Coping of Palestinian women with trauma and loss due to War on Gaza

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Abstract

Aim: The aim of the study was to investigate the effect of trauma including loss of home due to demolition and beloved one on Palestinians women mental health and coping strategies.

Methodology:

Subjects: The study sample consisted of 176 women from total number of 180 women with response rate of 97.7%. The age of women ranged from 18-65 with mean age 40.42 years.

Instruments: The study used self-reported questionnaire including Demographic questionnaire, General Health Questionnaire (GHQ-28), and Ways of coping

Results: The study showed that 68% of the women said that they feel worse to very worse in their general health. 60.7% said they felt ill more than usual, 75% said that had difficulty in staying asleep, 71.1% had headache, 84.8% felt constantly under strain, 86.1% were getting edgy and bad tempered, 70.2% getting scared or panicky for no good reason, 87.4% found everything getting on top of them, 75.7% been feeling nervous and strung-up all the time. 51.5% said they had been satisfied with the way they have carried out their tasks. Using the previous cut-off point of the GHQ-28 (4/5), the result showed that 91.1% of women were rated as psychiatric morbidity cases and need further investigation, while 8.9% were not.

Women used different ways of coping. The most common ways of coping items used by women were : I wished that stressful situation finished quickly (73.7%), I tried to forget the stressful events (52.9%), I wished there miracle had happened (52.3%), I know what to do so I increased my efforts to cope with the situation (50.9%), I promised myself that things will be better next time (48.9%), and I asked advice from people I respect (48%). While the least common ways of coping items were: I slept more hours than usual (11.5%) and I realized that I make problem for myself (9.7%). The study showed that mean ways of coping scores was 125.25, mean reinterpretation was 27.04, mean self control was 20.75, mean wishful thinking was 20.38, mean problem solving was 16.83, mean affiliation was 14.79, mean accountability was 13.85, and mean trouble and escape was 11.18.

Conclusion: This study showed that Palestinian women experienced variety of traumatic events ranged from exposure to shooting, shelling of their homes, witnessing killing of close relatives, being detained at their homes and prevent from leaving their homes, internal displacement, home and land destruction, and losing their homes. Those traumatic events increased women suffering and agony and lead to anxiety, depression, somatic and social dysfunctional symptoms. However, those women were continued to take care of their children and family in spite of devastating effect of war by using

Rreinterpretation, self control, and wishful thinking. Those findings highlight the need for establishing community mental health centers with such women in their area with well designed programs of individual, group, and

family therapy. Also there are needs for more psycho education for women and their husband on mental health issues and reactions to trauma and ways of dealing of feelings of hopelessness and helplessness by creating new small projects which may improve their families' socioeconomic situation and increased women self-esteem and self confidence. Also psychosocial programs must be established targeting children and husbands.

Also new programs for helping women in developing better coping skills must be established.

Key word: War on Gaza, Women mental Health, coping strategies

Introduction

Palestinian families, especially women are subject to all forms of trauma and stress in the last 6 decades. Studies on the relationship between psychological disorders and exposure to political and military violence showed that women are developing anxiety, psychosomatic, and depression symptoms which seem to be shared by most families who were subjected to political or military violence irrespective of their ethnic or cultural background. Studies including parents showed that high level of mental health problems were rated, in study of Thabet et al (2001) showed that 76.2% of mothers scored within the clinical range of general psychiatric morbidity which similar to recent studies in the same culture in which 75.5% were rated as psychiatric cases. Khamis (2006) in study of 64 Palestinian families from West Bank and Gaza Strip with mean age of participants was 48.6 years. The study revealed that 35% met full criteria pf PTSD diagnosis; this rate was higher in women than men (44. % vs. 26.1%). The study showed difference in PTSD, Jerusalemites had lower level of PTSD (20%) than those residents of West Bank and Gaza (31.3%, 47%). The results showed that West Bank residents reported more anger than Jerusalemites and Gazans. No significant differences among the groups on depression. Thabet et al (2008) in study of 200 families from North Gaza and East Gaza who had exposed to continuous shelling in 2006, the results showed that parents reported a mean number of 8.5 traumatic events, 60% of parents had symptoms of potential clinical significance. Of PTSD, and 26.0% reported severe to very severe anxiety symptoms. Thabet et al, (2009a in Press) in study of women victims of abuse showed that 18% of women reported moderate to severe anxiety symptoms. Women who were single were more anxious than women who were married. No differences in reported anxiety were established between type of residence, family type, educational level and monthly income, 5.6% of those women reported moderate to severe depression symptoms.

