

# Voice Therapy for Women Aligned with Political Prisoners: A Case Study of Trauma among Palestinian Women in the Second Intifada

Nadera Shalhoub-Kevorkian  
*Hebrew University of Jerusalem*

The action-oriented model of group intervention aims at releasing the silenced voices of women, helping them journey from objectification to full human subjectivity. Applied in conflict-ridden Palestine, voice therapy can reduce the psychological toll that comes from living in a politically conflicted zone. Women often bear that psychological burden more than men because of the violent political situation and patriarchal demands. Conducted with Palestinian women whose loved ones have been imprisoned, this therapy is applied by mental health professionals who believe in women's unique ways of knowing and coping and who acknowledge women's stories and experiences as forums for resistance.

In various locations around the world, particularly during times of war, women's suffering, victimization, and methods of survival have almost always been neglected, not seen as anything requiring sustained attention or serious study. During the past 10 years, the international community has made some effort to examine the suffering women have endured and their specific modes of survival. It has undertaken these efforts as a way of acknowledging both the direct and the indirect vic-

*Social Service Review* (June 2005).  
© 2005 by The University of Chicago. All rights reserved.  
0037-7961/2005/7902-0005\$10.00

timization of women in war zones and areas of conflict. Ironically, however, women's faces and stories have been revealed only when they served the economic, political, and religious manifestations of the interests and infrastructure of existing global powers. The continuing discriminations of patriarchy have long silenced women and still prevail. Such conditions always favor war stories and one-dimensional narratives that are all about men. The political and epistemological effects of these partial stories have been to create a defective map of the political and historical terrain and to ensure the virtual erasure of women as active and creative citizens, particularly during times of conflict (Makdisi 1991; Mojab 1997).

This article presents a model of intervention—voice therapy—to empower women, attempting to free the hitherto silenced and imprisoned voice of the families of political prisoners, particularly the voice of the women in such families. This work studies how women are affected by the current intifada (Palestinian uprising) in Jerusalem and examines these women's strategies for surviving politically related trauma. The intervention was used with Palestinian women whose family members—daughters, sons, husbands, sisters, and brothers—have been imprisoned. The principles of voice therapy endorse engaging women dialogically to speak directly or indirectly of the current political situation and its effects on their lives, especially on their strategies for coping.

When dealing with trauma inflicted upon powerless and oppressed groups in conflict areas, an important aim in proposing intervention models is to engage the dynamics of victimization and survival in a structurally and contextually sensitive manner. This article specifically aims to examine and clarify the nature, structure, and processes of the conflict faced by the survivors—particularly those who have been silenced—within the context of the complex history of Palestinian society. Intended to show how these women cope with the political conflict, the work focuses on how they experience the imprisonment of their loved ones.

### Conceptualizing Voices of the Oppressed in Conflict Areas

The effect of conflict, specifically its impact on women, has been discussed in a wide variety of contexts, including South Africa, Yugoslavia, Lebanon, Palestine, Yemen, Malaysia, and Northern Ireland (e.g., Peteet 1997; Schulze 1998; Shehadeh 1999). When studying women in war zones, a broader focus is necessary because the processes of victimization, war crimes, and survival are much more extensive than those in existing Western models (Abdo 1994; Abu Nassr 1996; Cook 1998; Abdo and Lentin 2002; Shalhoub-Kevorkian 2003). Women are the unrecognized frontline fighters who, if acknowledged, could reveal a different reality by presenting a different voice and a revisionist discourse to be heard:

The frontline is the place where combat and the brunt of the fighting actually occur, and it is therefore the location of the greatest carnage. Furthermore, the lived realities of the frontline are usually (and increasingly) distant from the generals, heads of state, and policymakers: the privileged don't live on the frontlines, nor do they dirty their hands in an era of televised, computerized "precision" bombing sorties. . . . The frontline—as a place, as a concept, as a span of time, and as a place to grow, change, and transform—is known as a gritty, multifaceted reality. (Waller and Rycenga 2001, xix)

This study adds to the analyses of the complex dynamics that link women, suffering, and survival in areas of conflict. Such analyses can be enhanced by looking closely at these frontline fighters, understanding their socio-cultural and political legacy, and examining the extant gender relations that persist in their culture.

To a certain extent, political conflicts can provide a catalyst for the emancipation of women and their eventual empowerment. Miriam Cook (1998), for example, studies women's literary responses to the Lebanese war, describing how these women went through a transformation in consciousness in which they became aware that they remained in conflict areas out of a sense of responsibility for others and that they survived these experiences. This consciousness of their very ability to survive became a catalyst. The Beirut Decentrists, for instance, began to describe a society that had gone beyond the centralized, culturally sanctioned masculinization that normally obtains during times of war, and they thereby achieved an almost unprecedented level of feminist consciousness (see also Mrsevic 2001).

Julinda Abu Nassr (1996) points to women's inventiveness and initiative in adapting to and surviving the war in Lebanon: in the absence of husbands and of young men to marry, women became heads of families, participated in the labor force, and increased their enrollment in higher education. In discussing the strategies women used to cope, Abu Nassr explains how activities, such as volunteering in medical relief services and educational institutions and participating in war protests, were considered empowering mechanisms of survival. However, the greatest achievement she saw was the role women played in their own homes, meeting domestic needs, saving the lives of their husbands, and sheltering their children from violent conflict.

Women's innovative methods of coping with the political conflict made Jean Makdisi (1991) take note that wearing the veil (*hijab*) during the war in Lebanon was a way for women to support their religious sect in the struggle. Makdisi disagrees with Western stereotyping of the *hijab*. Similar cases of Western stereotyping occurred in Palestine when the Western (particularly U.S.) media portrayed Palestinian mothers of martyrs as unfit, depicting them as women who coerce their children into killing and dying (see Shalhoub-Kevorkian 2003).<sup>1</sup> Contrary to such biased conceptualizations, this author (Shalhoub-Kevorkian 2003) finds

in working with these women that theirs is a frontliners' discourse that strives for peace and safety.

The empowerment of women as political actors in conflict zones is also raised by Julie Peteet (1997), who investigated practices of mothering among Palestinian women, both in the refugee camps of Lebanon during the civil war (1975–90) and during the first Palestinian intifada (1987–93) in the Palestinian Occupied Territories. The main thrust of her argument is that the emergence of a transformed “female practice and emotion” (Peteet 1997, 104) challenged the construct of women as icons of the nation. Unfortunately, such transformations were not sufficient to achieve a revision of, or put a stop to, pervasive gender inequalities. Indeed, while political conflict empowered women, the conflicted space simultaneously became a source of further gender oppression and subordination.

