Parasuicide

in

Arab Palestinian Society of the

West Bank

By

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Abstract

Parasuicide in the Arab Palestinian society of the West Bank is investigated by looking at the public and private dimensions of a 'suicide phenomenon' which occurred in 1997. Research on parasuicide is reviewed along with Arab cultural ideas about self-harm and self-killing, including suicide and martyrdom, and the socio-historical and political contexts of contemporary Ramallah. The available suicide statistics and their social construction are discussed. Thirty one cases of parasuicide are examined within their social contexts and the implications of the findings of the study are considered.
Parasuicide in Arab Palestinian Society of the West Bank

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Parasuicide in Arab Palestinian Society

Introduction

As we enter the twenty-first century, the Middle East remains a region of conflict and instability. Ongoing talks between Syria and Israel may eventually lead to an agreement over the Golan Heights and Southern Lebanon, but the 'Question of Palestine' has yet to be resolved. In the West Bank, Israeli settlements continue to be built on confiscated land and the Palestinian National Authority faces mounting opposition from within: only recently 20 Palestinians were imprisoned or placed under house arrest after writing a strongly worded declaration against Yasser Arafat and the PNA.

As the daughter of a Palestinian refugee, the tremendous political and historical upheavals which the Palestinian people have endured over the last century have always been of great interest. I first visited the region that prior to 1948 was known as Palestine and is now split into Israel, the West Bank and Gaza, in 1993. At the age of 19, as a UK citizen, I was granted a one-week visa by the Israeli authorities to enter the country in which my father was born and of which I had heard endless nostalgic tales of sweet smelling orange groves and idyllic houses by the sea in Jaffa. I revisited several times spending one summer in the Palestinian Red Crescent Hospital in Ramallah and another summer in Birzeit University about ten kilometres outside Ramallah.

From my first visit I was impressed by the strength of character of many of the Palestinians I met. However, with every visit I became more disturbed by the enormity of the suffering endured by Palestinians living in the West Bank as it was slowly unveiled to me. It seemed that every household had stories to tell about house raids, imprisonments, beatings, torture and dispossession. But perhaps more insidious, and initially less apparent, was the daily humiliation of life under military occupation. I constantly wondered how people managed to cope with their difficult situation. Although Palestinian Arab society is close-knit and often supportive, it can also be quite conservative and repressive. This thesis is about those people who at some point have not been able to cope with the situation they have found themselves in due to social, economic or political forces or, more often, a mixture of them all.

I had become fascinated by the social and cultural aspects of health as a junior medical student and this lead me to study for an intercalated BSc in medical anthropology at University College London. During the year I learnt more about the links between health, medicine, society and culture. After completing the BSc, I entered the intercalated MB-PhD programme which is offered at UCL. This PhD thesis, supervised by Professors Murray Last and Roland Littlewood, is the first one to be submitted to the Psychiatry Department as part of this programme.

I arranged to carry out my fieldwork in Palestine and for eighteen months, from the summer of 1997, I was based in the West Bank town of Ramallah at the Department of Public and Community Health of Birzeit University, which is headed by Dr Rita Giacaman. I was helped in my research by the department as a whole, but mainly by clinical psychologist Dr Sylvie Mansour. I also participated in the organisation
and teaching of some public health courses.

The particular focus of my study was the ‘suicide phenomenon’ (*zahirat al-intihar*) in Palestinian society. At the time I arrived in Ramallah there was increasing public discourse and concern about reports of suicide which was seen as something new and alien. This was highlighted as a topic of public health concern by the university department and my fieldwork consisted of examining and analysing this ‘suicide phenomenon’ and placing it in the context of the Western literature on suicide in which research is predominantly centred on the individual (Chapter One).

For the first year I lived in a recently opened girls’ dormitory of ‘The Society for the Revitalisation of the Family’ (*Jameeyat Inaash Al-Usra*), which also runs an orphanage for girls. This society was founded by a formidable lady, Samiha Khalil, who aimed to give girls and women occupational skills such as hairdressing, sewing, embroidery, cooking and nursing. The young women in the dormitory had come to Ramallah from the towns, villages and camps of the West Bank and Gaza to study or work. Away from their families, such dormitories were considered the most respectable places to stay. For myself, other than dramatically improving my Arabic and enabling me to make friends, living in the dormitory gave me an insight into life in Palestinian society, particularly from the female perspective, since I visited many of the women’s houses and families in different parts of the West Bank and Gaza. In addition, I also spent time in hospitals in Ramallah, Jerusalem and Jenin which not only gave me the opportunity to talk to people who had attempted suicide but also allowed me retain my nascent clinical skills and to learn something about health care in the West Bank.

Although self-harming behaviour, such as parasuicide, is common throughout the world, there seem to be strong cultural variations in its epidemiology. Now that we live in a world which appears to be more ‘globalised’ and interconnected than ever before there is increasing interest in the effects of ‘modernisation’ or ‘westernisation’ on people’s mental health, including suicide. However, so far there has not been any in-depth study of suicidal behaviour in the Arab world. Owing to the limited time and resources available, this study can only be labelled ‘exploratory’. Nevertheless, I hope it can give an idea as to why some people in the Arab society of the West Bank are turning to self-harming behaviour. The material gathered also raises general questions about the widespread effects of modernisation and the secondary trauma resulting from ‘the ripple effect of war’, as well more specific questions about why and how some individuals cope with their socio-cultural environments while others do not.

There are two main dimensions to the ‘suicide phenomenon’: one relates to public discourse on suicide, especially in the media, and the other to private acts of suicide. This thesis begins by concentrating on the public dimension and looks at past and present attitudes to death and self-killing in, largely Islamic, Arab thought. Two predominant cultural categories are identified for self-killing: suicide and martyrdom. These are opposing concepts. Suicide is seen as a private act condemned by society and religion, whereas martyrdom is seen as a public act which is exalted as being for the sake of the greater good. The concept of the self (*an-nafs*) in Islamic thought is compared to western concepts of self, and it is argued that the Muslim concept is more collective and less individualistic.
Cultural attitudes apart, an understanding of the historical and political context in which Ramallah exists as a part of the West Bank is offered in an attempt to explain why public discourse on suicide in Ramallah in the 1990's reached almost panic levels (Chapter Three). It is suggested that the very act of suicide, particularly as a result of depression or despair, is regarded as contrary to the popular concept of Palestinian identity. Furthermore, an attempt is made to quantify suicidal behaviour in Ramallah. Methodological issues are discussed together with the difficulties encountered in obtaining data. The extent to which suicide statistics are socially constructed is examined (Chapter Four). The 'suicide phenomenon' in Ramallah could be regarded as a 'moral panic', but it could also, be regarded as a result of the substantial transformations which have occurred in the Palestinian society of the West Bank since the end of the mass popular uprising against the Israeli occupation, the Intifada, followed by the establishment of the Palestinian National Authority and the accelerated 'modernisation' of the society.

The private dimension of Palestinian suicide is examined in the second part of the thesis. Narratives taken from 31 cases of attempted suicide are examined closely within their social contexts (Chapters Six, Seven and Eight. Men and women are considered separately because, in spite of similarities, there are important differences in the way each group seeks to deal with the expectations and restrictions of the social context in which they live. Of the people interviewed, the women were found to be fundamentally affected by marital status, their position within the family and the ensuing demands made upon them, whereas the men were found to be affected by their ability to find steady work, marry and provide for and protect their families.

The importance of the supporting roles of the traditional social institutions of family and religion are discussed, both how they can fail and how they can help individuals to cope with problems. Suicide levels in Palestinian society still appear to be low compared with Western levels in spite of the existence of a large number of those stressors which have been shown to play important roles in contributing to suicidal behaviour in the West. Finally, the recommendations and implications of the findings of this study with respect to social policies are discussed (Chapter Nine).

The thesis is an interdisciplinary one. It makes use of some of the ideas, terms and theories from psychiatry and sets out some quantitative data. It also draws on anthropology when considering the social context - that is community-based ideas, structures and cultural constructs - within which the individual acts. The personalities of individuals are seen from the social perspective, but include such characteristics as drives and emotions which are usually the concerns of psychology. The actual evidence presented by this study has been gathered by anthropological methods of field data collection, such as participant observation, in-depth interviews and narrative collection. This is not the only possible approach, but the aim was to explore the extent to which significant and useful inputs can be achieved by using anthropological techniques.

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Suicide and parasuicide

The distinction between suicide and parasuicide is based on whether the outcome is fatal or not. Stengel, Cook and Kreeger were among the first to contend that 'attempted suicide presents problems particular to itself' although they conceded that these problems were 'in addition to those it has in common with suicide.' The term 'parasuicide' was coined by Kreitman. He defined it as 'any individual who deliberately initiates an act of non-fatal self-injury or who ingests a substance in excess of any prescribed or generally recognised dose.'

Today the term parasuicide has gained wide acceptance and is frequently used interchangeably with 'attempted suicide.' However, this separation of 'attempted', 'non-fatal', or 'para-' suicide from 'successful', 'fatal', or 'actual' suicide has been sharply contested. Farmer argues that there is an element of chance in much suicidal behaviour, that is to say there are those who may intend to die, but who do not, and those who do not want to die, but who do. The differences between the epidemiology of suicide and attempted suicide that both Stengel and Carstairs noted have been well documented by others, but that alone is insufficient evidence to regard them as two distinct groups. In fact, rather than distinguishing between suicide and parasuicide, it may be more appropriate to describe a range of self-destructive behaviour, as 'the suicide spectrum' described by Kate Hill. Nevertheless, the distinction can be a useful one as long as the overlap between the two groups is borne in mind.

Parasuicide: characteristics, rates and trends

Characteristics

The body of research on suicide and parasuicide is too vast to be comprehensively reviewed here. However, characteristic features of parasuicide in the West have been highlighted by a recent WHO study on parasuicide in Europe. In all but one centre (in Finland) the rates of attempted suicide were higher among women than men. Also, in the majority of centres, the highest rates were found in the younger age groups and the lowest rates were found in people aged 55 and over. Compared with the general population, 'suicide attempters more often belong to the social categories associated with

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social destabilisation and poverty. Hence, they tend to be female rather than male, mainly young, and often from disadvantaged or poorer social groups such as the unemployed. The methods used by parasuicides are primarily 'soft,' such as poisoning or cutting.

**Rates**

Quantifying parasuicide rates is particularly difficult for reasons to be discussed in Chapter Four, but a major reason is that no country in the world has collected official statistics on parasuicide. However, according to the WHO study the annual rate of parasuicide for men ranged from 45/100,000 in Spain to 314/100,000 in Finland, and for women from 69/100,000 in Spain to 462/100,000 in France. Looking at the global situation regarding suicide and parasuicide at the beginning of the 90’s, Diekstra wrote, ‘Suicide behaviours constitute a serious public and mental health problem. In many countries fatal suicide attempts rank among the top ten causes of death for individuals of all ages and among the 3 leading causes of death for those aged 15 to 34 years. In 1980, around the world, an estimated 300,000 to 440,000 persons committed suicide. In addition at least ten times as many persons made non-fatality suicide attempts or deliberately harmed themselves seriously enough to require some kind of medical assistance.’ A 1993 World Bank report calculated that 1.4 million persons committed suicide in 1990, accounting for roughly 1.6% of the world’s mortality for that year.

**Trends**

Parasuicide remains a major health problem, although some decline in rates between 1989 and 1992 is recorded by the WHO study. Of the situation in the United Kingdom, Hawton and Catalan said, ‘The problem of attempted suicide now poses one of the major challenges facing health care services in this and other countries. During the 1960’s and 1970’s, the numbers of people presenting in hospital casualty departments each year after deliberately taking overdoses or injuring themselves steadily increased. As a result, deliberate self-poisoning has become the most common reason for acute medical admission of women to hospital, and second only to heart attacks as the most common medical reason for admission of men.’ Diekstra noted that a rise in the overall suicide rates in many countries is to a large extent due to the increase in suicides in the younger age groups ... even countries with a stable or decreasing overall rate often still witness increasing rates in the young. Diekstra believes that, ‘on the base of the available evidence one can safely assume that current trends in suicide and suicide attempts are closely related.’

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6 ibid. p.327.
7 This is in some contrast to fatal suicide which generally increases with age, is more common among men than women and methods used are often violent such as shooting or hanging.
8 R.Diekstra ‘Suicide and Parasuicide: A Global Perspective’ in Current Approaches: Suicide and Attempted Suicide. Risk Factors, Management and Prevention. Duphar medical relations, Southampton, 1991, pp.1-22. He goes on to say, ‘The real number of persons engaging in any form of deliberate self-harm is unknown, but probably is much greater than the figures that are presently available.’ This, Diekstra writes, is due to a number of difficulties with accurate and reliable recording of suicide statistics.
If this so, then Dijkstra's concluding prediction is even more ominous, 'the most dramatic increase in suicide mortality in the next decades will be observed in the Third World countries.' He argues that this is because 'the socioeconomic and behavioural factors of suicide risk ... are already present in a degree considerably higher than in most developed countries and this discrepancy will, in all probability, only continue to grow. The accompanying toll in human suffering, the decrease in quality of life of those left behind, the loss in years of productive life and related economic and social costs will be beyond the imagination.\textsuperscript{13}

**Approaches to studying suicidal behaviour**

Research into suicidal behaviour has taken three broad approaches: psychological, biological and social.\textsuperscript{14}

**Psychological theories**
The main approach has been the psychological one and many epidemiological studies have been based on it. This approach tends to be person-centred regarding suicide as an individual phenomenon. It emphasises the need to identify risk factors and associations. The major risk factors identified for suicidal behaviour - as opposed to suicide - can be classified as those relating to the individual, the family, the community, the peer group and the school or work environment.

Individual risk factors include gender, major depression,\textsuperscript{15} anxiety and other affective disorders, previous suicidal behaviours, alcohol and substance abuse, and stressful life events. Family risk factors include family conflict and abuse and poor family cohesion and management. Community and peer risk factors might, it has been suggested, include exposure to the suicidal behaviour of peers. Risk factors in the school or work environment include academic failure, and having no formal qualifications has been associated with a six-fold increase in the risk for medically serious suicide attempts. A change of address in the previous year has also been associated with an increased risk of attempted suicide.

**Biological theories**
The biological approach has produced some evidence that biological factors can be correlated with suicide. Serotonin levels, for instance, have been linked to depression, and genetic traits may play a part in causing suicidal behaviour.

\textsuperscript{13}ibid., p.20.

\textsuperscript{14}These summaries are based mainly on: 'Risk Factors for Youth Suicide’ Module Three from The ‘Response...Ability’ Curriculum Resources developed (for use in the university training of professionals in Australia) by the Hunter Institute of Mental Health with the collaboration of academics from the University of Newcastle [from the internet]. Updated November 1998. The main references used in this module were: A.Berman & D.Jobes Adolescent Suicide Assessment and Intervention, American Psychological Association, Washington DC, 1991; D.Shaffer ‘Preventing suicide in young people’ Innovations and Research, 2 (4), 3-9; J.Stillion & E.McDowell Suicide Across the Life Span, (2nd edition) Taylor and Francis, Washington DC, 1996.

\textsuperscript{15}The strong association with depression has been the cause of recent concern - see Fombonne’s study on the rising levels of depression among young people in Europe. Fombonne, E. 'Increased rates of depression: update of epidemiological findings and analytical problems' Acta Psych Scand, vol 90, 1994.
Social theories
Social theories of suicide take a broader perspective and link suicide to social forces such as unemployment, domestic and collective violence, social and political protests, and a general sense of meaningless in life. The main value of sociological perspectives is that they challenge the view that suicide is essentially an individual act and call for approaches to suicide prevention that take into account social and cultural conditions.

The role of culture in suicidal behaviour
It has long been argued that social behaviour is affected by culture and over the last few decades there has been a growing interest in the role culture plays in ‘abnormal’ social behaviour, such as that shown by people with psychopathology or mental disorders. As a result of this interest, specialities such as cross-cultural psychiatry and medical anthropology have developed and, according to Marsella, they have served ‘to illuminate the role of cultural factors in the etiology, expression, course and outcome of mental disorders.’

These specialities have also played a role in developing ideas about the ‘self’ or personhood, in defining ‘normality’ and ‘abnormality,’ in the expansion of our concept of mental health, and in discovering the profound cultural variations in the epidemiology, manifestation and classification of mental disorders. It is argued that cultural understandings about personhood and social behaviour can be discovered by observing ‘illness events’ such as personal dysfunction or social deviation from the norm in different societies. As White writes, ‘Just as cultural understandings about social organisation may be most visible during conflict situations in which normative, desirable relations are discussed more openly or deliberately, so cultural understandings about personhood and social behaviour may be brought closer to the surface of natural discourse by illness events which evoke interpretations of personal dysfunction or deviations from social norms.’ Thus it is argued, on the one hand, that the examination and interpretation of ‘illness events’ including deviations from social norms such as suicidal behaviour, can increase our knowledge of cultural understandings about normative social behaviour in a society, while, on the other hand, knowledge of cultures can lead to greater understanding of ‘illness events’ or ‘abnormal’ behaviour, such as suicidal behaviour. Clearly the assertion is that culture and psychopathology are linked.

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16 Desjarlais et al., op.cit, p.76. War has consistently been associated with low rates of suicide (see WHO Regional Office for Europe, ‘Changing Patterns in Suicide Behaviour’ EURO reports and studies 74, Copenhagen, Denmark, 1982). Although I.Robins & P.Kulbrook (‘Methodological Strategies in Suicide’ in J.Mann & M.Stanley (eds) Psychobiology of Suicidal Behaviour, New York, 1986.) suggest this reflects the ease with which suicides in war zones are misreported as combat deaths; others suggest social conditions such as greater social cohesion in times of war cause a ‘real’ decrease in rates of suicide.


19 ibid., pp.359-368.

Is suicide the result of psychopathology? Reviewing world mental health, Desjarlais, Eisenberg, Good and Kleinman divide the determinants of suicide into the psychopathological and the social. In Western clinical studies, 90% or more of suicides have been diagnosed as meeting the criteria for having a psychiatric disorder or have retrospectively been shown to meet them. The most common criteria are substance abuse, depression or psychosis. In non-Western societies, however, suicides are apparently less likely to be diagnosed as having a psychiatric disorder, and are more likely to be regarded as subject to social stressors. They suggest that this difference in classification of the determinants of suicide is partially explained by the different concerns of the people who classify suicides. In the West suicides are more likely to be classified by psychiatrists or health professionals with mental health training, whereas in non-Western societies they are more likely to be recorded by police officials, coroners or physicians without mental health training.

It has been suggested, however, that the emphasis on social determinants made when looking at non-Western behaviour patterns could also be relevant to Western behaviour patterns since the psychological and biological determinants are focussed on, while the social determinants are overlooked. Littlewood and Lipsedge argue that behaviour patterns such as overdosing, anorexia nervosa and agoraphobia can be labelled culture-bound syndromes to reflect the importance of culture in their etiology, expression and manifestation. Kral uses the term cultural syndromes for western experiences and expressions of distress that are culturally internalised, such as eating disorders, multiple personality disorder, chronic fatigue syndrome, recovered traumatic memory and some forms of depression. The argument for these terms 'culture-bound syndromes' and 'cultural syndromes' is that such patterns of unusual behaviour, whether occurring in the West or non-West, cannot be fully understood by examining their psychological and biological aspects alone.

Can suicide be seen as a social behaviour pattern? Certainly the social dimension of suicide has long been recognised and many studies of suicide have been made from the social perspective. Perhaps most famous is Durkheim's Suicide of 1897. As part of an attempt to establish sociology as a discipline separate from psychology, Durkheim studied the official suicide statistics of France, England and Germany in order to explain suicide in terms of types of the relationships that exist between an individual and his community, that is, the degree of social integration. He identified three main types of suicide: egoistic, altruistic and anomic. Egoistic suicide occurs when individuals lack adequate integration into or involvement with society whereas altruistic results from excessive integration into society and insufficient individuation. Anomie, or a sense of alienation, is produced by a lack of societal regulation on an individual and therefore a lack of normative or socially conforming

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21 such as in India where only 3% of suicides recorded were attributed to insanity. Desjarlais et al. op. cit., 1982, p.75.
22 ibid., p.75.
behaviour. When changes occur in the situation of an individual or culture, equilibrium is disrupted and a state of deregulation exists. Under such circumstances the anomic individual is left without clear norms to guide behaviour. Suicide is one possible result.

Durkheim’s study continues to influence studies of suicide, but it has not been without criticism. When Firth looked at suicide and risk-taking behaviour in Tikopia, a small Polynesian community in the Western Pacific, he stated that, ‘Durkheim’s notions of the relation of the suiciding individual to society are too naive.’ The four general categories that Firth identified in Tikopia as causes of suicide were grief or despair, anger, shame and loyalty, all factors which, he said, were difficult to fit into Durkheim’s classification of suicide. ‘Every suicide,’ he said, ‘is in some respects an egoistic act, yet nearly every suicide displays some regard for the norms of society.’

A notable criticism was made by Jack Douglas who argued that this purely statistical-hypothetical approach to suicide of Durkheim failed to take into account the social meanings of the suicide act, both for the suiciding person and of the researcher into the suicidal behaviour. He believes that Durkheim’s study lacks the careful, detailed descriptions of real-world events which he thinks are crucial to understanding suicidal behaviour. Although Firth wrote a few years prior to Douglas, he would probably agree with this sentiment, for he concludes his article by affirming the social nature of suicide, ‘The suicide of a person is a social act, to be understood only in the context of other social acts both of the person himself and of other members of society.’

More recently, scholars have tried to understand the process by which cultural attitudes and ideas can affect social behaviour, that is how cultural messages ‘get under people’s skin.’ There has been some interest in cultural narratives which, as far as suicide is concerned, are the way in which stories of suicidal behaviours are narrated in particular cultures, which events are highlighted, and what conclusions are drawn about precipitants and motives. The language of cultural narratives reveal cultural concepts of gender and suicidal behaviour, according to Canetto and Lester. These concepts vary across cultures and are neither universally valid nor historically constant. ‘What is constant across cultures and historical times,’ they write, ‘is a correlation between cultural narratives and epidemiology. Women and men tend to draw upon the suicide scenarios popular for them in their culture, scenarios which become self-fulfilling prophecies.

Cultural narratives are also considered relevant by Kral for understanding why in some societies the idea of death, and suicide specifically, is selected as the course of action in response to distress. He

27 Ibid., p.11.
29 Ibid., p.17.
31 These cultural narratives are sometimes provided by the survivors, but also by commentators within the culture, such as friends, relatives, journalists, novelists.
believes that 'The manner in which we die is no exception... we die as we have lived' and that implicit memory may play a role in the internalisation of cultural ideas. This, according to Schacter, is 'the intricate network of concepts, associations, and facts that constitutes our general knowledge of the world.' Implicit memory encodes the 'subjective norms' that make up the core of who we are: our attitudes, values, beliefs, and behaviours. Thus, ideas are not only cognitive schemas or representations of one's world and ways to act in it, but often contain strong affective components.

'Ideas move like swells in the ocean through society, breaking on receptive shores,' writes Kral. Just as the experience and expression of identity are being increasingly viewed as historically and culturally located, so are ideas of suicide. And ideas, he writes, can have significant consequences.

Although the importance of assuming a multidimensional perspective is stressed in much writing and discussion of suicide, Kral points out that the current view of suicide continues to be strongly person-centred. At present in the West there are lists of risk factors that characterise those who have killed themselves, such as being divorced, male or gay. However, these risk factors do not directly address the subjective experience of the idea of suicide and its relationship to the self. Although the act of killing oneself is ultimately that of an individual, Kral argues that it is less a solo venture than a product of a collectivity of ideas.

The medicalization of psychiatry

In spite of the growth in interest in the role of culture in psychopathology, western psychiatry as a whole has moved towards the biological approach in recent years. According to Good,

'During the past twenty years, psychiatry in Europe and North America has undergone the most extraordinary paradigm shift of this century... a shift in dominance from psychoanalytic discourse to biological, from a focus on psychological processes to classification of symptoms, from a primary interest in affect and its economy to cognition, and from investments in community psychiatry to biological research and pharmacological treatment. This change poses a serious challenge for the anthropologist interested in the role of culture in psychopathology, raising questions about what directions anthropological research should take in the coming decade. It also raises the spectre of declining interest in the social and cultural dimensions of mental illness in the psychiatric profession and public policy.'

It is clear that rather than adopting either a biological or a socio-cultural response to psychopathology, both must be considered. Indeed, this may be true of all pathology. Returning to Good,

'Although disordered physiology plays a more powerful role in constraining and organising some forms of illness and suffering than others, it is clear that physiological processes, character, psychological coping patterns of individuals, and a society's cultural meanings and social responses are deeply involved in shaping all forms of illness.'

Anthropologists can respond to this medicalization of psychiatry in a number of ways. Good suggest studying psychopathology as 'socially and historically produced.' [his emphasis] and he calls for

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34 D.Schacter Searching for memory: The brain, the mind and the past, Basic, New York, 1996, quoted in ibid., p.224.
35 ibid., 1998.
36 ibid., pp.221-232.
38 ibid., p.186-7.
writing about historicized experience ... demonstrating how political and economic structures are embodied in experience every bit as much as earlier family experience and biology are, and [of] portraying these issues in our ethnographic and interpretive accounts.39 [my emphasis]

Summary and Conclusion
A summary of the conclusions from the extensive multidisciplinary research that has been carried out into suicide in general, and parasuicide in particular, has been attempted by the American sociologist David Shaffer.40 He has drawn together in a single model the current knowledge about the risk factors for suicide, as understood by psychological, biological and social theories (Figure 1.1).

Figure 1.1 Shaffer's Model of Suicidal Behaviour

Although it has been suggested that Shaffer's Model of Suicidal Behaviour could serve as a framework for suicide prevention, the prediction of suicide still remains practically impossible.41 This single fact exposes the enormous complexity of suicidal behaviour and the limitations of research into suicide.42 The cultural variations in suicidal behaviour shown by studies from cross-cultural psychiatry and medical anthropology indicate the importance of placing suicidal behaviour in its cultural as well as its social context. This underlies the approach adopted in this thesis.

39 ibid., pp.200-1.
42 Note the summary provided by Stillion and McDowell, op.cit., 1996, p.70: 'Examining suicide from many different perspectives provides a richness that is impossible to achieve from a single perspective. It also establishes an appreciation of the complexities involved in any suicidal gesture. Finally it reminds us that human beings are multi-faceted creatures. Those that would understand suicidal individuals must begin to see them as persons who may have been born with a biological inclination towards depression and whose internal personality needs and drives may or may not be able to be expressed within their environment. Moreover, those studying suicide must recognise that the cognitive set of the individual and his or her thoughts about the current situation can serve to increase or decrease suicide susceptibility. Caring people must try to understand the mind-body connections within suicidal people. Stressful environments change body chemistry. In susceptible people, increased stress can result in changes that increase the likelihood of depression. When these chemical changes occur, an increase in depression-related cognitions may result. Such negative cognitions may well increase the subjective impression of stress, which in turn will have a continuing effect on the chemistry of the brain. In short, biology, psychology, cognitions, and environment all interact to produce a suicidal individual. The mind and body are indeed a unity. We are only beginning to discover the nature of their connections, which the study of depression and of suicidal persons is helping to illuminate.'
Chapter Two

Death (al-mawt) and Self-Killing (qatal nafs) in Arab Thought: Suicide (al-intihar) and Martyrdom (ash-shehada)

In view of the cultural influences on suicide, a prerequisite for carrying out and interpreting a study of parasuicide in the West Bank is an understanding of Arab culture, so ideas about death and self-killing that have been expressed in Arab literary texts since pre-Islamic times are looked at: in poetry, in legends and myths, in religious teachings and historical documents. Past and present ideas about suicide and martyrdom, as the predominant cultural categories for self-killing, are discussed.

Arab thought, Islamic practices

‘Arab’ is generally taken to refer to Arabic-speaking peoples who may be Muslims, Christians or Jews. Of the 2,895,683 Palestinians of the West Bank and Gaza Strip, 97% are Sunni Muslims. Although Ramallah town was originally established by a Christian Arab tribe, Ramallah governorate is predominantly Muslim. In view of this situation, Muslim (Sunni) attitudes to death and self-killing are mainly considered. The attitudes of West Bank Christians are mentioned, but they seem to have adopted many of the viewpoints and opinions of the dominant Islamic religion.

For the majority of West Bank residents religion is a central feature of their lives, although their ideas and beliefs may cover a wide range of interpretations of religious texts. Most people profess to at least praying regularly during the year and fasting during the month of Ramadan, although among the bourgeoisie even this seems to be less common. Referring to Islamic texts from the Quran and the Hadith - the sayings of the Prophet Muhammed - is a common way of justifying or condemning behaviour; everyday Arabic language is full of references to God and Islam in its greetings, exclamations, compliments and insults.

Part I: The Past

Pre-Islamic times: Aj-jahaliya

The Arabic word for suicide is intihar. The root verb is nahara which literally means ‘to slaughter,’ usually an animal. The form intahara implies ‘to slaughter oneself,’ and it is in this sense that the word was initially used in the period prior to Islam, according to Mustapha Jawad. Later on, anyone who killed himself was described as al-muntahir.

Prior to Islam there were two main ways to commit suicide: starving to death (al-itifad) and drinking

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2 Literally ‘the state of ignorance.’
3 From Hans-Wehr Arabic-English Dictionary: ‘to cut the throat (of an animal), slaughter, butcher, kill (an animal)’
4 M. Jawad ‘People who committed suicide in pre-Islamic times and Islamic times’ (al-muntahroon fi aj-jahaliya wa al-islam), Halal magazine, Cairo, 1934, pp.475-479.
5 Literally ‘the one who has slaughtered himself.’ In modern usage ‘someone who has committed suicide.’

NB: al-intihar = suicide; muntahir = someone who has committed suicide; intahara = to commit suicide
alcohol (shirib khamra). Al-itifad involved going to sit in a house made of leaves, separated from society and then starving oneself to death. This, was done by Arabs in times of drought and famine. Indeed, the most common reason was poverty and al-itifad was a way to maintain one's pride in a destitute state. It is told in one story, writes Mustapha Jawad, that a man found a servant girl crying. The man said, 'What is the matter?' and she replied, 'We want to go and do al-itifad.'

Many Arabs are said to have committed suicide by drinking themselves to death with vast quantities of alcohol (shirib khamra). The main reason was a sensed loss of status, as is shown in the stories of Zuheir bin Janaab and Amru Ibn Kalthoum.

Zuheir bin Janaab was said to have one day ordered the tribe to move on. His nephew said, "We're staying."
Zuheir responded, "Who is this opposing me?"
"The son of your brother," the young man replied.
"And no one is going to tell him off?" asked Zuheir.
"No."
"I see myself disobeyed," Zuheir said and drank himself to death.

Thus drinking could be carried out not just to forget, but to die intentionally. Alcohol was also used in other ways during pre-Islamic times. It was certainly used for pleasure, but it was also used as a source of strength or a sign of distress. For example, a man might forgo alcohol if his brother was killed saying that he would not drink until his brother's death had been avenged.

Thus, suicide was practised in pre-Islamic times, according to available sources and it even appears to have been honourable behaviour in dire economic or social circumstances. It does not seem to have been viewed as sinful nor subject to any blame or social disapproval. Indeed, the following story tells of a leper miraculously cured by his suicide attempt:

A certain Abu Azza Ash-Shaair was afflicted by leprosy. It is written that the Quraysh tribe hated lepers as they feared infection. So they did not eat with him, nor drink with him, nor sit with him. Abu Azza Ash-Shaair said, "Death is better than this!" and took an iron instrument and climbed to the top of a mountain intending to kill himself. He stabbed himself in his stomach. When he felt the pain of the iron his arm weakened and the iron instrument struck between the peritoneum and the skin. Yellow water flowed out, and with it the leprosy.

The Islamic Era

With the rise of Islam, which forbade self-killing (qatal nafs), in the seventh century, starving oneself to

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7 Jawad, op.cit., 1934, p.475.
10 A large and important tribe in Mecca. Prophet Mohammed, although a member, was often later at war with them and they were responsible for his migration from the town of Mecca to Medina.
11 'al-mawt khair min hatha!'
death (al-itifad) did not stop according to Khalid Ash-Sheikh, but Islam’s ban on alcohol does appear to have stopped cases of drinking oneself to death (shirib khamra). Although suicide is prohibited in Islam, the Quranic position is not as clear as in the prophet’s sayings (al-ahadeeth an-nabawiya or hadith sharif) which are firm in their condemnation.

The Quran

Perhaps because the Quran was revealed at a time when Muslim communities were often at war, and Islam developed in the harsh desert climate and conditions of seventh century Arabia, the Quran contains many references to death and killing. Death is seen as being in the hands of God (Allah) who is all powerful. Man is created (makhlooq) and God is the creator (al-khaliq).

‘God is the one who creates you, raises you, makes you die and makes you live.’

Surah Al-Rum (The Romans), verse 40

There are strong ideas of fate connected with death, and it is often emphasised that death is predetermined:

‘Nor can a soul die
Except by Allah’s leave,
The term being fixed
As by writing.’

Surah Al-Imran (The Family of Imran), verse 145

Killing is a sin, unless there is a clearly justified reason.

‘On that account: We ordained
For the Children of Israel
That if anyone slew
A person - unless it be
For murder or for spreading
Mischief in the land -
It would be as if
He slew the whole people.’

Surah Al-Ma’ida (The Table), verse 32

Sometimes theologians have used Quranic verses on death and killing to condemn suicide. For instance, since killing, particularly of a believer, is condemned in the above verse, the argument is that a believer should not kill himself. Also, if death is in God’s hands, a believer must not take it into his own hands.

Free will and predestination

The issues of free will and predestination in Islamic discourse are referred to as ‘al-mukhair wa al-musayr’, meaning ‘the one who chooses and the one who is destined’. It could be argued that, if Allah determines the day of death then either the suicide will be unsuccessful, or Allah has already decided that it would succeed. Either way ‘suicide’ is impossible and not ‘wrong.’ On this point, the Islamic

15 Indeed, one argument is that Muslims are owned by God (as his slaves) and therefore they have no right over their lives. Suicide can thus be seen as stealing from Him.
16 As in battle with regard to martyrdom, see later section on martyrdom.
scholar, Zeki Bedawi, says there are many different views, but the commonly accepted view is that human will is free and people can make a choice. God gives them the power to fulfil these choices and they are legally and morally responsible for their actions because they chose them freely.\footnote{In line with the ‘Sharia’ school of thought.}

**The self or the soul: An-nafs**

Any search for direct references to suicide is beset by the problem of terminology. The word for suicide (\textit{al-intihar}) is not used in the Quran, even though according to Jawad it was in use at the time. For this reason, some say there is nothing in the Quran which directly bans suicide.\footnote{Interview with Dr Zeki Bedawi, The Muslim College, Ealing, 6th August 1999.} The closest word to suicide is ‘self-killing’ (\textit{qatal nafs}). However, there is disagreement about what \textit{nafs} refers to. In modern use it certainly means ‘the self,’ but many Quranic commentators say that it may be used in the sense of ‘brother’ or ‘fellow Muslim.’ Moreover, a number of Islamic writers have commented on the differences between Islamic understandings and modern Western understandings of the concept of the ‘self’. They argue that the Islamic concept of the self is more collective and has more connection with the group or community than the Western individualistic, separated sense of self. This may explain the difficulty of separating references condemning the killing of others from those condemning killing oneself. A few examples illustrate this issues. Two Quranic verses have the same line:

\begin{quote}
\textit{wa la taqtalu an-nafs al-lati harrama allah}\footnote{In Surah Al-Anam and Surah Al-Isra.}
\end{quote}

Literally translated this could mean, “Do not kill the self that Allah has strongly forbidden,” but it is translated by the well-known Islamic scholar and translator of the Quran, Abdullah Yusuf Ali, as

\begin{quote}
‘Take not life, which Allah hath made sacred.’
\end{quote}

\textit{Surah Al-Anam (The Cattle), verse 151}
\textit{and Surah Al-Isra (The Night Journey), verse 33}

Thus it is not clear if your own life is meant, or that of others or both. Nevertheless, both of these passages have been used by Muslim theologians to justify banning suicide as well as the killing of others.

The verses most widely quoted to justify the Islamic position forbidding suicide are the following:

\begin{quote}
‘
Nor kill (or destroy) Yourselves: for verily Allah hath been to you Most Merciful!
If any do that In rancour and injustice - Soon shall We cast them Into the Fire: and easy It is for Allah.’
\end{quote}

\textit{Surah Al-Nissaa (Women), verses 29 and 30}

Although ‘and do not kill yourselves’ (\textit{wa la taqtalu anfasakum}) seems to be a clear warning against committing suicide, there is again a problem with clarity. The preceding text had been about fair trade and cooperation:
It seems more likely that 'Do not kill yourselves' is meant in the sense of not killing each other. As Rosenthal writes,

'As far as the interpretation of this passage is concerned, the evidence is inconclusive. From the grammatical point of view the verse in question may contain a prohibition of individual suicide, but the possibility remains that an-nafs might refer to members of the group. However, the context is concerned with mutual dealings among Muslims. A prohibition of individual suicide, therefore, would seem strangely out of place here... Those Muslim commentators and modern translators who think that the passage refers to the killing of one Muslim by the other might, consequently, be correct.\(^2\)

The Muslim attitude towards this passage is thought to have been influenced by the fact that the great Islamic scholar Tabari supported the interpretation which refers to a mutual killing. Tabari argued that all Muslims, as members of one persuasion (\textit{milhah}), one creed (\textit{da'wah}), and one religion (\textit{din}), are like one individual. Thus, if one Muslim kills the other, it is as if he kills himself, since the killer and the killed person constitute a united front (\textit{ahl yad wahidah}) against their non-Muslim opponents. Other commentators agree that the passage refers to mutual killing of Muslims. Razi argued that the evidence for this was to be found not only in several Islamic hadith where believers are like one soul (individual), but also in the pre-Islamic Arab expression: 'We have been killed, by the Lord of the Ka'bah,' used when one, or some of them were killed, for they are said to have considered that to be the same as the death of all of them.\(^2\)

Some commentators deny the reference of the passage to suicide because Muslim religious belief clearly enjoins Muslims not to kill themselves. Thus, if suicide is clearly marked as forbidden in both this world and the other, an express prohibition of it in the Quran would be superfluous. Razi, however, believed that the Quran \textit{did} need to expressly forbid suicide so as to prevent Muslims from carrying out the Indian tradition of killing oneself due to grief (\textit{bah}) 'a habit which would not be proper for Muslims to imitate\(^2\)' or, he suggested, a Muslim might wish to end his own life in fear of Judgment day.

Another commonly cited verse that seems to condemn suicide states:

\begin{quote}
'And make not your own hands \\
Contribute to (your) destruction.'
\end{quote}

\textit{Surah Al-Baqara (The Cow)}, verse 195

However, this passage is also not universally accepted as referring to suicide: Abdullah Yusuf Ali does not see it as a reference to suicide, but as a warning to the believer against being selfish. Rosenthal makes no mention of it in his seminal paper, \textit{Suicide and Islam}.


\(^{21}\) \textit{ibid.}, 1955, p.242.

\(^{22}\) Razi quoted in \textit{ibid.}, 1955, p.242.
Perhaps the strongest argument for the condemnation of suicide in the Quran is the one that Islam is portrayed as a religion of hope and that only disbelievers or infidels would despair:

‘No one despairs of Allah’s Soothing Mercy, except
Those who have no faith (al-kafiroon or infidels).’
Surah Al-Yusuf, verse 87

Condoning suicide

Although they do not directly refer to ‘suicide’ (intihar), all the above examples appear to strongly forbid killing either oneself or others. It has been suggested, however, that some other parts of the Quran display a condoning attitude toward suicide. Rosenthal even suggested that the prophet Muhammed thought of throwing himself off a mountain in Mecca when he did not receive any revelations for some time. He also suggested that the following verse indicates that Muhammed might torment himself to death with self-reproach and grief on account of the disbelief in his teachings that prevailed among his contemporaries.

‘Thou wouldst only, perchance,
Fret thyself to death,
Following after them, in grief.’
Surah Al-Kahf (The Cave), verse 6

However, Rosenthal goes on to say that there is very little evidence to show that Muslim commentators saw anything in this passage other than an allusion to the possibility that the Prophet might die as a result of psychic self-torment. Although Western translators might think of suicide, no Arab sources mention this interpretation.

A well-known story about Muhammed and his followers tells how they risked self-starvation when they were banished from Mecca and the Quraysh tribe boycotted the small new Muslim community. However, had this self-starvation lead to death, it would not have been viewed as suicidal, but rather as murder on the part of the Quraysh, and all Muslim commentators agree that they would all have been considered martyrs.

Two verses from the Quran appear to condone suicide. In the first God appears to order Moses’ people to kill themselves for their own good:

‘And remember Moses said
To his people: ‘Oh my people!
Ye have indeed wronged
Yourselves by your worship of the calf:
So turn (in repentance) to your Maker,
And slay yourselves (the wrongdoers);
That will be better for you
In the sight of your Maker.’
Then he turned towards you (in forgiveness);
For He is Oft-Returning, Most Merciful.