On 27 December, the Israeli occupying forces conducted sudden and intensive air strikes on Gaza Strip. The attacks began at approximately 11:30 am and lasted for approximately three hours. These attacks destroyed most of the Gaza security offices including police stations. As a result, more than 230 Palestinians were killed and at least 770 we re injured including 100 in critical condition. This military operation continued for 23 days. As a result, 1320 Palestinians, including 446 children and 110 women and 108 elderly, were killed and 5320 others, including 1855 children and 795 women, were injured. This doesn't mean that the rest of the fatalities and injuries were engaged in hostilities, or that they are not innocent civilians. A large number of men and male youth were killed in their homes, in the presence of their families. its phases resulted in a mass destruction of private properties. At least 4,000 houses were totally destroyed and other 16,000 houses were partially damaged (Humanitarian Duty Report, 2008).

Thabet et al (2009b in Press) in study to establish the relationship between war traumatic experiences due to last war on Gaza on January 2009, PTSD, traumatic grief, death anxiety, and general mental health of 374 adults aged from 22 to 65 years with mean age 40.13. The study showed that 66.6 % of the sample reported PTSD and 90.9% were rated as cases according to GHQ-28 and need further investigation.

The conceptual underpinnings of much of the recent empirical developments in the field of coping with stress can be traced to the work of Lazarus and his co-workers (Lazarus & Folkman, 1984). These writers viewed the process of coping as comprised of two distinct phases: first of all; primary appraisal, which refers to a set of cognitions concerning the significance or impact of the stressful event for the individual, and secondary appraisal, which refers to a set of cognitions regarding the availability of resources or options (e.g., coping skills) for dealing with the stressful situation. Billings & Moos, (1981) viewed coping dimensions as comprised of two separate classes, namely, emotion-focused (i.e., efforts directed at affect regulation) and problem-focused (i.e., strategies directed at minimizing or solving the impact of the stressful event) coping.

Earlier research suggests that exposure to severe and uncontrollable trauma, especially combined with feelings of helplessness, is related to emotion-focused and distancing coping strategies, whereas trauma allowing greater degrees of control is associated with problem-focused coping (Mikulincer, Florian, & Weller, 1993; Mikulincer & Solomon, 1989). In emotion-focused coping, people attempt to manipulate their feelings, perceptions, and attributes to be less threatening and more controllable. In problem-focused coping, people aim at changing the distressing reality and remove the cause of stress and trauma (Folkman & Lazarus, 1985; Skinner, Edge, Altman, & Sherwood, 2003). Lazarus and Folkman's (1984) theory of coping suggests it is a highly contextual process involving the cognitive appraisal and re-appraisal of threats and whether anything can be done to change the situation. Their model hypothesizes that coping strategies may change from one stage of a complex stressful encounter to another, making measurement difficult.

The aim of the study was to investigate the effect of trauma including loss of home due to demolition and beloved one on Palestinians women mental health and coping strategies.

Methodology

Subjects

The study sample consisted of 176 women from total number of 180 women who were exposed directly to war experiences and lost their homes with response rate of 97.7%. According to place of residence, 16.5% were from Tal El Hawa, 15.9% were from Shekh Ejlien (Gaza city), 34.1% were Joher El Deek (Middle area), 16.5% from Atatra, and 17% were from Thwam (north Gaza).

Instruments

Demographic questionnaire

Demographic information about the participants was obtained using a survey developed by the authors. This questionnaire includes sex, age, number of children, and education level.

General Health Questionnaire (GHQ-28) Goldberg, J.P., Hillier, V.F. (1979).