Similarly, while the Palestinian national movement endowed mothers of martyrs with the status of national icons, this particular form of national identity and participation was not considered grounds for equality of citizenship. Although the practices of motherhood were empowering, they were not transformative; despite the high national status accorded to them (or perhaps because of it), mothers of martyrs were prevented from weeping, and some were even deprived of the simple gesture of saying farewell to their dead children. Gender and politically related restrictions often stopped them from attending their children's funerals, visiting the graves, or participating in national activities related to their loss (Shalhoub-Kevorkian 2003).

These political and social restrictions have severe effects on women's health in general and mental health in particular. Studies show that women in conflict areas are more prone than men to depression, posttraumatic stress disorder (PTSD), and other psychopathologies (Karam 1999). Empirical studies in Palestine (e.g., Baker and Shalhoub-Kevorkian 1995; Elbedour et al. 1999) reveal the extreme trauma that Palestinian mothers suffer, especially when they lose a child as a result of military or political acts (Afana et al. 2002). The effects of the violent political situation are compounded by the burden women carry in their traditional roles of providing marital and domestic stability and child rearing. The consequences of these sociopolitical pressures and psychological disorders are devastating to the women, their families, and indeed, society at large (see Shalhoub-Kevorkian 1998, 2002, 2003; Farhood 1999; Karam 1999).

Voice therapy encompasses three interrelated components: (1) breaking silence about oppression by developing self-reflexive speech and opening a dialogue in which women can share their individual visions; (2) emphasizing the process of crafting a group-based point of view; and (3) confronting, countering, or talking back to elite discourses with a woman-oriented discourse. This article posits that such an approach

is essential for oppressed women to attempt to journey from objectification to full human subjectivity.

### Proposed Model

By engaging women in voice therapy, the author listened to how they historicized and politicized their pain and set their gender oppression within the context of their culture. The therapy guided them to collectivize their suffering and to acknowledge their power for coping and survival. Participation in group therapy is a practice that is somewhat foreign to Palestinian culture. Positing a similarity between group therapy and the culture of women's gatherings (i.e., gatherings attended exclusively by women; e.g., having coffee with female neighbors, meeting in the mosque, or meeting on family occasions), the author expected that women in the group would find such therapy familiar. Such gatherings are culturally constructed to contain women's suffering and build a safe haven for women. They provide a place where women are able to cry, speak out, and think together, learning from and empowering each other. With such gatherings in mind, the researcher attempted to create a similar climate of deep sharing in which participants' hopes were raised and they were encouraged to continue searching for survival strategies. The aim was to enhance participants' ability to connect the dots among the past, present, and future, strengthening their readiness to think more positively, reducing their frustration and passivity in times of trauma, and helping them to deal more positively and powerfully with their harsh realities. In effect, the therapeutic goal was to move them from a narrative of victimization to one of survival, healing, hope, and resistance.

The proposed model is based on the author's experiences working with Palestinian women. Such experiences derived both from previous studies (Shalhoub-Kevorkian 2001, 2003) and from research on the current action-oriented model. In the current approach, participants are seen as having a stake in a constructivist paradigm based on avoidance of harm, fully informed consent, and guarantees of privacy and confidentiality. Analyses are grounded in particular, local feminist praxis, but also aim at understanding the local context in relation to larger, cross-national processes. Thus, an attempt is made to reconceive categories, such as women as victims and survivors of political conflicts, within new definitions of justice.

This model of intervention challenges the patriarchal and political powers that deliberately silence women by offering Palestinian women an opportunity to voice their experiences in a supportive and nonthreatening environment. The model was proposed to a Palestinian nongovernmental organization, the Jerusalem Center for Women, which helped organize meetings with three women's groups (a total of 52 women) in

locations near Jerusalem. The locations include two refugee camps and a village. The meetings were structured to address the effects of the war and the current intifada on women, focusing on the survival and healing strategies women use. All participants were directly related to political prisoners. Each group met for 14–16 weekly 2-hour sessions of group therapy. Sessions were conducted by the author, a mental health professional. The discussions during the therapy sessions were organized so as to allow the participants to reflect on the trauma caused by the sociopolitical conflicts in their lives. Furthermore, the discussions focused on their need to voice their experiences in a safe milieu when the general tendency both by political and patriarchal powers has been to silence them. As a therapist, the author did not look at the reasons why these women's loved ones were imprisoned. The main focus was on the traumatic effects that their imprisonment had on the participants and on attempts to heal participants' wounds.

The group was prohibited from meeting on three occasions. On one occasion, Israeli military forces blocked the author's entrance to the refugee camp. In another instance, the Israeli military raided the camp. The group decided, amid tear gas and sound bombs, not to meet for the safety of participants. On the whole, however, being a Palestinian-Israeli therapist afforded me access to the camps. Unfortunately, my assistant, who is a Palestinian without Israeli citizenship, was not as lucky; on approximately half of the occasions, I failed to convince Israeli soldiers to allow her to pass the checkpoint. The mere act of our entering the camps became a group challenge, and the women would gather at houses near the checkpoint to be sure we would be given permission to enter. Participants not only had to deal with Israeli military restrictions and harassment but also with the oppression and control by their husbands, fathers, brothers, and other male family members, all of whom feared that these women might become embroiled in political conflict as a result of attending these meetings. Many of the women worked hard to convince other participants' male relatives of the importance of the meetings; others actually had to bring their male relatives to the gathering to show them that the meeting was only for women. Such difficulties helped to further a sense of solidarity and closeness between therapist and participants. Overcoming these obstacles and continuing to attend the meetings also made the participants feel very special.

### Voice Therapy: Engaging in Mutual Healing

"How can I return the colors to the world?" These words—which have never left me—were uttered by a young Palestinian mother.<sup>2</sup> As a Palestinian woman, and as a therapist attempting to understand the toll of political conflicts and perhaps to learn enough about human suffering

to be able to heal some wounds, I was prompted by the mother's question to ponder whether I could return some color to this gloomy world in which we live.