Surah Al-Baqara, verse 54

23 Cf. Exodus 32:27-28. The Old Testament says: ‘Go in and out from gate to gate throughout the camp, and slay every man his brother, and every man his companion, and every man his neighbour... and there fell of the people that day 3,000 men.’
One tenth century text interpreted this verse as a justification of suicide. Muslim theologians, however, are averse to the assumption that God would command anybody to commit a sin as grave as suicide in order to atone for some other sin. Instead, the verse is interpreted as referring to mutual killing, either a gigantic suicide pact or the slaughter of the worshippers of the Golden Calf by those Israelites who had had no part in their sin. As with the previous passages, there is uncertainty about whether this refers to killing oneself or to mutual killing.

In the second verse God is apparently ordering people to kill themselves and also indicating a condoning attitude toward suicide if it is committed for a worthy purpose.

> 'If We had ordered them
> To sacrifice their lives
> Or to leave their homes
> Very few of them
> Would have done it:
> But if they had done
> What they were (actually) told
> It would have been best
> For them, and would have gone
> Farthest to strengthen their (faith);
>
> 'And We should then have
> Given them from Our Presence
> A great reward.'
>
> **Surah Al-Nisaa, verses 66-69**

The idea seems to be one of sacrificing your life for the sake of God. Indeed, commentators are of the opinion that this verse is an exhortation to seek death in Holy War (jihad). Rather than being concerned with an individual act of suicide, it seems to exhort martyrdom.

**Martyrdom**

The Arabic word for a martyr, *shaheed*, means 'witness' as in a witness to the Truth. As Abdullah Yusuf Ali writes, martyrdom is the sacrifice of life in the service of Allah, usually as part of the struggle for God's cause (*jihad*). The rewards for the martyr are many. Ali refers to the 'state of bliss' that they will be in in the gardens of heaven and God will provide for them well:

> '...They glory in the Grace
> And the Bounty from Allah,
> And in the fact that
> Allah suffereth not
> The reward of the Faithful
> To be lost (in the least).
>
> **Surah Al-Imran, from verses 169 - 171**

Having given up his life for God, a martyr is not judged as an ordinary human, but all his sins are

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25 Ali comments on this passage, 'The highest in faith willingly sacrifice their lives, their homes, and all that they hold dearest, in the cause of Allah. Those whose faith is not so strong are expected at least to do what a loyal member of any society does, submit his doubts and disputes to the head of the society and cheerfully accept his decision and submit to it.' *op.cit.*, p.205.
forgiven by the very act of martyrdom. 

'Those who have left their homes,  
And were driven out therefrom,  
and suffered harm in My Cause,  
And fought and were slain -  
Verily, I will blot out  
From them their iniquities  
And admit them into Gardens  
With rivers flowing beneath -  
A reward from the Presence  
Of Allah, and from His Presence  
Is the best of rewards.'

Surah Al-Imran, verse 195

Several times the Quran says that martyrs should not be thought of as dead, but living:

'Think not of those  
Who are slain in Allah's way  
As dead. Nay, they live,  
Finding their sustenance  
In the Presence of their Lord.'

Surah Al-Imran, verse 169

Martyrs are given a special ranking in heaven:

'All who obey Allah  
And the Messenger  
Are in the Company  
Of those on whom  
Is the Grace of Allah -  
Of the Prophets (who teach)  
The Sincere (lovers of Truth)  
The Witnesses (who testify)...'

Surah Al-Nissa, verse 69

The martyrs are placed in the company of the four categories with a special place in heaven: the prophets, the sincere lovers of truth, the witnesses who testify, and the righteous. In the words of the Quran, martyrdom is the 'achievement supreme.'

The Prophet's Sayings (the ahadeeth an-nabawiya or hadith sharif)
The ahadeeth an-nabawiya or the hadith sharif are the sayings of the prophet Muhammed collected in the centuries after his death. The collections most referred to are those of Bukhari and Muslim. Since in Muhammed's time battles were frequent, as mentioned earlier, there are many references in the hadith to killing on the battlefield. Whereas the Quranic attitude towards suicide is somewhat inconclusive, the hadith leave no doubt as to the official religious attitude of Islam. It is strongly

26 As Ali writes, 'Allah knows all his past life but will forbear from calling him to account for things that should strictly come to his account', p.180.
27 For Shiaa Muslims martyrdom is central to their religious beliefs. They hold Ali, the prophet's cousin, husband of the prophet's daughter Fatima, and the fourth caliph, in very high esteem. He was martyred at the battle of Kerabala. Many Shiaa ceremonies revolve around reenacting his martyrdom. This may explain why the Islamist Lebanese Shiaa groups of south Lebanon (such as the Hizbollah) have more suicide missions than do the Islamist Palestinian groups of the West Bank (such as Jihad and Hamas).
28 From Surah Al-Tawbah, 'They who fight in His Cause/And slay and are slain ...That is the achievement supreme.'
condemned as a grave sin. Of two suicides, the prophet Muhammed is reported to have said that they
grew to the fire of hell (ahl an-nar).\textsuperscript{29} The more famous is that of Qazman:\textsuperscript{30}

Qazman Al-Thafry lived at the time of the prophet and is labelled in history as one of the
munaafiqeen or Hypocrites.\textsuperscript{31} The prophet was preparing for imminent battle and went off with
his fighting men. Qazman stayed behind where he was taunted by the women. “Oh Qazman! Are you not ashamed? The men have gone and you have stayed? Are you not embarrassed to
be nothing but a woman?”

He was angered by this, so got up and took his bow and arrow and his sword and went off to
find the prophet and his men. Qazman found the prophet coordinating the Muslims for the Uhud
battle. Qazman volunteered to be in the front line and was the first to shoot an arrow from the
Muslim lines. And with his sword, “He did with the infidels of Mecca all that could be done.”

At one point the Muslims feared that he had been killed but he returned exclaiming, “I am the
young victorious man! I have killed seven of them!”

And it was then that the Muslims became exposed to danger and Qazman was seriously
injured. A leader went past him and said, “I congratulate you on your martyrdom.”

To which Qazman replied, “I did not fight because of religion. I fought because I don’t want the
Quraysh to take our property.” At which point he got out an arrow and started injuring himself.

When death was slow to come he took out a sword and leant against it until it came out of his
back and he died.

The prophet Muhammed then pronounced that he would go to hell, not only because he had killed
himself, but also because he was not fighting for the sake of religion but rather because the battle was
against a rival tribe. The argument behind this condemnation of suicide is apparently the one seen in
the Quran with regard to killing generally, that death is in God’s hands alone. This is illustrated by the
following hadith. It was said by the prophet after seeing a wounded man kill himself. It is a hadith quds
which means that it is ascribed to God himself.

\textit{And God said: ‘My servant anticipated my action by taking his soul (life) in his own hand;
therefore, he will not be admitted into Paradise.}\textsuperscript{32}

Of another suicide the prophet is said to have refused the final Islamic death rite which is to say prayers
for him (sali allay).\textsuperscript{33}

The \textit{hadith} put the two forms of self-killing, suicide and martyrdom, into even sharper opposition than
in the Quran. Whereas the martyr is promised a place in paradise and all his life’s sins will be forgotten
by the act of martyrdom, the suicide will go to hell and no meritorious act during his life can save him.

The form of punishment for suicide is specified further in some \textit{hadith} with the way the person
committed suicide in this life being repeated eternally in the next.\textsuperscript{34} It is only with regard to suicide that
Muslim theology has the notion of \textit{lex talionis}, as Rosenthal notes.\textsuperscript{35}

\textit{He who killed himself with a knife, his knife will remain stabbing himself in his stomach
permanently in hell, and he who poisons and kills himself, he will be permanently drinking his

\textsuperscript{29}Literally meaning ‘the family or people of the Fire.’
\textsuperscript{30} The story of Qazman is described in Jawad, \textit{op.cit.}, 1934, p.476, Rosenthal, \textit{op.cit.}, 1955, p.244 and Ash-
\textsuperscript{31} Hypocrites (Al-Munaafiqun) are those who fought with the prophet but were not believing Muslims.
\textsuperscript{32} From the Al-Bukhari hadith collection.
\textsuperscript{33} Reported in several hadith collections - including that of Bukhari (Sahih 7.450-6) but several other hadith
scholars debate this point and argue that every Muslim is entitled to prayers after his death.
\textsuperscript{34} cf. the Christian idea of punishing the limb that committed the suicidal act.
\textsuperscript{35} \textit{Lex talionis} is the law of retaliation, whereby a punishment resembles the offence committed, in kind and
degree (OED 1991).
poison in hell and he who throws himself from a mountain and kills himself he will be thrown in hell permanently.36

A more forgiving attitude is shown by some hadith which indicate that accidents may occur. For instance, when the poet Amir bin Sinan bin al-Akwar died accidentally by his own weapon in the battle of Haybar, a hadith from the time makes it clear that this would not be considered suicide.37

The attitude to attempting suicide in the Islamic tradition is illustrated by Omar’s38 decision when a man came to see him for advice about his daughter:

The man said, "I have a daughter who was left behind with the Jahaliya. We managed to get her out just before she died. She 'reached' Islam and became a Muslim. However, she has ered away from Islam and so took a blade to kill herself. We got hold of her after she had cut some of her veins and we treated her until she recovered when she asked for forgiveness. She has now been proposed to. Do I tell them of what she has done?"

To this Omar is said to have replied, "You want to expose what God has concealed? [by not letting her suicide succeed]" And he emphatically forbade the father from revealing to her suitors her past.39

Thus it appears that no life long blame is attached to attempting suicide if the person repents. Indeed, repentance (at-tawba) of one’s sins is looked upon very favourably by God, as illustrated by this hadith:

A man was lost in the desert and his pack animals carrying his food and drink disappeared. He disappeared while sitting under the shadow of a tree. And whilst sitting under the tree in that state the camel reappeared, and he said, out of his sheer excitement, "You are my worshipper and I am your God."40

Dr Bedawi explained that such is the delight of God when a Muslim repents and regains his faith and perhaps because of this, suicide attempts do not seem to be viewed as indelible sins. Indeed, Bedawi said, 'Attempted suicide has no tariff as a crime, it is merely a moral crime.41'

The fact that these hadith on the differences between intentionally and accidentally killing oneself have been collected and debated seems to indicate that there were cases of suicide occurring at the time. This contrasts with contemporary ideas that suicide is a modern and alien form of behaviour amongst Muslims. The Islamic view of suicide is summed up by Rosenthal,

'While the Quranic attitude towards suicide thus remains uncertain, the great authorities of the hadith leave no doubt as to the official religious attitude of Islam... The sum and substance of the theological attitude toward suicide as expressed in the relevant traditions can be stated as follows: Suicide is an unlawful act. The person who commits suicide will be doomed and must continually repeat in Hell the action by which he killed himself. It is debated whether prayers are said for a suicide or not. If a person kills himself accidentally, it is not considered suicide.42'

This contrasts sharply with the martyr who by the very act of martyrdom assures himself a privileged place in heaven.

36 Muslim, 1, 103-4 and Bukhari, 10, 258
37 Including Bukhari (Sahih 4.320).
38 Omar Ibn Khattab, the second of the first four ‘Rashideen’ caliphs, reigned from 634 to 644 and was renowned for his justice.
40 Muslim 4.2104.
41 From the interview with Dr Bedawi at The Muslim College, 6th August 1999.
42 Rosenthal, op.cit. , 1955, p.245.
Suicide in love and war

By the eighth century the official Islamic position on suicide was clear. It was an unlawful act and a grave sin. However, in two contexts, the Arabs appeared to condone suicide: in legendary love stories and in actual military defeats.

Suicide in love stories

Love is linked to death in many popular Arab sayings, stories and poetry, mostly since the arrival of Islam. This is revealed in the expression commonly used in popular stories, ‘due to love he killed himself’ (men qatal nafsahu bisabab al-ashq), writes Khalil Ash-Sheikh.\(^4\) To illustrate this four such stories will be briefly discussed. The first, a particularly famous story, is that of Madad Al-Jirhami and Mai which takes place in the month of Rajab which is a special religious month.

Madad and Mai had made an oral contract to get married. As it was the month of Rajab Madad went off to do the “umra.”\(^4\) Mai went in disguise without him knowing. During the pilgrimage a couple, a man called Qays and a woman called Raqiya, were thirsty and asked Madad to fetch some water for them. Mai saw Madad giving Raqiya the water and became very jealous - to the point that she fainted. On recovery she went to her father and said, “Madad called my heart and now my soul has left my body.” The plot thickened when Qays said that Madad indeed loves Raqiya and composed some love poetry. This poetry, he said, was the work of Raqiya who also loves Madad. On hearing this, Madad set off on a horse to find and kill Qays but Qays escaped into the desert. Madad then went to see Mai and tell her that the stories are not true and that he loves her but Mai refused to believe him. Madad said that he will not drink water at all to prove his love for her and as a result he dies. Raqiya goes to see Mai and tells her that the stories that there was an affair between her and Madad was untrue. Mai goes off to search for Madad only to find him dead. In response she also stops drinking water and dies, but before she dies she asks that she is buried in the same tomb as Madad.\(^4\)

The second story is entitled ‘A caliph, a young man and a slave girl’ Stories on a similar theme are reported from Baghdad and Andalusia.

A young man goes to see a caliph. The young man requests the caliph to order a slave girl to sing three songs for him. At first the caliph refuses the request. The young man threatens to kill him. More out of curiosity than anything else the caliph orders the slave girl to sing and listens to her. After each song the young man drinks a large quantity (ratal) of alcohol and after the third throws himself from a balcony and dies. The slave girl then also throws herself from the balcony and dies. In the story the caliph is said to be struck by amazement and regret.\(^4\)

The third story is entitled ‘You drowned me in love!’ and is about a slave girl singing a beautiful poetic song for a king which goes:

“Those who love are always patient...”
One of the singer’s female friends asks her, “and what do they do if they are not patient?”
“This!” she says and throws herself into a river and drowns.
On seeing her a man called Ghilaam Hassan Al-Wijha says, “You drowned me in love, nothing is good after you...Death for lovers is a decoration”
And throws himself into the river. They both rise up above the water holding on to each other.

\(^4\) Ash-Sheikh, op.cit., 1997, p.15.

\(^4\) The religious pilgrimage to Mecca or ‘haj’ is called the ‘umra’ when it is done in a month other than the month of ‘Haj’.

\(^4\) Ash-Sheikh, op.cit., 1997, p.16. Khalil Ash-Sheikh interprets this legendary story as a symbolic conflict between fire and water as the names Madad and Mai both mean water and the name Qays means fire. Water plays the crucial role - it gives life to Raqiya and yet the lack of it is the cause of death of both Madad and Mai.

\(^4\) ibid., pp.19-20.
and then they sink under the water.47

There is much debate as to where the story originates from. In some versions, the lovers drown together and in others the couple are brought out and buried together.

The last famous love story is the story of Abbas.

A young man, Abbas, sees a girl among a group from the tribe of bani Hanifa who are on a journey and falls in love with her. At night he sneaks in carrying his bow and arrow. The girl is sleeping with her sisters and tells him to go. He threatens to wake up her sisters. "Just give me your hand to put on my heart," he says. She gives him her hand to put on his heart. And then he leaves. The next night he returns and says, "if you give me your lips I'll go." After he kisses her, "fire entered her heart" and the family the next day felt that something had happened and he waited with his bow and arrow for them to come after him. However after a while it starts to rain and they stop the search. At the end of the night the rain stops and the moon comes out. The girl goes to look for him. He thinks it is one of the family coming after him and fires an arrow killing her. On seeing what he has done he kills himself with a knife. People come and bury them together.48

All four of these legendary suicide stories are about impossible love. Unable to be together in life, the lovers are reunited in death. However, these 'romantic' deaths and suicides are not 'real' deaths and suicides. They resemble famous Western love stories, such as Romeo and Juliet. Perhaps they are universal or pre-Islamic in origin. In some legendary Arab love stories people go mad and, Ihsaan Al-Issa comments that, 'such a dismal picture of passionate love in mediaeval Islamic society was seen in other early civilisations. For most of Western history until the eighteenth century Enlightenment, love was not expected to end well; consider, for example, the fate of Romeo and Juliet or Ophelia and Hamlet.' The lovers' deaths in these stories are powerful, according to Khalil Ash-Sheikh, in that the lovers decide the time of their death, unlike the ordinary person who is ruled by death. No blame or disapproval seems to be attached to the protagonists. Rather, their common end seems to be fitting.

Suicide and military defeat

By far the greatest number of reported suicides concern cases in which suicide was committed in anticipation of an inevitable death in what more often than not would have been preceded by cruel tortures. According to Rosenthal:

'There is hardly ever any blame attached to this kind of suicide, nor does it provoke any specific comment. It would seem that the age-old tradition of history and myth which offers many examples of a self-inflicted death in the face of an inescapable fate or the threat of dishonour has proved to be stronger than religious injunctions.' 49

A typical story is that of Abdul Rahman Ibn Al-Ashath who in 84A.H. revolted against the Caliph Marwan and the judge Hajaj. Hajaj had ordered Al-Ashath to be leader of the army to fight the Turks. Hajaj then told Al-Ashath to push on and occupy all the land. Al-Ashath, disobeyed this order, revolted against Hajaj and for three years succeeded in being independent from Hajaj. However, Al-Ashath was double-crossed by the Turkish leader of the time who had made an agreement with Hajaj to hand over Al-Ashath. Al-Ashath was put in a palace where he threw himself off the balcony. His head was then sent around to other Muslim leaders as an example and his body was sent to a cemetery in Yemen for

47 ibid., p.23.
This was the first time a Muslim leader had committed suicide. The main reason for the suicide, according to Ash-Sheikh, was the avoidance of humiliation and to prevent Hajaj from having the pleasure of capturing him. In fact, Abdul Rahman was just the first of many Muslim leaders who killed themselves after military defeat. Most of these were not condemned by the society. These cases, says Rosenthal, 'show that historical and legendary tradition made the Arabs acquainted with a lenient attitude toward suicide under certain circumstances.'

Suicide and Islamic concepts of mental illness

While modern psychiatry and psychology in the Islamic countries is Western oriented, the roots of Islamic ethnopsychiatry and ethnopsychology go back to the peak of Islamic civilisation during the mediaeval period between the seventh and twelfth centuries. Basic sources for understanding attitudes towards the mentally ill in Islamic society remain the Quran and the Hadith. However the expansion of the Muslim empire introduced ideas, myths, folklore, and values from outside the Arabian peninsula into Islamic culture. The work of the physician Al-Razi (d.932), among others, shows such influences with the reformulation of Greek medical theories, particularly humoral theories and the work of Galen.

Unlike in Christianity, illness was not seen as a punishment and Muslim believers were not blamed for their afflictions:

'It is no fault in the blind,
Nor in the one born lame, nor
In one afflicted with illness...'

Surah Al Nur (The Light), verse 61

Whereas in Christianity there is a dichotomy between the 'heavenly soul' and the 'earthly sinful body,' the linking of the concept of original sin and illness does not exist in Islam, according to Al-Issa. The mind and body, he writes, are united in health and sickness.

In Razi's medical encyclopaedia 'Continens' (Kitab Al-Hawi), a whole chapter is devoted to melancholia. Symptoms include sorrow, sadness, fear, irritation, misanthropy, love of seclusion, and dissatisfaction with the self and others which, as Al-Issa writes, are reminiscent of the symptoms of depression. Another renowned mediaeval Islamic physician, Ibn Sina (Avicenna), (d.1073), described melancholia in his 'Canon' (Qanun) as evil thoughts, irrational fear, quickness of anger, loneliness, trembling and dizziness. Those with more morose temperaments (mizaj) arising from black

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50 Reported in Ash-Sheikh, op.cit., p.30 quoting from Muhammed Tabari al-umum wa al-maluk, date unknown.
51 Rosenthal's article on suicide in Islam contains a long list of Muslim military leaders who committed suicide after military defeats including: Ibn Zayat, Bin Abdullah, Suleiman Ibn Quathlamesh and Ibn Suleiman.
53 Al-Issa is referring in particular to the work of M.Dols, Majnun: The Madman in Mediaeval Islamic Society, Oxford University Press, New York, 1992 quoted in I.Al-Issa (ed) Al-Janun: Mental Illness in the Islamic World, International Universities Press, Madison,1999, p.63. This may, however, be somewhat oversimplifying the matter. In Islamic thought the soul resides within the body and can be identified by name.
Sometimes the mentally ill were hospitalised. Islamic hospitals were first built in the ninth century in Baghdad and Cairo. In contrast to Western hospitals which started as religious institutions; Islamic hospitals were secular establishments. Mental illness was attributed to both organic pathology and spirit possession. A variety of physical treatments were given to patients with melancholia including baths, fermentations, compresses, bandaging, massage, blood-letting, cupping, and cautery. Medications included sedatives and stimulants. Antidepressants used to reduce sadness were called 'gladdeners of the spirit' (mufarreh an-nafs). Music was also sometimes used therapeutically. In general, prayer was recognised as a method of healing the sick and reciting the Quran or writing out verses was also perceived as a useful way of preventing and treating the harmful effects of the evil eye.

In his review of mental illness in Medieval Islam, Al-issa writes, 'Suicide was rarely mentioned as a symptom of mental illness.' Ibn Zohr (Avenzoar) (1092-1162) in his book 'Facilitation' (Kitab al-Taissir) was the first Muslim physician to list the desire to die as a symptom of melancholia, and reported having seen many people who had committed suicide by hanging and drowning. However, Al-issa concludes his review, 'It may be that in Islamic society suicidal behaviour was not usually used as a means of coping by patients and its low rates did not attract the attention of many other mediaeval physicians.'

Throughout the ages Arab thought has condemned suicide, on the basis of the attitudes reflected in the Quran and Hadith. However, sometimes suicides in legend and at the time of defeat appear to have been socially condoned. An understanding of mental illness is reflected in Islamic ethnopsychiatry which had its roots in the mediaeval Islamic period and was largely based on the Quran and Hadith, but was also influenced by external sources, especially the ideas of classical Greece. There is evidence that a range of mental illnesses were recognised, including some with symptoms akin to those of modern Western concept of depression, the treatments for which including prayer and antidepressants. Suicide, however, particularly as a result of individual depression or 'melancholy,' appears to have been rare.

Christian attitudes to suicide
The development of Christian attitudes towards suicide appears to have some parallels with that of Islamic attitudes. Initially suicide was seen as a form of martyrdom when asserting the new religion, but it came to be strongly condemned on the basis of a belief in the respect for human life. Indeed, the

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55 ibid., p.48.
56 The Arabic word for mad (majnoon) comes from the word for spirits (jiin) which are described in the Quran and the hadith.
57 ibid., p.56.
58 ibid., pp.64-65.
60 ibid., p.67.
idea of suicide as a crime came late in Christian doctrine, writes Alvarez in his book *The Savage God: A Study on Suicide*. It was not until the sixth century AD that the Church finally legislated against it, and then the only biblical authority was a special interpretation of the sixth commandment: 'Thou shalt not kill.' St Augustine urged Christian bishops to take an anti-suicide stance in response to the 'suicide-mania' of the early Christians who sought martyrdom and an assured place in heaven. St Augustine argued that, since in Christianity the human body is believed to be the vehicle of an immortal soul, every life is equally valuable. Since life itself is the gift of God, to reject it is to reject Him and to frustrate His will; to kill His image is to kill Him, and be eternally damned. This Christian ban on suicide, along with infanticide and abortion, was based on a respect for life which was, according to Alvarez, in total contrast to the indifference and casual murderousness of the Romans.61

St Augustine’s arguments, according to Alvarez, did not come from the Bible, but were from Plato’s *Phaedo*. Indeed, neither the Old nor the New Testament directly prohibits suicide. There are four suicides recorded in the Old Testament, those of Samson, Saul, Abimelech and Achitophel, and none of them earns adverse comment. In the New Testament, the suicide of even the greatest criminal Judas Iscariot is recorded without condemnation. Indeed, instead of being added to his crimes, it seems to be regarded as a measure of his repentance. Only much later did the theologians reverse the implicit judgment of St Matthew and suggest that Judas was damned as much by his suicide as by his betrayal of Christ.62

The word 'suicide' itself appeared late. The OED dates the first use as 1651, but it was still sufficiently rare not to appear in the 1755 edition of Dr Johnson’s Dictionary. It was a relatively abstract Latinate word and instead, phrases used were ‘self-murder’, ‘self-homicide’, ‘self-slaughter,’ which are all expressions reflecting associations with murder.63 The act of suicide remained a crime in England and Wales until 1961.64 It is thought that the act of suicide was a crime because, as with murder, it was against the state or King, but also a sin because it was against God. For this reason a suicide was not buried in consecrated ground.

It is often said that the main split between the Eastern and Western churches was over doctrinal differences concerning the nature of Christ which came from the Council of Chalcedon in 451. The second person of the Trinity was defined as possessing two natures, divine and human, but Hourani says that this formulation was accepted by the main body of the Church, whether east or west, and supported by the imperial governments and that, ‘It was only later and gradually, and mainly over the question of authority, that there took place a division between the Church in the Byzantine territories, the Eastern Orthodox Church with its Patriarchs as heads of its priesthood, and those in western Europe who accepted the supreme authority of the Pope in Rome.65 As a result of the division

62 *ibid.*, p.69.
63 *ibid.*, p.68
between the two Churches, the Christian commentators on the topic of suicide in Palestine, such as Christian public figures, largely belong to the Eastern Orthodox church. Many of their views regarding suicide and martyrdom, death and self-killing, seem to echo the dominant Islamic positions adopted through the ages.

Part II: Modern times

'A religion amongst the followers of which suicide is almost absolutely unknown.'

Noldeke, late 19th century

Until recently, the general perception in the Arab world was that suicide either does not occur, or is very rare. Most global reports on suicide do not list any Arab countries. For those that do, such as the WHO statistics which included Egypt and Kuwait, the rate of suicide is very low. In part the low levels appear to be due to the way in which suicides are recorded, a matter which is discussed later.

Prominent contemporary late twentieth century attitudes and beliefs in the Arab world can be understood more clearly after considering the major currents in the historical religious development of the Arab (largely Muslim) tradition. The current political context of the Middle East needs also to be understood. Modern attitudes are described mainly in the form of the views of Palestinians from the West Bank, but sometimes also other Arabs or Muslims who expressed their attitudes clearly are also quoted. Many generalisations are inevitably made since opinions are more varied than represented here, but overall the opinions give a 'sense' of the prevailing atmosphere.

I could find little in modern Arab literature on suicide and the few books I found in Arabic on suicide were translated Western works. However, Khalil Ash-Sheikh published Suicide in Arab Literature and Muhammed Jaaber Ansaari published Suicide of the Arab Intellectuals: and current issues in Arab culture in 1998, in which he described suicide as 'the new epidemic in Arab life' (al-waafid aj-jadeed). Both books were reviewed in local Palestinian papers. Thus, although the act of suicide is widely condemned, it does appear that it is being discussed more in the latter part of the 20th century.

Suicide: contemporary lay views

Suicide is a sin. It is haram.

Suicide (al-intihar) is viewed by nearly all as forbidden by God (haram). In Islam there are different levels of prohibition; haram is the strongest.

Someone who commits suicide is a kafir

Most people said that someone who commits suicide is an infidel or unbeliever (kafir). This is an even stronger word than haram. It means infidel or unbeliever, a kafir ceases to be Muslim in any way and is excluded from the Muslim community. In the Arab world people are generally classified as being

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66 Such as Christian doctors, teachers, political leaders.
Muslim, Christian, Jewish or kafir. When I asked people who had attempted suicide if they would try again, a few said, 'No, I regret it now... suicide is haram... I don’t want to die a kafir.'

No prayers for a suicide
Everyone that I asked in Ramallah said that someone who had committed suicide would be buried in the same cemetery with everyone else in the usual way - in a simple grave with just a white slab on top. The man working in Al-Bireh graveyard agreed although he could not remember having a case of suicide. However, they all said that they would not say prayers for him or her (ma bisaloo alay). When asked to justify this, most would refer to the hadith about prophet Muhammed not praying over someone who had committed suicide or the verse from Surah Al-Nissaa in the Quran. 'Do not kill yourselves...'

Suicide is a taboo topic
For all intents and purposes suicide is taboo, or has been until recently. Only a few years ago, one of the main two western-educated psychiatrists in Ramallah - and in the West Bank - Dr Sehweil was asked to talk on a TV programme about depression. He did not once mention suicidal thoughts or behaviour, despite the large body of Western literature linking depression and suicide.

Attempted suicide can be forgiven, although it is still shameful
Having said this, it did appear that in many cases attempted suicide was not viewed as an indelible sin. Although strongly disapproved of, and although a girl who attempted suicide might be labelled as mad (majnuna), there was often a sense that if the person regained their senses and repented, the incident could be forgiven. As with the attitudes described earlier, it is self-induced death that is seen as unforgivable and potentially damaging to the reputation of the family of the suicide. Repentance (at-tawba) is emphasised in Islam and may invoke forgiveness. This being said, it is still a shameful act that should be kept private and not discussed.

Only an unbeliever (kafir) despairs, a Muslim should be patient
A number of those who attempted suicide expressed a sense of guilt that they had despaired. They not only regretted having taken the suicidal action, but they also felt that they had done something wrong by losing faith in God and despairing. 'A Muslim (believer) shouldn’t despair...' was a common line. This is in line with Zeki Bedawi’s argument that Islam condemns suicide since only a disbeliever despairs and is not patient. As it says in the Quran,

'O you who believe! Seek help in patience and prayers. Truly Allah is with the patient ones (as-sabirin).'

Surah Al-Baqara, verse 153

As Al-Issah comments, 'Patience does not only mean feeling the pain of a misfortune without protest or complaint, but also the acceptance of God’s decision.'

69 Perhaps because it could be understood that God had prevented the suicide, as in the popular historical story of Caliph Omar Ibn Khattab previously mentioned.

Power of Palestinian customs and traditions

Palestinians, in particular, treasure their special customs and traditions (adaat wa taqaleed) which can act as social rules and are sometimes based on religious beliefs. For a nation constantly under threat of extermination, living under occupation, or discriminated against as a group, and whose existence has been denied for a long time, these customs and traditions become powerful social tools. They are linked to a strong sense of what it is to be Palestinian. I believe that these customs and traditions were strengthened during the occupation and the Intifada when there were no official bodies to 'rule' the society apart from hostile ones. To maintain some social order, Palestinians clung to their 'adaat wa taqaleed' which encompass many things and habits: the Palestinian embroidered dress (tobe), the chastity of the Palestinian girl, the strength and heroism of the Palestinian man, traditional songs and poetry, food and cooking. Indeed, the phrase may mean different things to different Palestinians, but it almost always contains the idea of opposition to the values and impositions of the West (including Israel which is seen as a totally Western entity).

Suicide is a Western thing

Suicide is often referred to as being 'with the foreigners,' meaning Westerners (and al-ajaaneb). 'We don't have it here "with the Arabs" (and al-Arab). Along with most bad things, it is blamed upon the West and the Westernisation of Arab society. As the famous writer and translator Malfouti71 said,

'Suicide is a corrupt product and foreign custom to Arab civilisation, that was thrown at us amongst other things.'72

This attitude is reminiscent of the attitude of African Americans who have relatively low rates of suicide. In one survey of church goers, over 50% agreed with the statement that 'Suicide has always been a "white thing" that black Americans would just not do.'73

The Arabs' relationship with the West

The above attitudes cannot be understood without a knowledge of the most important factors underlying the Arabs' relationship to the West. These are the devastating effect of Western colonisation on Arab countries and societies; the creation of Israel which is not only seen as a Western entity, but is also seen as created and supported by the West; and the continuing occupation and domination by Israel of the West Bank and Gaza strip. Arab nationalist dreams of Arab unity which were so alive after the Second World War when most the Arab states achieved independence (not Palestine), are now seen as truly unrealisable. The Arabs of the late 20th century stand defeated and in despair. They see the Middle East fragmented into dictatorships powerless in international affairs. Bombs are dropped on Lebanon by Israel and on Iraq by America and the Arabs are powerless to do anything. Suicide fits well into this depressing picture.

71 It is somewhat ironic that Malfuti was a famous Arab translator and interpreter and in a way was responsible for the semi-glorification of suicide in Arabic literature. He translated and interpreted foreign books using strong and powerful Arabic language. In his book 'Virtue' (Al-Fadila) he gave suicide a kind of beauty. 'Suicide,' it wrote, 'bridges the chasm between love and outside pressures.' But in his real life, Malfuti was against suicide. From Ash-Sheikh, op.cit., p.53.
72 ibid., 54.
The suicide of Field Marshal Abdul Hakim Amer

The overwhelming defeat of the Arabs in the Arab-Israeli war or the 'Six Day War' and the resounding victory of the Israelis was a shock to the Arabs. It was the end of the dream. The Egyptian Field Marshal during the 1967 war, Abdul Hakim Amer, was a Nasser loyalist but militarily inept. In defeat he committed suicide, although his family dispute this to this day, Egyptians say 'they slaughtered him' or that he was forced to slaughter himself (naharu). In his recent book entitled Suicide of the Arab Intellectuals, Al-Ansari pinpoints Amer's suicide as the act which initiated discourse on the notion of suicide amongst the Arabs.

'Whether the suicide of Field Marshal Abdul Hakim Amer is a suicide or a slaughter it is evident that framing his death within the framework of committing suicide indicates that the notion of committing suicide - although it is rare in the Arab tradition and being forbidden in Islam - became an idea which has been floated for consideration and expectation in the aftermath of defeat with all its deep wounds in the Arab psychological intestines until this day, especially after what has become apparent of Arab concessions and failures which exceeded the military and political dimension of that great national defeat, so as to reach depths which are deeper in the Arab psychology and Arab group consciousness.'

In the face of such overwhelming defeat, Arab dreams of regaining national pride and confidence led them to harp back to a golden Islamic past in popular literature, songs and films. The most recent and spectacular examples are the song 'The Arab Dream' (Al-Hilm Al-Arabi) and the film 'The Destiny' (Al-Masseer).

The song 'The Arab Dream' was made in October 1998. Singers and musicians from all over the Arab world gathered in Beirut and their music was used to make a video showing the dominant Arab narrative of defeat, from the Palestinian 'catastrophe' (nakba) with footage of refugees setting up tents, the wars of '56, '67, the mini-victory of '73, to the intifada with a horrific scene of a young man being shot dead in the head by an Israeli soldier, the aftermath of the Allied bombing of the bomb shelter in Iraq, to starving babies in Iraq. The video was a huge success, constantly played all over the Middle East on TV and in shops and restaurants. Apparently in Egypt the government delayed the release worried, about its effect. There are tales of Egyptians coming into shops where it was playing and bursting into tears, while Palestinians, who are generally more staid, watched it silently and with despair. It touched a raw nerve as it contrasted the misery of the last 50 years of Arab history with the grandness of the Arab dream of unity and success. The film 'The Destiny' by Egyptian film director Yousef Chahine was about the glorious Islamic past, the days of Ibn Rushd in Andalusia when the Arabs ruled a liberal regime with open-minded intellectuals and the northern Europeans were relatively backward under the rule of the oppressive church of the Middle Ages.

To the Arabs today, the positions have been reversed. But for many this is the very reason why they insist that suicide is a Western thing. Talking to Dr Maalik, the only psychiatrist in Jenin, about suicide he said at the end of the interview: 'There is a strong sense that as part of the Arab nation (umma) we have lost in the race of technology. What if we were to design a watch? Surely in Europe or the States or Japan there is a better one.... What distinguishes (tamayizhoom) the Arabs is their togetherness, their religion, their customs and traditions... We don’t have people living on the streets, homeless without a family.' Basically it seemed that his point was that the 'Arabs might be failures in the modern

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technological world, but at least they have their customs and traditions; they don’t have high crime rates, nor suicide rates, and he thought this had an important impact on mental health.75

The general Muslim perception of the relationship between Muslims and the West, as well as how suicide is viewed, is summed up well by Pakistani scholar Akbar Ahmed.

‘Muslims, turning a blind eye to their own societies, see sybaritic systems, political intolerance and senseless violence as some of the characteristics of Western societies. Of these the USA appears to bewitch Muslims - whether as friends (Egypt, Saudi Arabia, Pakistan) or foe (Libya). In Iran the relationship underwent a complete roundabout within a short space of time. From being the nearest thing in paradise on earth, the USA became the Great Satan. Whichever, friend or foe, the relationship is complex, one of love-hate. It holds Muslim society in thrall.

...Strong on science, the USA appears weak on society. ...While Muslims are stimulated by some of the most brilliant minds and discoveries of the modern world in the USA - which can boast 121 Nobel Prize winners - they are also uncomfortable with the American obsession to compete: first on the moon, the fastest on earth, the biggest, the latest. In turn, the ethos of competition creates neurosis in society; people are no longer satisfied. More is better - more money, more sex, more property. It is a society with too much freedom, too many expectations. Suicide, drug abuse, depression, divorce, incest, rape and hysteria regarding venereal diseases - herpes last year, AIDS this year - are the indices, signs, of insatiable self-indulgence. People appear to live only to enjoy sex and gorge food. In this direction a vital civilisation has gone astray, its exuberance dissipated, its social life a parody of its phallus and palate obsessions.76

In his rather florid language, Akbar Ahmed, now Pakistani High Commissioner in London, manages to describe the attitudes and images that many Arabs and/or Muslims have of the West and Western society. And, in Akbar’s description, suicide is linked to all the other bad things ‘from’ the West, such as rape and drug addiction.

Martyrdom

Views on martyrdom however, show it to be special in every way. This was in particularly true during the Intifada. Even now on demonstration days in the West Bank large posters and banners often go up with the words, ‘The martyrs are the candles who gave us light.’ This analogy of martyrs with candles, burning to give light, sacrificing their lives for the freedom of others, is a popular one.

The image of the martyr (shaheed) is everywhere in the West Bank and Gaza. On street walls, shop doors, hospital walls, people’s living rooms and family albums. The images of young boys, teenagers and young men (shabab) are seen as they smile shyly or blankly at the camera while their picture was taken, probably in a small cheap Ramallah village photo studio and with no idea about their future status as shaheed. The cupboard in the dormitory where I lived came with a big colour picture of the martyr ‘Yahya Ayash’ or ‘the Engineer,’ who was in Hamas and assassinated by the Israeli secret service by a bomb in his mobile phone. Throughout the year he smiled pleasantly at us, the keffayeh wrapped around his shoulders.

Some social respect and credibility could be gained, particularly in refugee camp communities, by

75 From an interview with Dr Maalik, The mental health clinic, Jenin, February 1998.
being imprisoned, or educated, or by having a martyr in the family. Hamam describes this as "social capital" in his thesis on the refugee camps of the West Bank.\textsuperscript{77}

Martyrdom can also been seen as a way in which marginalised or oppressed people can, in a sense, speak out. Linda Pitcher looked at the social and political context of youth martyrdom during the Intifada which she described as 'young people trapped in circumstances beyond their control.' From her research with young men or boys in the West Bank during the Intifada, she examined a group of individuals who lived 'on the margins:'

\begin{quote}
... for whom the context of life has become untenable, and who create for themselves 'another scene' in the contemplation and endeavour of death. Through the ritual of shehada (martyrdom), these youth speak. They enact a performance that enables a voice to escape the confines of military occupation.\textsuperscript{78}
\end{quote}

For Palestinian women, martyrdom served as a way of resisting traditional roles in Arab society during the Intifada. Rita Giacaman examined the different ways in which women's traditional roles were affected by the Intifada. 'Another women's activity that clearly derives from their traditional role is visiting the sick and wounded, which is now not restricted to relatives or immediate neighbours and can even become an organised activity of a women's organisation, such as a visit to a village that has been attacked by the army. Attending funerals of martyrs - the equivalent of a demonstration - is the most politicised version of this activity' (my emphasis).\textsuperscript{79} In this way women could enter and participate in the public political world usually reserved for men.

Martyrs' deaths can serve as triggers for mass social action. While in Ramallah, I went to the family house in the special visiting days following the funeral (azza) for the Awadullah brothers, who were assassinated by the Israelis in September 1998. Huge tents had been erected outside for men, while women went inside the house. There were demonstrations on the following Friday with huge posters of the two martyrs, political speeches condemning the Authority, shouts saying 'Tear up the agreement!\textsuperscript{80}' and calling for a return to the armed struggle. Often, martyrs' bodies are paraded through the streets. In April 1998 a prominent Hamas member, Yahya Sharif, was allegedly killed by the Israelis blowing up his car.\textsuperscript{81} His charred corpse, wrapped in a Palestinian flag, was paraded down the streets of Ramallah and Al-Bireh and the streets were lined with black flags.

Indeed, it seems that martyrs are seen as models of how people should live by reminding people of the need to keep on with the struggle. Memorials serve as reminders of how to be worthy of them. In every refugee camp I visited, there was a central square with a memorial to the martyrs of the Intifada.

\textsuperscript{77} A.Hamam, Masters thesis, \textit{The social and demographic situations of the Palestinian refugees in the camps of the West Bank}, Tunis University,1998.


\textsuperscript{80} Referring to the Oslo agreement.

\textsuperscript{81} Yahya Sharif was also known as 'The Engineer no.2' or 'The Successor of (Khaleefi) Yahya Ayash' in reference to the other Hamas member assassinated by the Israelis mentioned above.
Conclusion
It appears that past Arab Islamic historico-religious attitudes towards death and self-killing have filtered down to those of today. The predominant cultural categories for self-killing are suicide and martyrdom, concepts which appear to be two extremes. Suicide is a very private and individual act, condemned by society and religion, whereas martyrdom is a very public and in a sense a group act, glorified and exalted by society and religion.