Women maternal mental health ratings were based on the General Health Questionnaire (GHQ-28). It covers severe depression and suicidal risk, anxiety and insomnia, social dysfunction, and somatic symptoms (59). Emphasis is on changes in condition, so items compare the present mental state to the person's normal mental health status. GHQ-28 scores above the cut-off of 4/5 are considered to be possible psychiatric 'cases' (Kent et al, 1999). This scale had been validated in Arabic culture and showed reliability and validity. The internal consistency of the scale calculated using Cronbach's alpha, was α=0.91 and split half was 0.88 (Thabet et al, 2005). In this study the Cronbach's alpha was α=0.88 and split half was 0.74.

Ways of coping (Folkman et al, 1986)

The revised Ways of Coping (Folkman & Lazarus, 1985) differs from the original Ways of Coping Checklist (Folkman & Lazarus, 1980) in several ways. The response format in the original version was Yes/No; on the revised version the subject responds on a 4-point Likert scale (0 = does not apply and/or not used; 3 = used a great deal). Redundant and unclear items were deleted or reworded, and several items, such as prayer, were added.

The Way of Coping that used in this study shortened to 44 items divided in 7 subscales as follow: Wish and avoidance thinking including the following items (3, 11, 19, 21, 34, 39, 42), problem solving including the following items (7, 12, 15, 23, 43, 44), reinterpretation including the following items (5, 8, 9, 16, 20, 31, 32, 38, 40), affiliation including the following items (1,17,24,30,33), accountability including the following items (2, 10,18, 26, 41), self control including the following items (6, 13, 14, 22, 28, 35, 37), trouble and escape including the following items (4,25,27,29,36).

The validity of this scale was tested before in study by Folkman et al (1986) among community sample of people and showed their alphas independently as follow; confronting coping (alpha= 0.70); Distancing (alpha =0.61); self-controlling (alpha=0.70); seeking social support (alpha=0.76); accepting responsibility (alpha= 0.66); escape and avoidance (alpha=0.72); planful problems solving (alpha=0.68); and positive reappraisal (alpha=0.79). The eight scales accounted for 46.2% of the variance. In this study the (alpha=0.72). In this study the Cronbach's alpha was α=0.80 and split half was 0.70.

Procedure

In order to select the sample, the project coordinator obtained a list of 180 women (60 from each location). The names were obtained from local community base organizations and municipalities and included women who were more affected by war due to direct exposure to traumatic events and as a result they lost partially or completely their homes, some on them lost husband, brother or a son. A Team of three psychologists were trained for 4 hours on using the study instruments and were ready to do the data collection. Women were contacted by telephone to be part of the project which will involve settings of debriefing, psychoeducation, legal advice, ways of coping with stress and trauma, children rearing, leadership, and vocational training. The data collection was divided in two parts, the first include focus group of 20-30 women from each side and themes of the discussion include loss, grief, and reactions to trauma, coping with trauma, feelings after the war, social and family support, and children behaviour during and after war. In the next session women were interviewed using the instruments with written consent to participate in the study and only women signed the consent were interviewed and included in the project. The data collection was conducted at the first week of April for two weeks and data entry and clearing finished at the end of April 2009. The response rate was 97.7%.

Ethical issues

A covering letter was send to women explaining the aim of the baseline study and about their right not to participate in study and ask them to sign the letter if they agree to participate with their children in the study.

Analysis

SPSS (SPSS win, Ver. 12) was used for data entry and analysis and the validity and reliability of the instruments using split half method and Cronbach's alpha equation.

Frequency distribution was used in statistical analysis. Means and standard deviations of GHQ and subscales, and coping scores were recorded. For qualitative data such as structured interviews with women were be analyzed manually by the consultant depending in his previous experiences in similar research. The main themes emerged will be listed and discussed.

Results

Socideomographic characteristics of the study sample

The study sample consisted of 176 women from total number of 180 women with response rate of 97.7%. According to place of residence, 16.5% were from Tal El Hawa, 15.9% were from Shekh Ejlien (Gaza city), 34.1% were Joher El Deek (Middle area), 16.5% from Atatra, and 17% were from Thwam (north Gaza). The age of women ranged from 18-65 with mean age 40.42 (SD= 11.47). According to house type, 67.6% live in their own house, 22.7% rented a house, 3.4% live in camp area, and 6.3% live with extended family. According to number of children in each family, 24.4% had Less than 4 children, 42% had 5-7 children, and 29.5% had more than 8 children. The study showed that those families are coming from poor sector of the Palestinian society, 88.1% had less than 300$ monthly income, 6.8% had 301-600$ monthly, and 5.1% had 601-750 $ monthly.