From a therapeutic and political perspective, the voice therapy is aimed at creating an effective setting in which to contain and reverse the effects of the trauma that develops in the context of military occupation. Such trauma attacks the core identity as well as the social and psychological lives of its victims. It destroys the ability of the ego to protect itself. The ego strengthens and guards one's identity during times of identity diffusion and national or global threat. In the trauma that follows the imprisonment of family members, particularly imprisonment of sons and daughters, women are robbed of their sense of efficacy and feelings of safety. They blame themselves for being unable to prevent the imprisonment or to keep the family together. They feel shame that their sons, daughters, and husbands are taken publicly by force. (For a particularly efficacious study on this perspective, see Van der Kolk, Roth, and Pelcovitz 1992; see also Roth et al. 1987.)

The individual and group dynamics of the voice therapy model revisited the trauma within the group's supportive psychotherapy setting. By accepting each other's perceptions, views, reactions, and fears, the women could feel that the group was attentive and empathetic to each individual. During the meetings, women shared their families' history of displacement, sometimes bringing pictures of their place of birth or showing documents supporting their ownership of land. Beyond sharing their past, they also supported one another in the present, picking each other up to attend the meetings together. This feeling of sisterly comradeship went beyond the meetings; the women often called each other, providing support in times of crisis and when there were no meetings. They accompanied each other to health clinics, social service agencies, and legal advisory services, such as the Red Cross. Such support deepened existing friendships and created new ones. Opening new venues of support for women and sharing personal experiences with others who had similar hardships freed them from previous restrictions. The mutual support that ensued from the therapy sessions helped them learn about new methods of coping and healing, allowing them to hear new voices that combined pain with the power to cope. Discussions in the group meetings revolved around such issues as whether women should speak out or bear their burdens in silence, whether women should accept established social codes concerning behavior or propagate new and innovative codes, whether women should attempt to own the situation they find themselves in or be totally controlled by the realities of life under occupation, and whether women should be creators of tools of survival and healing stories or followers. Thus, the group therapy was based on four main stages: (1) verbalizing traumatic experiences, (2) mutual searching for each participant's own power, (3) gaining

ownership of the situation, and (4) using one's wisdom to build tools for survival.

### Verbalizing Traumatic Experiences

In meetings, mothers, sisters, daughters, and wives of political prisoners expressed extreme fear, anger, worry about the future, and despair. The therapist can help participants to reverse these effects by containing the trauma, giving it a voice or a platform, and offering them a zone of comfort that allows painful memories to be revisited.

The first meetings were replete with stories about the arrests of loved ones. The women shared how they tried to prevent the imprisonment of those for whom they cared so deeply. One mother recalled:

It was midnight, we were all asleep, and suddenly we heard someone at the door, a person who spoke Arabic very well, but seemed to us a Jew. They did not wait until we opened the door; they broke it down and came in like a storm. We were all in a state of shock. The soldiers asked for my 15-year-old son. When I asked, "Why? What did he do?" they said that he threw stones at a military jeep that morning. I explained to them that it is not true, that he was home all day because he had a cold, and that I took him to the doctor in the village. They did not care; they did not hear me at all. They pulled [my son] out of bed . . . did not allow him to wear warm clothes, put the dirty bag over his head, tied his hands behind his head, and pushed him into the jeep. It was so hard on me, the number of soldiers, the big dogs who looked like monsters in the middle of the night . . . and my son who did not say a word.

Then I saw one soldier who seemed to be listening, so I went to him, stood in front of the jeep, preventing them from leaving the neighborhood, and asked him to help me. I asked him, "Don't you have a mother?" And told him that I would do anything to help my son. Then he got out of the jeep and told me if I cleaned the street, he would leave my son with me and I could bring him to the police station the next day. I agreed, and for more than an hour I cleaned the street. When I told the soldier I was done, he looked at his friend and said something in Hebrew. I told him, "Don't say you're not going to release him. I beg you, . . . I am not an animal. . . . I am a mother with feelings." Then the other soldier told me that if our village would always look clean and we would be better and our kids wouldn't be terrorists, maybe we could be treated like human beings.

Despite his mother's plea, the son was not released that night. He remained imprisoned during the group therapy.

The group therapy opened up a space to contain anger. It allowed tears, fears, worries, and other feelings to emerge. At the initial meetings, it became apparent that participants harbored feelings of shame because they had been unable to help their loved ones, to protect them, or to prevent the pain inflicted on them. Participants hid these feelings. Yet the fact that the group was homogeneous—all were women with similar stories to tell—helped the participants to voice their hidden emotions.

Participants' reactions to arrests were typically very similar, and familiar images appeared in every narrative: soldiers with big dogs stormed en masse into homes, blaring noise from loudspeakers and shining powerful lights that seemed to turn night into day. Most of the participants shared descriptions of how soldiers hit them, cursed, broke family valuables, and viciously abused other family members. Not surprisingly, the night raids evoked severe anxiety. The similarity of experiences within the group created solidarity. This atmosphere of holding hands had powerful therapeutic value.

The daily ongoing events and experiences of the women presented critical problems during these meetings. All participants suffered additional traumas following the arrest of their loved ones. These included arrests of additional family members, daily or frequent night raids, and the blocking up or even demolition of their homes. The women expressed their agony over becoming refugees, not once but continuously, being expelled from one home after another.

In many cases, the pain was continual. One mother, having shared her account of the death of one son and the imprisonment of another, came to a meeting to say that a Jewish investigator had come to her house and explained that her son was killed by mistake. She asked the group, "Isn't that sad? Don't you feel sad for me? Now you know why I am sick . . . why I am going crazy."

Often participants stressed how the ongoing history of political persecution is part of the fabric of their lives. Past memories of trauma continually affected them, generating additional traumas. One mother stated:

My son . . . was 4 years old when they came to arrest his father. He was so scared that he hid behind the fridge. . . . A soldier saw him and asked him why he was laughing. . . . My son was crying and laughing at the same time, for he had never seen anybody hitting his father. Then the soldier started banging his head against the wall. He hit him so bad that since that day he has been very calm and isolated. Ten years later, 2 months after his father was released from jail, my son was arrested . . . as if the same night, the same memory recurred. Nothing has changed except that, instead of the father . . . now the son was the victim.

As might be expected, political oppression has been exacerbated by ongoing gender oppression and harassment. Another woman explained that her husband's family wants her to leave and allow them to raise her children. She was not sure that they would provide her with the money and transportation to visit her husband. She said, "I always tell him that he is a respected prisoner while I am a prisoner with no value or respect."

