current findings strengthen this thinking by showing that through participation in mutual support and empowerment programs bereaved women can improve their interpersonal communication skills, increase psychological adaptation to events of loss and form positive attitudes toward overall backing (Hassanein, 2010; Hinton, Navarro & Pointe, 2006; porter, 2007).

The B2BA implementation leads to strengthen the awareness of bereaved women in gender issues, through overlapping of family relations. The women have the capacity to participate in decision-making at the household and communities, and have the ability to strengthen networking with decision makers in municipalities, local councils, local and national committees. The evaluation found that there are many bereaved women (that participated in the program) who involve in many community activities, social roles in municipalities or councils, and involved in arranging protest conferences in villages near Israeli checkpoints.

8. Recommendations

In order to make this approach more effective, it would be essential to employ holistic or multidimensional recovery programs (Españoli & Aweidah, 2007; Green et al., 2003; Gupta, 2009). For instance, the current initiative “from a bereaved woman to another” (Hassanein, 2010) can be incorporated in this regard, where appropriate, into a wider intervention program offering professional psychological therapy to suffering women, institutional support (materialistic and psycho-social) and community support (collective actions).

9. Limitations

Four main limits of the current study are worth noting. First, although the study offered a test of the effectiveness of B2BA using pre- and post-intervention measures, the positive change that bereaved women experienced might be due to a normal development and adaptation to loss experience. The inclusion of a control group could have made the conclusions clearer. Second, a wide range of factors outside the intervention sessions may have contributed to the observed positive change. These factors were not taken into account in the current study investigation. Third, there was limited information available directly from the ultimate client groups – women themselves. Thus, impacts for individual women are limited to those indicated by the survey. Finally, much of the quantitative data that was gathered is drawn from a survey. It's preferable if the examination uses multiple lines of evidence to address the weaknesses of an individual methodology.

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