However, an essential ambiguity surrounds suicide in Arab thought which is reflected in three main areas. Firstly, apparently contradictory attitudes in the Quran towards suicide relate to interpretations of predestination, that is Allah's will, and free will. Secondly, in some situations, such as after a military defeat, suicide seems to be acceptable or even expected, in spite of the official Islamic position, while thirdly, if suicide is engineered as martyrdom, it is acceptable.

Women do not appear to be able to be martyrs, which suggests an implicit imbalance with regard to self-killing and self-harm between men and women. Perhaps this is because of the very public nature of this form of self-killing. In general, women tend to be separated from the public sphere and the world of men, so it may be that, confined to the private world, suicide and parasuicide are the only forms of self-killing and self-harm available to them.
Chapter Three

Ramallah and the Phenomenon of Suicide in Palestinian Society

Part I: Ramallah and its historical and political context, basic economy and moral institutions

The historical and political context

The 'suicide phenomenon' that became a subject of public discourse cannot be studied without considering the background of Ramallah and its population. Ramallah 'governorate' (muḥafathat Ramallah) is one of the eleven governorates into which the West Bank is now divided. It is comprised of the main town of Ramallah/Al-Bireh and the surrounding villages and camps. Previously two small villages, Ramallah and Al-Bireh now make up one large town 16km north of Jerusalem although each still has a separate mayor and municipality (baladiya). The total population of the West Bank is 1,869,818. The governorate has a population of 213,669, according to the 1997 population census, while the population of Ramallah/Al-Bireh town is 46,648.2

An almost idyllic picture of Ramallah and Al-Bireh is painted by a Palestinian Association for Cultural Exchange guide book written in the late 1990's.3

'They have long been a centre of learning and cultural activities, maybe since the American Friends (Quakers) opened their first school here in 1866. Nowadays, in and around the two towns are several higher academic institutions, cultural centres, theatres, and cinemas. Both towns and especially Ramallah are popular summer resorts. During that season they host several national and international festivals, cultural and musical. Ramallah is one of the least conservative Palestinian towns. From the beginning of this century it has become a favourite holiday destination for people from all parts of Palestine as well as neighbouring Arab countries. Visitors are entertained in Ramallah’s fantastic restaurants, hotels and parks serving typical Arabic snacks, meals, international meals and ice cream that Ramallah is famous for. Alcoholic drinks are also served here, something that one may not find in Al-Bireh and other Palestinian towns.'

This picture contrasts dramatically with the following description of life in Ramallah a few months into the intifada:

'Ramallah’s landscape this February 21, 1988 vibrates with the overtones of a war zone. Residents have dismantled the ancient stone wall across the street for a series of barricades. The smoke of burning tire rises in the clear early afternoon air over nearby Al-Amari refugee camp and army flares light the camp at night. The camp’s main entrance has been sealed by a wall of cement-filled barrels. Helicopters chop the air overhead; sirens of ambulances and army jeeps pierce the air on the streets that are virtually deserted this afternoon, ordinarily a busy time of day.

In camps and villages, even the winter nights are the scenes of sharp confrontation. In the

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1 The eleven governorates are: Jenin, Tubas, Tulkarm, Qalqiliya, Salfit, Nablus, Ramallah/Al-Bireh, Jerusalem, Jericho, Bethlehem and Hebron.
2 according to the Population Census of 1997 carried out by the PCBS (Palestinian Central Bureau for Statistics, quoted by PASSIA (The Palestinian Academic Society for the Study of International Affairs).
3 written by Dr Adel Yahya.
village of Abbud, settlers from Neve Tsuf settlement descended on the village at about 10pm on February 27, told the villagers in fluent Arabic to come out of their homes and not to be afraid, and fatally shot two residents, Ahmad and Riad Barghuti.

In Ramallah we shop between 8 and 11 am. The sounds of shop shutters closing signals a possible demonstration or march; otherwise, an uneasy quiet prevails through the afternoon and evening. Marches are launched on Friday from mosques and Sunday from the churches, Christians and Muslims and non-believers participating in them all. These places of worship are simply the (relatively) safest and most convenient places for people to gather.

...February 22, in Kafr Na'ma, a village near Ramallah: the army stays away as about 1000 men, women and children march through the village to the cemetery to mourn twenty-year-old 'Abdullah 'Atiya, shot dead in Ramallah two days earlier. The village is decorated with scores of homemade Palestinian flags; at the grave side, when a minute silence is declared for all of the fallen, several family members slowly raise their arms and make the familiar V-sign. The whole crowd repeats their gesture as hail and driving rain whirl around them.

For the purposes of this study it is vital to understand the current situation in Ramallah and the background to the 1987 Palestinian uprising, the intifada. This requires some knowledge of twentieth century Palestinian history.

Twentieth century Palestinian history

The dispute in the Middle East between Jews and Arabs or, more accurately, between Israel and the Palestinians is not a religious conflict; it is essentially a struggle over land. For the Palestinians, this is their historic homeland, where they have lived for centuries. The Zionists base their claim to Palestine on the Biblical promise to Abraham and his descendants (Genesis 17:8), on the historic connection between the Land of Israel and the Jewish people, and on the desperate need for a Jewish homeland as a haven from European anti-Semitism.

Until the end of the First World War, Palestine was part of the Ottoman Empire. During the fifteenth and sixteenth centuries, the greater part of the Muslim world was integrated into three great empires, those of the Ottomans, Safavids and Mughals. All the Arabic-speaking countries, except parts of Arabia, the Sudan and Morocco, were included in the Ottoman Empire, with its capital at Istanbul. In general, the Ottoman Empire preserved Islamic religious law, protected and extended the frontiers of the Muslim world, guarded the holy cities of Arabia and organised pilgrimage to them. It was also a multi-religious state, giving a recognised status to Christian and Jewish communities. Muslim inhabitants of the provincial cities were drawn into the bureaucratic system of government which held different regions within a single administrative and fiscal system. In the Arab countries, including Palestine, there developed an Arab Ottoman culture preserving the heritage, and to some extent

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5 From L.Hajjar, M.Rabbani & J.Beinin 'Palestine and the Arab-Israeli Conflict for Beginners', in Lockman & Beinin, op.cit., 1989
6 followers of Zionism which is a modern political movement based on the proposition that Jews all over the world constitute a single nationality and that the only solution to anti-Semitism is the concentration of as many Jews as possible in Palestine and the establishment of a Jewish state there.
7 From L.Hajjar, M.Rabbani & J.Beinin 'Palestine and the Arab-Israeli Conflict for Beginners', in Lockman & Beinin, op.cit., 1989
developing it in new ways.8

The Ottoman Empire was broken up after the First World War by the League of Nations then controlled by the leading colonial powers of the time, Britain and France. Palestine, the territory now comprising Israel, the West Bank and the Gaza strip, was mandated to Britain. Over 90% of Mandate Palestine's population was Arab. A small indigenous Jewish population had lived there for generations, and a newer, politicised community linked to the Zionist movement had begun to immigrate into Palestine in the 1880's.

During the war, Britain had made promises both to Arab leaders for the establishment of an independent Arab state that would include Palestine (the Hussein-McMahon correspondence), and to the Zionists for the establishment of a Jewish national home in Palestine (the Balfour declaration). These commitments conflicted not only with each other, but also with Britain's intention of retaining control over Palestine.

After Hitler's rise to power in 1933, European Jewish immigration to Palestine increased dramatically leading to an acceleration in land purchases and new Jewish settlements. Palestinian resistance to British control and Zionist settlement climaxed with the Arab revolt of 1936-39, which was suppressed by the British army with the help of Zionist militias and the complicity of the Arab regimes.

Following the Second World War, Britain was unable to maintain control over Palestine and turned the problem over to the United Nations which decided that the only means of resolving the escalating conflict between Jews and Arabs was to partition the land into two states. Although Jews constituted only one-third of the population and owned less than seven percent of the land, the UN partition plan assigned 55 percent of Palestine's territory to the Jewish state. The Palestinian leadership rejected partition as unjust and illegitimate, and civil war broke out between Arabs and Jews. By the time the British evacuation had taken place, the proclamation by Zionist leaders of the State of Israel on May 15, 1948 prompted military intervention by the neighbouring Arab states, precipitating the first Arab-Israeli war.

As a result of this war, historic Palestine was divided into three parts with the 1949 armistice agreements giving Israel control over 77 percent of the territory of mandate Palestine. Jordan occupied and annexed East Jerusalem and the hill country of central Palestine, henceforth known as the 'West Bank' of the Jordan River. Egypt took 'temporary' control of the coastal plain around the city of Gaza, which has come to be known as the Gaza Strip. The Palestinian Arab state provided for in the UN partition plan was never established.

At least 700,000 Palestinians, that is about one-half of the Arab inhabitants of Palestine, were displaced from their homes as a result of the 1948-49 war. On December 11 1948 the UN General Assembly passed resolution 194 which stated the right of Palestinian refugees to return to their homes. This was not implemented: during and after the fighting Israel destroyed over 350 Arab

villages inside the ‘Green Line’ (Israel’s borders from 1949 until 1967) and refused to allow Palestinian refugees to return to their homes. 1948 is celebrated by the Israelis as the ‘War of Liberation’ and the year of the birth of the modern Israeli state and mourned by the Palestinians as the year of the ‘Catastrophe’ or the nakba.

1950's and 60's
Massacres and the expulsion of Palestinians from the newly created Israeli state by the Israeli army continued throughout the 1950’s.9 The first PNC meeting was held in East Jerusalem on 28 May 1964 with 422 Palestinian national figures attending under the chairmanship of Ahmad Shuqeiri and on June 1 1964 the PLO was officially founded.10 It soon claimed to be the ‘sole legitimate representative of the Palestinian people’ and Palestinian refugees throughout the Arab world - many in crowded refugee camps in Gaza, The West Bank, Lebanon and Jordan - increasingly looked toward the PLO as a means of uniting in their struggle so as to return to their homes within Palestine.

The 1967 war and the occupation of the West Bank
In June 1967 Israel decisively and quickly defeated the Egyptian, Syrian and Jordanian armies. By the end of the war, Israel had captured the remainder of mandate Palestine, as well as the Sinai Peninsula from Egypt and the Golan Heights from Syria. The newly captured parts of former mandate Palestine, known since 1948 as the West Bank and the Gaza Strip, have since 1967 often been referred to as ‘the occupied territories.’ At the end of the 1967 war, the UN Security Council adopted Resolution 242 which calls for Israeli withdrawal from the territories seized in the war and the right of all states in the area to peaceful existence within secure and recognised boundaries. Again this resolution has not been put into effect.

This Israeli military occupation has been harsh and repressive. As Edward Said writes:

‘Although it was frequently referred to as a benign occupation, the Israeli presence on the West Bank and Gaza hurt more and more people as time passed. Students were forced to endure the extended closing of schools and universities. Workers who depended for their livelihood on intermittent piecwork inside Israel face daily reminders of their subservient status: they were paid less than Jewish workers, had no union to support them, were required to be kept under lock and key any time they stayed overnight inside the Green Line. Some were burned alive as a consequence, many others referred to themselves as “slaves.” There was a proliferation of over a thousand laws and regulations designed not only to enforce the subaltern, rightless position of Palestinians under Israeli jurisdiction, but also to rub their noses in the mud, to humiliate and remind them of how they were doomed to less-than-human status. Books by the thousands were banned. The colours of the Palestinian flag were outlawed; even the word “Palestine” could earn its user a jail sentence. Administrative detentions were common, as were the dynamiting of houses, torture, collective punishments and harassments, complete with rituals of dehumanising behaviour forced upon unarmed Palestinians. Yet the Palestinians of the West Bank and Gaza were required to pay Israeli taxes (but had no one to represent them), to submit to the increasingly cruel whims of settlers who did what they wanted with impunity, to face their alienation from their own land. To plant a tree required a permit. To hold meetings required a permit. Entry and exit required permits. To dig a well required a permit - one that was never given.11’

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9 see PASSIA for details
Indeed, from 1967 to 1982, Israel's military government demolished 1,338 Palestinian homes on the West Bank. Over this period, more than 300,000 Palestinians were detained without trial for various periods by Israeli security forces. Between 1968 and 1983, according to Israeli government figures Israeli forces killed 92 Palestinians in the West Bank, while West Bank Palestinians killed 22 Israeli soldiers and 14 Israeli civilians. Between April 1986 and May 1987, armed attacks by West Bank Palestinians killed two Israelis while Israeli forces killed 22 Palestinians.

Palestinians resisted the Israeli occupation, and a large number of demonstrations and protests were held: during the period 1977-82, the number of Palestinian protests in the territories averaged 500 per year, and from 1982 to 1988 averaged between 3,000 and 4,400 a year. A new round of protests in late 1984 featured spontaneous individual attacks on Israeli soldiers and settlers, especially in Gaza, Hebron and Nablus. Israeli mobs lynched several Palestinians on both sides of the Green Line. On August 4, 1985, Rabin announced the 'iron fist' policy. In the next month alone, Israeli forces put 62 Palestinians under administrative detention (imprisonment without charge or trial), deported at least a dozen and killed five. Several newspapers were permanently closed. Over the next two years, the military regime issued hundreds of administrative detention orders, demolished well over 100 homes, and repeatedly closed schools and universities. More than 20 Palestinians were killed and many more wounded in demonstrations, which were frequent and particularly intense during late 1986 and the spring of 1987.

The Intifada
University campuses and large towns became the focus of an escalating spiral of resistance culminating in the uprising and on the 9 December 1987, the Palestinian intifada broke out in Gaza, when four Palestinians were killed after an Israeli truck collided with two vans of Palestinian workers returning from work in Israel. Confrontations between Palestinians and Israeli troops soon spread throughout the occupied territories.

The Intifada was a turning point in the Palestinian-Israeli conflict. Its thesis was to change the status quo i.e. to challenge the Israeli occupation on the ground and to not wait any longer for a solution to come from the outside. It produced a new leadership from among those Palestinians living inside the OPT rather than in exile; it organised all factions under one umbrella organisation called the Unified Leadership of the Uprising; and it politicised people from all walks of life.

Raised consciousness, discovery of the past, the control of knowledge
The struggle between the Palestinians and the Israelis has often been one of control over knowledge and the writing of history. Israeli history of the region often jumps from the Kingdom of David 2000 years ago to the creation of the modern Israeli state in 1948. The Israelis have tried to rewrite the past and erase the existence of the indigenous Arab inhabitants in the land and this has been reflected in their policies. As mentioned, during the occupation the Israelis banned the use of the word 'Palestine' in Arab schools and flying, or even drawing, a Palestinian flag was also outlawed.

However oral histories, particularly from the generation that had been forced to leave Palestine in
1948, were passed down to the next generation. In the 70's universities were built in the West Bank and these became important centres for political activities, most notably Al-Najah University in Nablus and Birzeit University in Ramallah. People from camps, villages and towns met and discussed the political situation and shared information not only about their present circumstances, but also about their past experiences. Birzeit University, for example, every student was obliged to do a certain number of hours of 'community work' which involved going to camps and villages. For many students, this was an enlightening experience which developed a sense of unity between the Palestinians under Israeli occupation. They also educated young Palestinians from the camps, who then took to organising and leading political groups within their home environments and writing leaflets on Palestinian history, the Israeli occupation and human rights.

When the Intifada began in the early eighties, numerous demonstrations, protests and various kinds of civil disobedience had already been taking place in the refugee camps since the early eighties in the so called 'Intifada of the Camps.' The Israeli Authority retaliated in numerous ways, from closing youth centres in the camps, which were seen as centres of political unrest, to arresting and imprisoning camp residents. However, the harsher the Israeli response, the greater the Palestinian sense of injustice. Boys seen as troublemakers, because they organised and participated in demonstrations, were removed from camps and put into schools in the surrounding villages. However, they increased the awareness of Palestinian history and injustice and demonstrations started to occur in the villages as well.

Thus during the eighties there was something of an awakening of Palestinian awareness of their history and situation. This was instigated by the younger generations rather than the previous 'nakba' generation which generally felt defeated and overwhelmed.

The significance and meanings of the Intifada

The people were united (mutakatifeen) together in a strange (almost wondrous) way, and we loved each other in a very strange way.

(KHALOUD'S BROTHER)

The Intifada was a popular uprising which politicised and united people from all walks of life as they joined together to fight for a common good. As Joe Stork put it at the time:

'Most Palestinians will not hesitate a minute if you ask what they think they have achieved. In the first place, they say, it [the Intifada] has had a profound impact on their own lives, on the way they see the world, on the way they relate as individuals to one another. The uprising has done a lot to bring Palestinians together.'

This sentiment is shared by Edward Said writing a year into the Intifada:

'People do not find the courage to fight continually against as powerful an army as Israel's without some reservoir, some deeply and already present fund of bravery and revolutionary self-sacrifice. Palestinian history furnishes a long tradition of these, and the inhabitants of the

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12 The dynamics of this era of Palestinian history is not that well documented. An exception is the description by Anwar Hamam (himself from a West Bank refugee camp) in his (unpublished) Master's thesis, 'The social and demographic situations of the refugees in the camps of the West Bank' (al-awdaa al-ijtimaaiya wa ad-demoghrafiya fi mukhayamaat al-lajieen fi ad-daffa al-gharbiya), Tunis University, 1998.

13 Joe Stork 'The Significance of Stones: Notes from the Seventh Month' in Lockman & Beinin, op.cit., 1989, p.77.
West Bank and Gaza have provided themselves generously from it. Yet what is new is the focussed will, the creative and voluntary nature of the people themselves. There has been no easy resort to weapons, for example, and no exercise in noisy (if noble-sounding) rhetoric. Instead the leaflets of the intifada have been concise, concrete and, above all, implementable; each was a nidaa' ("an appeal") and neither an order nor a pronouncement. Above all, what is most impressive is the sense that the intifada demonstrated of a collectivity or community finding its way together. The source of this is the organic nationhood that today underlies Palestinian life. For the first time Palestinians exposed themselves to it, allowed themselves to be guided by it directly, offered themselves to its imperatives. Instead of individuals and private interests, the public good and the collective will predominated. Leaders were never identified. Personalities were submerged in the group.14 (my emphasis)

Many of the key elements of how people thought and felt about the Intifada are reflected in the poem 'Intifada' by the Palestinian poet, 'Peter Boullata:'

the land of Palestine shook
until the very stones loosened

and were gathered up by you
as other children, innocent, have picked flowers

your rocks blossomed blood-red
against a conspiracy of years

of having your every breath, heartbeat observed constrained
until you could not breathe, every gasp a battle

the way you suffocate under a veil
of tear gas, chambers of death
your own homes, streets, gardens

you said you have had enough
and started an earthquake

drawing down a shower of hailstones
against a sinful nation

the occupation officers have hit a stone, been struck
by the steadfast hardness
of a people willing
to die on their feet
rather than live on their knees

you love your lives enough
to struggle
against the constraints

bound, as you have been
all your lives

you are loosening the bonds now
casting off what has kept you down
you are bound for glory
shaking, shaking until you are free.

This poem highlights a number of important points about the Intifada, five of which should be emphasised.

First, the prominent role played by children, and young people. The Intifada was about resisting the occupation in many different ways, such as boycotting Israeli goods, refusing to pay taxes, or refusing to work in the Israeli military administration, but the predominant image is that of a Palestinian child throwing a stone at an Israeli tank or at an Israeli soldier with a machine gun. 'Imagine,' a young man from Gaza now in his twenties said to me, 'We, the youth (shabab), were ruling the streets.' They threw the stones, they burned the tires, they participated in demonstrations, and even, in many refugee camps, they enforced the law.15

Second, the sense of relief of taking action against a stifling occupation which had made them feel 'constrained' or 'suffocated.'

Third, the link to the land. As mentioned, the dispute is about land. What makes someone Palestinian is his link to the land of Palestine. The Israeli occupation has often tried to obliterate this link, as by forbidding the use of the word Palestine and forbidding the teaching of the history of Palestine in schools. In response Palestinians have tried to reinforce their link to the land, at least in poetry, writings, speeches, drawings and graffiti. One poster from the Intifada has a picture of a young man throwing a stone. Underneath it reads, 'The Land speaks Arabic.' (al-urd titakalim arabi) The poem suggests that the land of Palestine is shaking up its rocks so that Palestinian children can throw them, as if it too is on the side of the oppressed Palestinians and, indeed, as if it too is oppressed.

Fourth, the sense of pride. This is the overarching sentiment for people when they speak of the Intifada. Many young people described to me how they felt proud in front of the Israeli soldiers during the Intifada. Regaining a sense of gaining pride is encapsulated in the lines: by the steadfast hardness/of a people willing to die on their feet/rather than live on their knees.

Finally, expectations of triumph and freedom. Palestinian expectations were raised high. They thought they would live to see an independent state, free from the stifling control of Israel, or at least that they were dying for the sake of one. Many dreamed of a democratic independent Palestinian state which would be a shining model to the rest of the Arab world.

The Oslo Agreement

Until the outbreak of the Gulf Crisis in 1990, various peace initiatives were introduced by Arab, European and US leaders. None of these achieved a breakthrough, but many of their suggestions provided the basis for arguments used by negotiators of both parties in the Middle East Peace Conference that convened after the Gulf War on 30 October 1991 in Madrid.

Negotiations were stepped up from 1991 to 1993 in order to reach an agreement to end the Intifada. In January 1993 the Knesset legalised contacts with the PLO. In May 1993 secret talks held in Oslo

15 In many camps, as part of the resistance to Israeli occupation, Palestinians refused to go to Israeli courts to settle matters such as divorce and quarrels. They formed 'conciliation committees' (lijjan as-sulih) from respected members of the society such as teachers, wise old men, 'strugglers' (nationalistic people). It was agreed by members of the camp - from all political organisations - that their decisions were accepted and were enforced by the 'malathameeri' - youths with scarves wrapped around their heads. Described in A.Hamam's Master's Thesis, op.cit., 1998.
produced a draft joint declaration of principles (DoP). The Norwegian Foreign Minister, Holst, mediated between the PLO and Israeli officials to finalise the main points of the DoP and on 13 September the Israeli-Palestinian DoP was officially signed at a White House ceremony by Israeli Foreign Minister Peres and Palestinian Negotiator Mahmoud Abbas (Abu Mazen).\textsuperscript{16}

**The arrival of the Palestinian National Authority (PNA)**

In May 1994, the first Palestinian police forces arrived in the self-rule areas; in July, Chairman Arafat returned to the homeland, accompanied and followed by many Diaspora Palestinians, and swore in the first PNA ministers; and in November 1994 the first authorities were transferred from the Israeli civil administration to the PNA.

By the end of 1995, Israeli troops had withdrawn from Palestinian West Bank cities - some 3% of the area of mandate Palestine - with the exception of Hebron and on January 1996, the first Palestinian elections took place, resulting in an 88 member Palestinian Legislative Council (PLC), with Yasser Arafat elected as the first President of Palestine.

**Subsequent agreements**

In the years following the Oslo agreement, several subsequent agreements have been signed between the PLO and Israel. However, the implementation of these agreements has not met expectations and, instead of peace, the period 1993-1999 has been characterised by frequent disturbances.

There are still thousands of Palestinian prisoners in Israeli jails; the safe passage between Gaza and the West Bank still only exists on paper; the redeployment of Israeli troops has been continuously delayed and postponed; and the battle over land, especially in Jerusalem, continues unabated. A vicious circle of ongoing violence has been created by violent actions on both sides. The Israeli army and settlers have been responsible for the murder of a number of Palestinians including those killed in the Hebron massacre of 25 February 1994, the Islamic Jihad leader Fathi Shikaki in October 1995, Hamas activist Yahya Ayyash in January 1996, and most recently of the Awadallah brothers in September 1998. In revenge, suicide bomb attacks have been carried out by mostly Islamist groups. Against this unsettled background, the PNA has made efforts to set up its civil and security institutions and establish diplomatic relations with other countries.

**Absence of “peace”**

Six years have elapsed since the signing of the DoP and Israel now enjoys the benefits of peace with some 75 countries, including several Arab states, as a result of the establishment or renewal of diplomatic ties, the end of the Arab boycott, a boom in new foreign investment and the opening of new markets for its products. However, Israel's policies and practices with regard to the Palestinians have not changed. Human rights violations remain a constant feature in the life of Palestinians. New settlements are built as land continues to be expropriated and trees uprooted, a total of 17,068 trees were uprooted in 1997 alone. Since Oslo, over 260 Palestinians have been killed by Israeli forces and

\textsuperscript{16} from PASSIA, 1998.
at least 56 Israeli civilians. Thousands of Palestinians have been injured, over 1,600 during the clashes following the Israeli opening of a tunnel under the Al-Aqsa Mosque in Jerusalem. Since the DoP, Israel has arrested at least 12,500 Palestinians and over 800 Palestinians have been administratively detained (held without trial). Between the signing of the DoP and June 1998, Israel destroyed 671 Palestinian homes, including 102 in East Jerusalem, and issued hundreds of demolition orders. In the first six months of 1998 alone, 101 houses were destroyed, including 10 in Jerusalem.17

The Aftermath of the Intifada

Disillusionment

A decade after the Intifada, those who had been active during the Intifada, the Intifada Generation (jeel al-intifada) or the Youth of the Intifada (shabab al-intifada) appeared to me to be going through a period of incredible depression. When they had been active, fighting for something they believed in and part of a strong and close group of friends, they had felt powerful and important, as if they could change the world. The PNA has since been established and Arafat brought PLO people from Tunis and other parts of the world to work in the PNA. These ‘returnees’ (adeen) have neither shared the experience of the Intifada nor that of the occupation in general. When the youth (shabab) see the opulent cars and houses of the ‘returnees,’ along with corruption, while they find it difficult to find work, they wonder what they fought for.

Despondency and Resentment

Responses to this new situation vary. Many of these youth feel let down and distanced. Some end up with an almost self-beating attitude, wondering how they could have been so stupid or naive. This is followed by despondency. Some feel a great resentment towards the ‘returnees,’ who without suffering the occupation nor the Intifada, are seen to be reaping the rewards of the subsequent agreement. Rather than their dreams being fulfilled the situation is far worse than they could possibly have imagined.

Nostalgia

Some romanticise the past and damn the present. Nostalgia for the ‘days of the Intifada’ (ayaamal-intifada) has developed in contrast to the present. Then, life was pure, everyone helped each other, no one drank, there was no crime, and everyone had great ideals, whereas the present life is harsh and corrupt, characterised by all kinds of ‘social pollution’ or ‘social diseases.’ Some young men talk of the need for a ‘social revolution.’

Romanticising about the past is common among the Arabs and especially the Palestinians, who talk forever about the glory and beauty of Palestine prior to the creation of the state of Israel in 1948. This is particularly true of the ‘catastrophe’ (nakba) generation.18 Everyone is said to have lived in beautiful old Arab houses with orange groves and olive trees. Doubtless their image has a basis in reality, but with the passage of time the Palestine prior to the Israeli conquest has become a dream, an ideal

17 From PASSIA (figures for up to June 1998).
18 nakba means ‘catastrophe.’ It is term used by Palestinians to refer to 1948 when they were displaced from their homes in geographical present day Israel. For the Israelis 1948 is referred to as ‘The liberation of Israel.’
country in an ideal time.

A similar sense of fallen glory prevails in the Arab World as a whole. The past is viewed as a time when the Arab Muslim empire was strong and victorious, leaders were just and people were moral. To me it seems that much Arab decor, such as that in hotels, cafes and homes, is trying to recreate this past with tiles, calligraphy, coffee pots, perfume and water fountains although they probably never existed all together at any one time in the past. It harks back to a dream world when Arabs were proud and powerful in contrast to the depressed situation they find themselves in today.¹⁹

The basic economy of Ramallah

Israeli policies since 1967 have been designed to prevent any Palestinian economic development and create a complete dependence on Israel.²⁰ The occupied territories of the West Bank and Gaza Strip became a supplementary market for Israeli goods and services and a source of cheap labour for the Israeli economy. Civil unrest and Israeli suppressive measures disrupt production, commodity flows and labour. This situation was aggravated by the Intifada, extended curfews and a closure policy instituted in 1993 which has left the economy of the West Bank and Gaza extremely unstable. Although with the establishment of the PNA, a number of economic and development projects were initiated, Palestine is currently totally dependent on support from outside, mainly from donor countries.

The Israeli closure policy which involves shutting off the West Bank and Gaza Strip from Israel has been estimated to cause income losses of US$4-6 million per day and for 1997 alone amounted to US$230 million which is equal to half the value of donor disbursements.²¹

Agriculture has progressively declined over the last 30 years: in 1996 the agricultural sector accounted for 43% of total Palestinian employment, for the period 1980-85, 24% and 1993 22%.²² The agriculture sector suffers from the effects of the Israeli closure, lack of access to markets and restricted water resources. The industry and private sectors are also constrained by the closure. A PCBS survey in 1996 showed that most employees and establishments in the industrial sector are involved in the manufacturing of clothing, non-metallic products, food/beverages, metal products and furniture.²³

Unemployment is a major problem. Before the 1991 Gulf War, Israel demanded a high number of cheap labourers which resulted in a monthly average of 180,000 Palestinians working in Israel. In

¹⁹ Akbar Ahmed describes a similar situation amongst Muslim Asian (particularly Pakistanis) people since Hyderabad and parts of the Kashmir States were occupied and merged with India by Indian troops in 1948. They are nostalgic for the days of Hyderabad which is believed to have been an ideal Muslim society, a centre for learning and scholarship. Ahmed describes this as 'The Hyderabad Syndrome' in A. Ahmed Discovering Islam: Making Sense of Muslim History and Society, Routledge, London, 1988.
²⁰ PASSIA directory, 1999.
²² A 1996 PCBS survey showed that 63.4% of agricultural produce was from plant production (of this fruit trees 57.2%, vegetables 31.8% and cereals & cut flowers 11%) and 36.6% from livestock production (of this 60.1% meat, 30.2% dairy and 9.7% table eggs). PCBS, Agricultural Statistics, 1996.
²³ PCBS, Industrial Survey, 1996.
In 1992 this dropped to 120,000, in 1993 to 83,000 and in 1996 - due to tightened closures - to a monthly average of 22,250. Each year some 16,000 Palestinians join the labour force.\textsuperscript{24} It has been estimated that to accommodate these or part of the large number of unemployed requires the creation of 30,000 to 40,000 new jobs annually which is unlikely to be achieved. The high unemployment rates reduced the labour costs in the West Bank and Gaza Strip which, in turn, has reduced household incomes and consumption. Approximately 20\% of the population of the West Bank and Gaza Strip live below the poverty line.\textsuperscript{25}

However, although generally in the West Bank and Gaza Strip unemployment has increased over the last ten years and household incomes decreased, in Ramallah the picture appears somewhat different, particularly in the town of Ramallah/Al-Bireh. Many Ramallans emigrated to the West, particularly the USA, and to the Gulf during the last century. Some have now returned or send money to relatives. Many of the 'returnees' who came back to Palestine have settled in Ramallah. Although I do not have any statistics, it certainly appears that Ramallah has more income coming in from outside in comparison to other parts of the West Bank and Gaza. In addition, due to the closures, going out to shop or eat in East Jerusalem has become increasingly difficult so more people go out to shop and eat in Ramallah and increasingly more people are moving to live in Ramallah. This has caused massive surges in the prices of goods and property.

**Moral institutions**

*Mosques and churches* in Ramallah are not only important political centres but also important moral institutions. Both are often centres for Muslim and Christian communities - places of meeting and of education. Churches provide summer camps for Christian children and mosques and Islamic groups often provide religious and moral education for Muslim children.

*Schools.* There are a number of different types in Ramallah. Most are single-sex government schools, but there are a couple of co-ed private Christian schools and private American schools in Ramallah and Al-Bireh which are often for children who have lived in the States or who come from more Westernised families.

*The YMCA and youth clubs within the refugee camps* are the main organisations for young people in Ramallah outside school. The YMCA carries out projects and activities for both Muslims and Christians. During the Intifada the youth clubs in the camps were closed by the Israeli authority as their activities were regarded as too political, however, they are now reopened and are mainly used by young men for sport and meeting together informally.

*Women’s groups and centres* are of various types. Some, such as *Jameeyat Inaash Al-Uusra* offer girls and women skills such as sewing, teaching and nursing. Others have a more political agenda carrying out campaigns against domestic violence against women, and early marriage. In the camps there are women’s centres where women meet socially and to participate in activities from sewing, and

\textsuperscript{24} ILO figures. The unemployment problem is exacerbated by the young age of the Palestinian population: over 50\% of the population is under the age of 15 according to the PCBS 1997 census.

handicrafts and even, in a few cases, computer courses. In general their political role has diminished with the end of the Intifada.

Charitable organisations have become more active and numerous since the Oslo agreement. Some of them are named after particular areas of 1948 Palestine, which was illegal prior to 1993, but people from particular areas would help each other informally. 'The Lid Charitable Organisation' in Nablus, for instance, provides activities and courses to children and adults from all parts of Palestine, but emphasises learning about Al-Lid and encourages people who originate from Al-Lid to maintain their social ties.

However, the family and the house, in general, provides the main centre of life, after leaving school.  

Part II: The 'phenomenon of suicide' (zahirat al-intihar) in Palestinian society

The 'phenomenon of suicide', or zahirat al-intihar, was starting to be a subject of public debate when I arrived in Palestine in August 1997 to carry out fieldwork for my PhD, based at the Institute of Community and Public Health of Birzeit University, a few kilometres from the town of Ramallah. Suicide among young people was highlighted as a topic of increasing public concern.

The role of the media

It soon became apparent that much of the public concern about suicide stemmed from the media interest shown by newspapers, TV, radio and cinema. The national newspapers published several articles on the topic of suicide during 1997 to 1998. A television programme was shown discussing the issue of suicide in September. The radio station, the Voice of Palestine (sawt filisteen), devoted one of their weekly public health programmes to the issue of suicide in March 1999. A film was released by the Palestinian filmmaker Subhi Zobeidi on the plight of women in Palestinian society entitled 'Women in the Sun' at the end of 1998. In the film, suicide was seen as one of the reactions of women to their appalling domestic situations and several women who had attempted suicide were interviewed.

The first major newspaper article was published in June 1997. This was an article by Rana Anani and

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26 This is discussed more fully in Chapters Six and Eight.

27 Birzeit University originally developed from a Christian private school in Birzeit village. Its campus has now expanded to include buildings for Science, Engineering, Literature and Commerce, but it is still private. Scholarships were offered to students from less privileged backgrounds, particularly during the 80's and early 90's. In general Birzeit University prides itself on its high academic standards and its involvement in the surrounding communities. In order to graduate each student must carry out a fixed number of hours of 'community work' which ranges from painting walls or building houses in refugee camps to picking olives in villages. Many students who were politically active while at Birzeit, cite this involvement with the community as having been fundamental to their political development. Both prior to and during the Intifada the university was frequently closed. Many students and teachers from Birzeit were arrested and imprisoned for political reasons. To this day the Israeli Authorities disrupt the university's activities. During my stay there, there were frequent Israeli Army road blocks between Ramallah town and Birzeit village. Students and teachers had to navigate time-consuming alternative routes, often along dirt paths, to try and get in. Students and teachers from Gaza who are denied permits from the Israelis risked arrest and imprisonment.

28 For which I was interviewed (1).
Muhammad Qablan entitled, 'Suicide: a scary, new situation.' Under a picture of a bleak hilly, rocky West Bank landscape the caption read:

'BLIGHTED HOPES - During the Intifada, not a single suicide case was recorded in the Palestinian territories. In May alone, no less than 25 attempts have been recorded, eight of them fatal.'

The article began,

'A 47 year old father of six children commits suicide by taking poison after having suffered from a thrombosis which had paralysed his right hand and leg. The bodies of two girls from the Nablus governorate are taken to the local Rafidia hospital where doctors find they committed suicide by swallowing pills and insecticides... During the intifada, not a single suicide was recorded in the Palestinian Territories. Now it is on the rise and a source of concern in the West Bank and Gaza. Suicide rates are growing particularly among youngsters between the ages of 18 and 23 - from all areas and of both sexes. The phenomenon is generally spreading through all Palestinian cities, except Hebron, among men and women of all ages, raising pressing questions about the reasons behind it.'

Another article appeared, 14 November 1997, on the front page of the English language Palestine report 'Suicide on the rise in PA areas.' A strongly worded commentary by Nahid Muneer Rais appeared in Al-Hayat newspaper on the growing phenomenon of suicide in March 1998, and in June of the same year 'The phenomenon of suicide: another aspect of frustration' was published in Al-Hayat. and in October LAW published an article in its monthly magazine People's Rights asking 'Is suicide a phenomenon in our society?' The article concluded that it appeared to be.

Although these articles are just a handful of those published during the year 1997-1998 but they illustrate the nature of the public discourse on suicide that was going on, and illustrate the many different views on suicide, the explanations, and reactions to the suicide phenomenon that were expressed by various members of Palestinian society.

Police reports in local newspapers
From the end of 1996, the local newspaper Al-Ayam introduced a daily column on page four entitled 'happenings' (al-hawadith). This column came just under the page heading 'Palestinian Days' (ayaam falastaniya) and consisted of a report from the Public Relations office of the police headquarters in Gaza. It listed a hotchpotch of incidents: burnings, poisonings, deaths, car accidents, burglaries, rapes, drug arrests and suicides. The first report was published on 29th December 1996 and started with the report of the suicide attempt of a 24-year-old girl in Gaza.

'S.N. from the village of Ash-Shujaiya took kerosene and insecticide with the intention of suicide and is now in a coma and a dangerous state of health.'

Prior to the introduction of the reporting of such events in the newspapers, a burglary or suicide case in a district of Ramallah would only have been known to the neighbours in that district. Subsequent to the publication of police reports such cases would become known to local newspaper reader, whether

29 Rana Anani & Muhammed Qablan 'Suicide: a scary, new situation', The Jerusalem Times, June 20, 1997. This was an English translation of an article they wrote in Al-Ayaam newspaper during the same month.
31 LAW is a Palestinian human rights organisation based in Jerusalem and Ramallah.
in Nablus, Hebron or Gaza. People who might never have heard of a suicide case suddenly came across almost daily reports of suicides.

Frequently, these daily reports were referred to as the reason why people thought that suicide was on the increase or that there was a 'phenomenon of suicide'. Indeed in Amer Arouri's article 'Is suicide a phenomenon in our society?' he concluded, 'The years 1996 and 1997 gave rise to an increase in suicide attempts and successful cases. The fact that suicide has reached an average of two cases per day, as reported in the local media, makes experts inclined to think that suicide is becoming a phenomenon.' (my emphasis). Time and time again it was these daily reports in the local newspapers that were referred to as to the reason why people believed that suicide was on the increase.

The number of cases reported per month from the start of publication in December 1996 to March 1999 is shown in Figure 3.1. Prior to December 1996, and at least from the beginning of the 1980's, not one mention is made of suicide occurring in Palestinian society in the major newspapers, namely Al-Quds and Al-Hayat. Indeed, the only mention made of suicide prior to December 1996 was of cases of suicide in the United States, Europe or Japan. Furthermore, Palestinian, which means here West Bank and Gaza, social issues did not really start to be written about and discussed in the local newspapers until after the arrival of the Palestinian National Authority in 1995.

**Figure 3.1: Newspaper reports of suicide by month**

Looking at the graph, two questions arise. 'Why did the police reports start?' and 'Why did the police reports stop?' It is difficult to answer. They could have started as a public relations exercise by the Palestinian police to show their activity, or, news about crimes could have been regarded by the papers as 'cheap news', in the sense that it did not cost much to produce in terms of journalistic expertise. Perhaps political worries about suicide caused them to be stopped. Certainly, a few months after the daily reports on suicide ceased, people seemed to lose interest in the topic. No further articles were published in the main local newspapers after October 1998 until I left in March 1999.
As far as trends in reporting suicide are concerned, it is interesting that the levels appeared to go down during Ramadan, which fell in January of 1998, since reductions in Ramadan have been noted by Daradkeh in Jordan. Another period when levels seem to have gone down is the summer of 1997. At this time there were numerous closures of the West Bank by the Israelis and substantial political unrest. It might be that when people are united by political disturbances they are less likely to commit suicide.

Content of the suicide articles

In general, the articles treated the topic of suicide in Palestinian society with surprise and concern. Certainly suicide was seen as a new 'un-Palestinian' form of behaviour. As the 'Palestine Report' article said, referring to the daily police columns in the newspapers, 'Regular readers of these columns will have noticed a surprising trend: a rise in the number of reported suicide attempts.' A number of the articles mentioned the difficulties of dealing with an issue like suicide in Palestinian society. According to the 'Palestine Report' article, 'Most counsellors who work with suicide cases ... stress the difficulty of working with suicide cases in a conservative and traditional society, which has contempt for mental health problems and has little sympathy for those who attempt suicide.'

The articles on suicide were mainly reports on the opinions of various people in Palestinian society including sociologists, psychologists and religious leaders. The lack of reliable statistics and the small numbers of suicides clearly made it difficult for the reporters to make generalisations. Although apparently referring to the same police statistics, some chose to emphasise the large proportion of women, others the large proportion of men, and yet others the young age of the suicides.

Suicides committed by women were the focus of a report by Amer Arouri who referred to the results of a recent survey by Dr Mahmoud Al Haj showing that 84% of Palestinian women 'who had been exposed to violence had considered or attempted suicide.' The results of this survey were explained as such: 'In a patriarchal society where human rights violations are continuously perpetrated against women, the rate of female suicide is high.' Al Haj listed some causes of female suicide: the low status of women in Palestinian society, especially women's lack of economic independence; early marriage since women who marry before the age of 18 can often suffer from severe mental and physical health problems; close kinship marriages which can be highly detrimental to women's well-being; the prevailing value system in Palestine where women are usually blamed or held responsible for inciting sexual harassment or assault, especially within the family, so much so that females may be forced to take their own lives as an alternative to being killed by their male relatives.