Women were particularly resentful of the way they were treated from the first moment of their loved one's imprisonment, through the entire

juridical process, and during visits to the prison. Stories of humiliation always started with the overt and visible political opponent but grew to acknowledge broader attacks grounded in patriarchal oppression. In addition to expressions of anger at soldiers and other official entities, the women related how family members wanted to control their movement, speech, and even personal matters. One stated that, following her husband's imprisonment, his family decided she should move to a smaller apartment. When she refused, everybody got angry at her. Even her own imprisoned husband asked her to move.

Another participant shared that, when her husband was released from incarceration, he planned to marry another woman. She explained that he considered her too old for him now. His family taunted her, saying that, despite all her efforts to secure the release of her husband, learn a profession, and find employment necessary to raise her children on her own, she remains a woman in a culture that does not value her.

Visiting their loved ones in prison was also a source of personal pain. Participants all shared stories of how prison authorities searched and humiliated them or demeaned them in other ways, such as forcing them to clean some area in the prison. One woman reported that a soldier tore off her undergarment as compensation for allowing her to visit her daughter. Another participant expressed her humiliation at being forced to show her menstrual pad to the soldiers on duty. Participants explained that they were compelled to stand naked in front of female soldiers before they were permitted to visit their loved ones. Such stories spawned a group discussion about whether to accept such degradations or to refuse to visit, thereby denying Israeli authorities the chance to control them bodily and, by extension, to control their families. An older woman stated, "I really do not care what do they do, I personally would be willing to stand in front of all the Jews of the world naked . . . as long as I could see my son."

All participants carried the heavy burden of trauma, and it is not surprising that they reported a wide range of maladies, symptoms common to posttorture distress syndrome (for more details, see Roth et al. 1987). Susan Roth and associates (1997, 540) define such symptoms as "complex PTSD" or "disorder of extreme stress." Participants told of anxiety, depression, sudden outbursts of weeping, fear, perpetual suspicion, guilt, shame, apathy, irritability, exhaustion, drowsiness, lack of concentration, sleeping difficulties, sexual dysfunctions, and psychosomatic reactions. Discussing their trauma openly was akin to flooding the self with an excess of emotions. In some cases, the disclosure of intimate personal details regarding the trauma triggered such symptoms, but some were already suffering from them. The therapist's role was to open space, allowing each story and feeling to be expressed in a safe haven. I concentrated on the energy embedded in each woman while searching for and listening to the unspoken. In looking closely

at the ongoing trauma, the right both to speak up and to remain silent became the beginning of a painful but constructive process.

### Mutual Searching for Power

From the agonizing narratives, particularly from those detailing recurring trauma and expressing the tendency to focus on anger, blame, and pity, it became clear that the therapist had to enable the women to look more closely at their stories and to understand them with new meaning. Thus, in the second stage of therapy, each time a woman described how she screamed to stop a soldier from hurting her brother, cleaned her son's blood with tears flowing, or took her children to her parents after her home was demolished, participants were encouraged to recognize their power, even in the midst of pain. Participants were repeatedly questioned about the meaning of their actions (e.g., screaming, cleaning, being silent). This method of intervention made the women listen carefully and consider not only their pain but also their strength. One woman stated, "You know, this is the difference between women and men. Women never surrender to oppression. . . . We have an internal natural power that pushes us to do things; this majestic power inside us is what helps us cope."

Sharing worries with the group helped the women to cope with their difficult emotions. For example, when some of the women expressed feelings of guilt for not being able to stop the trauma, others immediately responded with such comments as "There is a limit to our power or ability to help," "We never stopped searching for ways of preventing such trauma," and, "My screaming was the only weapon to fight them back, and I used it." I remember hearing an Arabic proverb repeatedly: "Ma bi'ainak ala il murr illa il ammar minnuh" (Nothing can help you cope with bitter pain, except your knowledge that it can be worse). Thus cultural norms, beliefs, and even the comfort of proverbs were used as tools to reduce pain, diminish suffering, and help in coping with anxiety, depression, hopelessness, and helplessness.

The trauma to which the women were subjected often required them to make hasty decisions that they later regretted. These decisions then added to their psychological distress. Often, participants told of how they faced the impossible moral dilemma of risking one family member to safeguard another. The author attempted to show the women that it is only human to rush into decisions in times of crisis and that they must accept their mistakes and failures, understanding that their actions were motivated by the desire to help and safeguard their loved ones.

For instance, one woman shared her extreme anger, guilt, and confusion regarding her own actions:

My son was forced to hide in the mountains for 47 days. One day he became

very sick, vomiting blood and suffering severe stomach pains. He decided to ask . . . his married sister for help. When I learned about him going there, I got very scared, I thought I would lose both my children in one swoop. I hurried to [my daughter's] house and took him from there. I told him it would be better to have our own house demolished than his sister's house [if he were caught]. Can you believe that I convinced him to come home, knowing that the Shabak [Israeli intelligence services] could come and arrest him at any moment? In less than an hour after we reached home, the soldiers came and imprisoned him. . . . Yes, I helped them imprison my one and only son to safeguard his sister from further abuse, but above all because I preferred him alive in prison than needing to visit him in the graveyard.

In her attempt to protect her daughter, the woman ended up surrendering her son to the Israeli authorities. This caused her great and persistent guilt. She explained her decision by quoting the Arabic proverb "Hay ei'n w-hay ei'n" (choosing between one eye and the other). She used the proverb to explain that both children are dear to her and to show how the choice between them is emotionally and psychologically draining.

The woman's story was also used as an example. Participants were encouraged to see the meaning behind and the power of such actions. The women were shown that such an unpredictable political situation forces difficult decisions that can be emotionally overwhelming. They were encouraged to respect and accept any decision made under such circumstances.

The concept that their actions should be respected and accepted was new to the women, who, using the words of one participant, argued that "il mijtama'a ma birham" (society has no mercy). Participants explained that, as women, they were traditionally considered the cause of any catastrophe at home or within the family. One woman explained, "If my children succeed, people say their father is a great man; he knew how to raise them. If they behave badly or fail in their studies, life, etc., it is us women who are blamed." Similarly, wives are blamed for the actions and even for the imprisonment of their husbands. Another participant said that when the police and soldiers came for her husband, "I was so happy that they wanted my husband and not my children, so I hurried up and showed them where he was." She further explained to the group how her entire family took a stand against her. They felt her actions and decisions suggested her husband was of no importance to her. She insisted on explaining to the group that she wanted the police and soldiers out of the house as fast as she could manage it; she feared that they would arrest one of her sons if they were allowed to linger on the premises. She also feared that one of her sons would get in a fight with the authorities, and she could not predict how such an altercation would end. She genuinely feared that the soldiers might kill all the children in the house. The therapist framed this narrative by

pointing out how the woman's actions to protect her children were a testament to her inner strength.