Table 1: Socideomographic characteristics of the study sample (N= 176)

	No.	%
1. Place of residence		
Tal El Hawa (South	29	16.5
Shekh Ejlien (South	28	15.9
Joher Eldeek (Middle	60	34.1
Atatra (North Gaza)	29	16.5
Thwam (North Gaza)	30	17.0
2. Age	Mean = 40.42 (SD	
3. House type		

Own	119	67.6
Rented	40	22.7
Camp	6	3.4
With family	11	6.3
4. Number of children		
Less than 4 children	43	24.4
5-7 children	74	42.0
More than 8 children	52	29.5
5. Family monthly		
Less than 300 US $	155	88.1
301-600 US $	12	6.8
601-750 US $	9	5.1
6. Husband education		
Not educated	22	12.5
Preliminary	57	32.4
Primary	47	26.7
Secondary	36	20.5
Diploma	4	2.3
University	9	5.1
High education	1	0.6
7. Job of husband		
No working	113	64.2
Simple worker	34	19.3
Skilled worker	13	7.4
Employee	9	5.1
Merchant	3	1.7
Others	4	2.3
8. Women education	176	100.0
Not educated	50	28.4
Preliminary	20	11.4
Primary	43	24.4
Secondary	53	30.1
Diploma	4	2.3
University	6	3.4
9. Women's job		
House wife	170	96.6
Employee	4	2.3
Farmer	1	0.6
Merchant	1	0.6

Psychological symptoms of women using GHQ-28

As shown in table 2, 68% of the women said that their feelings were worse to very worse in their general health. 60.7% said they felt ill more than usual, 75% said that had difficulty in staying asleep, 71.1% had headache, 84.8% felt constantly under strain, 86.1% were getting edgy and bad tempered, 70.2% getting scared or panicky for no good reason, 87.4% found every thing getting on top of them, 75.7% been feeling nervous and strung-up all the time. 51.5% said they had been satisfied with the way they have carried out their tasks.

In looking to depression symptoms, 40.1% said that found themselves wishing they were dead and away from it all much more than usual and only 9.2% had suicidal idea.

Table 2: Psychological symptoms according to GHQ-28

	1	**2**	**3**	**4**
	Better than before	As usual	Worse than before	More worse than before
A1. Been feeling perfectly well and in good health?	4.7	4.7	54.4	14.0
	No	Less than usual	More than usual	Much more than usual
A2. Been feeling the need of a good tonic?	0.6	24.6	9.9	51.5
A3. Been feeling run down and out of sorts?	8.9	13.6	53.8	23.7
A4. Felt that you are ill?	0.6	24.1	12.9	48.8
A5. Been getting any pains in your head?	14.4	13.8	51.7	20.1
A6. Been getting a feeling of tightness or pressure in your head?	19.3	13.5	46.8	20.5
A7. Been having hot or cold spells?	30.3	16.0	38.3	14.9
B1. Lost much sleep over worry?	15.4	21.7	38.3	24.6
B2. Had difficulty staying a sleep once you are off?	12.2	12.2	42.4	32.6
B3. Felt constantly under strain?	6.4	8.8	46.8	38.0
B4. Been getting edgy and bad-tempered?	5.8	8.1	44.8	41.3
B5. Been getting scared or panicky for no good reason?	24.4	5.4	45.8	24.4
B6. Found every thing getting on top of you?	4.6	8.0	39.1	48.3
B7. Been feeling nervous and strung-up all the time?	14.2	10.1	46.7	29.0
D1. Been thinking of yourself as a worthless person?	35.6	23.6	27.6	13.2