The difficulties facing men were emphasised by a report on suicide in Al-Hayat newspaper, published in June 1998. It was particularly concerned with men in Gaza who are often out of work and are unable to escape from their cramped living conditions. Sociologist Jamal Omar, quoted in a 'Jerusalem Times' report, said that young men are more likely to commit suicide than young women because young men

35 ibid., p.9.
36 Dr Mahmoud Al Haj 1996, quoted in People's Rights, LAW.
are torn between expectations from society, financial needs, and personal abilities. He explained that young men find themselves in a society which pressures them to find work, get married and start a family. 'Owing to the present political situation, youngsters find themselves unable to meet the expectations which society imposes upon him.'

Sociologist Mahmoud Aqel, quoted in the same article, attributed the phenomenon to the situation that Palestinians were living through. 'Now,' says Aqel, 'society is going through a process of transformation. It is changing from a society that was deeply affected by the policies of an occupier, whose main concern was security and tight control of the population, into a normal, civilian society.' Aqel emphasised that it was young people who were particularly affected by media images. 'They have a hard time reconciling the lifestyle shown by the media and the reality surrounding them in their daily lives.'

Religious leaders, such as Sheikh Akrameh Sabri quoted in the same 'Jerusalem Times' article, believed that the phenomenon of suicide among young people was due to the lack of belief among the younger generation. The Mufti was clear on how suicide is viewed in Islam, 'The position of Islam towards the issue of suicide is clear and is stipulated in the Holy Quran. Killing is prohibited and is considered one of the gravest sins that can be committed by a person.'

Many of the commentators linked the suicide phenomenon to specific Palestinian experiences. Psychiatrist Samir Qouta, talking about suicide and mental distress in Gaza, said the reasons for the high levels of despair started with the 'group shock' (sadmajimaia) the Palestinians received when they lost their homes and land when the state of Israel was created in 1948, and Israel occupied the West Bank and Gaza in 1967. Again, talking mainly about the situation in Gaza, psychologist Cairo Arafat spoke of the difficulties faced by Palestinians who live in cramped conditions, in poverty, and were unemployed. 'If someone searches for work day after day and returns to his house empty handed (khali), it is possible for the anger to explode outwards as happened in the intifada, or inwards when it is converted into depression.' In similar vein, Samir Qouta believes that during the intifada most youngsters used to express their psychological tension through confrontation with the Israeli army. "Now people suffer from psychological tension, but they do not let it go.'

In a powerful commentary, Nahid Muneer Rais writes about 'The Time of the Ashes' (zaman ar-rimaada) during the time of Caliph Omar Ibn Khattab. It was a time of such terrible famine and hardship that crimes such as stealing, normally forbidden (haram) in Islam was deemed forgivable. Now, writes Rais we are in a time when,

'The Palestinian lives in his country, but is forbidden from moving from place to place as he needs a permit from the Israelis, he is not allowed to work, except to aid the Israelis... he is not allowed to pray [in Jerusalem] as he needs a permit... he is not allowed to express himself... the policy of Israel is to put pressure on Palestinian society and the Palestinian psychological

38 He continues: 'This creates a split within their souls, driving them to take their lives.' Aqel sees suicide as the result of the soul, which represents the moral part of the human being, condemning the body, which represents the materialistic part, to death.
Rais argues that some ‘crimes’ such as suicide should be considered forgivable in these times, just as some crimes were forgiven during the terrible ‘Time of the Ashes.’

‘Non-media’ aspects of the suicide phenomenon

Apart from the media interest, other activities took place such as conferences and workshops. A conference was held in Gaza on the topic of suicide in the summer of 1997, at which there was much, often heated, debate about the causes of suicide in Palestinian society and ways of tackling the problem among members of the religious establishment, the police and social workers.

A workshop was held in Ramallah by the Working Woman Society in October 1998. It was entitled ‘The phenomenon and causes of suicide in Palestinian society.’ The speakers, including psychiatrists, social workers, psychologists, members of the police and the PNA, made a number of recommendations. Amin Anani, a director at the Department of Social Services in Ramallah, urged public and private institutions to take more responsibility for this phenomenon. Others recommended the establishment of crisis lines and increasing the number of qualified counsellors - of whom there are few - in the West Bank and Gaza strip. Another workshop was held in March 1999 for nurses and doctors at the Makassid Hospital in Jerusalem and was entitled ‘How to deal with the suicidal patient.’

The shift in focus of Palestinian social research

Research into Palestinian society during the late 80’s and early 90’s focused mainly on the Intifada and the effects on Palestinians of Israeli policies, namely its harsh military occupation and attempts to suppress the Intifada. This focus was understandable, since the Intifada was a major popular movement. Much of the research carried out by the prominent NGO’s dealt with human rights abuses carried out against the Palestinians by the Israelis, including the questions of torture, prisoners and legal issues.

Although human rights violations continue to be carried out against Palestinians by the Israelis and, in all practical aspects, the Israeli occupation remains, the withdrawal of Israeli troops from the main Arab towns of the West Bank does seem to have been accompanied by a shift in the focus of social research away from human rights abuses. Some researchers have written about the aftermath of the Intifada. For example, Dr Samir Qouta has investigated the rising levels of anxiety while Siraj, Punamaki and Qouta have looked at the Palestinians’ general psychological state, while many have noted and commented on the rising levels of depression.

A considerable amount of research and activity has been has been concerned with topics that are not directly related to the Israeli occupation, such as women’s issues, children’s rights and public health. A

44 For example psychiatrist M.Sehweil who is currently researching depression and PTSD.
large campaign was conducted in Ramallah on 'Violence Against Women' (al-unf did al-mara'). Indeed, women's organisations have mushroomed and are working on women's issues such as violence against women and early marriage. In the Birzeit University institute where I was based, Dr Sylvie Mansour carried out research on Palestinian adolescence, Hala Salim on bullying in schools, and myself on suicide. During the year 1997-8, I met two undergraduates, in Bethlehem and Birzeit, doing dissertations on 'The phenomenon of suicide in Palestinian society.'

From the end of 1996 when the publication of the police reports started, there appeared to be a change in attitude towards public debate about suicide. In 1995 when Dr Mansour, who is a clinical psychologist, was invited to appear on a television discussion programme on depression, no mention of suicide was made by the speakers who included a psychiatrist. When Dr Mansour mentioned suicide, it was considered a topic irrelevant to Palestinian society. That same year the Palestinian Authority would not allow her to include a question on suicide in a questionnaire administered to adolescent girls at a number of schools in the Ramallah governorate as part of her study of adolescence. However, by 1997, Hala Salim was allowed, by the same authority, to ask school children about suicide. It seems that during the late 1990's people were starting to believe the unthinkable: that suicide was something that could happen in Palestinian society.

A society turning in on itself
Thus, from the late 1980's and early 1990's onwards, there was no longer such a sharp focus by researchers and the public on the direct effects of Israeli policies, such as imprisonment, torture and house demolitions, but rather a shift in interest towards Palestinian social issues such as early marriages, violence against women and, along with this, suicide. It appeared as if after long years of struggling against an outside foreign enemy, Palestinians in the West Bank and Gaza had started to look inwards and that the society was turning in on itself.

The phenomenon of suicide: A moral panic?
'Societies appear to be subject, every now and then, to periods of moral panic. A condition, episode, person or group of persons emerges to become defined as a threat to societal values and interests; its nature is presented in a stylised and stereotypical fashion by the mass media; the moral barricades are manned by editors, bishops, politicians and other right-thinking people; socially accredited experts pronounce their diagnoses and solutions; ways of coping are evolved or (more often) resorted to; the condition then disappears, submerges or deteriorates and becomes more visible. Sometimes the object of the panic is quite novel and at other times it is something which has been in existence long enough, but suddenly appears in the limelight. Sometimes the panic passes over and is forgotten, except in folklore and collective memory; at other times it has more serious and long-lasting repercussions and might produce such changes as those in legal and social policy or even the way the society conceives itself.45'

This is how Stanley Cohen describes a moral panic, a term which he himself coined to explain the reaction of British society to the Mods and Rockers of the early 1960's.46

It seems that perhaps the suicide phenomenon (*zahirat al-intihār*) in Palestinian society of the West Bank and Gaza could be referred to as a moral panic. Certainly, some elements appear to be there: the role of the media in illuminating the object of panic, in this case suicide, so that it suddenly appears in the limelight, and the socially accredited experts pronouncing their diagnoses and solutions.

It is interesting that in Cohen's description of a moral panic he states that 'A condition, episode, person or group of persons emerges to become defined as a threat to societal values and interests.' (my emphasis). He goes on to describe how the response of much of British society to the Mods and Rockers was fuelled by a feeling that they were seen as somehow going against what it meant to be British. It seemed that consideration of what it means to be Palestinian might explain why suicide sparked such a response in Palestinian society.

**Palestinian identity**

Ideas about what it is to be Palestinian are ubiquitous in Palestinian poetry, novels and other books, newspaper articles, political speeches and so on. There are several words that occur time and time again. One is 'steadfastness' (*samoud*). Indeed, the PASSIA summary of Palestinian history between 1968-1991 is labelled in red at the side as 'Israeli Occupation and Steadfastness.' A powerful exposé of daily life in the occupied West Bank written by a Palestinian lawyer and a human rights activist is called, 'Samid: journal of a West Bank Palestinian' 47 In Jerusalem a camp of people who have been removed from their land in Jerusalem by the Israeli army is called 'The Camp of the Steadfast' (*mukhayim al-samood*).48

Another word commonly used for Palestinians is *sabr* which can mean two things. One is patience. Commonly in Palestinian homes there are calligraphic pictures or embroidery or beaded work of the words, 'Sabr Allah' or 'The Patience of God' written on it meaning that one should, as a good Muslim, always be patient. When I visited the home of the two Awadallah brothers from Al-Bireh who were killed by the Israelis in September 1998, almost the only wall hanging was a picture in black velvet with gold calligraphy writing out a *hadith* which stressed the importance of being patient.

*Sabr* also refers to the 'prickly pear' cactus (*Opuntia sp.*) in Arabic. It is often used as a symbol of the Palestinian people, as in much of the poetry of the most famous Palestinian poet, Mahmoud Darweesh. The idea is that, even in an arid and harsh climate or environment, the Palestinians manage to go on living and surviving against all odds. The word *hanthala* also means cactus. Naji Al-Ali, a very popular Palestinian political cartoonist, who was assassinated49 in London in the late 80's, put the figure of a small boy with spiky hair, his back turned, his hands clasped behind his back, in all of his cartoons. These were often moving and disturbing and illustrated the various tragedies and betrayals of the Palestinian people. The little boy's name was *Hanthalal* or 'Cactus' and was used as a symbol of

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48 Also note the use of the word 'steadfast' in Boullata’s poem *intifada* in the first part of the chapter.
49 The main suspect is the PLO. Naji Al-Ali spoke out for the ordinary Palestinian people and was angered by what he saw as the hypocrisy and the decadent lifestyles of many of the Palestinians in the leadership of the PLO. He criticised many, including Israel, the US, and most of the Arab regimes, and for this reason had many enemies.

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the Palestinian people, for the same reasons that the word sabr is used. The cartoon image of Hanthala was taken on by the PFLP, but many Palestinians of different affiliations would wear gold or silver versions round their neck, or on key chains, or embroidered on wall hangings.

There are a several ironies about this symbol and its use in the Arab-Israeli conflict. For one, the word sabra in Hebrew also refers to the prickly pear and is used for those Israelis who did not immigrate to Israel but who were born in Israel. Some say this is because Israelis are hard on the outside but soft on the inside. Older Zionists, who have been settling in Palestine since the turn of the last century, used the word sabra to refer to the new younger, more aggressive breed of Zionists who arrived after the Second World War. They say that they are sabra because a cactus has tiny, almost invisible hairs that, on being held in the hand, enter the skin and are terribly irritating. So, if you touch a sabra, it hurts! The older Israelis used the word 'sabra' to describe the irritations that the young gave them!

A further irony results from the fact that many Palestinian peasants used these cactuses for the boundaries of their land. When the Israelis came and destroyed many of these villages in 1948 and continued to do so through the 1950's, in order to erase the evidence that Palestinians had been living there, often the only thing left visible was the cactus, and today in Israel cactus often indicates former Palestinian habitation.

Samoud and sabr are about endurance and survival. More active words used for Palestinians are fidaai or munadil. The fidaai, or freedom fighter, is used more for those Palestinians outside Palestine who formed part of armed groups planning to liberate Palestine. The term munadil is more common in the West Bank and Gaza and it literally means 'struggler'. The word implies an enormous strength and an almost nationalistic fervour or love of Palestine. It is a very high compliment to refer to someone, particularly in the camps, as munadil. The name Nidaal, which has the same root and is used for both men and women is a very popular name in the West Bank and Gaza.

Names given to children, can often seem to reflect moods or societal sentiment. Children, particularly in the camps, might be given names that reflect strong Palestinian, as opposed to simply Arab or Muslim, sentiment. Girls might be called 'Filisteen' (Palestine) or 'Watan' (The Homeland). A very common name for girls in the West Bank is the name 'Amal' meaning 'Hope;' everywhere I went there was always a girl called Amal.

The sentiments behind these names are an important part of Palestinian-ness. Nearly all Palestinian poetry is about the tragedies, the horrors and the injustice borne by the Palestinian people (ash-shaab al-filisteeni), but somehow shining through is the image of the Palestinian who keeps on going with an inner strength and a sense of moral superiority because he knows that his cause is just and that he has been wronged. The Palestinian of poetry and other literature does not forget his past, his history, his customs and traditions (adaat wa taqaleed), nor lose his faith in God.

In his commentary on suicide, Nahid Al-Rais' writes about Palestinians in this way: ‘Palestinians are

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50 The explanation given by an Israeli guide in the Holocaust museum in Jerusalem.
hard, and they work hard. They have faced many problems but they keep rebuilding their lives, they
don't give in as they depend on their faith in God... Palestinians have huge strength (mubaadira
aasimiya). They do the impossible to earn their money.' He goes on to write about their suffering,
having to leave their land and houses in 1948, and some again in 1967. 'Catastrophe after
catastrophe' and they keep on going - they 'scramble on rocks' - meaning that they keep on
struggling. Further on, he writes an interesting line about the Palestinian image.

'Although walking on thorns [i.e. facing difficulties], he [the Palestinian] maintained his image in
front of the world that he is very strong, that he can beat anything.'

In view of these sentiments, I would suggest that suicide has touched a raw nerve in Palestinian West
Bank and Gazan society. Suicide is about despair, about giving up, losing hope, which goes against
everything that it means, at least in the popular psyche, to be Palestinian. Further support for this idea
comes from religion and the ideas discussed previously about suicide in Arab (mainly Muslim) thought.
As Dr Bedawi said to me on the topic of suicide, 'Islam is a religion of hope. Therefore, to despair is to
be an unbeliever (kafir).'

Thus, suicide not only goes against what it is to be a Palestinian, but also an Arab and a Muslim. This
may help in explaining to some extent why Palestinians reacted in the way they did to hearing about
incidents of suicide, as in, Nahid Al-Rais's comment that 'It makes one feel repulsed and depressed to
hear of the increasing number of suicide cases among Palestinians.' (my emphasis)

On the topic of moral panics, Cohen says that the crucial question to ask is: 'Why did the reaction take
this particular form and intensity at this particular time?' Looking at the attitudes prevalent in Arab,
Muslim and Palestinian culture towards suicide, and also at Palestinian history, as outlined, I would
suggest there are several reasons. With the end of the Intifada, the withdrawal of the Israeli army from
most Arab towns, the setting up of Palestinian ministries and institutions, and the greater freedom of
the press, Palestinian society is turning in on itself after years of struggling outwardly against the
common Israeli enemy. Not only has suicide attracted attention because it goes against the popularly
held concept of what it is to be Palestinian, but social issues, such as suicide, have become more
visible.

Cohen argues that panics serve to reassert the dominance of an established value system at a time of
perceived anxiety and crisis. However, in suggesting that the 'phenomenon of suicide' in the West
Bank and Gaza was in part due to a moral panic, I am not suggesting that as such it can be ignored.
Rather, it can be regarded as symptomatic of the very real and serious transformations that the
Palestinians of the West Bank and Gaza are going through at this time.

52 ibid., 1998.
Chapter Four

Palestinian Suicide Statistics (and their social construction)

Introduction

Aims and background

To investigate further the suggestion that the phenomenon of suicide (zahirat al-intihar) referred to in Palestinian public discourse could be the result of a moral panic, efforts were made to try to quantify suicidal behaviour in the case study area of Ramallah. Evidence was sought to determine whether the numbers of suicides had increased and were increasing, and whether they were higher than in other societies.

The Preoccupation with Numbers

In discussions of suicide, everyone wants numbers. Commenting on the use of statistics in suicide studies, Jack Douglas wrote in 1967, 'Throughout the Western world today there exists a general belief that one knows something only when it has been counted. Enumeration has become the cornerstone of knowledge... first applied in the natural sciences, it has come to dominate Western man's thought concerning human affairs as well.'

'Probability and statistics crowd in upon us,' Ian Hacking wrote more recently in 1991. 'The statistics of our pleasures and our vices are relentlessly tabulated. Sports, sex, drink, drugs, travel, sleep, friends - nothing escapes. There are more explicit statements of probabilities presented on American prime time television than explicit acts of violence (I'm counting the ads). Our public fears are endlessly debated in terms of probabilities: chances of meltdowns, cancers, muggings, earthquakes, nuclear winters, AIDS, global greenhouses, what next? There is nothing to fear (it may seem) but the probabilities themselves.'

Hacking examines the way in which numbers, in the form of probabilities and statistics, have become 'the very stuff of fundamental processes of nature and society'. Hacking believes it began with an avalanche of printed numbers at the end of the Napoleonic era when many acts of human behaviour were counted, especially wrongdoings such as crime and suicide. The figures appeared astonishingly regular from year to year. It seemed that statistical laws of society sprang from official tables of deviancy, so much so that statistical laws came to be regarded as laws in their own right. A new kind of 'objective knowledge' came into being, as a product of new technologies for gaining information about natural and social processes with new criteria for what counted as evidence for knowledge of

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3 Ibid., p.188.
Moreover, these statistical laws were used not only for describing, but also for explaining and understanding the course of events. Hacking concludes that "Probability is the philosophical success story of the first half of the twentieth century." The consequences are far reaching for although probability cannot dictate values, it now underlies all reasonable choices made by officials, whether social, environmental or military.

In his well known study of suicide *The Savage God*, Alvarez is quoted by Kate Hill, as complaining that the suffering of the suicidal has little in common with the numbers they may become: 'All that anguish, the slow tensing of the self to that final, irreversible act, and for what? In order to become a statistic.' Nevertheless, Hill continues, 'Despite this dissonance, numbers do of course matter. Statistics provide vital insights into the scale, evolution and circumstances of suicidal behaviour. They record its social impact.'

In the Palestinian setting, building up a statistical picture is beset with problems. However, surveying the social and political forces that shape and mould the numbers available reveals much about the society. So, along with trying to quantify the occurrence of suicide, investigations were carried out into the influences behind the construction of Palestinian suicide statistics.

**Trends and Record Keeping**

When trying to understand suicidal behaviour, particularly its social impact, it is often useful to look at trends over time. In Ramallah there is no one reliable recording system for suicides or attempted suicides. Indeed, records of anything seem to be patchy and disorganised. In part this can be explained by 30 years of military occupation and the instability of the political and economic situation. Since the arrival of the Palestinian National Authority (PNA) in the West Bank there have been official suicide statistics for less than three years, whereas 16 European countries have records of suicides going back at least a century. Basically, the sophisticated infrastructure required for the detailed record keeping on which Western studies rely has not existed. Nevertheless, such records as were available in Palestine were examined and, in addition, efforts were made to try to set up a reliable recording system for a year, but this too had its problems.

No previous study into suicidal behaviour has been conducted in the West Bank, and only a handful

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4 'Society became statistical. A new type of law came into being, analogous to the laws of nature, but pertaining to people. These new laws were expressed in terms of probability. They carried with them the connotations of normalcy and of deviations from the norm. The cardinal concept of the psychology of the Enlightenment had been seen, simply, as human nature. By the end of the nineteenth century, it was being replaced by something different: normal people.' *ibid.*, p.vi.

5 *ibid.*, p.vii.

6 *ibid.*, p.4.


9 This seems to be an ailment of the late 20th century - the Ottomans kept very detailed records of the area - the censuses of the population and possessions for tax purposes. Indeed these were used to trace the date of Ramallah's establishment.
have been carried out in the Arab Middle East. The aim of this study was to collect and examine all the information on suicidal behaviour from all possible sources and see if some kind of basic epidemiological picture could be pieced together. The intention was not only to estimate the incidence of suicide and attempted suicide in Ramallah, but also to see whether there was any correlation between suicide and such factors as age, sex or marital status.

The Social Construction of Statistics
The lack of records mean that the statistics obtained fall short of the levels of accuracy and reliability found in many studies in Western countries, but they illustrate how such social knowledge is produced. The social construction of suicide statistics is relevant to suicide studies everywhere.

The suspect nature of official suicide statistics has been shown by many studies. Commenting on Durkheim's *Suicide*, Jack Douglas was critical of how sociologists have been so unquestioning about the production of the statistics upon which they rely, 'Most sociologists seem to have felt that these published, official figures are the 'facts' or 'things' called for by Durkheim and that, as things, they do not require probing criticism or justification, but only explanation.' These basic assumptions by sociologists about the nature of official suicide statistics as an objective, highly reliable measure of suicidogenetic forces that could be likened to a thermometer as an instrument to measure temperature are unjustified, Douglas argues. 'The difficulty ... is that one is still relying upon human judgment for the data, not simply upon sensory experience, which one used to observe the memory expansion and contraction against a calibrated scale, but actually upon the complex faculties of human judgments in interaction with each other.' [his emphasis] As such, however, they are informative about the nature of the official statistics-keeping organisations and the social meanings of suicide in Western societies.

Statistics are socially constructed by the 'complex faculties of human judgments in interaction with each other' according to Douglas, and these are dependent on the social meanings attached to suicide. This needs to be borne in mind when considering suicide statistics in the Palestinian setting in general, and the governorate of Ramallah in particular.


12 *ibid.*, p. 170. For example with the definition of 'suicide.' Douglas argues that the most important error involved in the use of the official statistics has been the same error as that made in the theories themselves: the assumption that 'suicidal actions' have a necessary and sufficient, unidimensional meaning throughout the Western world. The assumption is that the categorisation of a death as 'suicide' means the same thing to all social groups, strata, and individuals. It fails to see that an official categorisation of the cause of death is as much the end result of an argument as such a categorisation by any other member of society. *ibid.*, p. 229.

13 *ibid.*, p. 167.
Suicide Statistics in the United Kingdom

The inaccuracy of suicide statistics is not unique to Palestine. Indeed, it is an important issue in the United Kingdom, as Kate Hill pointed out in her 1997 study on youth suicide. 'The problem with statistics [is that] official suicides are far rarer than people who kill themselves.' The shrinkage is due to the way in which deaths are classified. 'Whilst the inaccuracy of official suicide figures is widely recognised by suicide researchers, it is impossible to correct these distortions completely. But most suicides are traceable, and to provide more realistic estimates of lives lost, researchers now identify "probable" suicides... Most of these are disguised as 'undetermined deaths'. The details of all deaths in the UK are registered according to a standard international system for classifying causes of mortality. In 1968 this system introduced a new category which became instantly popular in dealing with less clear-cut suicides: 'Injuries undetermined whether accidentally or purposefully inflicted'. The 'undetermined' death, designated by an 'open verdict' in the English inquest system, provided the perfect pseudonym for unproven suicides.'14

This situation exists in England partly because suicide and attempted suicide remained crimes in England and Wales until 1961, and the suicide verdict still reflects its innocent-until-proven-guilty criminal heritage. A suicide verdict requires an intention to die, and the law requires that this is proven to be beyond doubt, but 'Since a dead person's intentions are not easy to prove, doubt is inevitable.'16 Finding out the person's intentions is an old problem with suicide and the burden of legal proof within the English system makes the under-reporting of suicide common practice. Hill found that youth suicide figures are also be eroded by tactful coroners. Inquests can be choked by considerations of stigma and private grief. A coroner can seek to minimise the impact of the drama on those implicated by sparing families a suicide verdict. In the view of one London coroner, 'the reluctance of relations of the deceased to accept a verdict of suicide is well known.17' Insurance implications may have been taken into account by the coroner. If a man with wife and children is ruled as having committed suicide, the family may not be entitled to life insurance. Not wanting to add to the hardship of the family, a coroner may thus be disinclined to come to a verdict of suicide.

Some suicide simply cannot be detected concludes Kate Hill as she points to the unknown numbers who die each year in accidents which are neither classified as suicides nor undetermined deaths.18 Numerous self-inflicted deaths each year in the UK are classified as accidental, in particular medical drug overdoses, which may have been cries for help that back-fired. 'Ultimately there is no clean division between suicides and other deaths resulting from risk-taking behaviour. The complexity of self-destructive impulses and their myriad interpretations mean that innumerable young deaths might be judged to have a 'suicidal' component.'19

15 As described briefly in the Chapter Two, the English historico-religious tradition regarded suicide as a sin and a crime. See Neeleman,J. 'Suicide as a crime in the UK:legal history, international comparisons and present implications', Acta Psychiat. Scand., vol.94, 1996.
17 ibid., p.17.
18 ibid., p.19.
19 ibid., p.20.
Thus, even in a country with a long record of keeping suicide statistics, such as the UK, there are reasons why the statistics can be inaccurate. To understand why requires a knowledge, not only of the dominant historico-religious traditions of the past, but also of the socio-economic situation of the present, and the procedure by which a suicide statistic is 'produced.'

**Suicide Statistics in Palestine**

The possible ways in which cases of actual or attempted suicide in Ramallah may or may not be counted and 'become a statistic' are shown in Figure 4.1. The right hand side of the diagram shows those cases which go to the local government hospital and which may be reported to the police. These reports may reach the DA's office, be reported in the press and later be discussed in public debate. Essentially they are in the public sphere. The left hand side of the diagram shows those cases that seek private medical care and are essentially in the private sphere. This side also includes the 'invisible' cases, that do not seek any medical care and for one reason or another remain hidden from any outside gaze and are not included in any suicide statistics.

Consideration of each source of suicides on this diagram raises several important issues: how the sources differ, why some cases move up to the next level while others drop off, why the records are kept in a particular way, and the extent to which the statistics are socially constructed.

**PART ONE: THE PUBLIC SPHERE**

**Newspapers**

The most public and widely available sources of suicide statistics are local newspapers. They are important in that they do go back in time consistently. The changing nature of the content of local Palestinian newspapers through from the early 1980’s to the late 1990’s has already been discussed (Chapter Three).

Reports of suicide and parasuicide, first published by these papers at the end of 1996, are of particular interest for several reasons. First, because I believe it is basically these numbers that caused the public panic and moral debate and, secondly, because the statistics can be used to illustrate certain characteristics of these very public suicidal cases. They are, for example, mostly young people who have taken non-fatal drug overdoses. Also of interest is the way in which the characteristics of the fatal cases differ from those of the non-fatal cases.

*How reliable are these suicide statistics?*

Cases in newspaper suicide statistics must have reached at least Level 5 of the diagram (Figure 4.1) since the person must have gone or been taken to a government hospital, the doctors there must have informed the police, the police must have come and made a report, which would have then been incorporated into a daily (except Friday) report in the public relations office in Gaza, faxed to a newspaper and printed the next day.

However, this sequence only happened to a small minority of the cases, at least in Ramallah. Many cases were not reported to the newspapers, nor to the police, and some did not go to a government
Figure 4.1
Palestinian suicide: how the statistics are constructed

private sphere

conferences, talks, articles, research

private psychiatrists

referred to

private GP's

private hosp in Ramallah with ER (Arab Care, Khalid, Red Crescent)

Al-Makassid (Arab hospital in Jerusalem)

Israeli hospitals

do not go to govt hospital

unseen cases' not seek any medical treatment

people who commit or attempt suicide (Ramallah governate)

public sphere

newspaper reports

conference, talks, articles, research

public scare

general police administration (Gaza)

local police station

official Palestinian suicide statistics (Gaza)

court (DA's records)

L5

L4

L3

L2

L1
hospital, so it could be argued that the statistics are inaccurate and unrepresentative. Certainly, they miss a large number of cases. For the period November 1997 to November 1998, I recorded 52 cases of fatal suicide, attempted suicide and suspected suicide that came to Ramallah government hospital. Yet, for that same period the police recorded only 13 cases and the newspapers only 2. Thus only about 4% of the cases recorded in the government hospital appeared in the newspaper reports. 20

**Findings from newspapers**

Diagrams were prepared from the ‘selection’ of suicide cases in the newspaper reports and the following points were noticed (Figure 4.2).

1) The numbers of cases appear to be split almost equally between Gaza and the West Bank. The population of Gaza is about 1 million and that of the West Bank 1.5 million. This could suggest either a higher incidence or a higher level of newspaper reporting from Gaza. (Diagram 1)

2) The vast majority (92%) are attempted suicides. Of 168 cases, 154 are suicide attempts, and only ten of them are fatal, that is there are 17 times more attempted than actual suicides. (Diagram 2)

3) By far the most common method used is taking drugs, followed by other ‘soft’ methods such as taking poison, drinking household products, such as bleach or kerosene, and even, in one case, drinking shampoo! (Diagram 3)

4) The age distribution shows that the suicide attempts (muwalaat al-intihar) are mainly amongst young people and the 18-24 group is the largest. In contrast, the oldest age group (>45) has most cases of fatal suicide. (compare Diagrams 4b and 4c)

5) Female cases slightly outnumber males for attempted suicide, but the great majority of fatal suicides are male. (Diagram 5)

It is interesting that in spite of the unsatisfactory nature of the records, they generally accord with the main findings in the Western literature on suicide: men die from suicide more often than women; attempted suicides are much more frequent than fatal suicides and are more common among women; the most common method for a suicide attempt involves drugs or medicines; young people attempt suicide more often, whereas old people die of suicide more often. The main difference is that there is not such a sharp difference between the sexes as far as choice of method is concerned; both use ‘soft’ or non-violent methods, such as drugs and poisons.

One trend (Figure 4.3) of particular interest is the dramatic drop in the number of suicide cases in January 1997, during the month of Ramadan when people fast, pray, and are generally more social and religious so that there is a great sense of community and ‘togetherness.’ Cases of suicide were

20 However, it must be taken into account that newspapers stopped reporting cases of suicide from June 1998. For the period November 1997 to June 1998 hospital entries of possible suicide cases 26, newspapers 2, that is to say almost 8%. Still, the point is that only a small fraction of government hospital cases reach the newspapers.
Figure 4.2: Diagrams showing findings from newspaper reports

Diagram 1: Geographical distribution of suicides reported

Diagram 2: Type of suicide reported

Diagram 3: Methods used

Diagram 4a): Age distribution of all suicide cases

Diagram 4b): Age distribution of attempted suicides

Diagram 4c): Age distribution of actual suicides

Diagram 5a): Sex distribution of attempted suicides

Diagram 5b): Sex distribution of actual suicides
also noticed to drop dramatically in Jordan during the month of Ramadan, according to Daradkeh, suggesting a protective effect.\textsuperscript{21} An alternative and more skeptical view is that, in general, the reporting system is likely to be more inefficient during Ramadan since the health care professionals and police are fasting. The number of cases seemed to rise in October and November 1997 which, retrospectively, could be regarded as the peak of the public debate on suicide. The reasons for this are obscure. Perhaps the doctors or the police themselves had become more diligent about the reporting of suicide cases, or perhaps more people were attempting 'copy-cat' suicide.\textsuperscript{22}

\textbf{Figure 4.3 : Number of suicide cases reported in newspapers by date}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{suicide_cases.png}
\caption{Number of suicide cases reported in newspapers by date}
\end{figure}

\textit{What happened to these reports?}

The last suicide case was reported by Al-Ayaam newspaper on 17th December 1997. Al-Hayat started reporting in November 1997 and stopped in June 1998. The last case was reported in August 1998. Since then Al-Hayat has continued to publish the police reports, but any cases that could have seemed to be suicide cases have been headed with something like 'Woman poisoned' without specifying whether it was accidental or intentional and without using the word suicide (\textit{intihar}). When I asked at Al-Ayaam why they had stopped publishing these reports, I did not get a clear answer. One employee suggested that there were doubts about their accuracy. At a time when the police statistics were going up, the newspaper reports went down and then stopped. This suggests that a political decision was made not to report suicide cases any more in the national press.

\textbf{Police sources}

The police sources consisted of the local Ramallah police station and official reports from the Gaza Police Headquarters which both came into existence in 1996. I obtained two reports from the Gaza headquarters one headed \textit{'The Palestinian National Authority Police - The General Directorate of


\textsuperscript{22} There is some debate about 'copy-cat' suicide. Although some research suggests that films about suicide, media interest in suicide or even ironically suicide prevention programmes have at times been shown to increase levels of suicidal behaviour through 'copy-cat' suicide, other research shows that over a longer period - such as a year - the level of suicidal behaviour stays the same.
General Intelligence' [which I refer to as Report A] and the other 'The Police General Directorate - Assistant Director of Police for operations and training.' [which I will refer to as Report B]. Some information was also obtained from a magazine entitled 'Ash-Shurta' (the police) which published tables of the incidence of crimes. I initially assumed that there would be continuity between these three different sources of information, but in fact they contained a considerable amount of contradictory information.

1) Ramallah police station
I managed to go through the files at Ramallah police station with various members of staff. Some police personnel were around when I was there, so I was able to ask them about some details of cases that some had attended to. There was a general air of disorganisation in the police station which had previously been the Israeli army's headquarters in Ramallah. A few years ago a huge blue Star of David had flown above the old stone building, with barbed wires on the walls, military jeeps all around and Israeli soldiers looking out from the roof. Now it was covered with Palestinian flags, Palestinian police in dark blue uniform hung around the building, and some rather sleek looking Mercedes were parked outside.

The Criminal Investigation Office was chaotic and dirty. The paint on the walls was peeling off and an assortment of things lay around gathering dust, including a clothes hanger. Files and records were stuffed onto some shelves. The main office's furniture was dominated by a large desk covered with papers, ashtrays filled with cigarette butts, coffee glasses with the remnants of coffee grains, and dust - a depressing scene. It felt like how I imagined the PLO to have been in Lebanon or Jordan, as fugitive freedom fighters, with a feeling of temporariness. Much of how the PNA runs operations makes you think that the same 'revolutionary' mentality is still being used, rather than one more suitable to the building of a national government.

In a side office there was a new computer where statistics were being compiled. A young head-scarfed (muhajabe) girl, a returnee from Lebanon, was working. She helped me gather the information. Most of it was not yet computerised and of that which was computerised there seemed to have been several data entry errors when it was checked with the files. I was told that files are made for fatal suicides, but not for attempted suicides, for which only a report is made and no one knew what happened to these.

Findings from Ramallah police station statistics (Figure 4.4, Table 1 and Table 2)

1) The numbers are small, with a total for 1996 to 1998 of 10 fatal suicides and 24 attempted suicides.

2) As in the newspaper reports, suicide attempts outnumber fatal suicides, but not to such a great extent. Suicide attempts represented 70% of all cases, whereas they represented over 90% in the newspaper.

3) There is no clear difference between the sexes. Of the 10 fatal suicides, five are male and five
### Table 1. Fatal suicides

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1997</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>1998</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
</tbody>
</table>

### Table 2. Attempted suicides

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
<th>Unknown</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>1997</td>
<td>4</td>
<td>8</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>1998</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>10</td>
<td>13</td>
<td>1</td>
<td>24</td>
</tr>
</tbody>
</table>

### Police Report A (Gaza)

#### Table 3. Fatal suicides 1997

<table>
<thead>
<tr>
<th>No.</th>
<th>Date</th>
<th>Place of Crime</th>
<th>Method of Crime</th>
<th>Name</th>
<th>Age</th>
<th>Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>13/8</td>
<td>town</td>
<td>falling from a high place</td>
<td>(male)</td>
<td>27</td>
<td>psychological state</td>
</tr>
<tr>
<td>2</td>
<td>25/12</td>
<td>town</td>
<td>taking pills</td>
<td>(male)</td>
<td>46</td>
<td>family problems</td>
</tr>
<tr>
<td>3</td>
<td>8/9</td>
<td>town</td>
<td>falling from a high place</td>
<td>(female)</td>
<td>28</td>
<td>mental illness</td>
</tr>
</tbody>
</table>

#### Table 4. Attempted suicides 1997

<table>
<thead>
<tr>
<th>No.</th>
<th>Date</th>
<th>Place of Crime</th>
<th>Method of Crime</th>
<th>Name</th>
<th>Age</th>
<th>Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10/7</td>
<td>town</td>
<td>iron instrument</td>
<td>(male)</td>
<td>17</td>
<td>family problems</td>
</tr>
<tr>
<td>2</td>
<td>13/7</td>
<td>village</td>
<td>taking pills</td>
<td>(female)</td>
<td>25</td>
<td>family problems</td>
</tr>
<tr>
<td>3</td>
<td>17/9</td>
<td>town</td>
<td>taking pills</td>
<td>(male)</td>
<td>23</td>
<td>family problems</td>
</tr>
<tr>
<td>4</td>
<td>4/12</td>
<td>village</td>
<td>taking pills</td>
<td>(female)</td>
<td>22</td>
<td>failure in studies</td>
</tr>
<tr>
<td>5</td>
<td>15/12</td>
<td>town</td>
<td>taking pills</td>
<td>(male)</td>
<td>20</td>
<td>family problems</td>
</tr>
</tbody>
</table>

#### Table 5. Attempted suicides 1998 (no fatal suicides for 1998)

<table>
<thead>
<tr>
<th>No.</th>
<th>Date</th>
<th>Place of Crime</th>
<th>Method of Crime</th>
<th>Name</th>
<th>Age</th>
<th>Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>25/3</td>
<td>village</td>
<td>poisonous substance</td>
<td>(female)</td>
<td>30</td>
<td>family problems</td>
</tr>
<tr>
<td>2</td>
<td>17/7</td>
<td>town</td>
<td>taking pills</td>
<td>(male)</td>
<td>27</td>
<td>family problems</td>
</tr>
<tr>
<td>3</td>
<td>8/9</td>
<td>village</td>
<td>taking pills</td>
<td>(female)</td>
<td>23</td>
<td>family problems</td>
</tr>
<tr>
<td>4</td>
<td>1/11</td>
<td>camp</td>
<td>poisonous substance</td>
<td>(male)</td>
<td>20</td>
<td>family problems</td>
</tr>
<tr>
<td>5</td>
<td>5/11</td>
<td>town</td>
<td>falling from a high place</td>
<td>(female)</td>
<td>20</td>
<td>family problems</td>
</tr>
<tr>
<td>6</td>
<td>15/11</td>
<td>village</td>
<td>taking pills</td>
<td>(male)</td>
<td>21</td>
<td>family problems</td>
</tr>
</tbody>
</table>

### Police Report B (Gaza)

#### Table 6. 'Cases where there is suspicion' for 1998 (no Report B for 1997)

<table>
<thead>
<tr>
<th>Cases Where There is Suspicion</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUICIDE</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>ATTEMPTED SUICIDE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>POISONING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>DROWNING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>FALLING FROM A HEIGHT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>
are female. Of the 24 suicide attempts, 10 are male, 13 are female, and in one case the sex is unknown. Thus female suicide attempts are slightly higher in police station records, while in the newspaper reports they clearly outnumbered male attempts.

4) In many cases the age is missing from the records. However, for those cases where it is recorded, the 18-24 year old group is the largest and about 80% are under the age of 30.

5) By far the most common methods used, as in the newspaper reports, are drugs and poisons. The only violent method mentioned is falling, or rather throwing oneself, from a height. This was the method chosen by five cases, causing four fatalities. Interestingly, all of these cases were female.

A similar overall picture is presented by both the police and the newspaper reports, with suicide attempts apparently made mainly by young people using drugs and poisons. However, in the newspaper statistics the sex differences are much less clear cut.

2) Official reports from Gaza
The two police reports from Gaza, on suicide in the Palestinian Authority areas of the West Bank and Gaza, Report A and Report B, contradict each other, as well as the local Ramallah police station list with regard to the numbers of cases. Report A has the names listed so some can be traced, but Report B has only summarised numbers of cases, so it is much more difficult to understand what their origins are.