The therapeutic process of understanding the experiences and actions of these women was lengthy. Acceptance of those experiences took time. The therapist worked to show proper respect for participants' ongoing traumas while analyzing their narratives and acknowledging the power embedded in their actions. The therapist gradually helped participants to see how the very acts they took for granted—crying, screaming, keeping silent, cleaning, making decisions—became sources of coping and signs of their own agency.

### Gaining Ownership over a Traumatic Situation

The third stage of therapy was grounded in the hypothesis that women possess the power to generate knowledge. The therapist emphasized how the participants learn and teach, give and take, share and listen to others. This focus on continuous learning, not only in the group sessions but also in life, caused one of the participants to raise the subject of her learning in a mosque.

Religious beliefs proved to be powerful resources in helping participants to cope with their continuous trauma. Indeed, a study of the first Palestinian intifada (Baker and Shalhoub-Kevorkian 1995) finds that religious convictions have a buffer effect and provide a protective cocoon for children. Other studies (e.g., Holt 1996) reach similar conclusions about Shiite women in Lebanon. Research by Ahmad Baker and Nadera Shalhoub-Kevorkian (1995) also indicates that religious as well as political convictions decrease the effect of trauma on individuals. These convictions function as a buffer, protecting the individual's psyche from the effects of trauma.

In an effort to show the women how they could use existing resources for coping, the researcher accompanied one group to a mosque in one of the refugee camps and later held discussions about the experience. Participants revealed that they previously went to the mosque without knowing why. After the group's visit, they began to realize that the mosque provided a legitimate place of shelter. They recognized the mosque as a place where they could rest, meet one another, pray, reflect, listen to new information, express their feelings without blame, gain societal respect and love, and learn news that could help them feel they controlled their lives. Religion became a source not only of solace but also of material power.

One mother explained that since the imprisonment of her eldest child, she started praying, reading, and writing in the mosque because she could do so alone. She had left school very early in life and never knew that she could be a good student. She credits the mosque with her ability to reflect:

I know that no one could give us our rights back as Palestinians except God. God only could make the Jews surrender to justice. I tried in so many ways to help my son, he was badly tortured, badly injured and humiliated. . . . We were all humiliated. Now, after so many years, I believe that the only way is prayer. No lawyers, no law, no judges, and no Sulta [the Palestinian authority] could help us fight the Jews—they have America with them . . . and we have nobody. . . . No Arab country is interested in us so the only way is to pray, educate our kids, educate ourselves . . . and maybe one day we will be saved from this *dhull* [humiliation]. They took everything from us, our land, homes, children, lives, but they can't take our love for God or our education. . . . I do believe that this is the only way to be saved.

Thus, despite the orientalist assumption that women can be positioned only as victims within Islam, the participants' narratives show that faith and religiosity function as a shield for them. They reveal how women's participation in religious and cultural rituals helped them to cope with the loss of a loved one. (Further elaboration on such approaches regarding women can be found in Edward Said's book *Orientalism* [1978] and in Lila Abu-Lughod's writings [e.g., 1990, 1998].)

Just as they used the mosques in their villages and camps to create ways to enable a better future, the women were highly inventive in finding other means of support. They often had to seek legal aid for the imprisoned, social help if they needed to leave their children unattended, and even medical aid when family members were sick and the frequent roadblocks kept them from reaching a doctor. In the face of these continuing challenges, the women's ability to create and improvise ways of coping was nothing short of incredible. The group therapy allowed them to examine their coping strategies in a positive and appreciative manner. Each shared her own way of handling day-to-day hardships, including lack of water, electricity, and medicine, as well as the daily fear of losing another loved one. Instead of crippling them, their continuous worry and fear made them active and involved agents in their efforts to keep living.

In the group's search for better coping strategies, one mother shared her particularly controversial story, clearly revealing how women create their own survival tools. This woman explained that, during one of the Israeli night raids of her house, her husband was viciously beaten, arrested, and later imprisoned. The violence of the raid traumatized her children and, particularly, her 7-year-old daughter, who suffered hysterical paralysis. This woman devised a way to smuggle a cellular phone into the prison, believing that her children, especially the 7-year-old girl, should hear their father's voice. She hoped that it would make the daughter feel better and enable her to walk again. The mother took her 8-year-old son with her to the prison. By hiding the phone in his rectum, she managed to get it to her husband. The boy felt proud that

he successfully smuggled the phone, making it possible for his sister to talk to her father.

This action was criticized by many other participants. They verbally attacked the mother, telling her she had made a huge mistake by placing her young child in such a dangerous situation. They insisted that he could have been badly beaten and even killed if the Israeli security forces had discovered her actions. The discussion became very heated, and she replied with emotion:

I know that you are right in your criticism, but I didn't create this situation. . . . [The daughter] was very sick, she was unable to walk after the arrest of her father. The doctor said that it is a *khofe'eh* [sudden fear], because they came to the house in the middle of the night while she was asleep, and she saw them hitting me, her father, and her uncle. . . . I thought if she hears his voice, she will feel better. It took 2 months, but she ended up walking again. He—my husband—will be in jail forever, but she needs to walk. . . . I am the only one who knows the kind of hardship I went through. For I feel that I helped [my daughter], but maybe caused *o'odeh* [a complex] to my other child. . . . He feels that he will save the family, the way he did the first time.

The group participants stopped blaming her and became worried, along with the mother, about the effect of the incident on the child. Together they started searching for new methods to help the mother cope with her feelings of guilt and to help her son handle his new sense of empowerment.

In one session, a mother told the group that singing lullabies was one of the most effective methods for calming her children and herself. She even made up the words of these lullabies but feared singing them every night. Her in-laws, who lived in the same house, accused her of enjoying her husband's incarceration, since she had been so indulgent in her singing. She was beginning to think she should stop singing. The group felt it was unfair to prevent her from singing her lullabies, especially after hearing her themselves. In one of her songs, she sang, "I will return the colors to the world." This particularly moved the group, which decided to visit her in-laws and to discuss the issue of her songs with them. She was later happy to inform the group that her lullabies were now blessed by the extended family.