D2. Felt that life is entirely hopeless?	31.8	9.8	29.5	28.9
D3. Felt that life isn't worth living?	30.9	20.6	24.2	24.2
D5. Found at times you couldn't do anything because your nerves were too bad?	8.6	14.9	40.6	36.0
D6. Found yourself wishing you were dead and away from it all?	52.3	7.6	24.4	15.7
	More than usual	As usual	Less than usual	Much less than usual
C1. Been managing to keep yourself busy and occupied?	22.0	31.8	27.7	18.5
	Faster than usual	As usual	Less than usual	Much less than usual
C2. Been taking longer over the things you do?	11.6	27.7	34.7	26.0
	Satisfied	As usual	Satisfied less than usual	Satisfied much less than before
C4. Been satisfied with the way you 12.7	35.8	32.4	19.1	
	More than usual	As usual	Less than usual	Much less than usual
C3. Felt on the whole you were doing things well?	23.8	15.1	50.6	10.5
C5. Felt that you are playing a useful part in things?	14.3	39.4	31.4	14.9
C6. Felt capable of making decisions about things?	10.9	35.6	37.9	15.5
C7. Been able to enjoy your normal day-to-day activities?	5.2	27.2	43.9	23.7
	Never	I don't think	Come to my mind	Certainly
D4. Thought of the possibility that you might make away with yourself?	17.2	13.6	27.2	41.4
	Never	I don't think	More than usual	Much more than usual
D7. Found the idea of taking your own life kept coming into your mind?	69.0	21.3	6.9	2.3

Means and standard deviation of the GHQ-28

The study showed than mean GHQ-28 was 16.86 (SD = 6.91), somatization mean was 5.37 (SD = 2.13), anxiety mean was 4.59 (SD = 2.35), social dysfunction mean was 3.82 (SD = 2.28), and depression mean was 3.39 (SD = 2.11).

Table 3: Means and standard deviation of the GHQ-28

	N	Min	Max	Mean	SD
Total GHQ	158	0	28	16.86	6.9
Anxiety	176	0	12	4.59	2.3
Somatization	171	0	12	5.37	2.1
Social	172	0	7	3.82	2.2
Depression	165	0	12	3.39	2.1

Prevalence of mental health problems

Using the previous cut-off point of the GHQ-28 (4/5), the result showed that 91.1% were rated as psychiatric morbidity cases and need further investigation, while 8.9% were not cases.

Table 4: Psychiatric cases according to GHQ-28

	No.	%
Non psychiatric	14	8.9
Psychiatric morbidity	144	91.1
Total	158	100.0

Coping with trauma

Ways of coping items

As shown in table 5, the most common ways of coping items used by women were : I wished that stressful situation finished quickly (73.7%), I tried to forget the stressful events (52.9%), I wished there miracle had happened (52.3%), I know what to do so I increased my efforts to cope with the situation (50.9%), I promised my self that things will be better next time (48.9%), and I asked advice from people I respect (48%). While the least common ways of coping items were: I slept more hours than usual (11.5%) and I realized that I make problem for my self (9.7%).

Table 5:Ways of coping items

	Never	Rarely	Some-times	Always
I wished that stressful situation finished quickly	5.7	8.0	12.6	73.7
I tried to forget the stressful events	15.7	7.6	23.8	52.9
wished there miracle had happened	16.7	9.2	21.8	52.3
I know what to do so I increased my efforts to cope with the situation	6.4	13.9	28.9	50.9
I promised my self that things will be better next time	6.9	7.5	36.8	48.9
I asked advice from people I respect	13.1	13.7	25.1	48.0
I slept more hours than usual	53.4	19.0	16.1	11.5
I realized that I make problem for my self	40.0	34.9	15.4	9.7

Means and standard deviations of ways of coping scores

The study showed that mean ways of coping scores was 125.25 (SD = 18.33), mean reinterpretation was 27.04 (SD =5.96), mean self control was 20.75 (SD =3.90), mean wishful thinking was 20.38 (SD =5.59), mean problem solving was 16.83 (SD = 4.04), mean affiliation was 14.79 (SD =3.35), mean accountability was 13.85 (SD =2.53), and mean trouble and escape was 11.18 (SD =3.24)