The categorisation of suicide in police reports needs to be explained.23 The first tables of police statistics that I could find were from the back of the police magazine, 'The Police' (Ash-Shurta). These dated from 1996 and were listed under a category 'Honour crimes and suicide' (qadaaya sharaf wa al-intihar). In Report B of 1998 suicide and attempted suicide were under the category 'Cases where there is suspicion' (qadaaya mushtabih lee). Also included in this category were incidents of poisoning, drowning and falling from a height.24

Report A
Report A turned out to have the years 1997 and 1998 mixed up! I am sure this is so because the names are there and I saw the cases of suicide that came into Ramallah Hospital between November 1997 and November 1998. If it had not been possible to match up the names and dates, then these statistics would be nonsensical for the two years for which they were issued. Report A records for 1997 (corrected year) three suicides and five suicide attempts and for 1998, six suicide attempts. (Tables 3, 4 and 5)

23 For the full list of crimes in Report B see Appendix A.
24 Honour crimes (qadaaya sharaf) no longer formed a specific category. Presumably they are now classified in the 'murder section' which includes premeditated murder, attempted murder, unintentional murder and manslaughter. 'hatak 'ard' literally means 'dishonour' - but in this case it refers to rape rather than honour crimes which refer to when a brother, father or other family member kills a woman who is suspected of having had extramarital sexual relations.
Report B

Report B is for 1998 only and reports that in the Ramallah area there were two fatal suicides and four suicide attempts. (Table 6)

The most noticeable aspect of these two reports is how the suicide statistics have generally shrunk during transfer from the previous police source (the local police station) to the police headquarters in Gaza:

Table 4.1 Comparison of suicide statistics from police sources

<table>
<thead>
<tr>
<th>Year</th>
<th>Police Station</th>
<th>Report A</th>
<th>Report B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td>Suicides</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Attempts</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>1998</td>
<td>Suicides</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Attempts</td>
<td>7</td>
<td>6</td>
</tr>
</tbody>
</table>

As with the other reports, the cases seem to be young for all of them being under the age of 30, except for one fatal case. There is no clear majority for attempted suicide as far as sex is concerned: in 1997, three were male and two female, and in 1998 three were male and three female. These figures will be referred to again when comparing the different statistics obtained.

District Attorney's Records

The District Attorney (DA) records all criminal incidents, including cases of suicide and attempted suicide. Up until the arrival of the PA and the introduction of computers in 1997, the records were maintained by an assistant to the DA who entered by hand each week the criminal incidents that had been brought to the DA's offices in Ramallah court in the West Bank.

The search for records at the DA's offices in Ramallah court lasted for a few months. Periodic visits were made and each time the records were requested, official papers from the university were shown, cups of tea were drunk and general chit chat was centred on research and the 'situation'. At first an assistant to the DA told me that the old records had been lost, and that no one knew where they were. Later, he said that he had been told they were in the basement and under so much dust and dirt that they were irretrievable. When he realised from my frequent visits how much I wanted to see the records, he said that he sympathised with me as he too had been a student, and the next time I went he was delighted to tell me that they had found the records in a metal cupboard down the corridor.

We arranged the large and very dusty books into years. The earliest records dated from 1985. The handwriting was so unclear it appeared to bear little resemblance to Arabic! I was told that there had been an extremely old clerk working in the court who had been there for so long that no one wanted to fire him. After his death, the handwriting improved somewhat but it was still illegible at times. To help me, a friend from the dormitory where I was living kindly spent a few afternoons going through the
records with me in a very hot and dusty side room.

Each entry consisted of the date, the name of the defendants, and where they were from, the nature of the crime and additional details. It was sometimes unclear whether the date was that of the incident or the court hearing. Indeed, sometimes both were written down, but it appeared that in most cases the date was that on which it was brought to court or to the DA's office.

An assistant DA told me that these records are more accurate than the police records because they have been investigated and bogus suicide cases, such as cases of suspected suicide that were found to have been murder, had been omitted.

These records are the only ones to go back as far as 1985 in some kind of continuous order. The hospital records, for instance, turned out to be in complete disarray with missing records, inexplicable gaps, and sudden changes in procedure. With the DA's records there is one book for each year and all books are available. There are, however, a number of reasons to be concerned about their reliability:

1) **Same bias as police records.** Since the only source for the DA's records is the police, the figures suffer from the same bias related to police sources in that there are a large number of missed cases which have not been reported to the police, or for which the police have not made a report after being informed.

2) **Avoidance of Israeli judicial system.** Up until 1996 the DA was under the Israeli military authority so it is possible that people were less willing to report cases. Several doctors mentioned that even though they knew that the law required suicides to be reported, they tended not to do so. This behaviour formed part of a general reluctance to turn to the Israeli judicial system. Indeed, since the early 1980's many Palestinians have actively tried to avoid the Israeli system as a form of civil disobedience. Although this movement was particularly strong in the camps, it was also broad-based. Conciliation committees (*lajan as-sulh*) were set up as an alternative as a means of resisting Israeli occupation.25

3) **Suicides weighted more than attempted suicides.** It is possible that the DA's office, particularly prior to the establishment of the PA, would be more likely to investigate cases of fatal suicide than attempted suicide, so they would be more likely to be recorded.

4) **Human error reading the records.** Cases could have been missed because of the poor handwriting and the fact that it was only possible to go through the records once.

**Findings from District Attorney's records**

The data collected from the DA's records was represented diagrammatically and three important points can be made. (Figure 4.5)

1) There has been a huge increase in the overall number of suicide cases recorded since the

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25 The conciliation committees (*lajan as-sulh*) formed as alternatives to the Israeli courts have been mentioned in Chapter Three (footnote 14).
Figure 4.5: Diagrams showing findings from District Attorney’s office records

Diagram 1: TRENDS. Suicide cases recorded by DA’s office each year

Diagram 2: SEX DISTRIBUTION of all suicide cases recorded by DA’s office

Diagram 1a) All suicide cases

Diagram 1b) Fatal suicides

Diagram 1c) Attempted suicides

Diagram 2a) Actual suicide

Diagram 2b) Attempted suicides
arrival of the Palestinian Authority. In 1996, there are 23 cases recorded representing a 44% increase from the highest pre-sulta recorded level. In 1997, there are 61 cases recorded, representing a 281% increase from the highest pre-sulta recorded level. (Diagram 1a)

2) Attempted suicide cases show a more noticeable increase than fatal suicides. Fatal suicides seem to stay at the same, rather low level throughout, whereas the level of attempted suicides seems to be more variable. During the years of the Intifada, the number of attempted suicides goes right down and for several years there are no reported suicide attempts, until after the arrival of the Authority when they shoot up. (Compare Diagrams 1b and 1c)

3) Male suicide cases, both fatal and attempted, are in the same proportion (31.3% and 16.7% respectively) as female cases (Diagrams 2a and 2b). It is only in this source of statistics that male suicide attempts are equal to female; usually the female suicide attempts outnumber the male. It may be that people are less willing to take women into the public law court than men and that women are somehow being guarded against entering the public domain which is generally the reserve of men.

Although the reliability of the numbers should be regarded with some suspicion, they do not contradict the hypothesis that fatal suicides remain at low and relatively constant levels, whereas attempted suicides are more susceptible to politico-economic changes. During the Intifada the rate dropped to only two or three cases per year and then shot up to 54 in 1997. It is interesting that all the reports show that fatal suicides and attempted suicides seem to have somewhat different characteristics, as is suggested by most Western literature on the subject.

However, these statistics have to be considered in context. Public interest provoked by the newspaper reports may have increased the reporting of suicide cases. With the arrival of the PNA annual records of criminal incidents had to be compiled, and by the beginning of 1997 there was a requirement for suicide attempts (muhawalaat al-intihar) to be reported to the DA. These factors led to more people reporting suicide attempts. Changes in reporting rather than in actual incidence are likely to have played a role in the increase.

Hospital Records: 1981 to 1997
The next line of investigation was to look for cases of suicide in Ramallah Hospital, which is the government hospital. It was built in the 1960's and, until recently, its emergency room (ER) was the only one in Ramallah. This hospital is shown in Figure 4.1 as one of the first places where a suicide would be recorded.

The procedure for recording cases of suicide that come to Ramallah Hospital is shown in Figure 4.6. When a person is admitted after a suicidal action there are four places this should be recorded: the ER record book, the patient's file, the department records, and the admission records.

If this was taken as accurate it would give a suicide level of the last 12 years of roughly 0.44 fatal suicides per 100,000 per annum
If someone dies in the ER, arrives there dead, is discharged or not admitted after treatment, this should be recorded in two places: the ER records' book and the ER sheets file. All of the above documents provide a space for entering a diagnosis, apart from recording the patient's name, age, sex and address. So, theoretically, it should be possible to go through the records of Ramallah Hospital and gain an idea as to how many cases of suicide or attempted suicide have come there and also to obtain some basic demographic data about them.

However, this was not possible for two main reasons, the first related to the storage and upkeep of these records and the second to the recording method itself.

1) Record storage (Figure 4.6)

Records are stored in two large mobile containers, the size of two average-sized caravans, which are called 'The New Archive' and 'The Old Archive.' The New Archive is meant to contain the department records, admission records and patients' files from the previous five years. After that period the department records and admission books are put into the Old Archive and the patients' files are thrown out. After a year or so, the ER sheets files are thrown out. This is what is said to happen, but in reality the system was in a state of disarray.

The New Archive, with the patients' files, had some sense of order, and people come and use it to get files for insurance purposes, or the police may use it for criminal cases. However, many of the department records and admissions records seem to have disappeared. The head nurse of the Internal Medicine department, who has been there for well over 20 years, swore that he had handed in the department record book to the New Archive at the end of 1998. I had seen the book in June 1998 and had the data from January to June, but before leaving wanted to check the data for July to December. He came with me to the New Archive, but the department book was nowhere to be found: in the space of three months the book had been lost. This was fairly typical; the admission books were found for only part of 1995, and huge gaps existed throughout the sequence of department records and admission books.

Patients' records for the previous five years appeared to be in some kind of order although many were certainly missing. However, it would have been extremely impractical to use these as a means of looking back over that period as there were at least 5,000 sheets for each year.

Eventually, I went through all the ER, Department and Admission Records that could be found by going through the Old Archive for as far back as possible. The records were patchy as they were not well maintained and huge numbers of books and records were missing, especially for the Intifada years (1987 to 1992).

When I asked to go to the Old Archive everyone laughed and said that no one goes there. I was even told that there were rats! When I finally got the key and went in it was a complete shambles. You could hardly get in. From floor to ceiling was a jumble of papers, files and books. Stifling heat and choking dust. Tape, receipts, old chairs, x-rays. It was an incredible sight. With a friend, I offered to tidy up. We
Recording system for suicidal cases in Ramallah Hospital

Person attempts/commits suicide and comes to Ramallah Hospital

ALL

written on ER SHEETS

written in ER RECORD

NOT ADMITTED

ADMITTED

ER sheet put with admission papers into PATIENT'S FILE
Case recorded in DEPARTMENT RECORDS (ICU, Surgical, Medical)

ON DISCHARGE

AT THE END OF THE YEAR

stored in KAATIB'S OFFICE*

NEW ARCHIVE

AFTER 5 YEARS

Department, Admission & ER Records

OLD ARCHIVE

ER sheets file thrown out

Patients' files thrown out

ER sheets gathered daily into one ER SHEETS FILE

stored in KAATIB'S OFFICE*

AFTER 1 OR 2 YEARS

* kaatib (literally means writer) is the hospital clerk who writes down patient's details on arrival at hospital before seeing medical staff
cleared the way so as to get into the container and separated records from random, jumbled-up papers, but the separated rubbish was still there nine months later when I visited the hospital just before I left Ramallah. I was told that it was illegal to burn any of the records without authority from the PNA, but neglecting them does not appear to be! So, although a system of recording existed, most documents had been either thrown out or lost.

2) The method of recording
All the documents indicated in Figure 4.6 - the ER sheets, the ER record, the patients file, the department and admissions records - have a space for entering the diagnosis. Unfortunately, this is filled in very rarely and haphazardly; often the form was either blank or indecipherable. So obtaining data from these records was hampered by the following problems:

i) Missing entries. No entry had been made.
ii) Indecipherable entries. Apart from poor handwriting, indecipherable records could be attributed to the records being kept in English. Doctors are expected to be able to read English which is the language of medicine in all Arab countries except Syria, which uses Arabic since it is argued that this saves Arab countries from having to translate medical and scientific journals. In Egypt and Jordan, where most students train within that country in English, this requirement is fair enough, but the problem in Palestine is that until three years ago there was no medical training there. Many students travelled to Eastern European countries, since they were cheaper than Western Europe and some other Arab countries, and studied in the language of that country, be it Russian, Hungarian or Rumanian. On returning to Palestine, many of these doctors then had enormous difficulties adapting to practising in English. This has clearly had an effect on the standard of note taking. The inability to spell basic English words and medical terms means that many doctors hide behind squiggles. In Ramallah Hospital, notes written by nurses were clearer than those written by doctors. The nurses train locally in Palestine, in English using English text books.

i) No clear diagnosis of suicide. A legible diagnosis may have been entered, but it is not clear if it is related to a suicidal act or not. For example, ‘drug poisoning’ is entered but no indication is given as to whether it was self-induced or accidental.

Findings from hospital records prior to 1997
Although the system had virtually collapsed, and record taking was inconsistent and inaccurate, a few points can be made about those records that were seen:

i) The word suicide is not mentioned in any records before 1997.
ii) Cases with the diagnosis ‘drug poisoning’ and aged between 17 and 30 were found. It is possible that at least some of these were suicide attempts. In 1998, when I was able to see patients entering the hospital, the medical label ‘drug poisoning’ and an age between 17 and 30 often indicated a suicide attempt. This is evidence that the ‘suicide phenomenon’ is not an

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27 It is presently still limited to a handful of medical students who can train in Palestine. The constraints are the high cost of the course and the limited facilities in Palestine.

28 Perhaps not just in Palestine!
iii) The most noticeable trend was the apparent drop during the Intifada. This may have been because the records were less well kept and the hospital staff were having more problems with time and resources, but records were made of many cases of gunshot wounds and tear gas-related casualties. (Figure 4.7)

**Figure 4.7: Ramallah hospital records of suicide prior to 1997**

Thus, although the numbers produced by searching the hospital records were extremely inaccurate, the exercise did produce some information.

**Cases of suicide coming to Ramallah Hospital November 1997 to November 1998**

Having soon realised the patchiness and unreliability of hospital records, I decided to set up a recording system of sorts for a one-year period while in Palestine. The hospital director agreed to ask nurses and/or doctors to phone me whenever a case of suicide or attempted suicide came to the ER. They were all informed by letter.

I spent the month of November 1997 mainly in the emergency department of Ramallah Hospital helping doctors and nurses in my capacity as a medical student. This meant that everyone knew who I was and that I was doing research on suicide. During the year I would phone up periodically and ask if any cases had come in, or I would come in and see the doctors and nurses and ask them about cases. I would also come in every few weeks to go through the ER sheets and record any cases that could possibly have been suicide attempts.

When the hospital informed me of a case, I would go immediately and see if it was possible to talk to the patient, even if this meant going at night, although occasionally, I would be told that a patient would certainly be admitted that night, so I would go early in the morning and try to see him or her then.
On meeting the patient, I would either talk to him or her then and there, using a questionnaire as a guide for the interview, or ask if it was possible for me to visit them at home. If they agreed, I would arrange a time to go and try and record an interview with them on tape. It was impossible to record the interview in the hospital itself. The emergency room consisted of a row of five beds with flimsy curtains in between and there was a constant stream of people wandering in and out, such as friends, relatives, people seeking quick medical advice and policemen.

If I missed an attempted suicide case in the ER, for reasons explained later, I would get their name and address from the ER sheet and try and go to tape an interview with them. The ease with which this could be done varied considerably from case to case.

Methodological Problems

Missed cases
The aim was to see all 'cases' in the relative neutrality of the hospital setting. As a medical student my presence was not unusual, which meant that I could talk to patients quite easily on their own and explain why I was there, why I wanted to talk to them, and assure them of confidentiality. It was thought that in this setting the 'patient' would be more able to talk freely without the worry of explaining to his or her family what we were talking about. Generally, this was the case for the people that I managed to see in the ER. Seeing patients in the hospital also enabled me to gain their trust on home visits, since I did not just appear to them as a random stranger. In spite of the arrangements I had made, some cases were missed for the following reasons:

i) Notification not received. On a few occasions, the mobile phone which I had acquired to enable me to be informed by the hospital when cases were admitted, did not receive the message. Unfortunately, as there was no phone in the dormitory where I lived at the time, this was the only way I could be contacted directly.

ii) Notification not given by the hospital. Sometimes nurses were too busy to phone me, since the emergency department of Ramallah Hospital is very busy, with people constantly coming in hoping to receive free or cheap treatment, especially in the evening or at night when other health centres are closed. A few of the doctors and nurses were not particularly keen on informing me. From their comments it appeared that some did not regard suicide as a serious or an important topic. Suicide attempts were thought of as 'hysterical' and attention seeking and not worth wasting my energy on. Others thought the topic unsuitable for a Palestinian girl coming from 'outside' and did not understand why should she come and see these people whom they viewed with some disdain. Others would tell me a week afterwards, 'Oh yes, there was a case... but in the middle of the night... how would you get here?' Sometimes the implication was that a respectable Arab girl shouldn’t be going around in the middle of the night. Others knew that I was in a dormitory with a curfew so, thinking one step ahead, said

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29 A questionnaire for patients was developed asking for details such as age, sex, marital status, educational level, employment, residence, reasons for the suicidal behaviour, economic and social situation. Basically the questionnaire asked about risk factors which have been previously shown to be associated with suicidal behaviour. See Appendix B for the questionnaire and the justification for the content of questionnaire.
they had assumed I would not be able to get out.\textsuperscript{30} The nurses, however, were generally very helpful, more so than the doctors. A few became good friends and were very reliable and would always phone if there was a case during their shift.\textsuperscript{31}

\textit{iii) Notification received, but patient not contacted.} On a few occasions the hospital informed me of a case, but by the time I got there, which might have been less than an hour later, the patient had been discharged, either by him/herself or his/her family. Sometimes it was difficult to get to the hospital quickly as I often travelled around to other parts of the West Bank, in particular Jerusalem, Nablus and Jenin. It takes about two hours to get to Ramallah from Jenin. A couple of times I was told that a patient would be admitted and yet when I arrived the next morning he or she would have been discharged in the middle of the night.

\textit{iv) Absence.} I was abroad for two three-week periods during the year (December 97 to January 1998 and June to July 1998) and although I had tried to set up an alternative system to take over in my absence, it did not work very well, and several cases were missed during these two periods.

Overall, the system of recording, although rather basic, improved as the year went on. Particularly important was the fact that the doctors and nurses saw that I always came in whenever anyone from the hospital spoke to me about a case. My improved relations with the nurses proved crucial.

\textit{In the hospital}

Almost always I managed to chat with the ‘patient’ though this would depend to some extent on his or her medical status. Only on one occasion was it completely impossible when access was blocked by the woman’s father who refused to allow me anywhere near her. I arranged with a nurse that he should slip a note into her hand as he took her blood pressure. It had my phone number on it but she never called. Her father appeared to have complete control over her and this was not relinquished in any way in the hospital, although in general, such power might be expected to be diminished in the hospital setting, faced with the medical authority and its trappings. In this particular case, the reason for the overdose was the father’s authority: he had banned her from going out to work as a computer teacher, and said that she was to stay at home from then on.

\textit{Going through the records}

I went through every ER sheet to check that no cases had been missed completely. Often a nurse would tell me, when I came in, that he had heard of a case coming in the previous week, so I would know where to check. However, for the sake of thoroughness I went through every sheet and any case that could possibly have been a suicidal case was noted down with the intention of then going to check it. However, there were a number of problems with these sheets:

\textsuperscript{30} Indeed, the first time I was called I was unable to get out! I was locked into the dormitory and unable to get out until 5a.m. the next day. I eventually got special permission to get a key ONLY to be used to go to the hospital for research purposes. This was done in secret, no one else was to know that I had the key.

\textsuperscript{31} Indeed, a couple of times they were overly-enthusiastic and I would find a case was highly unlikely to be suicide, but be told that anyway it was an excuse to drink coffee with them!
1) **Unclear diagnosis.** Frequently doctors did not write more than a couple of words and those words were often illegible.

2) **Vague address.** Even if a diagnosis was decipherable and said, for example, ‘drug poisoning’ there might be a problem with the address. Usually only one word entries were made on the ER sheet of the name of the town, village or camp, such as Ramallah, Kobr or Al-Amary. By far the easiest people to find were those from the villages. With the family name and the village name, it was highly probable I would find the person in question. This is largely due to the system of knowledge used in the Ramallah area and the way in which communities have developed. Most villages are based on a few different clans (*hamoola*). So in a village, I could ask for someone from a particular family and ask them for the person that I wanted to talk to. When I was looking for someone from a camp I could go to the camp’s UNRWA office and ask there. They would either know immediately, or occasionally they would check electricity bills (which went through the office) for the name I was looking for. If the address was simply that of a town, such as ‘Ramallah’ or ‘Al-Bireh,’ it was almost impossible to trace a person after their departure from the hospital. I tried asking in the municipalities, post offices and the new telephone company and did find a couple of people this way. However, a number were untraceable, and I have entered them in the category of “?SA” or “??SA” on the list that I compiled of cases of suicide that came to Ramallah hospital during the year that I recorded cases.

“?SA” means a case that was very probably a suicide attempt according to the doctor’s diagnosis on the sheet, such as ‘suicidal case’ or ‘voluntary drug ingestion’ or according to reports from nurses.

“??SA” represents a possible suicide attempt as when the diagnosis was, for example, ‘drug poisoning’ or ‘drug ingestion’ which could also have been accidental. The question mark indicates that I was unable to trace the ‘patient’ and therefore check up on what had happened.

“SA” represents a definite case of attempted suicide, I had seen and spoken to the individual concerned or doctors, nurses and police had assured me that that particular case was a suicide attempt.

3) **Lack of basic demographic data for the missed cases.** For those cases that I did not see, I was unable to find out basic data such as marital status, level of education, or employment. The ER sheets only record name, age, sex, address and medical notes.

**Findings from emergency department of Ramallah Hospital November 1997 to November 1998** (Figure 4.8)

1) During the year 52 suicide cases were recorded. Non-fatal suicide attempts were much more frequent than fatal suicides. There were up to 48 cases of attempted suicide (approximately
Figure 4.8: Diagrams showing findings from Emergency Room of Ramallah Hospital from November 1997 to November 1998

Diagram 1: Type of suicide

Diagram 2: Age distribution

Diagram 3: Sex distribution

Diagram 4: Methods used

Diagram 5: Marital status

Diagram 6: Place of residence
92%) compared with only four cases of fatal suicide (approximately 8%). (Diagram 1)

2) The cases were generally young. By far the largest age group was the 18-24 group which included over 50% of all suicide cases. Almost 75% of all suicide cases were under the age 30. (Diagram 2)

3) The majority of the cases, almost 60%, were female. (Diagram 3)

4) By far the most common method used was drugs of various types which accounted for almost 70% of all methods used. The next most common method was bleach, followed by other 'soft' methods including poisons, vinegar concentrate (rouh khal), kerosene and even, in one case, of cologne! Other methods were falling from a height (fatal), lacerations, and insecticide with one case in each category. (Diagram 4)

5) The data on marital status is missing in more than a quarter of cases (38.5%) as it is not entered in the records. Of the remainder approximately 31% were single, 27% married and 4% divorced. (Diagram 5)

6) Most cases (48%) came from urban or residential areas, while approximately 37% were from villages and, the smallest group came from camps (15%). (Diagram 6)

No clear trends are evident over the year, apart from the low level during the month of Ramadan which occurred in January and a considerable increase in the month after. There seems to be more cases in the summer/early autumn months which happens to be the wedding season, I think an important factor was the improvement in my relations with the nurses over the year with a consequent improvement in the recording system.

**Figure 4.9: Suicide cases recorded in Ramallah Hospital between November 1997 and November 1998**
Discussion of data from all public sources
Having gathered as much information as possible from the various public sources described above, the information was compared. From Table 4.2 below two important conclusions can be drawn. Firstly, the extent to which cases move up the reporting ladder, and secondly, the inadequacies of the official statistics.

Table 4.2 Summary of statistics obtained from public sources November 1997 to November 1998

<table>
<thead>
<tr>
<th>Suicide attempts (SA)</th>
<th>Ramallah Hospital</th>
<th>Ramallah Police</th>
<th>Official Statistics A</th>
<th>Official Statistics C (98)</th>
<th>Newspaper Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>28</td>
<td>10</td>
<td>8</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>'Probable' Suicide Attempts (?SA)</td>
<td>12</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>'Possible' Suicide Attempts (??SA)</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Suicides (S)</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

The main observation to be made from the table is the decrease in the number of suicides reported, and thus included in the statistics, as the records move up to the next level. Very few of the cases entering hospital are recorded in official police statistics and eventually published in a newspaper. From 52 cases of possible suicide recorded in Ramallah hospital, over the year, 13 were recorded in Ramallah police station statistics. Ten in the official suicide statistics Report A, six in Report C and only two in the national newspapers.

Since only about 4% of possible suicide cases reach the newspapers, there is some justification in people saying that the reports are only the 'tip of the iceberg.' Certainly, the vast majority of suicide cases, at least in Ramallah, were not reported in the newspapers.

Reasons for under-reporting
Various reasons can be suggested for the number of cases 'dropping off' at different levels.

Reports from hospital to the police
Ramallah Hospital does not invariably report cases to the police. There may be pressures from the family who want to keep the incident quiet and do not want it to move further into the public sphere. Doctors in the emergency room may be simply far too busy to inform the police. Although the doctors are legally required to report all suicide cases, this is apparently to enable police to investigate a possible crime, such as an attempted murder, rather than to investigate suicide as a crime. Doctors may feel that in a clear case of self-harm there is little point in bringing in the police. Obviously, the patient usually prefers that the police are not informed.

There are proportionately fewer female cases in the police statistics compared with the number of cases entering Ramallah Hospital. It appears that doctors are less likely to report female cases. This might be because female patients are usually brought into hospital by male family members who would be seen as the people to deal with a woman's problems, almost as 'protectors,' so that doctors are less
willing to interfere. Possibly doctors are aware of the potential problems caused by the police getting involved and more people finding out about a shameful incident which, particularly in the case of women, could damage their reputation. An additional factor is that doctors may be less likely to take female patients seriously. When a woman comes into hospital and is labelled ‘drug poisoning’ the staff’s response is often to refer to the case as ‘loveilits’ or ‘dala’-itis.32 The underlying assumption is that the reason for the attempt is emotional and therefore not serious. It could be that when a man attempts suicide there is greater suspicion that he has more serious problems, such as being mad, bad, immoral, or on drugs. Maybe women are simply better at persuading the hospital staff not to inform the police.

There are proportionately fewer suicide attempts compared with fatal suicides in the police statistics than there are in the Ramallah hospital statistics. This may be because less female cases are reported and female cases are more likely to be attempted suicides. Alternatively, doctors deem only potentially life-threatening cases as worthy of being reported to the police. I tended to find that the sex difference was a more important factor in the doctors’ decision as to whether or not to report cases to the police.

**Police recording of statistics**

Once a case is reported to the police it may not be included in the statistics. In the local police station I was told that a file is only made for fatal suicides. While a report is written for attempted suicides, a file is not made. This procedure makes it much more likely that attempted suicides are not included in statistics. At the time of my visit, various members of the police were entering crime records onto computers by going through the files but not the reports.

The data on suicide cases was not entering a well worn system of information gathering. The PNA police organisations in 1997 to 1998 were only a few years old and the offices appeared to be in a somewhat chaotic state. The large number of missed cases may be just one symptom of the time of change and readjustment that new PNA organisations are going through.

**Who decides when a suicidal action becomes a statistic?**

The reporting of a few cases was followed up from entry into hospital to see why some were recorded by the police and others were not. It seems to be important who the patient is accompanied by, particularly in the case of women, and the gender of the patient. It is not always the patient who decides whether their action was suicidal or not.

**Amal’s case**

Amal came into Ramallah Hospital in December 1997 having taken a packet of paracetamol. She was brought in by her husband who was very concerned. She had taken the pills after an argument with him. Her stomach was pumped and she went home. The doctors were going to inform the police but decided not to after the husband convinced them of no wrong doing. Thus the police have no record of this suicide attempt.

32 *dala*’ means to be spoilt/overly-pampered
Areej's case
Areej, a 24-year-old single woman was brought into hospital by her elder brother in August 1998 having taken an overdose after an argument with her sister's fiance. She was clearly very emotional and exhausted. She said she had taken the pills with the intention of killing herself but said it was a mistake. She left after having her stomach pumped. The police were not informed and her brother took her home.

Dana's case
Dana also came into Ramallah Hospital in December 1997 having taken an overdose of painkillers. She was a 22-year old final year English literature university student from Gaza studying in a West Bank university. She was brought in by a girlfriend from the student dormitory. She told the nurses that she wanted to die. The doctors both informed the police and called me. [It might have been that because they called in ‘the researcher from outside’ that they also called the police.] She told me that she was distressed because of a relationship with a male student and wanted to die. She told the police that she had been studying for an exam and had had a headache and so, by mistake, kept on taking pills until she realised that she had taken too many. She said she did not want to die and laughed when they suggested she had tried to commit suicide. She begged and pleaded with the two police officers not to tell her family. In the end, the police recorded her case as a case of attempted suicide with the reason recorded as ‘study problems’.

Bassam and Ghassan
Both Bassam and Ghassan, 28 and 20 respectively, came to Ramallah Hospital during 1998 having taken overdoses. Neither had taken a large overdose and both denied having taken the pills with the intention of committing suicide. However, in both cases the police were informed and their cases were recorded as suicide attempts (muhawalaat al-intihar).

Kareem
Kareem, a 40-year old unemployed labourer from a village, was brought into Ramallah Hospital by his friends in August 1998 having taken an overdose. He said that he was fine and refused treatment. The police were informed and his case was recorded as a suicide attempt.

The above examples show the lack of a clear policy regarding informing the police but some of the reasons mentioned above do seem to apply. In general, doctors and police, rather than the patient, decide whether a case is suicidal, and doctors seem to be more likely to inform the police about male cases than female cases brought in by male family members.

Police headquarters recording of statistics
The reason for the discrepancy between the police station statistics and the ‘official statistics,’ is difficult to pinpoint clearly, but could be due to a number of factors: a disorganised system, poor communication between Ramallah police station and the Gaza office, or even the geographical separation from the local police station. I was told that Gaza health statistics in general, and the suicide
statistics in particular were more accurate than those from Ramallah. This might be attributed to the proximity of central headquarters in Gaza to the local Gaza police station, which could possibly promote better communication.

**Deficiencies of newspaper statistics**

The observed discrepancy between the 'official statistics' and the newspaper reports is difficult to explain. It is curious that, in the middle of 1998, while the number of suicide cases were increasing in Ramallah Hospital and police reports showed rising numbers of suicides, the newspaper reports stop completely after June 1998. As suggested elsewhere, this may have been due to a public moral panic that lead to a political decision not to publicise these cases.\(^3\)

**Peculiarities of official Ramallah statistics**

In comparison with most other governorates, Ramallah appears to have a very low number of suicide cases recorded in the official statistics. This may be because there are various alternatives available for residents of Ramallah who do not want to go to the government hospital: new private hospitals, numerous private doctors, and Jerusalem hospitals and Israeli hospitals less than an hour away. The official police statistics were much higher for Nablus than Ramallah. However, not only is Nablus more populous, in Nablus police station there was a female police officer who had formerly been a social counsellor and who had a special interest in cases of suicide. It is possible that this made the hospital staff there more willing to contact the police and that the police were more ready to respond, or it might be that Nablus really did have higher suicide levels.

In sum, the situation described above shows the dangers of taking police statistics at their face value owing to the complexity of the factors underlying their compilation.

**PART TWO: THE PRIVATE SPHERE**

Having considered the situation in the private sector with regard to the production of official statistics, the relationship of the private sphere can be considered. The various organisations and individuals that may become involved are shown in Figure 4.1.

**The doctors’ questionnaire**

Although it was generally believed by those health professionals I consulted, particularly those in government hospitals, that the majority of suicide cases would be taken to Ramallah government hospital, a few suggested that in some cases private help might be sought. It was important to discover where these patients were taken in order to find out how representative my figures were for the year November 1997 to November 1998. To elucidate the situation, I developed and administered a simple questionnaire to as many “private” doctors\(^3\) as possible in Ramallah.

\(^3\) I am not sure about *Al-Hayat* but *Al-Ayam* newspaper is certainly pro-Fatah. That the Palestinian press has become controlled by the PNA in general, and by Arafat in particular has been widely documented. This period is sometimes referred to as the ‘Age of Arafat’, such is his domination of nearly all Palestinian affairs.

\(^3\) It was often difficult to categorise a doctor as ‘private’ as many may have a job in the main government hospital (Ramallah Hospital), or work in government clinics in villages in the morning but have a private practice in Ramallah in the afternoon.
governorate. This aimed to find out three things:

1) Where 'patients' went besides Ramallah Government hospital, and whether private doctors were referring suicide cases to the government hospital, or to private hospitals, or were they simply treating them and sending them home. Also whether the death of such a patient would be recorded as a suicide.

2) The characteristics of the patients that went to private doctors, such as whether they showed an age and sex distribution similar to those who went to government hospitals.

3) Whether the doctors themselves noticed any trends such as a recent increase in the number of cases of suicide.

The format of the questionnaire was simple. It asked three main questions:

1) Have you ever seen a case of suicide or attempted suicide?
2) If yes, when did you see the most cases: before, during or after the Intifada?
3) In your opinion as a doctor practising in Ramallah has there been an increase in suicide over the last few years?

If the doctor had seen any cases, he or she was asked to fill in a simple form for each case:

- Of the act itself: date, age, sex, type of residence (town, village or camp), educational level, employment and type of suicide.
- How did you come to see the patient?
- How did you treat the patient?
- In the event of going to a hospital what type of hospital did the patient go to?

From the replies given to the questionnaire, it was hoped to form some idea as to where cases went other than the local government hospital.

Methodological problems and biases of the data

A number of serious problems associated with this method of data collection need to be taken into account, and although interesting, the statistical results should not be taken too seriously! The neat diagrams make it dangerously easy to forget the small size of the sample as well as the biases behind that sample.

1) Lack of an efficient mailing system

Using a questionnaire to gather information from over a hundred doctors would be much simpler if there was an efficient mailing system, which there is not. A letter from the Arab Bank in the centre of Ramallah can take four months to reach a house in Ramallah, if it arrives at all. However, even with an efficient mailing system, I doubt whether the response from doctors would have been very high. There is no 'mailing culture' as such which, in view of the lack of an efficient mailing system, is hardly

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35 Doctors' questionnaire in Appendix B.
surprising.

2) Time consuming nature of delivering and collecting questionnaires by hand
Thus, the only way to administer this questionnaire was to go to each and every doctor with the questionnaire and ask him or her to fill it out. However, doctors often have a number of practices. Some may work in a hospital during the day and a private practice in the evening; others may work both in a village practice and a town practice; and most private GP’s rent a couple of rooms in different parts of the town where they see patients during office hours. The office hours vary from doctor to doctor and may sometimes vary from the time announced on the door. Although most doctors had practices in the town, these were not necessarily close to each other, although they were nearly all within half-an-hour’s walking distance of the town centre. After finding a doctor and waiting to see him, sometimes up to an hour, he would often be too busy to fill in the questionnaire immediately which necessitated a return visit. The next time, the doctor might again be busy or might not have filled in the questionnaire. Visiting each doctor twice involves at least 200 visits, and if three times, 300 visits etc. If an hour is spent getting information from each doctor, a total of over 100 hours is involved. This outline gives an idea as to how time-consuming this exercise was. There were only two or three group practices or small clinics where I could leave a few questionnaires and come back and collect them all together. My own limited time meant that some doctors were missed from the sample.

3) Missed doctors
Some doctors did not fill in a questionnaire as I could not find them. I obtained a list of the doctors who were in the doctors union (naqaba), but I soon found out that this did not include all the doctors practising in Ramallah. Some, for political or personal reasons, had left the union or never joined. One doctor whose name was on the union list, I was specifically told not to go and see as he was a collaborator and an “x” had been put next to his name.

4) Low response rate
Overall, I think I managed to get a response rate of around 50%, that is about a hundred out of the almost 200 registered doctors. However, many of the missed doctors were specialists in areas unrelated to suicide, for instance, dermatologists, ophthalmologists, and paediatricians. Out of the general practitioners the response rate was higher, perhaps 60% or 70%. These are only estimates owing to the difficulty of determining how many practising GPs there are. The health system in Palestine is somewhat confusing, particularly in the private sector. It appears that just about anyone can put up a sign saying that he is a doctor and then start practising.36

5) Memory and Motivation: Under-reporting and Inaccurate reporting of cases
Doctors were often busy and not very motivated to fill in the questionnaire at all, let alone enter as many suicidal cases as they could remember. Some did not see the point of the questionnaire and so had to be persuaded and cajoled to answer the questions. None of the private doctors appeared to keep systematic records of the cases they had seen, so they had to rely on memory. Hence, I am sure

36 In my opinion, the lack of regulation of medical practice is one of the most serious and worrying aspects of Palestinian medical care. Of course, as occurred in England, it is very difficult to regulate private doctors as they often have considerable financial and social power.
that many cases, particularly those that occurred some years ago would have been forgotten. Assuming that people remember more of the recent past than the distant past, more cases would be expected to be reported recently than in the past. The reporting of the cases themselves is also quite inaccurate. Many doctors could not remember the date of the suicide case nor the patient’s details, such as age and marital status at that time, as they had since seen so many different medical cases and the suicidal case was one which had occurred a long time ago. However, for 1998, the year I was particularly interested in, memory would be expected to be more accurate and the figures to be more reliable than for other years.

5) Repeated cases
Besides under-reporting, there was also some ‘over’-reporting in that a few of the cases appeared to have been repeated. For example, there was a suicidal attempt by a 19-year-old boy from a refugee camp in November 1998. I saw him in the government hospital and spoke with his family and some friends. They reported that he had spent the year retaking the school leaving certificate (tawjih), which he had failed again that summer. He was helping his father in a workshop. After an argument between them, the boy went off and drank half a bottle of an organophosphate (‘feledol’). He remained in Ramallah hospital for several weeks. He did not die, but was left permanently brain damaged. This incident was reported on the questionnaires by four doctors in four different ways:

i) The camp doctor:
   24-year-old single male, camp, reached preparatory school, labourer
   suicide attempt, poison, half bottle of feledol,
   went to government hospital
   He wrote that he had visited the man in hospital.

ii) Private endocrinologist:
   22-year-old married male, camp, reached preparatory school, labourer
   actual suicide (reported died after 2 days in hospital), drug - organophosphate
   went to government hospital
   Not clear how he saw him, reported that he had transferred him to hospital (?).

iii) Hospital doctor with private practice:
   19 year old single male, camp, secondary school, labourer
   suicide attempt, poison, feledol (organophosphate compound)
   seen in hospital

iv) Private GP:
   18-year old single male, camp, secondary school, work
   suicide attempt, poison - organophosphate
   transferred to the hospital

These four versions of the same case show how the details can vary and thus that the data from the questionnaires contains some considerable inaccuracies. Allowance was made for such obviously
repeated cases when preparing the charts, but there may be repeated cases I am unaware of as the details vary too much for them to be recognised as the same case.

6) Doctor's length of practice
Some of the older doctors who had practised in Ramallah prior to the Intifada were now dead, and many of the younger doctors had only started to practise after the end of the Intifada, so they could only talk of cases since the Intifada, and were not able to comment on trends.

Findings from doctors' questionnaire
Positive outcome
By visiting all the doctors, I could discuss the issue of suicide with some of them and some made interesting comments. The main aim of the questionnaire had been to find out more about where suicide cases were going for treatment and, in that sense, it was useful.

A) Destination of the suicide cases
According to the questionnaire, and this was confirmed by talking to other health professionals, suicide cases that did not go to Ramallah government hospital might go to a number of places: GP's or other private doctors, one of three private hospitals in Ramallah with an emergency room, that is Khalid Hospital, the Arab Care Hospital, the Red Crescent Hospital, Al-Makassid Hospital - a private charitable hospital in Jerusalem - or Israeli hospitals. (Figure 4.1, left hand side)

Private hospitals
These hospitals have only started to have ER in the past few years, that is since the signing of the Oslo agreement. Khalid and Arab Care are fairly new hospitals.

Khalid Hospital. On talking to doctors in Khalid Hospital (and administering a questionnaire), I was told about four cases of suicide: three attempts and one actual.

Arab Care. Staff here reported two cases of attempted suicide, neither of which was reported to the police.

Red Crescent Hospital. The staff in the emergency room said that they had not seen any cases, but I felt perhaps they could not be bothered to fill in a form.

Al-Makassid Hospital (Jerusalem). During the year, I spent some time training in the Al-Makassid hospital, which is a Charitable Islamic Hospital situated on the Mount of Olives in Jerusalem. Recently, a psychologist and a counsellor have been added to the social services department. The psychologist reported that some cases of suicide had come from Ramallah, and she believed they had chosen to come to Jerusalem as the family knew that it was highly unlikely that the Palestinian staff or administration would inform the Israeli police which govern Jerusalem. However, since 1994, one year after the Oslo agreement, the Israelis have tried to close off the rest of the West Bank from Jerusalem and there is a military checkpoint on the road from Ramallah. To get past it you need either a foreign passport, a Jerusalem ID card that shows you are a resident of Jerusalem, or a permit to enter the city. This rules out most West
Bankers. Although there are ways of getting around the checkpoint, it still prevents people from using Al-Makassid as frequently as they did previously.

**Israeli Hospitals.** A psychiatrist in Ramallah suggested that a few cases may go to Israeli hospitals as they would be assured of secrecy. However, it is often difficult for Palestinians in the West Bank to obtain treatment from these hospitals since the cost of treatment is very high, they do not have medical insurance and they have relatively low salaries, in comparison with Israelis.

