

# Traumatic bereavement and the cycle of violence in the Middle East

## EDITOR'S NOTE

The two papers which follow show the problems faced by Arab and Jewish families bereaved by violence in Gaza and Jerusalem.

They are, perhaps, the most disturbing that we have published in a journal which is not afraid to confront the worst that life can bring.

We have two reasons for subjecting our readers to these painful stories: one is to show how special services for traumatically

bereaved people can mitigate some of their suffering, the other is to throw light on the cycle of violence which may result from and be perpetuated by violent bereavements.

Our readers are familiar with the rage to which grief can give rise but we are also aware that this natural anger can also be directed *against* further violence. The peace process in South Africa, Ireland and Rwanda has been supported by bereaved people and enabled cycles of violence to be broken. We

must ask what are the crucial factors which determine why one situation becomes self-perpetuating, perhaps over many generations, while another is not? What is it that enables mercy, reconciliation, tolerance, hope, and support for peace to take the place of cruelty, retaliation, intolerance, disillusionment, and sanction for vengeance? The editors will welcome further impartial correspondence on the issues raised by these important papers. *CMP*

## Crisis intervention in Gaza No more 'Ahlaam'



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**The Gaza Community Mental Health programme (GCMHP) was established as a non-governmental organisation in 1990 to provide mental health care for Palestinian people, based on a holistic community approach. In**

**2000, in response to the escalating violence, the GCMHP established a Crisis Intervention Project to offer a wide range of psychosocial services for victims, their families and the community at large.**

**T**he project provides emergency mental health services and trauma counselling through clinics distributed in four locations across the Gaza Strip. Its multi-disciplinary team includes two psychiatrists, a psychologist, social worker, child counsellor, mental health worker, two telephone counsellors and two psychiatric nurses. There is an on-going training programme in which the team attends workshops on a range of issues relating to crisis intervention and dealing with traumatised people. Project members also meet on a regular basis to talk through their experiences and have individual and group

supervision with a highly specialised psychiatrist, who is part of the programme.

The project's activities include

- immediate crisis intervention
- short term interventions, including school sessions for children and lectures for teachers
- telephone counselling
- training for school counsellors, health personnel and volunteers
- public awareness activities.

The team visits homes, schools, mosques and hospitals where there have been violent incidents and tries to help those affected to deal with their personal crisis. People are

encouraged to discharge bottled-up emotions so they can go through the natural bereavement process and avoid prolonged grief, regression, or even depression.

The operation of some of these services is illustrated by the experience of the family of Ahlaam, one of ten people killed when the Israeli army invaded Bureij refugee camp in central Gaza. The Arabic name 'Ahlaam' means hope for a better future.

The festival Eid Al Fitr marks the end of the month of Ramadan. It is a time for Palestinians when family members visit and give one another sweets. By the time the first day of Eid is over, homes are overflowing with sisters, aunts, daughters, buzzing with visitors, and the tide of guests continues till late in the evening. On this occasion, after everyone had gone home one mother, Ahlaam, gathered her children, Sayf, aged four; Badr, three, and eight-month-old Ro'a and, as she put them to bed, described the outing she had planned for them the next morning – a trip to a fun fair. She kissed them all goodnight and stayed with them until they fell asleep.

Then, her husband Mohammad told our counselling team, she joined him in the bedroom. He burst into tears: 'The second day of Eid never came', he cried. 'Ahlaam left and she will never return'. He collected himself and continued: 'This flat is the first place where we have been able to live independently. Our only concern has been to bring happiness into our children's lives. What really scared us was that our children might one day become orphans...'

His eyes again filled with tears; the counselling team listened, watching the children sitting almost motionless. 'I went through life as an orphan', he said. 'My father died when I was 14. I was the youngest child and I lost every sense of protection, security and love. Ahlaam also lost her mother when she was 13; she had five brothers and four sisters. The youngest was nine months old. Ahlaam was their mother, counsellor, father and older sister.'

A pause, and then Mohammed said, 'I must show you her blood and the place where the bullets came in'. In the bedroom of the fourth-floor apartment he pointed to two holes in the window. 'This is where murder entered. I awoke at two in the morning to the sound of gunfire and I roused Ahlaam. She went to check on the children, then returned to our room and started running frantically between the two rooms. Suddenly I heard her cry out, "Help me Mohammed, I've been hit". She fell down in the corridor with blood coming out of her mouth and spurting from her body. She had bullet wounds in her face, and in her side. A barrage of machine gun fire had been directed towards her. You can still see the marks on the walls of the house. I was dumbstruck. I ran around the apartment building crying "Ahlaam!" and trying to get help.