By facilitating the move from pain and powerlessness to ownership and strength, the therapy effectively encouraged participants to move forward and recognize their own agency to improve the present circumstances. The therapist showed how the mosque, the lullabies, and, indeed, every act that reflected a search for solutions to the ongoing trauma helped the women to feel better and to regain a sense of control over the uncontrollable.

### Using Wisdom to Build Tools for Survival

The last stage of therapy is rooted in the participants' agency and is designed to acknowledge existing coping tools while building new ones. The group dynamics enabled the women to share traumas and face difficult decisions, creating a bond that became a source of mutual comfort and recovery. Participants helped each other search for methods of relaxation and for room to vent their frustrations while trying to address each other's psychological needs.

Even before the therapy, these women were searching for methods to counter the daily financial hardships they endured. Participants shared these methods with each other in group sessions. Some, for example, planted vegetables in their fields. This not only put food on the table, it also proved a therapeutic means of venting anger and reducing stress, enabling some to get much-needed time outside the confining walls of their own houses. Women who lived in refugee camps, where space for such gardens was very limited or nonexistent, found other means of support. Some bought chickens for their eggs and even managed to start small businesses selling those eggs. Some women worked on embroidery at night, selling their creations to tourists or shops. With the imprisonment of their loved ones, other women became their family's sole breadwinner and were forced to work outside the home. These mothers needed someone to watch over their children, and child care was another source of income among participants.

In spite of these efforts to meet their own psychological and economic needs, as well as those of their families, most participants also became highly active in organizations that provided for the families of political prisoners. Some group members participated in activities that gave them a chance to publicly share the ordeals they suffered as a result of the imprisonment of a loved one. For example, one young girl (16 years old), who had felt totally disempowered and hopeless just after her father's arrest, started participating in meetings to educate families of such prisoners as to their rights. The therapy sessions opened up a new world for her and made her engage in human rights, as well as in social and political activism.

As the group sessions continued, the web of relationships became a source of energy that generated new tools to cope with the continuing trauma of their lives. The group became a network of links, and this network was gradually transformed and internalized by the women. The transformation created a sense of family for these groups. It helped women to free themselves from paralysis in their attempts to reconstruct what had been destroyed.

The power of the group bonds is poignantly expressed by the words of a young woman. She was newly married and pregnant; her husband was imprisoned shortly after the wedding. She was to have her baby a

few weeks after group therapy would end. At one of the last sessions, she was asked how she would cope with her first baby without her husband. In response, she described the group as “*izwiti*” (group identity based on an extended family within a collective society).<sup>3</sup> In the final stages of the project, it was apparent to all participants that, despite all the hardships they endured, everyone managed in various ways to help themselves and other family members to cope as well as survive.

A few weeks before the end of the sessions, one participant died of lung cancer. Coping with her death was difficult for the members of her group, but it also served as a springboard by which the women could view the death as part of the group’s common history. By utilizing the wisdom of coping, by moving on, by focusing on the living, and by historicizing and acknowledging pain, the group’s identity and language were solidified. Thus “crying at night and dancing and singing during the day to make life easier,” the group celebrated the woman’s power despite her absence; she helped the group to create new modes of coping.

One of the stories that deeply affected the group was shared by a mother from a refugee camp. Throughout the sessions, she repeatedly told the group that she would soon know her son’s sentence and how many years the authorities intended to keep him in jail. Again and again, she explained how much she paid to hire a very prominent lawyer, selling all the gold she had received on her wedding day and a piece of land that her father had bequeathed to her. When he was sentenced to three life terms, she said,

I went to court to hear the final verdict and punishment for my son. I saw him coming in. He looked so nice, tall, with very wide shoulders. I was afraid to look him in the eyes, because I know that if the judge saw me, he might give him a harsher sentence. So I decided to sit, and not move, and pray for a good verdict.

When the judge started reading [his verdict], my heart was beating so fast. I was sure that this is the end, for it is very hard to live with such uncertainty. I looked at the lawyer’s face; she looked very angry and pale. I asked her to translate the verdict for me, and she told me that he got three life sentences. Three life sentences. . . . It was too shocking and too much for me. I wasn’t sure I heard her right, so I looked at my son’s face, and he was sad, very sad. Those wide shoulders went down. He looked so depressed. I looked at my husband’s face . . . he had tears on his cheeks. I looked at the judge’s face, and he seemed so happy deciding the destiny of my child. Then I looked at my son again and I told him, “*Irfa’a rasak ya marfue il rasi*” [Raise your head whose head has always been raised high and proud]. I kept ululating, smiling to my son, and telling him to stay happy. The people around me did not like it, they wanted me to look sad, cry, tear at my clothes. The judge wanted to break my son’s heart . . . but no . . . I made him laugh . . . I made him smile and cry . . . but I made him feel proud of himself, for he was imprisoned for a just cause . . . and one day *Fi Allah bunsur il mathlum* [God will make justice for the oppressed].

After this mother told her story, the group was asked whether it could see the power in ululating and whether participants thought it could be a source of power. This process of sharing survival strategies was part of a larger search for more empowering techniques to cope with the harsh realities of their lives. The events helped to build solidarity and support, not just for specific participants but for the group as a whole. The abilities to acknowledge the power inside them, to seek psychological release, and to find social alliance, including the support of other women, provided new strength that remained with these women after the group meetings ceased. The women stated that the group sessions freed them from themselves, for they had been very hard on themselves, and allowed them to move ahead in planning their lives. One participant explained, "I needed *rahat il bal* [peace of mind] to feel better about myself and be able to contribute to my surroundings. Today, I feel free despite being imprisoned in the camp."

The therapist's most important role in this final phase of therapy was to shed light on the women's resources, showing them the power that underlies simple acts like ululation and the wisdom behind choosing such coping tools. By encouraging the group to look deep into their experiences while acknowledging the stress, fear, and anxiety raised by their traumas, the therapist helped them to recognize the worth of their ways of knowing, acting, reacting, protecting, and loving. In the lives of these women, such coping strategies brought a value that could never be taken from them. Participants came to see that, in stark contrast to the unstable political conditions on the outside, their inner power could never be raided, confiscated, or imprisoned.