The majority of cases of suicide that the doctors saw just after the patient had taken the suicidal action were reported to have been transferred to hospital (68.8%). In 8.6% of the cases the patient was already dead, and in 22.6% of the cases the patient was treated and sent home.

In the 106 cases the doctor specified what kind of hospital the patient went to: 76 (71.7%) went to the government hospital and 30 (28.3%) went to a private hospital. During 1998, the year that I was recording and seeing cases in Ramallah government hospital, the doctors reported 18 cases of suicide, seven went to the government hospital (38.9%), five to private hospitals (27.8%) and six did not go to hospital (33.3%).

**B) The characteristics of the patients seeing private doctors (Figure 4.10)**

1) Most cases overall were young, and fell into the age group 18 to 24 years. As in the public sphere, however, when the cases were split into fatal and attempted suicide, the two groups showed different age distributions. For attempted suicides by far the largest age group was 18 to 24, with only two attempted suicides over the age of 45 years, whereas fatal suicides were more evenly distributed among the age groups, the greatest number being in the group 31-45 years. Whereas 77.6% of the attempted suicides were under the age of 30 years, only 41.1% of the fatal suicides were. (Diagrams 1a to 1d)

2) The majority (64%) of all suicide cases were female. Again, however, when attempted and actual suicide were separated the characteristics were somewhat different. *For the fatal suicide the majority were male (60%) and for attempted suicides the majority, by far, were female (75%).* (Diagrams 2a and 2b)

3) The most common method used overall was medicinal drugs (53.7%), with poisoning coming next (17.6%). When the fatal were separated from the attempted suicides, again they showed different characteristics. The fatal cases used drugs proportionately less (only 22.9%) and employed more violent methods such as burning, hanging and lacerations, besides poison. The attempted suicide cases mainly used drugs (64.5%) (Diagrams 3a and 3b).

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37 Some doctors saw suicide cases after they had received the emergency treatment, that is, they were treating them for the later effects of the suicidal act. For example, a private ENT surgeon saw a woman who had broken her jaw after throwing herself from the top of a building. Other doctors saw the patients for other reasons such as for endocrinology problems or psychiatric treatment but, as their doctors, they knew about their suicide or attempted suicide.

38 This group includes harmful fluid substances consumed other than medicine eg. insecticide.
were sex differences: the use of drugs is much more common in women (65.5%) than in men (31.9%). Male cases used proportionately more poison than women and more male cases used violent methods such as burning, hanging and lacerations (36.1%) in comparison to women (11.4%). Interestingly however, only women were reported as having thrown themselves from a height, representing 9.2% of the methods used by women. This is interesting as the police station statistics for 1998 included four cases of fatal suicide and all were female, all threw themselves from a height. No men were reported as having thrown themselves from a height.

4) The cases overall were quite evenly split according to marital status: 44.1% were single and 49.3% were married, while 2.9% were divorced. In this sample, the fatal cases of suicide were more likely to be married: 62.9% were married and 31.4% single. In the attempted suicide cases there was also a difference but the other way round: more attempted cases were single (48.7%) than female (44.7%), but the difference was much less. (Diagrams 4a and 4b)

5) No particular place of residence predominated: overall 37.5% were from the town, 43.4% from a village, and 13.2% from a camp. However, whereas fatal suicides were mainly from the villages (62.9%), the majority of attempted suicides were from the town. However, the number of attempted cases from the villages (34.2%) was similar to that from the towns (39.5%). Only 18.4% were from the camps. (Diagrams 5a and 5b) However, if the normal distribution of the population in Ramallah between towns, villages and camps is taken into account, the percentages of the suicide attempts from the towns and camps appears significantly higher than normal.40

C) Trends
The methodological problems of collecting this data have been described and must be borne in mind. Often the doctors were relying on memory so the cases they report should not be taken in the same way as those recorded in writing. Nevertheless, the findings are still interesting.

If the fatal suicide trends reported by the questionnaire are compared with those for attempted suicide, the levels of the former seem to remain more stable and at a low level, whereas the attempted suicide levels do seem to rise considerably after the end of the Intifada. (Diagrams 6a and 6b) This parallels the situation in the public sphere. There are a number of possible reasons for these figures other than this being the actual situation. It could be that doctors reporting cases from previous years are more likely to remember fatal suicides than the suicide attempts. Also, some of the doctors had only started to practice in Ramallah recently and 23% had been practising for less than five years, so a rise in the number of cases reported recently would be expected.

39 This is not including ‘throwing oneself from a height’ as a violent method. If it is included, then the percentage rises to 20.6%.
40 The normal distribution of the population between town, village and camp in Ramallah is approximately: town 22% (44,738), village 72% (145,853) and camp 6% (13,162). Figures from Final 1997 census results, Population, Housing Units, Buildings and Establishments, Ramallah/Al-Bireh, published 1999.
Figure 4.10: Diagrams showing findings from doctors questionnaire

Diagram 1a) Age distribution of fatal suicides

Diagram 1b) Sex distribution of fatal suicides

Diagram 1c) Age distribution of attempted suicides

Diagram 1d) Methods used in fatal suicides

Diagram 2a) Sex distribution of fatal suicides

Diagram 2b) Sex distribution of attempted suicides

Diagram 2c) Methods used in attempted suicides

Diagram 3a) Methods used in fatal suicides

Diagram 3b) Methods used in attempted suicides
Number of cases reporter!

Diagram 4a) Marital status of fatal suicides

Diagram 4b) Marital status of attempted suicides

Diagram 5a) Place of residence of fatal suicides

Diagram 5b) Place of residence of attempted suicides

Diagram 6a) Date of fatal suicides

Diagram 6b) Date of attempted suicides

Number of cases reported

Year in which fatal suicide was reported to have occurred

Year in which attempted suicide was reported to have occurred
Of all the doctors questioned, 46.8% said they had seen at least one case of suicide and 53.2% said they had never seen a case of suicide. However, if just the GP’s replies were considered, since some of the specialists would not necessarily see suicide cases, then 67.4% of GP’s said that they had seen at least one case of suicide.

The period after the Intifada was given by 43.2% of the doctors as the period when they had seen most cases of suicide. In contrast, 15.9% said they saw the greatest number during the Intifada and 18.2% before the Intifada. The remaining 22.7% did not answer this question. When only GP’s were considered, the distributions were similar although a slightly higher proportion reported seeing the greatest number of cases during the Intifada (24.1%) and fewer reported seeing the most cases before the Intifada (10.3%).

When asked, ‘In your opinion has suicide increased over the past few years?’ 45.7% of all doctors said, ‘Yes’, 31.9% said, ‘No’ and 19.1% said they did not know, while 3.3% did not respond. Of the GP’s, as many as 62.8% said they thought it had increased and 23.3% did not; 9.3% said they didn’t know and 4.6% did not respond. Of course, these figures only reflect their opinions which have been subject to a variety of influences, including the often cited newspaper reports of suicide.

Significance of the results of the questionnaire
The results of the questionnaire produced information which enabled the situation in the private sphere to be more fully understood, as shown diagrammatically in Figure 4.1. Cases not referred to the government hospital, go to private hospitals in Ramallah, Jerusalem and Israel, while others are only seen by a private doctor.

The characteristics of the cases described by the doctors are generally similar to those found in the public sphere as well as to those found in studies in the West. Females attempt suicide more than males; males succeed in suicide more than females; attempted suicides are mainly young; fatal suicides generally older. Women are more likely to use drugs and other ‘soft’ methods, whereas men are more likely to use relatively violent methods.

In spite of the imprecise nature of this data, it is interesting that the trends reported show a greater rise in attempted suicides rather than fatal suicides, which seem to have stayed at a low and more or less constant level. A further important finding is that ‘suicide’ is definitely not a new and foreign entity in the West Bank; doctors reported seeing cases of suicide as far back as 1965.

Invisible Cases (see Figure 4.1)
Some instances of suicide never appear in the statistics. From hearsay, it seems that women in villages may try to commit suicide by burning themselves or throwing themselves down a well which may be recorded as an accident. Stories of this kind emanated from the villages of the north of the West Bank, in particular, and corresponded with tales from the northern villages of neighbouring Jordan.
A nurse told me that she had recently found out that a woman who had burned herself severely some 15 years earlier had done so in order to kill herself. All attempts to talk to her were turned down by her husband who was worried about confidentiality and, understandably, wanted to put the whole incident into the past. Cases such as these are truly private, they are usually not heard of and go unrecorded.

When medical treatment is not sought, deaths are attributed to accidents, and some non-fatal suicidal acts are treated at home. The possibility of this last option is borne out by the results of a study on bullying in schools which included a question on suicide. The confidential questionnaire was completed by about a thousand school girls in Ramallah governorate and found out that 25% had thought of committing suicide and almost 7% had attempted suicide. Of these, 34.8% did not get any medical treatment, that is they were invisible cases. Also, 22% of the school girls knew someone who had attempted suicide.

Presumably such cases are only a small minority of the actual suicide cases but this cannot be substantiated in the absence of hard evidence. They should, however, be borne in mind when trying to estimate suicide rates.

**Estimating the annual incidence of suicide in Ramallah.**

Having assessed all the sources and considered the biases and other factors involved, I think that an estimate can be made for rates of actual and attempted suicide in the Ramallah area for the one-year period during which I was collecting data there, from November 1997 to November 1998, but estimates before that are problematic. See Table 4.3, where the findings from the public and private sphere are summarised and minimum and maximum estimates for rates of suicide are made.

When compared with other countries these rates of suicide and attempted suicide are very low. Globally, some of the highest fatal suicide rates per 100,000 are recorded for Hungary at 38.6, and Sri Lanka at 33.2. The lowest rates are in Venezuela at 4.8, and Mexico at 2.3. The UK and Israel rates are 7.9 and 7.8, respectively. In Europe, the highest attempted suicide rates are among women in France, at 462, and the lowest among men in Spain at 45. Of course, the rates of fatal and attempted suicide estimated for Ramallah are the absolute minimum rates. As already mentioned there are many cases which could have been missed from this calculation. However, these estimated Palestinian rates are still far higher than those calculated from the official Palestinian statistics.

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41 Hala Salim was carrying out PhD research on bullying in schools. As part of her research she administered a questionnaire to school girls in the Ramallah area. A question on suicide was included. *Department of Public and Community Health, Birzeit University, 1997.*
Table 4.3 Estimating the annual incidence of suicide in Ramallah, November 1997 to 1998

<table>
<thead>
<tr>
<th>PUBLIC SPHERE</th>
<th>Ramallah Hospital</th>
<th>Ramallah Police Station</th>
<th>Official Statistics</th>
<th>Newspaper Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide attempts (SA)</td>
<td>28</td>
<td>10</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>'Probable' Suicide Attempts (?)SA</td>
<td>12</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>'Possible' Suicide Attempts (??SA)</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Suicides (S)</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRIVATE SPHERE</th>
<th>GP'S</th>
<th>PRIVATE HOSPITALS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Khalid</td>
<td>Arab Care</td>
</tr>
<tr>
<td>GP's only</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>S</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

OTHER (INVISIBLE) CASES*

No statistics available

*Refers to cases that are not included in any statistics as they are not brought to medical attention

ESTIMATE OF THE RATE PER 100,000

<table>
<thead>
<tr>
<th>Suicide Attempts</th>
<th>Suicides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ramallah Hospital</td>
<td>28</td>
</tr>
<tr>
<td>GP's only</td>
<td>6</td>
</tr>
<tr>
<td>Private Hospitals</td>
<td>6</td>
</tr>
<tr>
<td>Al-Makassid Hospital</td>
<td>2</td>
</tr>
<tr>
<td>Israeli hospitals</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL</td>
<td>42</td>
</tr>
</tbody>
</table>

Minimum rate:

Since the population of Ramallah is about 200,000, rate per 100,000 is obtained by dividing 42 by 2

Therefore, minimum number of suicide attempts per annum is 21

Minimum number of fatal suicides per annum is 2.5

Maximum rate:

Including cases of 'probable SA' and 'possible SA' who entered Ramallah hospital = 42 suicide attempts + 12 'probable' + 4 'possible' equals 58

Dividing by 2, as above, gives the rate per 100,000 as 29

i.e. the maximum number of possible suicide attempts that received some medical care apart from the invisible cases.
SUMMARY AND CONCLUSIONS

After tracing the history of our 20th century Western obsession with using numbers to understand nearly every aspect of life, it is conceded that numbers can be useful in building up an epidemiological picture, looking for trends, and quantifying the magnitude of an issue, such as parasuicide. However, it is emphasised that the numbers themselves are not always the product of ‘objective knowledge’.

The process of gathering suicide statistics has been described and used to highlight the many factors, including social forces, which lie behind the numbers and mould and influence the construction of the statistics. Overall the data analysed enables some conclusions to be drawn about suicidal behaviour in Palestine:

1) Suicide is not a totally ‘new’ phenomenon or ‘foreign’ mode of behaviour. It was popularly thought that it did not occur in Palestine, nor in the Arab world, but evidence has been found to show that suicide and attempted suicide have been taking place for at least the last 30 years.

2) The epidemiological picture built up from public sources appears to be very similar to that found in the West, with different characteristics for attempted suicide and actual suicide. Attempted suicide is much more common, being largely carried out by young people, mainly women, often using ‘soft’ methods such as drugs. Fatal suicide appears to be generally committed by older age groups, more often by men, using more violent methods. A particular feature of the Palestinian setting is the use of insecticides, which provide a readily available method of suicide for those who work on the land, and probably reflects the high proportion of people living in villages and the dominant ‘peasant’ background of many Palestinians. Throwing oneself from a height seems, at least in the case of Ramallah, to be a method almost exclusively chosen by women.

3) The picture built up from ‘private’ medical sources seems largely to concur with the picture built up from public sources.

4) It is almost impossible to comment on the truly private cases of suicides, such as those of women in villages who were reported verbally as having burned themselves, or other self-caused deaths or injuries classified as accidents. My attempts to talk to people who had attempted suicide in this way were unsuccessful.42

5) Looking back into the past to find trends was also found to be difficult. However, it did gradually appear that fatal suicide levels may have remained at much the same low levels for the last 30 years, whereas there does seem to have been some increase in the number of cases of attempted suicide, particularly those who overdosed on medicinal drugs.

42 A psychiatric nurse Najah Munasra who teaches psychiatry in a nurses training college in Ramallah also wanted to investigate these suicide cases of women burning themselves, particularly in the village of the North of the West Bank, after getting reports of such cases from her students from those areas. She found it too difficult and abandoned the study.
As West Bank Palestinian society becomes increasingly 'modern', it may be that distressed people are increasingly turning to 'modern' types of self-harm or suicidal behaviour, such as taking drug overdoses. Verbal reports from older doctors do seem to suggest that fewer women are now attempting suicide by burning themselves, which may be regarded as a more 'traditional' method.

At the start of the chapter the issue was raised whether the 'suicide phenomenon' of the late 1990's, which was the subject of much public discourse, was the result of a moral panic or due to a real 'phenomenal' increase in the incidence of suicide. There is no conclusive answer, but I suggest that two main changes have been taking place in parallel. First, there has been a slight increase in the number of suicide attempts, which may be attributed to the historical, social and political context of the period (described in Chapter Three) and, second, there has been an increase in the public recording and reporting of cases of suicide. Both factors have together helped to trigger a moral panic.
Chapter Five

Introduction to the Cases of Parasuicide

So far it has been argued that the 'suicide phenomenon' in the Palestinian society of the West Bank and Gaza may in part be due to a greater awareness or visibility of cases as a result of a 'moral panic', and in part due to a real increase in suicide attempts as a result of political, social and economic changes. The following chapters look at 31 cases of parasuicide, mostly from the Ramallah area of the West Bank.

These cases cannot be seen as comprising a 'statistical sample' producing statistical data and conclusions, but rather as providing an illustration of how and why these people in their particular Palestinian socio-cultural context sought either to end their lives or do themselves such harm that it was considered 'suicide'. The interpretation of the cases can lead to themes and insights.

The circumstances of the interviews: methodological problems and biases

Most of the 31 cases discussed are from Ramallah Government Hospital and the method by which attempted suicides were seen at or shortly after the time of admission has been outlined in Chapter Four. I later visited and interviewed them in their homes, apart from a couple of cases. Two cases, Mustapha and Muhammed, are from Jenin Government Hospital where I stayed for a month in February 1998. One case, Mona is from Gaza where I met her while there in October 1997. Two cases, Ranya and Nisreen, had gone to Khalid Hospital. One case, Aisha, I met because she was a neighbour of a Ramallah Hospital case. Another case, Amna, I went to interview on seeing that according to the Ramallah Hospital emergency records she had come in as a 'poisoning' case. I found out that she had in fact been a food poisoning case, but had attempted suicide some years before.

When I went to visit people in their houses, I only told the family, if I had not already met them in the hospital, that I was doing research into men's or women's health. I then told the person I was interviewing, when we were on our own, that I wanted to talk specifically about their suicide attempt or overdose and explained my reasons for wanting to do this. It was only after they had understood this and had agreed to the interview that I would start the interview. It was then up to him or her to decide what to tell the rest of the family. Most were very glad that I had approached them in this way.

Understandably, people wanted to know where I was from and who I was before confiding in me. I think it helped when I told them that my father was Palestinian and that I had come to Palestine to learn more about the country and society. It was also helpful that I came from Birzeit University, a well known and respected institution in Ramallah, and that I was living in ‘Jameeyat Inaash Al-Uusra’ (The Society for the Rejuvenation of the Family) known to be a respectable educational and charitable institution established by a well-known, patriotic woman called Samiha Khalil. At the same time I think being a 'stranger' or 'foreigner', in the sense that my mother is English, I have been brought up and lived abroad, and Arabic is my second language, was also - perhaps paradoxically - somehow
advantageous. I think I was perceived as less threatening and less judgmental than someone who was 'of' the society. In addition, as a woman I was not so threatening. I think a man would have had quite a few difficulties entering people's homes, especially to talk alone with women. I assured them of confidentiality which of course they were mostly very concerned about.

In most cases there were few problems sitting with the individual and recording an interview which loosely followed a questionnaire I had drawn up based on other suicide research. In a few cases women wanted to ask permission from their husbands or brothers before agreeing to the interview (Heba said, 'I must ask my husband, mustn't I? (Laazim asaal jawzim mish hayk?). With Nisreen I could only interview her with her husband and when we turned to the subject of the suicide attempt he asked me to stop recording; he was the one who decided what I could know about the incident. In Ranya's case, a third wife, she was very uneasy about revealing 'the secrets of the house' (asrar al-beit) and insisted on the first wife staying - I think as a of witness as she was worried about what her husband would think.

There were only five people whom I could not interview fully: Mariam, Areej, Muhammed, Jamil and Reem. Although Mariam had been willingly talking to the nurses and doctors when she was brought in by her brother, when her father arrived just before I arrived, he forbade me or anyone else from talking to her. Areej's eldest brother forbade her from talking to me although I spoke to her briefly at work as she gave me her work number. Later her brother forbade her from working. Muhammed was a prisoner of the PNA at the time of his suicide attempt, (for 'security reasons,' I was told) and I was only allowed to talk to him while a Palestinian policeman was standing over him; not surprisingly Muhammed was not very responsive. Jamil was in a coma as a result of his suicide attempt, so I could only speak to his family. The situation with Reem was quite interesting, although frustrating. I saw her and her husband in hospital where I spoke to them both and I later visited her at home where she agreed to let me interview her. However, once we had sat down in her room on our own I realised I had forgotten the tape recorder so arranged to come back the next day. The next day when I came back it was impossible to convince her family to let me talk to her as her eldest brother-in-law, who was out at work, had strictly forbade her from doing so, convinced that I was a journalist. Showing them papers from the university and offering to make a written statement promising confidentiality were to no avail. With the greatest politeness and hospitality I was firmly refused. Unfortunate and frustrating though the experience was, it was fascinating to see the contrast between the two visits and feel the invisible yet impenetrable barrier go up around her.

I was only allowed to talk to Nisreen with her husband and he asked me to turn off the tape recorder once we started talking about the overdose. Most of the women were understandably a bit suspicious of the tape recorder initially but when I assured them of confidentiality and that I would not be using their real names and identifying details in my research, they did not mind.

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1 Questionnaire mentioned previously - see Appendix B.
2 Later Ranya went to visit Dr Mansour with her husband.
3 For a more detailed description of Reem's case see Appendix D.
Recording the interviews with Aisha and Dalai, both in camps, was a little difficult. Aisha and I were talking in a room of her friend’s house but there was a hole in the wall going through to the next room where the friend and her neighbours were sitting and the door did not close properly out to the hall. We would have to change the subject when the talking next door stopped and Aisha often spoke in a near whisper. Dalai and I were sitting in her bedroom but during the interview her husband came home and sat on the other side of the door and Dalai’s voice became a faint whisper.

In general I felt the interviews with the women were more relaxed and open than those with the men, presumably because I am a woman. Also while in Palestine, particularly during the first few months I hardly associated with any men at all. In the university, the public health department was headed and staffed largely by women and in the dormitory men were not even allowed into the building (except occasionally for maintenance). I really felt I was living in a world of women! I became used to talking to women all the time about all kinds of things, feelings, problems and so on, so much so that I occasionally used the feminine form in Arabic when I did talk to a man, with some quite amusing reactions!

By comparison, in the interviews with the men I felt there was a certain barrier. In part, this was put up by me as I became conditioned to living in Palestinian society. It was also somewhat unusual for a man and a woman to be sitting in a room on their own (there is a hadith or saying that if a man and a woman are sitting together the third person is the devil). Abid’s mother came and sat with us during the interview. Ashraf started to shake at the beginning of the interview. When I asked him if he was cold he said that, ‘To be honest I get like this when I talk to girls!’ With a few of the other young men it appeared to me that they seemed to fluctuate between pouring out their feelings of misery and frustration to me on the one hand, and then trying to impress me and show-off how ‘manly’ they were by describing how strong, tough, important or clever they were. I still think that most spoke quite openly with me and that as the interviews progressed, they relaxed. However, I think it is important to note how aspects of me and the circumstances could have possibly influenced the interview material.

All the interviews were conducted in Arabic. Dana, being a final year English literature student used the occasional English phrase or expression. Lina’s father had moved to the States before she was born so the interview was partly in English, partly in Arabic.

**Summary of information on the cases**

There are 31 cases of parasuicide comprising 22 women and 9 men. 13 were from villages, 8 from a town, 10 from camps. Of the women 11 were married, 7 single and 4 divorced. Of the men, 2 were married, 7 were single and none were divorced. Their ages at the time of the parasuicide range from 17 to 42 years, but they were mostly between the ages of 18 to 30 years. All the interviewees were Muslim apart from one man who was Christian.

**The Separation of Men and Women**

In order to study at the narratives taken from the cases of parasuicide, they have been divided into two

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4 For tables with summarising details about the 31 cases see Appendix C.
groups: one for women and one for men, since there seemed to be similarities within these groups. Of course there were features that crossed this division, but it seemed fair to categorise the cases by sex as Palestinian society itself is generally sexually segregated.

Sexual segregation is encouraged by Islam. ‘Rigid, hermetic frontiers define femininity and masculinity by laying down strict rules governing status and role,’ writes Bouhdiba after describing the different ways in which men and women are expected to behave in Islamic tradition and the condemnation of free mixing between the sexes. However, he goes on to say, ‘It might be expected that any ambiguity on the matter would have disappeared from Muslim society. However, that would be to ignore human reality.’

Chapter Six

Female Cases

The importance of the family (al-‘aila)\(^1\) in the Arab-Muslim world must be emphasised. Indeed, it is described as the sole most important traditional institution’ by Bowen and Early who write, ‘The family into which one is born, the natal family, is the most important social group in one’s life. It provides protection, food, shelter, income, reputation and honour. The family is the reference for assistance as one grows up, finds a spouse, job and house, raises one’s own family and adjusts to changing social circumstances.’\(^2\)

Marriage is strongly encouraged in Palestinian society, as it is in Islam. The Prophet Muhammed ordered, ‘Couple and multiply’\(^3\) and there is a aya from the Quran which states, ‘Marry those among you who are single...’\(^4\) A popular hadith says, ‘Marriage is half of religion’ (az-zawaaj nusf ad-deen). ‘The position within a family - whether married, single, divorced, widowed, a parent or childless - also defines one’s social status in the community,’ write Bowen and Early again.\(^5\) Indeed, marital status in Arabic is translated as ‘the social state or condition’ (al-haalaal-ijtimaiya). I think this phrase illustrates how important one’s marital status is in the Arab world and it appeared to me that women of similar ‘social states’ had to deal with similar stresses.

As such, the interpretation of the women’s interviews is considered in six main sections relating to the women’s lifestyles and circumstances. The divisions are related to marital status and situation, and follow something of a life progression:\(^6\) a) being unmarried; b) early or rushed marriage; c) getting married; d) being married; e) having children and being a mother; and b) divorce and returning home. The response to their environment, shown by considering the ways in which women express their feelings, is described in Chapter Eight along with the men’s expressions of feelings. Throughout, recurring themes are sought for in their stories. It is hoped that the women’s case material will illustrate what it is like to be a woman in Palestinian society today: what is expected of a woman, how she should behave, and what her position is in society.

1) **Being unmarried**

An unmarried woman is expected to live at home with her family and to be chaste until marriage. A recurring notion is that that a girl away from her family is in a somewhat dangerous state; she may gain a bad reputation or, ultimately, the most dishonourable act, may lose her virginity which could render her unmarriageable and shame the family. I, personally, found that after being asked my name and where I

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\(^1\) Family = al-a’ila (classical Arabic); al-eela or al-ahl (colloquial)


\(^6\) Not all the women went through this ‘progression’, some had never married and only four were divorced.
was from, was always asked, 'wayn ahlik?' 'Where is your family?' This was not an innocent question. Living far from and separated from one's family was often frowned upon. A sign of the changing times, possibly of increasing 'Modernisation' as more girls become educated and work outside the house, was an increase in the number of dormitories (sakan) in Ramallah which were mainly for girls who were from outside Ramallah, but had come to work there. Rather than the girls living on their own, it was seen as more respectable to live in such a 'dormitory for female employees' (sakan al-muwazafaat). For the first year I lived in one such dormitory. There was a curfew at seven in the evening when the gates were closed and male visitors were strictly not allowed.

Girlfriends of mine would talk about how living apart from one's family was difficult (al-ghurba7 saaba). Quite a few of the girls in the sakan moved back to their families as soon as they could find work in the area from which they came, mostly from villages, towns and camps in the north of the West Bank. A few of the girls in the sakan enjoyed the freedom of living away from their families. However, when at one point we thought of sharing a flat together there were long discussions and much heartache. In the end it was decided it was too big a step, the main concerns being about possible effects on their reputation, so I moved out on my own.

After I moved into a flat, I found that telling people I was still living in the sakan made life much easier, such was their disapproval of my living in a flat on my own as an unmarried woman. My visitors were closely monitored by neighbours and shopkeepers and after practically every visit the wife of the owner of the house managed to meet me on the stairs to enquire about who had been visiting. Although nothing was every verbalised, I felt it would have put my reputation into jeopardy to invite male friends over and girlfriends from the dormitory were shocked by the very idea.

There were other women who lived on their own and there were girls who shared flats together, but it was certainly widely disapproved of. There were worries about what a girl on her own might get up to with no restrictions on her activities.

An unmarried girl would commonly be criticised, by the other women as well as men, for living outside her house (aishat barra al-beit), far from her family (baeed an ahlha). A girl who goes around without her father or brother or, if she is married, without her husband could be labelled 'aimless' (saayia) or 'lost' (daayia) or 'displaced' (mitsharid). Indeed, when I returned to the dormitory a little late on a few occasions - having then to climb over the gate! - I was greeted by the girls with some giggles and scolding, 'Where have you been Nadia? You lost one! You aimless one!' (Waynik ya Nadia! Ya saaiya' ya daaiya').

**Freedom restricted by fathers and brothers**

While living with their family restrictions on the unmarried women's movements were usually imposed by their father or an elder brother who would see themselves as protectors of the family honour (sharaf al-eela). Perhaps understandably then, several of the unmarried women described a tense

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7 al-ghurba comes from the root gharaba meaning to go away, to be a stranger, to be strange; ghareeb means strange; al-ghurba means absence from the homeland, separation from one's native country, banishment, exile, life or place away from home.
relationship with either their father or brother. The restrictions on Liyana working and coming and going from the house came from her father; Aisha was ruled by her eldest brother’s decisions; while with Mariam, it was clear that her father’s ban on her teaching was at least one of the reasons for her overdose. Areej also expressed fear when talking about her brother who appeared to monitor her every move. She later gave up work and it seems likely this was due to her brother forbidding it. Suha was upset by how she felt her sister to be unfairly treated and oppressed (mazlooma) by men, specifically her elder brother.

When I saw Suha in the hospital she said that there had been an upset that day between her sister and brother and she had started crying. I asked her why. Suha said that she felt her sister was unjustly treated and oppressed (mazlooma). She said of her brother, ‘as a boy he can do what he likes.’ (kawalad biyamal zay ma biddu). ‘Arabs don’t like those [girls] who are courageous (jareea) like my sister,’ she said.

Family conflict
For women who had left to go to college, returning to the confines of home was often difficult, especially if there were a lot of conflicts in the house. Fareeda is one example and we will now look at her case in some depth. She was finding it particularly difficult to adjust to living at home again and dealing with family conflicts after being away at college for three years. Her difficulties were added to as she was the eldest of the children and as such often had to act as mediator. She felt that, as she was always mediating between her parents, that no one listened to her to the extent that she had threatened to kill herself years before.

Fareeda’s family situation: conflict and mediation
Fareeda is 21 years old and single. She graduated with a degree in nutrition from a women’s college in Ramallah. Fareeda really loved her time at the college. She says those years were the best years of her life. She had some freedom and also managed to get away from the house and its problems. She said she did not enjoy her childhood.

When I was small I wasn’t happy, no...What I most enjoyed was the period in college - 95, 96, 97 - and the period that I got to know my [girl] friends in it, and I left the house and was living in the dormitory. I got to meet girls and we would play and go out and walk around. I mean, we did many things, we’d make parties and so on, so I distanced myself from the atmosphere of the house. And every week I would come once and my family would receive me. So, I mean, the three years that I enjoyed most in my life were the college days.

The conflicts at home stem from the time when her mother married her father. Fareeda’s mother is Egyptian and her father is Palestinian. Fareeda’s mother is the second wife. Fareeda is the eldest of her mother’s five children: four girls and one boy. The first wife has nine children: five boys and four girls. Fareeda’s parents have always argued and quarrelled a lot. Fareeda explained that in part this was due to the different nationalities; how they have different ideas. Fareeda explained how her mother came to marry her father and how Fareeda’s mother did not know about the nine children when she married the father in Egypt. As such Fareeda’s mother to this day feels that she was deceived by the father.

I have a [paternal] aunt who married a Jordanian and they went to Egypt to work, so my grandmother went to visit my aunt. She saw my mother and requested her for my father. She didn’t say that he has nine children. She said that he is married and has one boy, not nine. So my mother came here and saw nine in front of her. She went crazy, and was shocked! Can you
imagine? I mean, my mother agreed to one and said, fine. I mean, it’s all right. She came here and found nine. He should have told her there were nine. I don’t know. So my mother hates this country, not because of the country itself but because my father lied to her and his behaviour with her. I mean, he has a sister the same age as my mother and she would always incite my father against my mother. Every time she came to our house there would be a quarrel. My mother gets upset and leaves the house and my father gets upset and we would get beaten and problems. Oh! there were many problems.

...Four years ago I got very annoyed. Because of my mother and my father they were fighting a lot and were quarrelling. I don’t know why. He has another wife. My mother is the second. My mother is from a different country. She’s from Egypt and he’s Palestinian. They’re ideas aren’t the same. There would often be problems and I would say I am the eldest one and responsible for the small ones. Any problem I would solve it, and I was supposed to reconcile my father and reconcile my mother. I talk with my father and I talk with my mother, and so everything was all on top of me. I always listen and I solve problems... but no one listens to me, no one helps me, me. So I say - by God - I’ll kill myself and do this. I mean, it had been piling up for a year or two years, as I always feel myself to be on my own, alone. I did not mean it...

I mean, you know when one gets wound up and upset one says - really [by God] - I’m going to kill myself... and one starts talking... I started to tell them that I want to kill myself and I grab something like a knife and I want to slit my wrists [cut my veins] - but no, never in my life have I done it.

Although Fareeda had such feelings of frustration and felt that she was being ignored or neglected, she generally feels that her family loves her and looks up to her. She said they were completely shocked by her suicide attempt. They do not believe it, and neither, to an extent, does Fareeda.8

They love me in the house but... I, when I thought that I wanted to commit suicide and leave them, you can say, I was upset. I am now very upset with myself. My psyche is worn out because I just worried them and because I tried to kill myself because of people who don’t deserve it. Really I was on the verge of death. There were two hours. My mother took me at 12 at night. If she waited until the next day I would be dead. I mean after 12 or 1, I would be presented to destiny [died]. Can you imagine? I can’t believe it.

...This is the first serious time [that she attempted suicide]. I would always say that I wanted to commit suicide, but this was the first time that I do something about it.

...Ask my sister over there and tell her that Fareeda wants to commit suicide. See what she will tell you. She wouldn’t believe it!! I mean, Fareeda is the most optimistic one. She could believe that everybody could commit suicide except for Fareeda, I mean, she tells me, “I can’t believe that you tried to kill yourself.” Even the word ‘you commit suicide’ (bitintaharij) you find it, like this, an unpleasant word at first. When I joke or laugh, I say ‘throw yourself’ or ‘I want to throw myself,’ but now I’ve started to think more about the word...I mean, it has a big meaning, ‘suicide’ (al-intihar). I mean, you want to finish with Life and finish with others. You harm many people around you. Believe me, I got out of many problems.

...No one in the house believes [what happened]. My mother started to cry and I was waken at 2 a.m. by her crying. She’s heartbroken. She tells me, ‘I was going to lose you!’ I told my mother about what happened...

My father didn’t know... I didn’t tell him, I didn’t tell him that I tried to kill myself... My father got to know by coincidence. He asked, ‘Where’s Fareeda? Why hasn’t she come until now?’ They told him that I was in the hospital, that I’d been there for two nights. He went crazy, and came to me shouting and tells me, ‘Why didn’t you tell me? Why didn’t you tell me? I am your father why didn’t you tell me? How come?!’ I told him ‘Was I in a state to know who was around me?’

Fareeda’s father generally appears quite distant and uninvolved in her life. On the other hand, Fareeda is very close to her mother.

8 This interview was on the day that she came out of hospital, only two days after the attempt.
My father doesn't know what I do in this world. He doesn't ask about us. He says - if I am late - he says to me, 'Where did you stay late?' I tell him I was in Ramallah and that's it.

...My mother is responsible for every thing - 'Where did you stay out late?' and 'Why?' and 'How?'... and in my life I have never hidden anything from her. It means that if a young man told me something - good or bad - I come and tell her what he said... Really. Me and my mother are very very close friends, more than you can imagine. I told her what happened [on the day of the overdose] - the problem that happened - and why I wanted to try to make myself die. I mean, she understands quickly. She understood the situation. I mean she stayed and explained to me - and told me what's wrong and what is not wrong... so me and my mother are friends.

Another young unmarried woman who came from a family with a lot of conflicts was Dana. Again, as the eldest she was often expected to act as a mediator. Although living away from home at the time of her overdose, she was clearly upset by the upsets at home and was anxious about her impending return home at the end of the year.

Dana's family situation: conflict and expectations of mediation

Dana is a 22-year old final year English student at a university in the West Bank. She comes from a refugee camp in Gaza. When Dana attempted suicide she had been away from her family in Gaza for over three years. However, she still felt stressed by her family situation and very anxious about her return home to Gaza at the end of her degree.

Dana is the eldest of 10. She has a sister who is 19 years old who left school two years ago, a sister who is 18 and goes to university in Gaza, and younger siblings who are still at school.

Dana's mother phones her every week but it seems that most of the conversation is the mother complaining about the father. Dana is her mother's confidant who complains about her bad treatment at home. Dana sometimes holds the receiver away from her ear unable to stand listening to any more of her mother's complaints. Her father is a retired UN employee. The mother says that he is rarely at home and is rapidly spending the lump sum of money that he was given on retiring without taking into consideration the future needs of the family.

Dana's childhood seems to have been greatly affected by her parents' difficult relationship in which her father often got violent. On one occasion when she was eleven Dana remembers sitting in the kitchen and turning on the gas in the oven after witnessing her father beating her mother.

Her father had been married previously. After he divorced her, his first wife did her best to spoil the second marriage. The children of the first wife used to live with them and Dana has memories of very violent scenes which she was not able to understand at first.

Two childhood episodes in particular stick in Dana's mind. Firstly a 'game' where she ended up as a prisoner in a large bag and was brought to the kitchen near a fire. Her mother then opened up the bag and delivered her. Secondly, a 'game' which ended up with her older siblings trying to trap her and her younger siblings in a cave in the garden.
Dana says that she was sexually abused by her older half-brother when she was four or five years old. She still has very vivid memories of the episode, indeed, even more so since growing up. Her mother had entered the room and discovered the scene and started crying. Dana said that her mother and father cried but said nothing to her. Dana felt some resentment towards her mother in this respect. She felt that her mother was constantly worried that the first wife would do something to her own children, but seemed to forget about what the half brother had done.

"She was always talking about those episodes but not about the episode of sexual abuse."

Recently Dana asked her mother why she did not take her to a doctor at the time.

The mother now hopes Dana will not only be her confidant, but also that she will work and provide some security for the younger siblings.

**Problems with men**

Unmarried women are usually expected not to associate with 'strange,' that is to say unrelated, men. For both Fareeda and Dana relationships with men had been difficult and upsetting, and for both of them it was incidents with men that triggered their overdosing. Here, we will look at both Fareeda and Dana’s relationships with men and how they lead to their ensuing suicide attempts.

**Fareeda’s relationships with men**

Fareeda told me a number of stories about relationships with men. She said she sometimes thought that men could feel quite close to her, that she had an ‘ability’ with men. She said that at college she had more male friends than female.

*Always my ability would become clear when I was friends with men, though not like boyfriend-girlfriend. They would always relax with me and tell me secrets and tell me what they feel and their problems, more than the girls.*

...I don’t know [why] - I ask myself a lot. I get surprised. In the college my [girl] friends and colleagues ask about the exams and studies. They ask ‘What have you been doing?’ I invite them; they invite me. But I didn’t used to feel that I am close to them.

Where she was working, the office staff were mostly men, which had both good and bad consequences. Fareeda would alternate between being proud of her men friends and then guilty: several men wanted to have a relationship with her and yet all of them were married with children. She started to feel convinced that there was something wrong with her because she attracted this type of man.

*I didn’t think that the wrong was in them - I thought that the wrong was in me. I was convinced that the wrong was in me.*

Fareeda’s suicide attempt was triggered by a man she met through work. Fareeda was in the office when a director asked her if she wanted to go to Nablus with him for some work he had to do there. She had met him three or four times. He is married with five children. Fareeda had never been to Nablus and so she decided to go, although she did have some reservations and it was against her mother’s advice.

*He is like a director. He is in a company that I work with. I work in two companies: an advertising and promotional company and then a second company that also is for advertising*
and promotion, but one is for posters, exercise books, caps and shirts, and the other one is for books and diaries, and things like this. So I am a representative for the two companies. That day the director of the second company told me that he wanted to go to Nablus because of some work to do with some cards... so he said to me, ‘You'll come with me?’

I told him, ‘OK, we’ll see’

I closed the line with him and phoned my mother and my mother said, ‘No, don’t go.’

So, when he came, I told him, ‘My mother told me not to go.’

He said to me, ‘Are you sure that you don’t want to go?’

And he and another man who was with me told me, ‘Go, Fareeda, and enjoy yourself’

So I sat there saying, ‘I’ll go, I won’t go...’

I told him, ‘That’s it, I’ll go.’ The first time in my life that I go against my mother’s words. So I went. Now... when we got to the road to Nablus... in his car... all the time and he’s telling me that he admires me a lot. So I thought this was from the work perspective, that I am clever and active and good at problem solving (lahlooha) something like that... After that we arrived in Nablus and all the time he tries to hold my hand and things like that, and I get him away and I tell him ‘What’s this talk?’ So we were going home having finished the work and we were late. I was supposed to go home at 5 and it was 6, and as we are going home, he tried to kiss me. I mean he stopped the car in a place and tried to kiss me. Of course, I pushed him and so on... but you know, I am of the kind that doesn’t know how to talk and scream and insult and argue... My nature is that I don’t do this. Afterwards, it’s true, I got him away from me and I got away and we were going home and he tried to hold my hand and talk to me. I don’t know. I was very upset and irritated. I got out of the car. He took me to the beginning of the street and I got out of the car and I thought, ‘What did I do? Surely the wrong is from me. I am the reason. If it wasn’t that there is something in me that made him think that I am, like this, bad and it is possible for him to touch me or for him to kiss me, he would not have done this. And because of this as soon as I arrived, I immediately said, ‘I don’t want to bring problems to my family.’

Fareeda felt very let down by this man. She felt he had betrayed her trust.

He is married and has five children. You know, I was comforted that he was married and has children and he works. I mean, it’s not comprehensible that someone like this would be bad.