Table 6:Means and standard deviation of the ways of coping scores

	N	Min.	Max.	Mean	SD
Total coping	141	67	194	125.2	18.3
Reinterpretation	166	12	69	27.04	5.96
Self control	170	9	28	20.75	3.90
Wishful thinking	167	8	59	20.38	5.59
Problem solving	167	7	24	16.83	4.04
Affiliation	169	5	20	14.79	3.35
Accountability	171	5	19	13.85	2.53
Trouble and escape	170	5	20	11.18	3.24

Discussion

This study is the first study done on the effect of war on women mental health and coping strategies after war on Gaza. The sample was selected from women who were exposed to war traumatic events during the war on Gaza which lasted 23 days and left them living mostly with relatives and in tents after their loss their homes.

Most of women experiences shelling of their homes, home demolition, directed injury to due shelling, phosphorus inhalation, escaping from homes and living in schools, unable to get the necessary needs to eat and drink during the war, witnessing the killing of relatives and neighbours, hearing shelling of the area, witnessing bombardment of their homes and neighbours homes, being used as human shields, shot by bullets and rockets.

Om Mazen from Joher Eldeek said

"When soldiers entered the area they start shooting and shelling the homes by tanks and heavy artillery. It was incredible they thought that we were died we escaped and went to the hospital. We were scared about our children and we watched the youth people killed in streets of the area. When we come back tour home we did not find any tree, our animals were buried in the ground, chickens were buried, and wood was buried".

Om Hany said

"For me I am still in shock and do not belief that it happened, I was afraid about my sons, our house is about 4 hectares full of olive oils and vegetables. The Bulldozer came and they destroyed all the four buildings of the house and we left the place and went to schools. The army throw phosphorus bomb inside the school. When we come back we didn't recognize the place, my grandson say the airplane is their (zanana) and run away. They destroyed the trees, killed and buried our birds and sheep's, and house.

Om Kamel from El Skekh Ejlein area said

" *during the war were big numbers in our home, we cannot sleep. All the days and nights there was sounds of shelling from the sea and from the tanks".*

Om Salman said

"We left our home and went to my brother in law home and during our escapes the sounds of shelling from the sea was very high and all the classes of our home fall down"

Om Raed said

" I lost my husband during this war and my home was completely destroyed. I was keeping my self for my children, but now I can not tolerate any more"

Om husam from Atatra said

"*I lost my child who was 12 years old.. We were at home and the Israeli army asked us to leave our home. They told us to go to schools.. We took our children and some blankets and went to UNRWA schools.. We did not take any clothes.. we stayed for 23 days and when we come back we did not found our home.. it was demolished and smashed with the ground and now we are living in a tent".*

Om Fouad said

"*The army throw pamphlets asking us to leave the area which near the border.. We did not move thinking that they are trying to make us anxious.. Then the airplane came and through phosphorus bombs and we stayed at our home and we slept inside the central hall and all night were exposed to shelling.. Next day I was preparing for lunch. I heard sound of explosion and when I went outside my home, I can not see because dust and smokes was all over the street someone said Mum come to me, when I came outside the door. I saw my son and six people lying on the street and his legs were not their. They took him to the hospital. And then they told me that he is dead.*

Om Osama from Thwam area said

"when the land incursion stated we stayed three days in our home.. then the airplane hit someone in the street.. I was with my husband and son and one shell hit our home. my husband was injured in front of me and they took him to the hospital"

Nabila said

"when the land incursion started we refused to leave our home and then our home was hit by a missile and fire was everywhere.. and we left our home and the airplane was firing on our home and my son told me do not go because the street is burning and fire is everywhere.. and we escaped and went to schools and stayed for twenty days.. when we come back we found that all the furniture was smashed, our money was lost, our computer was not their..

Feelings were worse to very worse in their general health. 60.7% said they felt ill more than usual, 75% said that had difficulty in staying asleep, 71.1% had headache, 84.8% felt constantly under strain, 86.1% were getting edgy and bad tempered, 70.2% getting *scared* or panicky for no good reason, 87.4% found every thing getting on top of them, 75.7% been feeling nervous and strung-up all the time. 51.5% said they had been satisfied with the way they have carried out their tasks. These feelings were reported in women during the focus groups sessions

Om Mazen from Joher Eldeek said

"When we hear the sound of the airplane we become panicky and irritable, after war we had fears of the coming war, uneasiness, sleep problems, the war destroyed our psych".