## Discussion

Within the context of continuous and recurrent trauma, the main therapeutic method offered in this intervention consisted of in-depth group analysis of the women's own narratives. This method was designed to empower participants by enabling them to recognize their own agency. With the imprisonment of family members, most of these women lost what little power they had. Initially, participants felt guilty about their inability to prevent such imprisonment and their failure to hold the family together. As a result of the voice therapy, these feelings were mitigated by the knowledge that participants were imprisoned within the ongoing dynamics of what they perceived as a just struggle and that each was doing her utmost. Eventually, balancing the conflicting feelings of shame, blame, pride, and contentment gave participants confidence and power. By allowing them to voice their stories, to share them in a protective milieu, and then to evaluate them, the therapy often unearthed buried pain. But such efforts also helped the women move away from the trauma, taking eventual ownership and responsibility for their

experiences. Ultimately participants used that sense of ownership and the acknowledgment of their own inner agency as means to survive.

In many ways, any knowledge gained was already infiltrated by fears of further oppression. Remarkably, however, the women used such fears to their own advantage. Fear led them to search for new shelters, whether momentary, metaphorical, or material: the field, the mosque, embroidery, singing, writing, working, receiving an education. All constituted shelters in which participants could dwell. The women came to realize that they were not only recipients of officially sanctioned knowledge or of the male word; they were creators of both knowledge and discrete value systems.

Most of all, voice therapy raised the critically important issue of personal responsibility. The countless tools of survival that were created, invented, and used by the women show that accepting personal responsibility is crucial for Palestinian women in transforming their fears, pain, and agony into power (see also Ghoussoub 1998). The therapeutic intervention reveals how problems can serve as a catalyst, opening new paths and creating more effective coping tools. Throughout the process, participants were guided to discover and acknowledge their own abilities to resist oppression, to always find a way to survive, to find sources of income, to work for minimal remuneration, to find free legal advice, and to cook for, hug, and love their children when that, as one stated, "is the last source of power I have."

No magic solutions were offered or sought; participants and the therapist knew very well that the situation is out of their control: Masters only of their own reactions, emotions, and inner power, they could control little more than their ability to help, support, give, and enjoy the love and care of others. They used their love to fight abuse, torture, trauma, and oppression. The therapy helped them construct ways to gain ownership of the situation and create tools for survival.

In conjunction with previous group therapy with the mothers of Palestinian martyrs (Shalhoub-Kevorkian 2003), the results of the group therapy consolidated the theoretical and ethical initiatives for this proposed model of research. Participants acknowledged the pervasive sentiment that nothing will change, but in spite of this feeling, and from it, they found the power to resist suffering and search for hope.

The voices and narratives in this article prompt one to return to a primary question: in what ways can a mental health professional understand the effects of trauma through the lens of the client's socio-political, historical, and cultural contexts? Hearing such voices took the participants, and hopefully the reader, through the women's reflections on war, human suffering, moments of power, and moments of weakness.

The complex dynamics of the continuous trauma forced the group to concentrate inward, focusing on the group despite the political conflict and patriarchal constraints outside; our efforts required balance in

the face of total disequilibrium. Such a situation prompted the group to improvise and expand, discovering new spaces, such as the informal shelter of the mosque, in which to seek safety. Participants came to recognize the power that underlies singing, ululation, poetry, and lullabies. These discoveries increased the women's understanding and the group's strength.

Notwithstanding the division of therapy into four stages, it is important to state that the transition from overwhelming trauma to empowerment was never linear. Living in these politically conflicted areas made participants feel constantly trapped in the past and terrified of the future. As additional traumatic events took place, the groups constantly returned to the first stage, verbalizing more and more stories of pain. It was a continuous challenge to continually bring the women back to a place where they could recognize their power, assume ownership of the situation, and build coping tools for survival.

As therapist, the author faced not only the transference and countertransference issues that tend to arise in trauma therapy but also the women's calls to react to the dire events happening in their lives. Participants watched to see whether the therapist would be willing to take a stand against the constant injustice. I felt that acknowledging the sociopolitical injustice could raise feelings of powerlessness and despair among participants, while denying the sociopolitical situation could be seen by the women as an indication of my fear. My solution was to position myself as an opposer of injustice without engaging in political discussions, which could lead to intellectualization and displacement. I sought to guide group energies away from death and dying toward living and coping. At the same time, one of my methods for handling my personal difficulties with the situation was to engage in human rights advocacy programs and political actions to further explore the reality of trauma and oppression.

In attempting to understand the effect of oppression on women and in searching for emancipatory strategies, one finds that a new female topography is emerging. Such topography initiates the construction of a different road map through which these women may travel. With psychic and social processes that create oppositional movements, it reveals for us different sites of resistance. Such movements are particularly visible in the efforts of the women who are aligned with political prisoners. By creating a women's coalition, and by sharing oppressive experiences through dialogue, love, and continued support, these women have constructed alternative theories and practices for coping with continuous trauma and oppression.

From a more theoretical perspective, I hope that the methodology I designed to emancipate the silenced voice has created a bridge across chasms, both theoretical and material, enabling strategies for generating resistant knowledge. Developing voices within those formerly muted

enabled these women to speak to, against, and with power. This methodology reveals a mode of social action, agency, and activism within an extended discourse of love and care. As bell hooks (1994, 243) states, “Without an ethic of love shaping the direction of our political vision and our radical aspiration, we are often seduced, in one way or the other, into continued allegiance to systems of domination—imperialism, sexism, racism, classism.” In the Palestinian context, it was necessary to create alternative means of understanding how to effectively prevent victimization under such unbearable conditions. This is achieved by acknowledging women’s frontline power and agency.

Palestinian women, who continue to suffer during the process of liberation, face more struggles, including those for acknowledgment of their pain and for the hope of not having to endure more of the same pain. Ultimately, they must each write their own scripts and plot their continuing survival from moment to moment. It is a profound tribute to feminist resourcefulness and tenacity that the feminist voices in areas of political conflict continue to survive in life, in mind, and in their words. The quest for new vocabularies can help to decolonize imaginations, creating innovative strategies, and maybe, if we indeed learn our lesson, to prevent the repetition of such horrors.