‘He said that he loved me. That he was mislead when he was young, that they married him against his will when he was young, that he has never in his life enjoyed himself like he did at work. It’s recently that he has started to think of me, things like this... I didn’t take it with much seriousness. I mean, I told him, ‘Well, what do you want me to do for you? You are banging your head against the wall!’ so I was very shocked when he tried to kiss me, and I didn’t know what to do -

... You know, when you give your trust to someone and they betray it - I mean, not for the first time, nor for the third time... you get shocked with a very strong shock... and you start to think that the wrong is not in the people around but the wrong is in you, you. If it wasn’t that there is something inside you that is wrong, the people that are around you they wouldn’t have done this to you. so all the time and I was blaming myself.

I asked Fareeda if she had any similar feelings towards him.

I went to Nablus on the basis that I was going for a trip and going for some work, I’ve never in my life been to Nablus, never in my life have I seen it.

I asked her more about what happened, if he actually kissed her or only tried.

No, he kissed me. So, like this... Well, it’s something disgusting, very disgusting! I don’t know how these people are living! He tells me, ‘I took it from you this time only snatchingly. If I want it - really - from you then I would stay for half an hour!’ and when I heard this talk I didn’t know how to respond. I don’t know how to reply to it. I don’t know. One suddenly can be surprised by something. I was thought that he was much better than this. His appearance is that of an exemplary man so he shocked me a lot, with a very strong shock.

She felt angry, betrayed and guilty. When she came in after he had dropped her off, she was
distraught and immediately went to the kitchen and took some of her mother's pills which were
painkillers for rheumatism.

First of all my mother was at work. That day I came in at 7 and - I mean - I don't know, there
was like a blur in my sight, I can't see and I am not thinking. Straight away - as soon as I came
in I went for the packet of medicine, grabbed it and drank the medicine in the kitchen.

...It's written to take one pill after eating, and I... I don't know, I took the first five and nothing
happened - I didn't get dizzy nor did my stomach hurt me nor anything. So I went and took
more. When I had finished the packet I took medicine from the packet that was next to it.

The incident with the director was not the first 'incident' that Fareeda had had with men at the office.
Here she describes a recent prior incident with another man at work:

The [other] man came to the office and works with us and he tried to kiss me. That day I was
on my own in the office and he tried to kiss me... I started to cry and I hit him and told him to get
away from me.

Fareeda mentioned another married male friend, her cousin from Jordan who is now living in Acre with
his wife. At one point he would phone her daily and chat and joke with her although they no longer talk
together as she has had to sell her mobile phone recently.

But I have - it's true - a [male] friend. He is my cousin (ibn ammi). He came from Jordan. He
stayed in Jordan for 20 years and I didn't see him. He came two months ago in the small feast
(Eid As-Sagheer). He's been here six months. He came to our's in the Eid and so on... We
became friends. When I had a mobile phone - I had bought a mobile phone - he would phone me
everyday from Acre and give me the daily report on what he did, and I would tell him what I did.
He was unique, a treasure (tuhfe). My cousin, I am very fond of him.

[He is] In Acre. I mean, he talks to me more than he talks to his wife. He tells me, 'I talk with
you more than I talk with my wife.' He says I have an attentive ear. I listen. He is happy with
me. He tells me, 'There's nothing like you nutritionists, they nourish others well!' I tell him,
'Poor things! My family takes the nutrition, but they stay all their life very thin.' He is a bit fat. I
tell him, 'You must lose some weight.' He tells me, 'I am spending money on it [on his
fatness]... I am fat and pay money for it and you want me to lose weight?!'

Fareeda also mentioned a man who she met while training in the hospital as part of her nutrition
course.

In the days when I used to train in the hospital I was responsible for a group. There was a
young man who was married who told me in the first month that I worked there, 'Fareeda, there
is something distinct about you.' I told him, 'What?' He said that he always used to like fair
[women] but I started to like dark [women] when I saw you. Today [the day of the interview] I
saw him in the hospital and he told me, 'What do you think of me divorcing my wife? I'll divorce
my wife so that we can return to being friends you and me. I just want you to talk to me. What
do you think of us going out for a walk you and I?' I told him no. He told me, 'Fareeda I am ready
to do anything that you want.' I told him no. It's enough what has happened to me. He has
children.

Here she reflects on the situation, referring to the four different men: the director from Thursday, the
other man from work, the man who she met while training and her cousin. She wonders what it is about
her that attracts married men with children to her. Time and time again Fareeda concludes that there
must be something wrong inside her.

I don't know what he [the director] wants from me. These men are married and have children.
Why are they thinking of others? They oppress the ones that they have and they oppress the
ones that they are thinking of... He says that he wants to marry me... And the one before him
said, 'I want to marry you' and he is ready to come and request me from my family. I told him, 'I
don't want it' because I'll oppress his wife. It is oppression for her and for me. I suppose I don't
want the same thing to happen to my children as happened to me. My father married two women and we were oppressed. My children will be oppressed by the children of the first wife! And because of this I told him no. One crisis leads to another crisis… but the problem is that those that present themselves to me [for marriage], all of them are married - really - perhaps three, four, five times - really, all of them are married… I don't know. I want to know what is it inside me that is wrong.

…I mean, always the irony is that they are married and have children and so on and they do this to me. Their thoughts are just sexual thoughts. They want one thing only. So that day I said [to myself], 'That one, he's like this and the other one like that. It means that surely there is something inside me that is wrong. I mean… it wasn't just one or two that do this to me, but it means that every one of them is living in a town and every one has inside him ideas that differ from the other, and I am the common factor between them. I am the one that knows that this one is like this and that one is like that… it means that the wrong is in me (ana).

Dana's problems with men
Dana's suicide attempt was also triggered by an incident with a man. Dana is very attractive: tall and slim with long dark hair, clear olive skin and almond-shaped eyes. She dresses in a 'Western' way with fashionable jeans and tops.

Her story takes place in the rather closed atmosphere of university life in the West Bank where there is much gossiping and scrutiny of other students' behaviour. It seems that a fellow (male) student from Tulkarm had been pursuing her for quite a long time. She said that she had been out with him four or five times. From Dana's portrayal of the man, he sounds as if he had a strong character. She described being almost frightened by him. Once, he and his friends pressured her to confess (ītirifīl) her feelings for him.

She said that it was impossible that her family would ever accept a man like him, so she turned down his attentions. However, after a year and a half of his pursuing her she started to think, 'perhaps, perhaps I love him... maybe I could try and convince my family.'

It was when she started to weaken in this way that he changed his tune. She said that it was if he was saying, 'I've got you!' She said that he had started saying things about her to 'everyone' in the university. His friends had been coming to her saying things about 'knowing everything.' Dana said she didn't know where their imagination had reached (wayn wasal khayalhum), that is, what they were thinking about her now. She felt that one of her girlfriends was playing a negative role in these events as well.

She went back to the dormitory at about 4pm. That afternoon she had meant to be studying for an exam the next day but could not stop thinking about the events with this male student. A couple of hours later, while her roommate was on the phone she gathered all the painkillers she had and went to the bathroom where she took them. The roommate found her and brought her to Ramallah Hospital where she arrived at around 7.30pm.

A week previously she had taken six paracetamol pills but 'nothing happened.' She told one of her friends that she could foresee something happening to her and asked her to tell her mother and

9 Dana used this expression in English.
siblings how much she loves them.

In the emergency room she kept bursting into tears, covering her face and repeating:

'I want to die, I want to die... the world is against me.' (biddi amout, biddi amout... ad-duniya didni).

Pressure to marry: the difficulties of remaining unmarried
As already mentioned, Palestinian society encourages marriage and unmarried women often feel the pressure to get married. An older unmarried woman who has ‘missed the train’ so to speak - and to some extent an unmarried man - is somehow to be pitied, a ‘social misfit.’ The social isolation of some unmarried women is highlighted well in Ranya's case.

Ranya: unmarried and marginalised
Ranya is a 31 year old single Muslim woman from a large village near Jerusalem. She is unmarried and it is unlikely that she will ever marry. She is neither pretty, bright nor educated which may have affected her 'marriageability' although her family’s economic situation seems to be quite good. Ranya is something of a recluse. Although she works in the tiny shop on the ground floor of her house - selling household goods, sweets and drinks - she does not enjoy going out, particularly in the village. More than anything else she likes to be on her own in the house. She particularly does not like to go to weddings and says that if there is a wedding her mother will go on her behalf. The only weddings that she goes to are those of very close relatives in which case it is a 'duty' (waajib). One wonders if perhaps as an older, unmarried woman she feels marginalised by village life.

Ranya has rounded eyes, features and figure; she is quite plain and overweight. When I met her she was wearing a shirt and skirt with flowery trousers underneath, a white nylon head scarf with a simple fringe on her head and dusty old slippers (hafaya) on her feet. She came across as having quite low intelligence and she only reached the first year of preparatory school (awal adadi). She worked very briefly in a sewing factory, but now she works in her father’s shop.

Ranya lives with her mother and father. She has two elder brothers and no sisters. Her father worked as a bricklayer, but had to retire last year as he had a heart attack. Her brothers are both married with children. The eldest reached only the 5th class at school and works ‘any work’ as a labourer. The younger brother - Izzit - finished his tawjihi and went to college. He has a sweet (hilwiyaat) shop. Each brother lives in a separated section (shaqa) of the house with his wife and children. She feels that their economic situation is good (the best living- ‘ahsan aysha').

I asked Ranya what happened from the beginning. She did not really think there was much that she could tell me and I had to ask her quite a few questions. She told me that she had an argument with

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10 Bowen & Early use this term: 'An unmarried person is a social, not an economic, misfit and is shielded by family members from want or deprivation.' op.cit., 1993, p.13.
11 It is a duty (waajib) to go to the weddings of close relatives and, sometimes, close friends. Not going is frowned upon and can be taken as an insult. Family, and sometimes friends, especially in the camps, are expected to sing, dance and celebrate the wedding.
12 Indeed, at the beginning she was a bit flustered and hurried. I didn’t feel that she really engaged in the interview until over half way through.
the wife of her younger brother (Izzit) and then she had a 'psychological state' (haala nafseeya) and took the vinegar concentrate.

The wife of my brother and I quarrelled... I got a psychological state (haala nafseeya) and I drank the vinegar concentrate (rouh khal).

I asked Ranya more about her relationship with Izzit's wife. She has been married to him for ten years and during this time Ranya often quarrelled with her. Ranya put this down to women's jealousy (ghirat niswan):

My brother interferes and we start to quarrel. 'Where are you going? Where are you coming?'... But with my brother's wife, it's because of women's jealousy. We start to quarrel and this is the problem.

After the incident with the vinegar concentrate, Ranya started to go to see Dr Mahmoud Sehweil, a psychiatrist in Ramallah. He prescribed sedatives for her which she took for a while. She found they made her very sleepy and she has stopped going regularly. Ranya's daily life revolves mainly around the house and the shop. She said she did not go out much. Although she felt that one should, she said that she didn't really like to. She even said that she did not like to go to the weddings in the village. Mostly she would send her mother on her behalf. She only went if she had to - if it was a close relative and then a duty (waajib).

No, I don't go out [in the village]. Occasionally I go to Ramallah. I go to Dr Mahmoud [psychiatrist] in Ramallah. I go to Ramallah and shop. Not that I don't go out, I do go out. But this village, I don't know what's in it. It's my village, but I don't go out. If there's a wedding, my mother goes on my behalf... No, I stay in the shop, it's better for me. However, if it's for my relatives - a son of uncle or aunt.. I go. I can't get out of it - it's a duty. That's it. What can I say?
[N.D.: Were you always like this? You don't go to weddings?]
No, no. I don't go... I like the house, I like the shop... I don't like to go out.

Ranya worried about what would happen to her when her father dies. Thinking about his death was something that would make her cry.

On a day that I get upset... If there is something, I start to cry. Really, from my eyes... [from] Something that one sees. If one gets upset from one's brother, I cry... These days, now, I think, 'What will happen after my father dies?' This is the one thing that makes me put my head down, sleep and cry... Always.

When I asked Ranya what she enjoyed, what she liked to do, she said that more than anything she like to stay in the house where she watched a lot of TV.

As mentioned previously, unmarried women frequently have conflicts with their brothers as the elder brother often guards the unmarried sister's movements and Ranya mentioned quarrelling with her brother when he asked her about her activities.

There are also often tensions between unmarried sister and sister-in-law. Ranya's suicide attempt was triggered by an argument with her brother's wife. In Areej's case, an unmarried 27-year old, living at home, who is very closely protected by her brother, her suicide attempt was also triggered by an argument with her brother's wife.

Finally, Ranya's greatest fear, and what always makes her cry, is the thought of her father dying. When her father dies she will most probably come under the direct protection of her brother and his wife,
thus becoming a direct part of their household. The brother's wife, in this situation, will be the head woman of the household, and Ranya may fear what her position will be within the household. This could be in part why she so fears the death of her father. Unmarried woman can feel very marginalised, powerless within the household and also an economic burden to their family, increasingly so as they get older.

2) Early marriage and rushed marriages

Historically in Palestine women (and men) have married young. This is in part explained by a large part of Palestinian society being rural peasants (fellaheen). Unmarried women were thus regarded as a burden, and a liability if they get pregnant. Children can grow up to provide more hands to help on the land and male children can provide security for the future. In general Palestinian women still marry young. At present 37% of Palestinian women marry, and 16% have children, before they are seventeen years old. Many of the women I interviewed had married at a young age. The approximate average age of first marriage for the women interviewed was 17 years. The age range for first marriage was from 14 to 22 years. I think it is interesting to look at some of the reasons why some of these women married young or in a rush.

Marriage as a form of escape

Many young girls in the West Bank long to marry as soon as possible. There are many reasons for this. For some it is seen as an escape from an unhappy home. For others, their home life might not be particularly unhappy, but it is restrictive with their father or brother constantly watching and monitoring their activities. Research on adolescent girls has shown that many of them live a very restricted lifestyle, as Dr Mansour found in her study. Often they go only from school to home and few had many activities outside the school or the house. Many of them had never even been to visit nearby towns in the West Bank. For some girls, marriage must seem like a way of getting more freedom and as a means of escape from their rather mundane daily life. Their situation is in marked contrast to the freedom allowed to boys of the same age. Liyana and Samira both married in a quest to leave their unhappy and restricting homes.

I got engaged when I was sixteen and a half. I got engaged because there were always problems and things in the house, so I said I'll get married so as to leave the house.

(LIYANA)

The marriage ended in divorce and Liyana was left feeling that she had lost both her chance to get educated and to get married.

Samira described an unhappy childhood in which she felt oppressed and dominated by her eldest brother. She longed to get married to 'the first one to come along.'

Because my father and mother didn't have children for a long time... they were very happy when he [her eldest brother] was born and they gave him everything, and we came and were treated unfairly/oppressed after him.

[The relationship between my eldest brother and I] was very difficult... He asks, 'Where are

13 The Union of Palestinian Medical Relief Committees, Newsletter no.29, June 1998. In addition, the female illiteracy rate in the West Bank is 32%, compared to just 8% for males.
14 Mansour, S. Going through Adolescence in Palestine, Birzeit University, currently under publication.
you going?’ ‘With whom are you going?’ ‘What did you do?’ Until I finished school. [When the
eldest brother hit the sisters] we would escape and not talk to each other...My father would
stand by us but his personality wasn’t that strong. My brother would dominate him, and
everything he wanted was brought, and us, no. He would like to dominate. He didn’t become
nice until I got married.

I was living a difficult life [during my childhood]... I wanted to get married by any means and
get finished. There were problems between me and my brother’s wife. The last years at school
[I thought] I want any man. I was sick of the house. Just for the first one to come along...

(SAMIRA)

Samira did manage though to get her high school diploma (tawjihi) and college diploma before
marrying. Her nurse sister supported her through her diploma in child raising (tarbiya) which has been
invaluable to her in finding work as a teacher. However, as already mentioned, Samira’s marriage has
not been happy. Her family, it seems, tried at the time to dissuade her from this marriage.

He [Samira’s husband] asked my family five times, and my family didn’t want to give me to
him... Because he was engaged\(^\text{15}\) twice before and he left. They told me you will get divorced
like them.

(SAMIRA)

However, she was determined to marry him. She says he was nice at the time, and that even though
he is not educated he used to write poetry and published some articles.

He was good. There wasn’t anything bad. He would write poetry and get published in the
newspaper... He’s not educated. But he has poetry as a hobby. He was published in Al-Quds,
As-Shaab, Al-Fajir newspapers... He was published a number of times.

(SAMIRA)

Soon, Samira found out that he was addicted to drugs and throughout her married life he has not
been a supportive and ‘good’ husband. He is often unfaithful and she is starting to wonder whether
she will one day be divorced from him.

**Pressure to marry quickly**

Before a girl or man marries, the families usually go and ask about the prospective spouse’s family and
about the prospective spouse’s situation and reputation. However, some of the interviewees had
married quickly without going through the usual procedures of ‘checking up’ on the prospective
spouse.

In Amna’s case it seems that this was for a number of reasons. One was that Amna’s father was
disabled after a work accident and then died when Amna was young. As is the case with many young
girls, as Amna’s family’s economic situation was poor, it was probably hoped to marry her off as quickly
as possible since she was a financial burden as long as she remained unmarried and living at home. A
second reason was that the man who proposed to Amna was from Hebron which is in the south. It is
much more difficult to find out about someone who is from far away and who is not related in any way.
Unfortunately for Amna her husband treated her extremely badly and her marriage ended in divorce.

Lina married at the age of 14. Her father had emigrated to the States before she was born. There is

\(^{15}\) On both occasions he went through the Islamic religious marriage ceremony (katba al-kitab) after which one
is legally married - although usually people do not call themselves married until after the wedding party. After
doing katba al-kitab a divorce is needed in order to leave the spouse.
often the fear that an Arab girl in the States may go astray or have a boyfriend before marrying. For this reason they are often married as soon as possible, and again if the man is not related then it is difficult to ‘check’ if he is going to be a suitable husband. As it was, Lina’s husband frequently beat her violently and she divorced after six years and he took her four children.

Even if the family has been listened to and all the ‘checking up’ procedures have been carried out, marriages can still break up or be desperately unhappy. It was interesting that in several of the most unhappy marriages the women had married in a rush, sometimes against their family’s advice, perhaps indicating yet again the important role of the family’s actions in the success of a marriage.\(^\text{16}\)

Unfortunately, women who marry young, before finishing school, and enter unhappy marriages that sometimes end in divorce, lose their opportunities to get educated, as in the case of Liyana. Although young women are promised that they will be able to continue their studies, these promises may be broken after marrying. This was the case with Dalal.

When Dalal married she had hoped to finish her high school as she has just one year left. She also wanted to work. However, although her husband had agreed to this before they married, when she came to live in Ramallah he changed his mind and kept giving reasons as to why she could not work nor study. There are also difficulties in transferring between the two systems of education in Israel and in the West Bank.

I said to him once [about working]... He told me, ‘You don’t have a certificate (tawjihi). How do you want to work?’ I tell him, ‘I want to learn and I want to complete (high school)’ His family started to say, ‘That’s it, forget it’ and ‘What for?’ I have just one class to go for the high school diploma (tawjihi) and then I could finish.

...He tells me that here in Ramallah you can’t study because all the courses are not good - there are young men (shabab) and so on. He doesn’t want the course to be mixed [sexes]. He tells me, ‘How do you want to study in Ramallah?’ ...My ID card is Israeli, not West Bank [so she cannot go to register in a girls school]...I can only go to the private courses, also with the courses I don’t get a certificate that is recognised in Israel, only here.

...My English - I know a bit, but I wasn’t very clever in English. My Hebrew is very very good - writing and reading. My Arabic is also good. I mean, I was doing literature (adabi).\(^\text{17}\)

...Before I got married I thought that I would complete. [Now] he doesn’t want it. He has started to say, ‘Never mind [don’t do it]. Why? Tomorrow, that’s it.’  

(DALAL)

3) Getting married: change and transition

Getting married is probably the greatest transition a woman in the West Bank has to deal with in her life: from girl to woman (from binit to sit). Several of the women who took overdoses had married within the previous three years. Dana, Rasha, Amal, Lateefa and Abla were all facing problems adjusting to their new situation. They were all young, between the ages of 17 and 23 years, and going through a number of major changes in their lives. Most of them felt neglected and unsupported by an often absent husband.

\(^\text{16}\) It is often said in Palestine (as surely elsewhere in the world) that marriages are between two families and not two individuals (az-zawaaj bayna eelatein mish fardein).

\(^\text{17}\) In the Arabic system you chose literature (adabi) or science (ilmi) for the high school certificate (tawjihi).
Najwa was 19 years old and had been married for six months and pregnant for three when she took an overdose. Her husband, who was her first cousin, worked in the security apparatus of the PNA. He was often away for days at a time while she was left in the new flat on her own. One day he came back after being absent for a few days. He soon said that he wanted to go out again to another village. He went out with his father [her uncle] to come back an hour later. Najwa wanted them to stay and to make them some tea. They declined the offer and went out again. They came back, and then there was an argument in which Najwa felt she was being criticised. The husband became angry and said that he had to go out again. Najwa, left on her own again and feeling neglected and frustrated, took an overdose.

Najwa mentioned a number of changes - marriage, pregnancy, the prospect of motherhood, and living in a new flat - that she was going through quite rapidly. She was clearly upset that her husband never seemed to stay with her in the house for very long. Najwa was found and brought to the hospital by her husband where they did a gastric lavage and she was admitted to the obstetric ward. She went home the next day.

Najwa's case is typical. She is young and had married, moved to a new flat and become pregnant all in the space of six months.

Inability to communicate with husband

All of these recently married women expressed difficulties in learning to adjust and communicate with their husbands during the first few years of marriage. The marriage was often arranged by the families and so they did not really know each other very well before marrying. It is important for women to feel that they can deal with problems together with their husbands, particularly if they are no longer living near their own family.

When Rasha first married she felt unable to talk openly with her husband about her feelings and concerns, indeed, Rasha would hardly talk to her husband when she first married. Instead she would go and visit her sister who had also married a man from the same village. There were a number of reasons why she felt unable to talk openly with her husband. She says this lack of communication with her husband was part of the reason why she overdosed on medicine.

What happened with me was that I wouldn't talk to my husband when we first got married. He would say to me, 'What's the matter with you?' I mean, I would be upset when I first left my family. He would say to me, 'What's the matter with you?' I would tell him, 'There's nothing.' And so he would tell me, 'Here is what is wrong with you: what happens to you, you must tell me, as your husband.' So I got upset, I mean, and what happened, happened [the OD].

I don't know. Well, perhaps I thought that if I told him he wouldn't keep my secret, perhaps that he would get upset. So I was frightened that he would get upset. For example, I'd feel that perhaps he would get irritated, or say, 'You don't want to live with us here.'

I mean, I would think of many things. So I would say, 'Let's not talk' or 'I don't want to tell you' and go to sleep. I would cover myself - ya haram - and sleep. And in the morning it would be the same thing. But when I sit with the daughters of my father-in-law19, I feel comfortable, I feel that we are girls - I am like them. But I didn't tell them how I felt - when we are doing the housework we get involved in more important things.

(RASHA)

Demands of the household

Being expected to cook, clean, dust and wash, not only for their husband but often for his whole

18 I would imagine that it was also difficult for her to leave the house or come and go with ease.
19 referred to as ammi which normally means 'paternal uncle.'
family, was the role in which many of the women found themselves in when they married. As the newest member of the household, the newly married woman is at the bottom of the heap, expected to work at her household chores uncomplainingly. Conflicts over these household chores are common, indeed, in one case, Reem's, a conflict with her sister-in-law over housework was the triggering event that caused her to take an overdose.

A description of life looking after not only the marital house but also that of her in-laws is given by Amal. She describes how tired she would get, how unappreciated she would feel, and the continuous struggle going on between her and her mother-in-law (hamatha) for the husband's attention.

It is interesting to see how taking an overdose affected her situation. Indeed, it does seem here that the overdose was a more effective form of communication than her words which had fallen on deaf ears. To illustrate this her story can be examined more fully.

**Amal's story: overdosing as a form of communication**
Amal is a 22 year old married woman from a refugee camp near Ramallah. She reached the last year of preparatory school, which is as far as UNWRA education goes. Amal and her sister married two brothers, an arrangement made by her mother-in-law. Amal married her husband when she was nineteen and a half and her sister was sixteen and they moved to a residential area near Ramallah where he lived with his family in a three storey house. The parents-in-law live on the top floor; Amal and her husband have the floor in the middle and Amal's sister and her husband live beneath them. Amal's husband makes quite a good living working as a contractor in the construction industry. I went to visit Amal on the 5th August 1998 some eight months after her overdose.20

Amal is an attractive woman with very yellow honey-coloured (assaly) eyes and lovely complexion. Pregnant at the time of the interview, she was wearing a simple loose white top and trousers and no make up. She smiled at me quite a lot with a big wide attractive smile. When she spoke she was quite forward and spoke with confidence in a loud clear voice.

Amal felt that communication with her husband was negatively affected by her mother-in-law's interference and criticism. She longed for her husband to come to her so that they could solve their problems together, rather than for him to listen to his mother who lived just upstairs. She also longed for her husband to 'feel for her' and to show some empathy towards her and appreciation for her hard work in the house. Here Amal describes the set-up between her, her husband and her mother-in-law and the events that led up to her overdose. Her mother-in-law, it seems, complained about her to her husband who became upset but refused to communicate with Amal. She became so angered by this that she threatened to kill herself. When this threat had no effect she took pills in front of her husband. Her little girl was a two-month old baby at the time.

*My nature is that I can't tolerate problems. My nature is affected by any word, I'm sensitive, you see? If anyone says any word about me it affects me inside, and also it irritates. And all the problems are ordinary problems. We are each one sitting alone now21. But before you work

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20 I was in England at the time of her overdose
21 meaning here that she and her husband are separate from her parents-in-law and separate from her sister and her husband; they are all in different flats.
in your own house you must work in the house of your father-in-law, and you do everything. Now, me, my nature is that I do the washing up and wash the clothes and cook and I take the cooking upstairs [to the mother-in-law]... So problems occurred. What was the problem? Simple, I mean, ordinary... The mother-in-law talks - you know the nature of the mother-in-law - she talks. My husband, his nature is that he loves his mother a lot. Now what happened? He came in upset. He'd heard words. He became upset due to the problems and there was a lot of pressure on us, a lot of problems. As for myself, I wished that a day would pass without there being problems. My husband is very good with me, generous and affectionate and during this period he has changed and become better, thank god - I mean - good. When there are problems between me and him, I mean that if we fight, no one should interfere. I mean, finish, it’s between you and him. You get cross for two or three days, you go back to him and make up... but the problem that happened was that my paternal aunt (amti) talked [she criticised Amal in some way].

[N: Your husband is your cousin [the son of you paternal aunt]?

No, my husband is a stranger, he’s a stranger. But my mother-in-law we call her ‘aunt.’ Now she got temperamental. She loves us but she always assesses us and I felt that there was a great pressure on me and I got annoyed. I mean that night [of the OD] I went to him and said, ‘What have I done? You know me, I am good.’ I mean, my nature is always that if anyone says to me ‘Bring me this!’ or ‘Remove that!’ or ‘Put this!’ I don’t get upset. I like to serve. I serve, I mean, my family, I like to serve them because I love them of course. But it is supposed to be that one is appreciated... you work, you work. It is necessary that one is appreciated and respected.

He left his mother’s and came in ‘upside down’ - it means upset - and frowning and wound-up. My nature is such that I get upset on the day when he is upset. I went to him at night and told him, ‘What’s the matter with you?’ He says to me ‘Nothing, stay as you are, put your mind in the mind of I don’t know who. Do you want to be stubborn? Do you want to answer me back?’ But I don’t answer him back, I defend myself. He isn’t the man that, if you sit with him and try and make him understand, will understand me. It’s true, he is good but I want, someone who can feel with me when I am irritated. Don’t you want someone who feels with you? Really, one is affected internally. If I am wrong tell me I am wrong.’ He says to me ‘Finish. Go and sleep. Go to your room and sleep.’ I told him ‘If you don’t reply to me now and you don’t talk with me like people (zay an-naas)... Get up and talk to me, make me understand. If I am wrong tell me I am wrong.’ He says to me ‘Finish. Go and sleep.’ I told him ‘This is a solution? I can’t do without you. I want you, you are my husband. Tell me about the mistake, if I have made a mistake. Tell me ‘Oh girl! Do this Amal. Do it like this.’ I will respond to you. If, in fact, I didn’t love you... I wouldn’t come to you.

I was not annoyed with them or with him, but I was totally fed up. That day I was really surprised and for all that I did there was no result... And people were circling behind him.22 That’s it. I got annoyed, I mean, I wanted to rest. I got exhausted. My daughter was with me. She was two months old, new. I told him ‘If you want to stay like this, finish, I don’t want to live.’

I said to him: ‘If you don’t want to talk to me I will drink medicine. I went to the pharmacy without thinking and carried the medicine and drank it, I don’t know, I did it suddenly (taja’tan).’

(AMAL)

Themes recur throughout the interview: Amal feels that she is not appreciated for serving her husband and his family; she gets very upset by criticism; she often feels that no one ‘feels’ with her; and she is unable to communicate with her husband. The last is the most frustrating of all. The pressures mount until she feels that she can bear it no more:

Pressure, pressure, the great pressure. One explodes really, [I swear] by God’s life, there’s no one that feels with you. Fine, I want someone to feel with me, I want someone to feel with me, me, my nature is affected. True I am obliging, I like to serve, but my nature is that I get annoyed, I can’t bear it.

(AMAL)

22 Here it seems to mean talking to him, and perhaps misguiding him.
Amal says that her intention was not suicidal. She states explicitly that it was more a way of communicating her feelings.

No, I'm telling you that I didn't want to die. I want to feel that he feels for me, and that he fears for me, but if you knew what he did on the day that I drank the medicine! I mean, how is the woman who shakes from fear? He was like this as he hugged me. When the car arrived at twelve we went and he was quivering next to me, and I was normal, I did not expect that what would happen to me would be to die, I did not expect that I would die...

(AMAL)

She has only mild feelings of regret.

You could say that the day that I stayed in the hospital, I feared for myself, but I felt that there was a result. It's true that one fears for her soul. Her soul is dear to her, and so I am regretful, very regretful. It's true any one could get upset, but so what? That's all, it was without thinking. How does one behave without thinking like this?

(AMAL)

Changing environment

Over and above the problems of dealing with their new marital status, some women found it particularly difficult to have to adjust to a new environment as well. The way of life can differ between towns, villages and refugee camps and to move from one to the other would often require considerable adjustment on the part of the new bride.

From refugee camp to village

Rasha, for instance, after growing up in a refugee camp in Jerusalem married into a family in a fairly isolated village. She discovered that village life was quite different to what she was accustomed to with regard to the food, the cooking, and the way of dressing.

Well, everything was new to me. I mean, their food is different; their drink is different; their cooking is different. I mean, I see their cooking as being different, not like my family's. You see, even their clothes are different. I mean, I used to wear a short coat, but here they say, 'no, it's shameful (eeb)', because here it is a village.

(RASHA)

Life in the camp had felt freer to Rasha than in the village where she found herself observed and monitored much more. People asked where she was going and what she was doing, and she felt that they would start to talk about her if she did anything wrong.

The atmosphere (aj-jow), the people, are different, their dealings (maamalithum) perhaps are different, it's not like with us in the camp. Here, they have 'it's forbidden, not like this, let's not let people talk.' ('andhum haram, mish hayk, balaash an-naas biseeru yi khu). With us (andna), no. In the camp there is freedom. In the camp, I would go out to my paternal uncles's house, I come and go. It's true they ask [what I am doing] but this was for my own good.

Here, no, they say, 'Your husband is responsible for you' (zawjik massool anik). And my husband even starts to ask where am I going...

But people start to talk, yaani, it's because it's like this, because the people talk, their gossiping (takharufaathum), I mean.

(RASHA)

The religious attitudes in the village seemed more conservative to Rasha. There was more monitoring of the piety of women especially with regard to the head scarf. Rasha does not wear a head scarf (mandeel). In the camp people had had more relaxed attitudes and if a girl put on a mandeel then they
would congratulate her and that was all. Not so in the village.

Yaani, [in the camp] they don’t say for example - about the head scarf - ‘This one wore it. This one took it off.’ But rather - it’s normal (aadi) - they just say, ‘Congratulations on the head scarf’ (mabrook ‘al-mandeel).

(RASHA)

From Arab town in Israel to West Bank refugee camp

Dhal married a man from a refugee camp near Ramallah. She had grown up in the Arab town of Al-Lid which since 1948 has been a part of Israel. She had had difficulties adjusting to her change in environment. She said that she had been much freer in Al-Lid. She had been finishing off her high school diploma (tawjihi); in the holidays she had worked in a restaurant for extra money; and she was allowed to go out with her sister much more. She said that in Al-Lid the Arab community had been more trusting of a girl when she went out, whereas in the refugee camp her husband forbade her saying that it would ‘make problems.’

Yes, [more freedom], I mean, trusting in a girl wherever she goes. That’s it - you go out, you and your girlfriends... from the school, from here and there. We would come and go. But, here, the situation is changed. Here, I am not allowed to go out... He tells me, ‘My family doesn’t want it, we don’t want to make problems’ - because of this.

(DALAL)

Differences in background were the cause of problems according to Dhal. She is from a town (madaniya), whereas he is a peasant from a village (felahi).

First of all, they are peasants, and we are from Al-Lid. Their behaviour is different... They are the peasants and we are from the town (madaniya). They, their origin is from [name of village from 48], they are peasants. Us, our customs are different from their customs. Our behaviour is different from their behaviour. You know they live in a flat. We have Arab houses... but, what is the difference? My sisters go out a lot. We would go out more.

(DALAL)

Because of such changes in their environment, according to Dhal, many of the marriages of girls from Al-Lid to men in the West Bank were unhappy. The girls would frequently leave their husbands and return to their families (bihradu) for extended periods of time.

Many marry from here, and they go back to their families (bihradu) when they marry because the environment changes. I mean, many came and tried, and many went back to their families (bihradu). One for a month, one for four months. But me, not once did I try to go back to my family (ahrad), thank God. One woman, she wanted to divorce her husband. Most of them - what do I know? - perhaps I can say it like this - most of those that married here, are not happy [the women from Al-Lid who married here].

(DALAL)

Being a stranger in a strange environment

Many of the women felt isolated without the close family support that they had enjoyed at home. They did not have to move far to feel like strangers. Heba, for instance, married a man in a nearby village and she described how it is difficult for a woman to go back to her family if she has married outside her own village. You have to rely on people around you, particularly your husband, to help and support you in times of difficulty. However, she says she herself is now happy with her husband and feels close to his family.

23 Al-Lid or ‘Lod’ as it was renamed by the Israelis, was an important Arab town before 1948 when a large part of the Arab population was expelled or massacred (most famously the massacre of Arabs in the mosque at Al-Lid in 1948 by Zionist forces). Many of the refugees from Al-Lid settled in camps around Ramallah where they remain to this day. A small number of Arabs managed to stay and now have Israeli citizenship. Dalal is an example of this.
After a woman gets married it is difficult for her to go out from balad to balad. If there's a problem that's occurred in the balad, it's difficult for her to go to the other balad to complain to someone. You find the closest person is here, to complain to about her worries and help her in the situation. What must one do? If a problem occurred to me now, do I go and talk to my mother? My husband is with me, I tell the problem to my husband and we both look at the situation. We solve the problem ourselves.

(HEBA)

Abla seemed to have no one that she to turn to if she had a problem. She had married a man much older than herself from a small and isolated village. He was still living with his second wife and she was the third. She asked who she could possibly talk to. She described the village as having neither houses nor neighbours. She said there was no one to talk to as a woman in a strange balad.

If a woman is in a strange balad, who can she talk to? My family is far away. If I have an upset between me and him and I want to go to my family's house - I'm unable to sit me and her [the other wife of the husband] not a minute - I stay sitting in the house here. I neither go nor come. Here there are no neighbours, nor houses, there is no place, we are here in the open - in emptiness (al-khilaah).

(ABLA)

Nostalgia for the premarital state
Perhaps understandably then many of the women seemed somewhat disillusioned by married life. After all the fun of preparation - buying clothes and other household goods for the wedding trousseau, the engagement and wedding parties, the gold, the fuss about hair and clothes - marriage, it could be said, was something of a disappointment and, to some, a shock, a return to reality. It is not surprising that some of the women such as Rasha who, as mentioned, faced many difficulties adjusting to married life in the village, often longed to return to their premarital state and being a girl or 'binit'. Rasha would sit and dream about it. She said it was the most wonderful period of her life. Her husband was unsympathetic to her longing for a return to her childhood and felt that she should face (her new) reality.

But, I don't know how, I mean, I think about how I was living as a girl. I start to think back.. I mean, like [at times like] now, presently, I would be sitting in the room on my own and I would think what I would like to do as a girl, me and my sisters, and I would start to cry by myself. When we went to school, when we met each other, me and my sisters, I see it as being the loveliest period [of my life] that I have had.

So I start to cry. So my husband asks me, 'Why are you crying?' I tell him, 'This period, if only I could return for a week to those days!' So he tells me, 'It will never return, we go forward, we don't go backwards to the past.' So these are the things that perhaps made me drink the medicine.

(RASHA)

4) The stresses of marriage
Although some of the husbands were apparently quite understanding and seemed eager for their wife to be content, many of the women, as already suggested, were dissatisfied with their husband's behaviour. A very common complaint was how often the husband was away from the house. Some husbands appeared to be having affairs, were on drugs, were unemployed or unemployable. Others were physically and verbally abusive.
Physical abuse

Of the 13 women who were or had been married, six mentioned incidents when their husbands had been physically violent. Of these three cases sounded particularly serious: Lina, Amna and Dalal. Here we will look at Amna’s case, but before doing so examine the idea of suicide as a form of protest.

Suicide as a form of protest

Suicide as a form of protest is discussed by Cristiano Grotanelli in his paper on archaic forms of rebellion in the Mediterranean region. Referring to the biblical ‘Egyptian Tale of Two Brothers’ he writes about Bata, the hero of the story, who cut off his penis as he left his brother’s farm in angry protest to live as a lonely hunter. Bata’s protest against his brother which culminated in self-castration, causing a severe loss of strength, and led to his brother’s mourning, is presented in many ways as the equivalent of a terrible suicide. Grotanelli compares it to many actual suicides appearing in ancient and epic mythical texts that he says clearly indicate a rebellion. He cites the suicide of Greek suppliants who, in Brian Vicker’s words, ‘resolved that if gods and men do not give help they will exploit the ultimate pressure-point by committing suicide, so putting the guilt on those concerned.’ Grotanelli argues that Sita’s suicide in the Indian epic tradition and the suicide of a poor orphan supplicant, Charilla, who was denied barley by the king in a Greek myth of the Delphic sanctuary, had a similar meaning. Sita’s attempted suicide, when she was unjustly rejected by her husband, King Rama, was also interpreted as an ordeal, proving the heroine’s purity and innocence, but Sita’s very words in the epic text show it to be first of all the protest of a wronged woman against the injustice of a king. The same is certainly true of Charilla’s successful suicide, which was followed by a terrible plague. The rebellious use of such a weapon derives from the simple observation that the powerful are, in a way, always the debtors of the lower strata of the society, at least in the sense that they owe them protection: the protection that the King of Delphi denied to the orphan Charilla. Suicide does nothing but reveal their failure of responsibility, and put the guilt on those concerned.’

Those who are bent on suicide or who face death have a certain power, according to Grotanelli, who cites the case of Jewish rebels who were trying to remove busts of the emperor from the Temple in Jerusalem. Betrayed by Pilate, they are surrounded by Roman soldiers and threatened with death. ‘But they, casting themselves prostrate and baring their throats, declared that they had gladly welcomed death rather than make bold to transgress the wise provisions of their laws.’ Pilate, astonished by the strength of their devotion to the laws, straightaway removed the images from Jerusalem.

It is suggested that women, from their relatively powerless positions, especially those who are newly married and so ‘at the bottom of the heap’, may use suicide as a form of protest in order to make their husbands feel guilty that they are not fulfilling their role as ‘protector.’ Also perhaps, as with the story of the Jews, in order to avoid giving the ‘satisfaction’ to the aggressor of further violence, by directing the violence inwards and preempting them. It is only a suggestion, but it is interesting that both Amna and Dalal harmed themselves while being physically abused. They, themselves, say that they did it in order to stop the beating. A number of the women said that they ‘threatened’ their husband that they

would commit suicide if the husbands did not change their behaviour towards them. When they did not listen or respond, they attempted suicide.

Amna’s story
Amna is from a refugee camp near Ramallah. Now 23 and divorced, she was married at the age of 18 to a man from Hebron. From the beginning of the marriage her husband treated her harshly. She found out that he was a collaborator and was in and out of prison. She also suspected that he stole. He often did not provide her with food to eat and he often threatened her. Once he said that he wanted to electrocute her. Another time he suggested that he would bring strange men in at night to sleep with her. She was petrified. One day his brothers tried to take her wedding trousseau from her to give to a woman that one of the brothers wanted to marry. When she refused to give it up, the brothers beat her up brutally. In protest she said she would commit suicide and grabbed some nails that were lying on the window sill and swallowed them. They threw her out of the house. Only years later was she able to get a divorce from him. Here she describes her last day at her husband’s house.

I was wearing clothes from my wedding trousseau. It was a very beautiful trousseau and they took it! They said they wanted to get engaged and to take the trousseau for the bride (for the brother). I kept hold of the trousseau and they beat me. When they beat me, my body became all bruised, bleeding under the skin. So when the bleeding occurred and they saw me like this, they got me to drink medicine. After the medicine I fell down... and slept.