Om Ramy Joher Eldeek said

"*We are depressed and feel hopeless and helpless. I was pregnant and miscarriage during the war. Till now I can belief that this happened to me."*

Om Ramy from Shekh Ejlien said

"I am very terrified till now, I can not sleep or eat.. till now I had fears. I afraid to sleep in the room facing the see fearing that they will shell us from the sea as what happened during the war. I had pain all over my legs.

Om Mohammed said

"I am suffering of fears and forgetfulness. I put things and do not remember where I put it.. Everyday I had bad dreams of the war. I am thinking so much my Diabetes Mellitus become worse also the rheumatic pains increased after the war. "

Om Raed from Atatara area said

"my psych is broken.. I can not tolerate any more.. My memory is not good. I put things and forget where I put it, I can not sleep at night..I had pain in my hands and legs.. my chest is tight and my mind is busy all the time..

Om housam from Atatara area said

"After war all of us need treatment. My relation with my children changed.. I feel lumb in my throat.. I feel that something is missing".

Sabrin from Thwam area said

"When I lost my husband due to war, I had nervous breakdown and I had repeated fits and lost my conscious.. I am very dizzy most of the time and had fits when someone reminds me of the war".

Om salem said from Thwam area said

"All the time I had fears and can not sleep.. I become very nervous".

The study showed than mean GHQ-28 was 16.86, somatisation mean was 5.37, anxiety mean was 4.59, social dysfunction mean was 3.82, and depression mean was 3.39. Using the previous cut-off point of the GHQ-28, the result showed that 91.1% were rated as cases and need further investigation, while 8.9% were not cases. This study results consistent with our study of effect of war on 374 families from entire Gaza Strip two weeks after the war on Gaza in which mean GHQ-28 was 15.6, somatisation mean was 4.3, anxiety mean was 5, social dysfunction mean was 3.2, and depression mean was 3.2. Using the previous cut-off point of the GHQ-28 (4/5), the result showed that 90.9% were rated as cases and need further investigation, while 9.1% were not cases (Thabet et al, 2009 in Press). In this study, women mental health problems rated by GHQ was higher than the rate mental health problems rated by the same instrument by Cardozo et al (2000) who studied prevalence of psychiatric morbidity associated with the war in Kosovo, estimated mean total score based on a possible GHQ-28 questions was 11.1. Although we found that the GHQ-28 was well accepted and easy to administer, the interpretation of the results for prevalence estimates is not straightforward unless an optimal cut-off score is established for the specific population. Our results were higher than the rate of psychiatric caseseness found in study of survivor of the Piper Alpha oil platform disaster which took place on 6 July 1988, resulting in the deaths of 167 men and leaving 59 survivors. It involved the complete destruction above sea level of the platform at 193 km northeast of Aberdeen, a city in the Grampian region of Scotland. The study showed that after 10 years 44% of the traced survivors (16/36) scored above 4 in GHQ-28 (Hull et al 2002).

Our results showed that Palestinian women used reinterpretation, self control, and wishful thinking in coping with trauma resulted from War on Gaza. Om barra from Joher El Deek said

"The best thing we used to cope with war was to take care of our children and faith in God"

Om Alla said

"The first thing I used to cope with war effect was faith in Alla and not looking back and put goal in front of me".