## References

- Abdo, Nahla. 1994. “Nationalism and Feminism: Palestinian Women and the Intifada: No Going Back?” 148–70 in *Gender and National Identity: Women and Politics in Muslim Societies*, edited by Valentine M. Moghadam. London: Zed.
- Abdo, Nahla, and Ronit Lentin, eds. 2002. *Women and the Politics of Military Confrontation: Palestinian and Israeli Gendered Narratives of Dislocation*. Oxford: Berghahn.
- Abu-Lughod, Lila. 1990. “Can There Be a Feminist Ethnography?” *Women and Performance* 5 (9): 7–27.
- . ed. 1998. *Remaking Women: Feminism and Modernity in the Middle East*. Princeton, NJ: Princeton University Press.
- Abu Nassr, Julinda. 1996. “The Effects of War on Women in Lebanon.” 95–99 in *Arab Women: Between Defiance and Restraint*, edited by Suha Sabbagh. New York: Olive Branch.
- Afana, Abdel-Hamid, Steffen Odd Dalgard, Espen Bjertness, Berthold Grunfeld, and Edvard Hauff. 2002. “The Prevalence and Associated Socio-Demographic Variables of Post-traumatic Stress Disorder among Patients Attending Primary Health Care Centers in the Gaza Strip.” *Journal of Refugee Studies* 15 (3): 283–95.
- Baker, Ahmad M., and Nadera Shalhoub-Kevorkian. 1995. “Differential Effects of Trauma on Spouses of Traumatized Households.” *Journal of Traumatic Stress* 8 (1): 61–74.
- Cook, Miriam. 1998. *War’s Other Voices: Women Writers on the Lebanese Civil War*. London: Cambridge University Press.
- Elbedour, Salman, Ahmad M. Baker, Nadera Shalhoub-Kevorkian, Martin Irwin, and R. H. Belmaker. 1999. “Psychological Responses in Family Members after the Hebron Massacre.” *Depression and Anxiety* 9 (1): 27–31.
- Farhood, Leila. 1999. “War, Trauma, and Women: Predisposition and Vulnerability to Adverse Psychological Health Outcomes.” 259–71 in Shehadeh, ed.
- Ghousseub, Mai. 1998. *Leaving Beirut: Women and the Wars Within*. London: Saqi.
- Holt, Maria. 1996. “Palestinian Women and the Intifada: An Exploration of Images and Realities.” 186–203 in *Women and Politics in the Third World*, edited by Haleh Afshar. New York: Routledge.
- hooks, bell. 1994. *Outlaw Culture: Resisting Representations*. New York: Routledge.

- Karam, Elie G. 1999. "Women and the Lebanon Wars: Depression and Post-traumatic Stress Disorder." 272–81 in Shehadeh, ed.
- Makdisi, Jean Said. 1991. "Post-war, Pre-what?" *Women's Review of Books* 8 (10–11): 8–9.
- Mojab, Shahrazad. 1997. "Women and the Gulf War: A Critique of Feminist Responses." 59–82 in *Spoils of War: Women of Color, Cultures, and Revolutions*, edited by Denean Sharpley-Whiting and Renée T. White. New York: Rowman & Littlefield.
- Mrsevic, Zorica. 2001. "The Opposite of War Is Not Peace—It Is Creativity." 41–56 in Waller and Rycenga, eds.
- Peteet, Julie. 1997. "Icons and Militants: Mothering in the Danger Zone." *Signs: Journal of Women in Culture and Society* 23 (1): 103–29.
- Roth, Eugene F., Jr., Inge Lunde, Gudrun Boysen, and Inge Kemp Genefke. 1987. "Torture and Its Treatment." *American Journal of Public Health* 77 (11): 1404–6.
- Roth, Susan, Elana Newman, David Pelcovitz, Bessel van der Kolk, and Francine S. Mandel. 1997. "Complex PTSD in Victims Exposed to Sexual and Physical Abuse: Results from the DSM-IV Field Trial for Posttraumatic Stress Disorder." *Journal of Traumatic Stress* 10 (4): 539–55.
- Said, Edward W. 1978. *Orientalism*. London: Routledge & Kegan Paul.
- Schulze, Kirsten. 1998. "Communal Violence, Civil War, and Foreign Occupation: Women in Lebanon." 150–69 in *Women, Ethnicity, and Nationalism: The Politics of Transition*, edited by Rick Wilford and Robert Miller. London: Routledge.
- Shalhoub-Kevorkian, Nadera. 1998. "Crime of War, Culture, and Children's Rights: The Case Study of Female Palestinian Detainees under Israeli Military Occupation." 228–48 in *Children's Rights and Traditional Values*, edited by Gillian Douglas and Leslie Sebba. Brookfield, MA: Ashgate/Dartmouth.
- . 2001. "Using the Dialogue Tent to Break Mental Chains: Listening and Being Heard." *Social Service Review* 75 (1): 135–50.
- . 2002. "Femicide and the Palestinian Criminal Justice System: Seeds of Change in the Context of State Building?" *Law and Society Review* 36 (3): 577–605.
- . 2003. "Liberating Voices: The Political Implications of Palestinian Mothers Narrating Their Loss." *Women's Studies International Forum* 26 (5): 391–407.
- . 2004. "The Hidden Casualties of War: Palestinian Women and the Second Intifada." *Indigenous Peoples' Journal of Law, Culture and Resistance* 1 (1): 67–82.
- Shehadeh, Lamia Rustum, ed. 1999. *Women and War in Lebanon*. Gainesville: University Press of Florida.
- van der Kolk, Bessel, Susan Roth, and David Pelcovitz. 1992. *Field Trials for DSM-IV Post-traumatic Stress Disorder: II, Disorder of Extreme Stress*. Washington, DC: American Psychiatric Association.
- Waller, Marguerite, and Jennifer Rycenga, eds. 2001. *Frontline Feminisms: Women, War, and Resistance*. New York: Routledge.

## Notes

This study was funded by the Jerusalem Center for Women. The author would like to thank all the women who shared their ordeals with her, Odette Hanna for her constant help and support, Amneh Badran for making this project possible, and finally Helene Hogri and Shantanu Duttahmed for their editorial work.

1. The author defines "martyr" in the context of the intifada—the Palestinian resistance to occupation—as any and every person who falls, dies, or is being killed as a result of the Israeli occupation. This person could be a girl killed while playing in her house or a woman who dies during delivery because the Israeli occupation does not permit her to reach a hospital. It could be a stone thrower, a member of the resistance movement, or an ambulance driver shot while on duty. Thus, the act of martyrdom—*shahada*—carries an expanded meaning of national victimization (and religious sacrifice). For more details, see Shalhoub-Kevorkian (2003, 2004).

2. In order to protect the confidentiality of study participants, the names of interviewees, interview dates, and interview locations are not specified.

3. It should be mentioned that this group identity offers moral, social, and financial support to individuals in collective societies.