'We didn't have trouble getting her to the hospital because she was the first casualty in the camp. The army hadn't yet reached our street, so there were no soldiers to prevent ambulances from moving, as is usual in an incursion. While Ahlaam was being transferred to the hospital, she kept asking about the children, especially our eight-month-old daughter, Ro'a. She said she felt that she was dying and her children would have to live without her, making her greatest nightmare come true. I tried to calm her by telling her not to fear, that she would return to her children and take them to the fun fair and give them a good education as she had always wanted.

'Ahlaam had to be transferred to a hospital in Gaza city, 20 km away, because the operation she needed could only be performed there, but she had lost so much blood that she died upon entering the operating theatre. I just felt extremely thirsty and I couldn't breathe. Then I couldn't endure it any longer so I placed my head on my sister's shoulder and wept uncontrollably for ten minutes.

'We took her home. Her body was laid out in our bedroom. People came to offer condolences; everyone wanted to see her for the last time. I would burst into tears whenever anybody expressed sympathy. I still couldn't believe she was dead; here

she was sleeping on her bed. My younger son would clutch her feet saying, "Get up mama, all the kids have a mother, but you are dead and I don't have a mother any more". I couldn't stand it any longer; I went outside to cry. Then I went inside again to find consolation in reading the Koran.'

Ahlaam was carried to the mosque where the people of the refugee camp recited the funeral prayer and then proceeded to the cemetery. Ahlaam's eldest son Sayf followed his mother, trying to take her back, until someone finally sent him home. 'I carried her coffin all the way to the graveyard,' said Muhammad, 'and waited there with her coffin until the nine others who had been killed that day were buried. Then I stayed behind in the graveyard for another hour after the burial. I didn't want to go home. How could I go home and leave my wife there?'

'I returned home with feelings I cannot describe. I was left with my three young children who had just lost their mother. Their clothes were where she had left them the night before, still waiting for them to wear to the fun fair. Her blood was all over the place in our bedroom and the corridor. I couldn't think, I couldn't resist, and I just burst into tears.

'That night I felt grief, rage and exhaustion. I fell asleep in our bedroom with my sons beside me. The house without Ahlaam left me with a great emptiness. I would try to sleep, only to be jolted awake by nightmares. The children would ask repeatedly about their mother. One kept asking how she could leave them like that; he kept saying he would bring her home. I kept looking back at the course of my life, my memories, my losses and tragedies. I felt that the greatest of these tragedies was Ahlaam's death and the loss of my dreams.

'Ahlaam was a teacher and she considered her job a holy duty and used to say that even if we became millionaires, she wouldn't leave it because she was responsible for her students. They were grief-stricken when they heard the news of her killing; they felt they couldn't go to school without her there.'

In the days and weeks that followed, what added to the household's grief was the reaction of the younger son, Badr. He would cry himself to sleep, then awaken crying, 'I want Mama, I want Mama.'

During the project team's home visits we found him suffering from regression, wetting and defecating in bed. This continued for about four months. We advised the family on how they could help him and he is now able to control his

defecation but still suffers from involuntary urination.

Mohammed found it difficult to give his children the care they needed. They went to live at their grandfather's house with their aunt, Etimad. Ahlaam's death was very painful for her but she left her job to care for the children, giving them love even though she was suffering from the loss of her sister.

Ahlaam's youngest brother is suffering the most because when his own mother died he had been only a few months old, so Ahlaam was the only mother he had ever known. His siblings had completed their education, on Ahlaam's insistence, but his is on hold because of his depression, sleep disturbances and loss of interest in everything.

Four months after her death, Ahlaam's husband Mohammed still experiences recurring episodes of intense grief. He goes to the cemetery to sit by her grave for one or two hours until he feels relief; then he goes home. The children used to ask him to take them to the cemetery but they have now stopped. The younger boy is still withdrawn and does not like to socialise. Ahlaam's children, siblings, husband and father all have to live through the pain of this bereavement. How can they forget when every Eid, instead of feeling relieved and celebrating, they will have to live through their loss once again?

As part of its role, the crisis intervention and trauma counselling team of the GCMHP has repeatedly visited the bereaved family to provide support and opportunities for the necessary debriefing. These efforts were successful in increasing the family's capacity to cope with the new situation and in minimising the after-effects of the loss. The team will be making follow-up visits to the family on a regular basis.

The team visits those directly affected by attacks in the hospitals and homes to offer them debriefing. These sessions need to be carried out in the first 24-48 hours after a traumatic incident. Debriefing is important to help people cope with all the physical memories, the sights, sounds, smells and symptoms, as well as the thoughts, feelings and memories that are part of a traumatic event. Many of our clients are adolescents involved in clashes at checkpoints and other trouble hot spots.

The work of the team in schools and kindergartens serves various different purposes. The teachers are given training so that they can detect symptoms of PTSD and anxiety. Through various activities, the children are helped to cope with the traumatic events they have experienced. **BC**