This is consistent with previous studies in similar culture. For example, Halcon and colleagues (2004) found that between 50 and 75% of a sample of Somalian and Ethiopian refugees used prayer to relieve their sadness. In some cases, religious beliefs are linked to a style of coping that emphasizes 'enduring' the adversities of the present for the reward of a 'better future' (Colic-Peisker & Tilbury, 2003). In addition, religious beliefs are likely to assist individuals in adapting to life difficulties more broadly. Specifically, Brune et al. (2002) found that refugees who reported holding a firm belief system tended to also report higher educational achievement, better mastery of language and fewer symptoms of PTSD. Cognitive processes, in the form of interpretations and perceptions of oneself and one's situation, have also enabled individuals to cope with traumatic events (Vázquez, Cervellón, Pérez-Sales, Vidales, & Gaborit, 2005). These include refugees' attitudes toward their internal resources, such as taking a positive approach, identifying strengths, reinforcing the determination to cope and self-perception as a survivor rather than a victim (Gorman et al., 2003). Similarly, adaptive cognitive processing is expressed in being prepared for difficulties, talking about them, or living them

new meaning (Basoglu et al., 1997; Goodman, 2004). Positive cognition focusing on hope and aspirations for the future has been shown to help in overcoming psychological problems (Goodman, 2004). Punamäki (1990) argues, refugees exposed to extreme violence and conflict may adopt very active and purposive coping strategies such as becoming involved in political activities or confronting the opposing force in a conflict. Political and religious beliefs strengthen such involvements. By contrast, others may engage in passive and more ineffective cognitive strategies, such as avoidance, a failure to confront the trauma or a framing of the situation as out of one's control (Basoglu et al., 1997). Also our results consistent with Khawaja et al, 2008 study of 23 Sudanese refugees residing in Brisbane, Australia response to the extreme difficulties they experienced throughout the pre-migration period, refugees were able to identify several strategies that allowed them to cope: the use of religion, social support networks, reframing, and focusing on the future. The first and most commonly identified coping strategy was the use of religion. Refugees also reported that they gave up trying to deal with the situation and placed their fate in God. The second coping strategy, employed by almost half of the participants, was the use of social support networks. The third coping strategy participants used was a cognitive process of reframing the situation. Participants reported two major methods of reframing their personal evaluation of difficulties to allow successful adaptation. The first of these was a belief in their own inner strength. The second type of reframing was the normalization of traumatic experiences and resignation to whatever the future held. These participants reported that they became accustomed to living with their difficulties and adopted the attitude that everyone was in the same situation and there was nothing that could be done about it. Other described how refugee believed that their fate was in the hands of God and that, by maintaining their faith and prayer, their suffering would end through the intervention of God. Spirituality, expressed through prayer, was used to cope with the stress of the environment. Belief systems, political or religious, were of central importance in the lives of these possibly traumatized individuals and influenced the psychological and adaptational outcomes (Brune et al., 2002; Gorman et al., 2003).

These types of coping strategies used by Palestinian women in this study were different from other studies including similar stressful situation such as imprisonment in which strong ideological commitment and collective sharing of national aspirations explained political prisoners' endurance of not succumbing to passive, avoidant, and emotion-focused situational coping (Basoglu et al., 1996; Becker, 1997). Also this time the coping used by women was different from other studies among Palestinians which showed that, exposure to military violence increases rather than decreases active coping and political activity among children (Punamaki & Suleiman, 1989) and adults (Punamaki, 1986, 1988). Ideological commitment serves as a contextual resource for active coping responses; it provides the possibility of interpreting and attributing causes and consequences of trauma in meaningful, consoling and encouraging ways, sharing experiences and disclosing emotions with others, all contributing to empowerment and successful recovery (Punamaki et al, 2008).

Conclusion and recommendations

This study showed that Palestinian women experienced variety of traumatic events ranged from exposure to shooting, shelling of their homes, witnessing killing of close relatives, being detained at their homes and prevent from leaving their homes, internal displacement, home and land destruction, and losing their homes. Those traumatic events increased women suffering and agony and lead to anxiety, depression, somatic and social dysfunctional symptoms. However, those women were continued to take care of their children and family in spite of devastating effect of war by using reinterpretation, self control, and wishful thinking. Those findings highlight the need for establishing community mental health centers with such women in their area with well designed programs of individual, group, and family therapy. Also there are needs for more psychoeducation for women and their husband on mental health issues and reactions to trauma and ways of dealing of feelings of hopelessness and helplessness by creating new small projects which may improve their families' socioeconomic situation and increased women self-esteem and self confidence. Also psychosocial programs must be established targeting children and husbands.

Also new programs for helping women in developing better coping skills must be established.

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