My husband's family gave me medicine. They gave me the medicine, and then I woke up. How is it that I take medicine and not wake up and I don't know what happened to me? I just woke up. I found myself dressed and there's nothing [the trousseau is gone]. From me a word, and from them a word and they start to beat me and I fainted against the wall. And someone came called Fawaz, a nurse (tamarji), and he started to tell them, 'Bring me a spoon to open her teeth, so as not to let her bite her tongue so that she dies.' That's what he said. There was a slipper which he put on my teeth, without me pinching my tongue because I was so nervous. I stayed unconscious and then I woke up. 'What happened to my tongue?' They didn't say anything as much as they have beaten me. I told them, 'You don't even want me to go to my family home! I will commit suicide.' And they were normal (aad). They laugh. And they didn't care a damn. And I sat and I drank nails. They did not say, 'Why did you do this?' And then they threw me out. When they threw me out, someone, a driver, he saw me. I told him, 'My uncle, I am like this, like this...' The driver came round the Wadi An-Nar road. It happened on the road that the blood came out of my mouth, and the bleeding occurred. He started to wash my face and set me down. I started to vomit the nails from my stomach. I was barefoot - not wearing slippers on my feet.

...He [the chauffeur in Hebron] was taking passengers and he took me as a passenger. My clothes were torn, and my state...! My hair, and my appearance was scary (mukheef). The chauffeur took me and brought me here and all the way he is washing mea and I told him, 'Take me across to my family in the camp.' He told me, 'No! I can't take you through. I am scared that your family will betray me (ughduruni) as I am from Hebron. And because this is the family of your husband that did this to you and I am from his balad, I am scared they will kill me, my sister, rather than them.' I told him, 'No. My family isn't like this.' He told me, 'My sister, enough, that's it. It's better this way.' How nice he was!

He let me out at the clinic. At the clinic I fell on the floor and he told the doctor that there's someone unconscious here and they contacted my family and they took me to the hospital. The hospital told them 'We can't operate on her now.'

...When the nails stabilised in one place, they stopped giving me food, and I stayed all day and night crying because of them. I stayed three days there. They saw the extent to which the nails were puncturing my intestines! And there were nails that came close to my kidney so they opened up my abdomen, because they were worried the nails would injure the kidney. 20

Presumably meaning wiping away the blood.
Amna says that when people heard her story they had said that her husband must have forced her to take the nails. She insists that she was the one who took the nails and swallowed them, although he was the main reason, because of the amount that he hit her.

They started to say, 'He's the one who got her to drink them.' I told them, 'No! I am the one that drank them!' But it was him, because of the amount that he hit me! I rushed to the nails and I swallowed them. People think that he forced me to drink them. So each one lets give out a different rumour. I am the one that drank them. He is unable to make me drink them by himself. I am the one who drank them. It was he who made me take the medicine - he and his family...Because of the amount they beat me, my husband's family. I saw the nails on the window and I swallowed them.

Response to the physical abuse and how it affects outcome

Dalal said that her husband would frequently get angry and hit her. She showed me the marks on her arms where he had burnt her with a cigarette. She described an incident one day when he threw a chair at her in front of her mother-in-law. The mother-in-law did nothing. Neither she nor any of the husband’s family ever criticise the husband’s abusive behaviour towards Dalal which has been going on since the start of the marriage.

From the beginning, when I married he was always very wound up, and he would 'put his hand on me' [hit me]. He would scream at me a lot.

(DALAL)

It was after he started to hit her that she threatened to commit suicide. He responded by telling her that she has the medicine so she should do go ahead. She took the overdose in front of him.

I threatened him. But what did he tell me? 'OK. Speak!' I told him, 'If you stay doing this, I want to drink medicine.' He told me, 'You've got the medicine, drink it!' I went and drank it all.

(DALAL)

Heba says, on the other hand, that her husband was only once physically abusive when he hit the daughter during an argument. Heba, who was also upset because she had recently found out that she was pregnant and their financial situation was very unstable, shut herself in a room and took an overdose. Afterwards her husband’s family were upset with the husband and criticised his behaviour towards Heba and the daughter. She says since that day her husband has neither laid a hand on her nor her daughter.

They got upset. This thing is forbidden (haram). Don't treat her like this - because of her, because of the baby and because of the children. The reaction in the house was against their son.

(HEBA)

Perhaps because the family supported her so fully, Heba’s husband apologised for his behaviour and there has not been an upset since that day.

He said he was sorry and that he won’t repeat it and there hasn’t been an upset since that day... It ended the problems - from that day until today there aren’t any problems. [The situation] has got better.

(HEBA)

It is interesting to compare Dalal and Heba’s cases and to look at the response of both the individual
and the family to 'bad' behaviour. In Dalal's case no one supports her or speaks out against the husband and when I went to see her three months had passed since the overdose and yet the situation was, if anything, worse, and the husband was continuing to beat her. In Heba's case the family stood by her and sharply criticised 'their son.' When I went to see her at home some eight months later, she said that her husband had not repeated his actions and that he had improved in his behaviour towards her. In both cases the women responded to abuse by taking an overdose as a form of protest. However, in one case the protest was listened to and acted on, but in the other it went unheard.

Other women

Anxiety about their husband's behaviour with regard to other women, was a common complaint. Khaloud's major concern and anxiety was that she that her husband, who works in a fairly prosperous family car tyre business, was having an affair with his brother's wife. She thought this was why he went to the family house so often, and became convinced that he was having an affair with her. This distressed her for many reasons. She thought that people were talking about her and her husband, and went on at length about 'what people say' (kilaam an-naas). She said that she felt they were all watching her and her husband, her family had an excellent reputation (sumitna zay as-sayf! - 'our reputation is like the sword'), and she was distressed by the possible damage caused by this gossip.

I am unable to doubt my husband. For me to say to him, for example, 'You do this and you do that.' I mean, it's difficult. For him as well, it is difficult. I mean his reputation between people is that he is respected and good and a merchant. What do you do if people say that his wife said this, and his wife said that? No! No! He worries about his reputation and I don't want anyone to talk about him... for he is my cousin [son of paternal uncle - ibn ammha]. One looks after/keeps her house and her husband. She wants to ruin her life all because of people?! So, it's difficult. People want something to talk about. Between you and me, people here in our society just want to chatter about each other... and then from one to the other and then to the other and to the other. Someone says to the whole balad that the son of whoever did this to the son of whoever... We, of course, in the balad, our reputation is like gold (like a sword - seeritna zay as-sayf). But people say, 'That woman did this' and 'That woman made this' and 'Look at her husband'... What they say! They stay chattering with this talk. They have the 'transport of talk' (naqal al-haki) in our society.

(KHALOUD)

Khaloud was also worried that her husband was no longer interested in her and that she had grown old and lost her looks as well as his attention.

A few women were scared that their husband was losing interest in them to the extent that they were planning to remarry. Nisreen, a petite woman with clear skin, small features and dazzlingly green eyes, became convinced that her husband wanted to get married to his first cousin (bint ammu), a 16-year old girl who had grown up in Brazil. She was so convinced of this that she told this to the mother of the cousin's mother who told this to her son. The son, who is Nisreen's husband's first cousin (ibn ammu) went to talk to Nisreen's husband about it. Nisreen's husband went to confront Nisreen who, in a state of some shock and regret about what she had done, took an overdose. Although I did not manage to talk to Nisreen for very long it certainly seemed that she was deeply anxious about her husband marrying for a second time. Perhaps she feared that she was becoming old and unattractive. She had married at 15, nine years previously, and had four children.
Dalai suspected that her husband was having an affair with a married woman after only being married for six months. Indeed, a friend of his who was married to a friend of hers had told her that he was. Women often phoned him on his mobile phone. Dalai said that he often threatened to get married again. I asked if he was serious.

He likes to make me nervous and jealous. He starts to tell me about ‘this woman and that woman (hadeek falane),’ and ‘I want to marry another one’. He starts to tell me like this, or he starts to swear at me... Not that he swears at me... He screams at me, ‘Bring me this!’ He gets temperamental (muta’asb)... When he wants something, he’s wound up, coming from outside, he starts telling me, ‘Bring me like this!’ Like this, muta’asb.

I don’t know if he’s talking seriously or joking [about remarrying]... No, perhaps seriously, perhaps joking (laughs nervously).

(DALAL)

The possibility that their husbands may remarry worries these women who feel powerless to prevent such action.

Other wives
In Abla’s case she is the third wife of her husband who is much older than her. The husband seems to be temperamental and difficult. His first wife stayed with him for over 20 years. Although now divorced from him, the first wife has insisted on continuing to live in her husband’s house, although in a different section, so as to be close to her children. She has been able to do this due to the full support of her grown up sons. The husband married for the second time when she was pregnant with her youngest child. The second wife was unable to live with her husband and so divorced him and returned home to her village. Abla, the third wife, is in something of a double-bind. She is finding it near impossible to live with her husband, and although the relationship between her and the first wife seemed amicable when I visited, she was clearly suspicious of her and said she was unable to talk to her. Abla drank bleach when she felt she could no longer cope.

Status and behaviour of the husband
Samira feels that a woman’s status in society is determined by the status of her husband.

Here, a woman’s husband raises her and lowers her... My husband lowered me... and let all of them stamp over me.

(SAMIRA)

Here, we look at Samira’s story. She has had to deal with more than most wives; her husband has become addicted to drugs, is rarely employed, has stolen and, more recently, been unfaithful.

Samira’s story: drugs, stealing and infidelity
Samira discovered soon after marrying her husband that he was a drug addict. In the six years since then he has been on and off drugs and has been imprisoned for drug charges several times. After coming out of prison in August 1997, he started seeing a social worker. Samira was unhappy about the nature of this relationship and she suspected that he was seeing other women.

Samira works as a primary school teacher in a nearby village, where she comes from and where her family lives, to support her two children. At the end of May, Samira drank some concentrated bleach
and was taken to Ramallah hospital. When I asked her why, she was very emotional and at several points broke down in tears.

Honestly, I have a number of problems. The first thing is that I married my husband due to love. We were happy but after 15 days of marriage, I discovered that he was a drug addict. If you saw him yesterday - He doesn't look natural. Did you notice how he looked? [N: Yes, a bit.]

...He's been two months in the house. He is unable to work. He told me, 'Do you want to get divorced? [if so] Divorce.' I told him, 'I want to help you because I fell in love and that's it, I want to live with you. I want to help you.' He tried to get out of it [his drug addiction]. The first time, he got out. He was out for a period, and a period no... After he got out of it, I had the girl. I mean six years have passed. One time he got out, another time no. He was imprisoned for almost two years and he was imprisoned for 3 months and he came out well. He told me, 'I will compensate you for the days that you've seen and you suffered with me a lot' ... and this kind of talk, he was very good with me.

Afterwards I introduced him to a (female) social worker so that she could help him. The social worker, I don't know what her intention was, he started to go and come back troublesome and argumentative... He would tell me words that are not nice. He is unable to see me in the house, 'Go to your family's - let's not get divorced!' and 'I can't see you.' I asked, 'You went to see her?' He would tell me, 'No.' He denies it. I didn't know what I wanted to do. I couldn't face her because her manner with me was very degrading... I mean, at the same time I don't want to muck up her image anymore. So I knew a colleague of hers - an official acquaintance - I told him how she acts with my husband. He told me, 'This person is an opportunist. I mean, her nature is like this. Like this, talk to the director.' I refused. I told him, 'I don't want to cut off her livelihood - haram. He put pressure on me but I didn't agree to it, I told him, 'No, it will reach my husband and there will be problems and a story and I don't want it. Instead of her being a chain to join me and him, he became more distant from me. When I would go to see her, she would treat me like a beggar, she would treat me with disgust.

She requests tea and coffee and they smoke and close the door. I don't accuse them of doing something together, but what was it that they spoke about between them for hours? He would tell me, 'She doesn't mention you.' I asked, 'Why do you get upset with me in the house?' I put pressure on him so as to get away from her, and I made problems for him. He beat me and threatened me and got away from her. But then he grabbed another woman, he got to know another one from the street, and went out with her. Again I would put pressure on him, he got away. The third one, it turned out he slept with her. When it reached this degree... I wasn't able to tolerate it.

I told him, 'After I have been so patient with you and the drugs and agreed to the worse kind of living, you go out and betray me? I didn't betray you. I reached the point where it was unbearable. I sat with him and told him, 'Tell me, I won't get upset.' He told me about her... I started to break things in the house, I left my children. He told me, 'Come here, clear up what you have broken!' I didn't agree. [Samira starts to cry] I got scared of him. I didn't find anything in the house except a glass of bleach. It was concentrated bleach. I drank it... but not all of it... [Samira starts sobbing] He took me to the hospital and they did the emergency procedures. I don't know what happened to me...

(SAMIRA)

She says that she was not really thinking clearly when she drank it and is thankful that she did not damage herself irretrievably. She is ambivalent about whether she actually wanted to die.

I don't know, really if I want to commit suicide or I want to give him a lesson, just a lesson. It was harsh. For me as well, I mean, I was tortured a lot. It was a very strong pain. Our God loves me as nothing has happened to the (vocal) cords. Thank God, he protected them.

(SAMIRA)

Samira regretted her action but she feels betrayed and angry because she feels she has sacrificed a lot for him.

26 balash nittala - literally meaning 'Let's not get divorced...' which could be taken as a threat of divorce.
I asked forgiveness from God. What did I do to myself? There's no one that's worth it. But I sacrificed a lot for him, I sacrificed a lot... Why does he betray me? If he's around I don't betray him... if he is away, I don't betray. He would desert me a lot, and I didn't betray him.

(SAMIRA)

Samira's husband's behaviour towards her improved just after she drank the bleach. She drank the bleach in front of him. He took her to hospital and looked after her for the following days. This improvement was only temporary. Samira feels it will be hard to forgive him. She feels that he has hurt her pride or, as she says, 'stamped on her pride'.

He was in the house and saw me after I drank [the bleach]. They started to give me water and oil to drink so as to reduce the heat of the bleach because it was concentrated bleach. Not normal. His friend would bring it for us from the factory. We didn't buy it like the ordinary kind. So they took me to the hospital. Him and the son of his brother. He requested a car and then his brother came. They took me. And he went home and pampered me. He gave me juice and medicine to drink, and milk... He started to cry for me. He begs me, 'Why did you do this? To whom are you leaving me and Wa'el.' My son is called Wa'el. He was very gentle with me... but what's the use? He hurt my pride. He insulted me. He stamped on my pride. I mean, I'm not going to forget... nor in all my life will I forget. It's difficult. Everything can be forgiven, except for betrayal. I have never been mean with him. He was gentle, very gentle... at the beginning, and I would push him away.

...What's the use? He went back and repeated it.

(SAMIRA)

Samira's suicide attempt appears understandable as a form of protest (Treat me well!), as part of a form of communication (Listen to me! Behave like a proper husband!) and desperation (I can't cope!).

5) Children: Pregnancy and Motherhood

Becoming a mother is seen as virtuous and desirable in Palestinian society. In Islam, motherhood is strongly commended. 'Paradise,' says one popular hadith, 'is under the heels of the mothers' (aj-jannat tahta aqdama al-umamahat) and women who die in childbirth are regarded as martyrs or 'witnesses to the faith' (shahidaat), in the same way as men who fall in a Holy War. 'By stressing the child-bearing role of women, one valorises the mother,' writes Bouhdiba who goes on to talk about 'The cult of the mother' which, he says, 'seems to me to constitute one of the keys to an understanding of the basic personality of the Arabo-Muslim societies.27'

Children are important for many reasons. Bouhdiba again, 'Children are loved for other than practical and immediate reasons. For the mother they constitute a veritable system of insurance for old age and illness, a guarantee against destiny that is all the more effective in the case of repudiation. What could the fate of a woman be who did not have the good fortune to become a mother? A sterile woman has scarcely any other prospects than that of being an unwanted, inopportune burden on her father or brothers. Married without children, she can hardly aspire to be anything but the servant of her younger, more beautiful, or more fruitful co-wives. On the other hand, a mother is guaranteed that at least her children will not 'drop' her and that everywhere she will be protected from poverty and need. Not to mention the prestige, honour and 'presence' conferred on a woman by children, especially male children. Besides every mother hopes to become in turn a venerated, 'protective' (hama) mother-in-law. By reigning over her daughters-in-law she will reach the summit of glory before dying,

respected and surrounded by her grandchildren.28

Pressures to have many children
As soon as a girl marries the news is awaited that she is pregnant and soon after marrying, Rasha found herself in an environment where the pressure was on her to get pregnant. The daughter of her mother-in-law had married a couple of months after Rasha and got pregnant immediately. When Rasha did not get pregnant in the first year, she started to feel anxious, especially as she knew that her husband and mother-in-law wanted her to. In some ways Rasha was rather ambivalent about having children. She said that she had wanted to and used to be disappointed when she got her period (which her mother-in-law would comment on). Once she was 12 days late and was convinced she was pregnant, so when her period came she was shocked and upset. After less than a year she started to go to the doctor to see why she was not getting pregnant. At the time of the interview Rasha had recently found out that she was at last pregnant, a year and seven months after getting married.

The daughter of my mother-in-law married, she married in November. She married and got pregnant. So I said, this one God gives, and here I was I wanted it, and my husband wanted it - but my husband didn’t show that he was upset because he wanted me to bring [a child], so he would encourage me.

...and I would think. I mean, after a year - now it has been a year and 7 months... I was going to the doctor and he was saying - ‘Our God will give you’ - God’s willing.

When I used to get my period, she [her mother-in-law] would say, ‘What’s the matter with you?’

It would come to mind with the period. I would say maybe it won’t come. Once it stayed away for 12 days, so I thought I was pregnant, and then it came. So I was upset and shocked. (RASHA)

However, at the same time, Rasha was not sure if she wanted to have children. These thoughts were going around in her head when she took the overdose after just over one year of marriage.

Yes, I was thinking about it a lot [when she took the medicine], perhaps as well for a number of reasons. I was thinking that I want to bear children and I don’t want to bear children, so yaani, all the thoughts came together, and there was no one beside me. (RASHA)

Finding out that she is now pregnant seems to have got rid of such doubts. Rasha is delighted. Her main plans for the future revolve around the birth and the baby. She expressed only positive thoughts about the prospect of having a baby which she said she thinks about more than anything else.

I think more than anything else, about the day when I will bring the baby, the thing that I want to do in his life. I want to give him more attention/interest. I think about what I want to do for him, I want to give him love, things like this... (Rasha)

Dalal had hoped that having a child would improve her difficult relationship with her husband. She got pregnant very soon after marrying her husband, but miscarried within three months and was clearly upset by this. She thinks in part the miscarriage could be because she is not happy and has been unable to eat (she cannot weigh more than 45 kilos). She described how she had had difficulties adjusting physically to the miscarriage. It seems that the milk stayed in her breasts for sometime afterwards. Dalal was anxious about getting pregnant again, her doctor in Israel told her there was no

need for such anxiety.

After the miscarriage (nizilit) - I was pregnant and I miscarried. I got milk in my breasts and it doesn’t want to go...[It was] three months ago. It was when I first got married and I got pregnant quickly, and for two and a half months I stayed pregnant and then I miscarried.

... I went back to this one in Israel and the doctor said to me, ‘I mean, why are you worried? It’s not necessary. You are young first of all, and he told me the milk will stay for half a year so as to dry up.’

Emotionally as well, it was certainly upsetting.

Of course, one gets upset because he had formed two legs, and a head, and so on, and in the picture [ultrasound] he had everything.

(DALAL)

It was one month after the miscarriage that Dalal took the overdose.

Not only are women under pressure to have children as soon as they marry, but there are huge pressures on women to have many children. The decision whether or not to have more children usually lies with the man, as Heba says, who has five children.

It depends on the man. He says, presently, finish that’s enough. One man is able to spend [money] on them, clothe them, educate them. The responsibility is enough. Five is not one.

When I suggested that five was enough she laughed and responded,

They have ten here!

(HEBA)

Financial strain of more children

Having another child adds to the financial burden, especially when resources are often stretched. Heba describes how difficult their situation was before she found out she was pregnant. Her husband was working illegally in Israel without a permit, and did not have a steady income. She took an overdose in order to end the pregnancy.

In general, before I got pregnant the situation was rather difficult. There wasn’t any work so that one feels that life... well, as if it one isn’t existing in the world. There’s no material. There’s nothing to make people happy. So, after I got pregnant with this baby I said to him, ‘You have to go and look for work.’ He went and looked for work and the army caught him in Israel because he doesn’t have a permit.

[On the day of the overdose] We were fighting, my husband and I, because of the children ...I I entered the room and closed the door on myself and drank the medicine. I mean, I wanted to finish with the child.

(HEBA)

However, the pills that Heba took were some iron pills which had no adverse effect on the baby.

The strains of being a mother

Being a mother was found to be exhausting by a number of the women, including Heba. It was even more difficult to be a mother when having a severely handicapped child, as in Samira’s case, or when having an extremely badly behaved (delinquent?) son, as in Watan’s case. We shall look at these two cases here.
Samira has two children, a girl of five and a son of two with cerebral palsy. She worries that the girl will become 'complicated' by the marital problems and unstable family atmosphere and she worries that her son may be seriously disabled for life.

The boy has cerebral palsy owing to a lack of oxygen at birth. She wonders whether he will ever be able to walk and talk normally, but the doctors say they still cannot tell at this stage. His handicap also means that ordinary nurseries will not accept him while she works. For this reason, she applied three years ago for a job in her home village so that her mother can look after him during the day. She got the job this year, and the girl now goes to a kindergarten there.

I requested the job especially - I mean that I work in the same place where my mother is, so that I can leave my son with her. We don't put my son in nurseries. And as - I mean - there's not enough money when I get my pay to go and put them in the nursery. There's nothing left. My mother lightens [the load] for me a bit. My son also doesn't accept someone from outside, a stranger. I put him in a nursery, but he wanted to be held. The nursery won't take him because he can't sit properly; he doesn't walk well; he doesn't eat well; he doesn't know how to eat. I mean, until now he doesn't know how to eat with his hand... He had a lack of oxygen at birth, so he now has mental paralysis [cerebral palsy], it affected the speech area... and the movement of the extremities in general. It is difficult for him to hold anything.

(SAMIRA)

She also worries that her daughter Ahlam will become 'complicated' by this unstable situation. Already, she thinks she sees the signs. She admits that these problems are compounded by her own behaviour towards her children who sometimes bear the brunt of her anger.

[Ahlam is] very stubborn. Sure, these things affected her. I am scared that she will get 'complicated' in the future. I try not to leave her lacking in anything materially... but what is the use? She's very stubborn. She doesn't reply to me. She gets scared of her father.. what a fear! But to me, she is not obedient. She's stubborn. I hit her, I shout at her, and she doesn't like these things. I mean, I get wound up. I release my anger in the children a lot.

(SAMIRA)

The bad behaviour of her son 'tormented' Watan so much and such was her state of despair, that she was driven to take an overdose. It is interesting to look at Watan's story to see how it appears the overdose succeeded where all other action had failed. She says herself that she took the overdose more as a 'threat' than because she wanted to die.

**Watan's story**

Watan has lived in a refugee camp near Ramallah since marrying her husband 20 years ago. Her family is from Ramallah originally, but they emigrated to America about 30 years ago. So although she was born in Ramallah, she had lived in Chicago before coming to Ramallah where she met and married her husband at the age of 16.

Watan is 35 years old. She reached the third year of preparatory school. She says she has been a housewife since she married but she has carried out a number of activities and taken a number of courses in beauty, hairdressing, sewing, knitting, flower arranging and 'ceramics.' I went to visit Watan some four months after she had taken an overdose of aspirin.
She is a strong and bubbly character. On the first day that I interviewed her she was wearing loose casual clothes consisting of a top and baggy leggings over her plump figure. Her light curly hair was pushed back in a stiff hair band and then loosely tied up in a pony tail; it fell around her neck and shoulders. She has light honey-coloured eyes. She smoked and drank coffee and chatted with me freely, telling me stories about her life. She spoke with strength.

In August she went to Ramallah hospital having taken an overdose. She went later to Khalid hospital for a D&C which, it seems, is the result of her taking the aspirin overdose. I asked her what happened to cause the overdose and she told me that it was because she was 'tormented' by her son.

The problem occurred between me and my children. I have one boy who drove me crazy. You see, it was from the extent that he drove me crazy and tormented me. That's it. I don't know how I did it. I grabbed the aspirin and swallowed it.

...I have a son; he drives me crazy. He made my head 'like this' [She held out her two hands around her head to the sides to indicate he made her head really big, like it was going to explode]... He is 13 years old. He goes out and makes problems. He comes to the house and makes problems with his siblings. He quit school because of the problems...

...He'll be playing in the street with the boys and he'll create a problem, from nothing... He starts to hit them. He does the wrong things with them. The boys come and complain to me. I go and call him. He looks at me like this and tells me, 'I'm free.' 'Why do you beat that boy and make him bleed?' I ask. 'Just as you are my son, this is her son.' OK, so I talk to his father. He beats him for nothing [it's pointless]. The school. Every day they come from the school - the teacher and the director, they come and see Mahmoud. His father goes, poor thing, (haram). He works, he has to go every day and leave his work. I go to the director. He says, 'What's this you have?' My head is like this from him! Last year, we took him from school. The teachers were happy because of the extent to which he would drive them crazy. They were happy. Why? Because he quit the school. We put him into the smith's. As an apprentice. I mean, so that he learn to be a smith. For windows, you know. Every day his uncle phones us, 'Your son does this. Your son does that...' His father goes crazy - He doesn't know how to relieve himself! He relieved himself with glass. His arm from here it is wounded. The amount that we talk to him: nicely he doesn't agree; badly he doesn't agree; we talk to him diplomatically he doesn't agree... If you see his father, pity him (ya haram!). One stitch from inside and two from outside... Because of all that the son does to him, he injured himself.

Watan was alone in the house. Her other children were at school.

That day, I was in the house here, sitting down... [The children were] in the school and he didn't go to work.] 'Boy! Go to work!...' 'I don't want to...' 'Go to work!...' 'I don't want to...' He sees a boy passing by and he picks up a stone, targets him and hits him. 'Why did you do this?'... 'I'm free'... I grabbed him and stayed beating him. I beat him. I didn't feel relieved, I went and grabbed - because my head is always hurting I take aspirin - I don't know how I took it - the bottle.

Watan is not sure how many pills she took but almost a bottle of pills that she brought back from America. By coincidence a neighbour came by and stopped her from swallowing more of the pills. She is a neighbour who is a friend and often comes to Watan. The UNWRA doctor was informed and Watan was taken to hospital.

A woman neighbour came in, and I was holding the bottle and swallowing pills from it. She took it from my hand and threw it away, and came and put her hand in my mouth. I didn't know [what I was doing]... She [the neighbour] is from here. Her house is here. She's always over. She comes and goes. So she was here by coincidence. She came in wanting to drink some coffee and found me holding the bottle and I'm drinking from it, so she took it from me and even slapped me.
...The doctor in the UNWRA clinic got the ambulance and the neighbour came with me to the hospital and she contacted my husband by phone and he came running.

Watan has six children - five boys and a girl. The eldest is 19 years old and has started to work in the casino in Jericho. The next boy is 15 and has left school and is working in aluminium. The 14-year old is at school. The problems are with the 13-year old. The 11-year old is at school, as is the 8-year old girl who is the youngest. Watan says that she does not have any problems with the other children, just this 13 year old. The problems started about 2 years ago. The son was causing so many problems that the father thought of sending him to the ‘ahdaath’ or a juvenile camp.

I mean, the last thing, you know what his father said? He said, ‘I want to put him in a juvenile camp (ahdaath) ... so that he becomes good.’

Watan explained how frustrated she became with her son. She hit him, told him she would commit suicide and then went and grabbed the pills.

I hit him. I relieved my agony (tashayt al-ghuli fee). And he was inside and was crying. He was still crying I told him, ‘By God. I am going to commit suicide, so as to relieve you [of me]... and so you can stay making problems.’

...After I hit him, I told him, ‘There’s nothing else for me to do other than to go and commit suicide and rest from you. You always bring problems to the house!’ I grabbed [the bottle] and didn’t know what I was doing...

However, since that day the son has changed radically. He has become ‘normal’ said Watan. He has started to go to work and to take care of her and treat her well.

But he, from the day that I drank the medicine until today... he has become normal... I mean, his father is surprised at him. I tell him, ‘You see?’

[N.D.: You mean this was like a lesson for him?]

...Yes, because of the problem and why anyway do I want to commit suicide and die. This in our religion is forbidden [haram]. This, what happened - God forbids - was that I was fighting with somebody. But he from that day to this, he has learnt his lesson. He says, ‘If I make problems for my mother she will commit suicide.’

... From that day, he says to his siblings, ‘Don’t torment your mother she’ll do something to herself’ and ‘See she’s sick and who knows what will happen to her.’ His father says to me, ‘You see how he tells his siblings and learnt the lesson?’ He goes at 8 to work and comes at 4:30 and bathes and sits in front of the TV. Before, he would go out... nor would he work nor do anything... He’d withdraw himself and go off to the club. He hasn’t even entered the club before people come, ‘Um Rami, your son is like this and he did this to us.’ I mean, teachers would be in the club and he would do wrong and insult them... but not now Thank God... And from that day to this, the boy is like scared that I will do something to myself. I mean, he goes to work, and comes home. He doesn’t go out from the house.

Watan’s family - both her husband, and her in-laws - supported her in her actions.

...[Watan’s family/in-laws] They went crazy that day. ...They said to my husband. Your son is dangerous. Send him to a boarding school to bring him up. He wants to drive your mother crazy and send her to the hospital.

[N.D.: You mean, they supported you?]

...Yes, they got upset from him, not from me. There’s no reason for them to get upset with me. There are no problems between us for them to get upset. They love me, poor things (haram29).

29 Here meaning ‘Pity them!’
That day, the grandfather came, they wanted to kill him [the son] because of me. They told him, 'You are the one that drove her crazy and want to leave her to die!'

...My husband came to the hospital... He went crazy because of me. He went looking for the son to kill him [she laughs].

(WATAN)

Even though many women described the difficulties of having children and being a mother, the dream of many of the women who did not have children was to have to children and to be a mother. Indeed, Liyana, who is divorced and childless, gets pleasure from two things: one is reading poetry and the other is holding her little sister's new baby. She would like to have children.

I like to read poetry and things like this... When I go to my sister and see her little daughter and when I hold her in my arms, I feel a great sense of relaxation.

(LIYANA)

When I asked Fareeeda who is not married what she wanted for the future she replied:

You know, I wish I could be a mother. That's the thing that I wish for more than anything else. I want to be a mother... I want to compensate my children with many things that were forbidden to me. I want to make them happy.

(FAREEDA)

And for all the strains placed on Samira by motherhood, she does however, feel that her children 'lighten her load' and that they are a source of joy. Indeed, she used to think of having another child as a source of hope for her husband and to keep her from loneliness.

I did want to bear children, but perhaps God compensates us. I would like to have children in order to give me a new hope in life. It's not because of him I want to bear children, but because of me. Perhaps, he... Well, perhaps something will happen to him. I feel that he will not last. They [the children] will stay for me, around me. They lighten the load a bit when I see them around me. I forget my concerns.

(SAMIRA)

6) Divorce and the fear of divorce

Divorce is allowed both under Jordanian law and under Islam. However, it is very rare affecting less than 0.2% of marriages. There are several reasons but perhaps the main one is that women are often totally economically dependent on their husband and his family and so divorce is not an option. Since many women leave school young in order to get married, their ability to work and support themselves later on is severely limited. Socially, divorce is frowned upon and divorced women feel stigmatised.

For one of the interviewees, Liyana, the fact that she is divorced weighs heavily on her mind and she sees it as one of the main reasons for her present misery. Liyana feels that as a divorced woman in Palestinian society she is either shunned or exploited.

Our society is no good at all... if you are divorced they put a red 'x' sign on you

(LIYANA)

30 Something curious about Watan's case is that when she took the overdose it caused a miscarriage and she had to be admitted to hospital for a D&C. The hospital notes recorded this and Watan backed this up. However, she did not expand on it. Was this intentional? Was she fed up with having children? Did she not realise that she was pregnant?

31 PCBS, 1997 census.
The fear of divorce
Perhaps because divorced women can be so shunned by society, many women fear divorce, even though a marriage may be unhappy and troublesome; others simply do not see it as an option. Nisreen did not see divorce as a viable option although she was deeply unhappy in her marriage. As already mentioned, her husband was much older than her and she was the third wife. She was living in an isolated village where she knew no one and had no one to talk to. Her husband was difficult, both temperamental and bad tempered. He refused to eat the food she prepared, saying it was no good. Neither were happy in the marriage.

Samira perhaps realises the consequences of divorce and fears going through it. Even though she has a wayward husband who is a drug addict, unfaithful, and unemployed, and she says he lowers her social standing in many ways, she feels that she must stay with him. When Samira first married she used to leave her husband and go back to her family (tuhrud). However, she would always feel sorry for him and return.

I would leave him for days and sleep at my family’s house. I wouldn’t give him any of my money. I’d buy what I like, not caring about it. I would feel that I was bigger than him, and stronger than him - because he is a drug addict. He says, ‘Don’t be too hard on me.’ He told me this one day after he got well. Sometimes I feel sorry for him. This is my punishment.

(SAMIRA)

Her family now thinks that she should divorce him but she is scared of getting divorced, despite the ‘bitter tragedy’ that she says she is living. At first her father said that she should stick with the marriage whatever. Later he changed his mind when he saw what she was going through. After Samira’s husband went back to drugs again last year, her family all told her to leave him. Her eldest brother tells her that she should leave him and give up her children. She says she is unable to do this.

[Samira’s father] He knew everything about him. At first I would lie. When I first married I would lie. I mean, they were surprised with me. ‘How stoical Samira is!’ I would be, I mean, destroyed from inside but I didn’t tell them. I made it clear that I was happy, but afterwards I felt that I didn’t have the energy to bear it...At first, he said to me, ‘Never mind, bear it.’ In the end he saw how he tortured me a lot and he said, ‘Leave him.’

[Samira’s husband] He went back to it in August after a year and four months. His body was cleared from it and clean. And still the suffering of now is greater than the suffering that has passed. And I have a disabled child* and the girl is complicated. And I’m still not admitting it. My family told me, ‘Leave him! Finish. Divorce him! You have employment and you will live.

In my family, each one is concerned with himself, and nobody is for anybody else. My siblings are married. My eldest brother is disgusted and extremely concerned about me, he tells me, ‘Divorce him! Aren’t you big? Look you have a certificate and salary!’ Sometimes he tells me, ‘Throw him his children.’ I am unable to... I throw away my children? I am unable to throw away my children.

(SAMIRA)

Samira often made it clear that she feels let down by her husband. She feels that he is not playing the appropriate role for a husband. For example, when I asked her if she wanted more children she said,

Even his family say, ‘Why bear children from him?’ Also, a woman bears children from a husband that protects her and looks after her... not the husband who is like the dead.

(SAMIRA)

32 Note here how she says that at this time - as whenever he was on drugs - that she would feel ‘bigger’ and ‘stronger’ than him. This will be referred to later in Chapter Nine.
Samira feels humiliated by her husband.

Here, a woman’s husband raises her and lowers her... My husband lowered me... and let all of them stamp over me. I’m patient. Surely the day will come when I will refuse this style of treatment. They tell me, ‘The solution is in front of you. You chose.’ I don’t want to get divorced. I am scared. I don’t want to be displaced (mitshared)... behind this man and this man. Because of my desires... I remain a human being... Will I commit adultery? This is my life. I don’t know. There are people who are harder than me.

(SAMIRA)

But she fears divorce. After she told me a story about a divorced woman who had been seeing her husband, she said,

Because of this I am scared to get divorced. I can get divorced. But I’m scared of being displaced (mitshared). Because of this, I get scared. I have a husband, in front of people. I come and go. But if I get divorced, our Arab society doesn’t forgive. It doesn’t know what’s inside me.. Because of this, I live a bitter tragedy, but it’s better than getting divorced.

(SAMIRA)

It seems here that Samira is fearing two things: society’s disapproval and the stigma of divorce. But it also appears that Samira fears herself, that if she were divorced perhaps she would become wayward herself. The word she uses is ‘mitshared’ which means displaced. It is as if she fears she will be unable to control her desires if she is free from her husband.

**Loss of children and continued abuse**

If a husband is very abusive then a woman may manage to get divorced. However, she risks losing her children and, as with Lina as we see here, the abuse may not stop.

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**Lina’s story**

Lina’s father emigrated to Chicago 32 years ago, so both Lina and her sister Reem were born and brought up there. At the age of 14 Lina was married and soon had four children. She was 22 years old at the time of the suicide attempt and had come to live in the West Bank with her husband the year before. It had been a tumultuous and upsetting year for Lina. Her husband frequently beat her up, so much so, that she had got divorced five months previously, after seven years of marriage. The husband took the house and her gold and the children went to live with him, although she was allowed to see them. However, the beatings continued. Just a few months earlier, in March, the husband had beaten her up severely from head to toe. She had been admitted to Ramallah Hospital where they had taken photographs and since then her family had been trying to take the husband to court.

However, the ex-husband used to work in the police and has friends there who want to help him. On the previous Sunday when there had been a court hearing, the file that they had handed in with evidence was found to be empty. The evidence had disappeared. It was the same policemen who had been in the court who came to the hospital when the doctors reported the case. ‘Can you believe it? The same one!’ the father exclaimed.

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33 *mitshared* can also refer to a vagrant/tramp
On the Thursday six days prior to Lina's overdose an incident occurred which had shaken Lina and, indeed, the whole family. The ex-husband came round with his brothers to the house where she is living with her mother, father and sister, Reem. Lina, her mother and sister Reem were in the car. The father was beaten up. When I saw him he still had two stitches in between his eyebrows. The ex-husband and his brothers also hit Lina before leaving. Lina and Reem's brothers are all in the States. Reem said that the reason why Lina's ex-husband and brothers know that they can come round to the house and beat the family up is because there are no young men in the house.

Reem said that she got out of the car and started screaming at them. Lina, on the other hand, got out but just stood there with her arms by her side and her mouth open, not saying a word. A sort of dumbstruck look.

On the Wednesday, Reem said that the ex-husband and his brothers had come around to the house in the morning and said something to Lina but she didn't know what. She thought that they may have threatened her.

In the afternoon, when Lina was on her own since everyone had gone out, she went into the bathroom and took her father's codeine pain killers. The father and sister came home quite soon afterwards to find her in the bathroom. They brought her to hospital.

Lina was very pale when I saw her in the emergency room. She has fair skin and long light brown curly hair. She moved about restlessly. Her face looked puffy and her eyes rather dazed. At one point when I was on my own with her I asked her about taking the pills. I asked her if she really wanted to kill herself.

I just wanted it all to stop... the pain, I wanted it to stop.

(LINA)

Divorce and returning home

Women who divorce return to live at home. They appear to suffer from the same feelings of entrapment and confinement as the unmarried (that is, never married) women. Aisha found the situation at home unbearable and in the three months prior to her interview she had made two suicide attempts by taking large overdoses. Aisha complained that she was unable to understand her family and they were unable to understand her. Aisha said that she had reached the point where there were only two options.

Either I die or I emigrate without my family knowing (la ammout ow ahaajir).

(AISHA)

Liyana also felt trapped in the house. She often said how there was no freedom at all, and she made references to the house as a place she hoped to escape from either through marriage, working or suicide. With her mother she had finally convinced her father to allow her to work outside the house, but she was unable at the time of the interview to find suitable work so spent most of her time inside. She also felt that dying could be a form of escape.

Either I die or I escape from the house.

(LIYANA)
These feelings of entrapment within the house are perhaps exaggerated and made worse for these women because of the stigma of being a divorced woman. Amna expressed feelings of being marginalised or 'different.' She says that sometimes she gets upset when she thinks about what happened to her. She gets depressed and cries and asks why she is different; why she did not get married happily and have children and a house. She is particularly hurt when people make comments implying that it is her fault that the marriage failed. When she gets upset she feels hungry and eats a lot and cries. Her weight has gone up over the past few years so she is now on a diet.

...I get upset - Why am I different from the girls? Why did I get married and didn't get children and didn't get happy - like the people who married and sat in their house. There are many people who shame you (biayararu) - as a woman who married and got divorced. I get upset from this, I mean.

Like, I spoke to one woman. She says, 'You didn't stay with your husband. How will you live in a house if you are like this?'

(AMNA)

Amna gets very upset when people talk about her - especially when, again, the implication is that it is her fault that she did not stay married. She wonders how they would have lived with him -

...I get upset when they talk about me. I say, 'Why didn't you live with him?' When a person talks about me I get upset.

(AMNA)

It also seems that arguments in the house often refer to her failed marriage. She is scolded about her behaviour and it seems that it is implied that because of failings in her behaviour or character she is unable to stay married.

Like I had a fight with the wife of my paternal uncle. Straight away she shames me (bitaiyiri).

[And said] You have to be well mannered (tusturi haalik) in your house.

(AMNA)

'Tusturi haalik' means here that she should not shout, she should wear a veil, and not go out with men. The implication is, 'Now that now you are divorced must be very particular in your behaviour.' Divorced women may thus be even more confined to the house than the women who have never married.

Liyana's story
Liyana is a 20-year old woman from Al-Bireh. She had left school at the age of 17 to get married three years before the time of the interview. After living with her husband for only a few months, she left him and later divorced. Liyana's story illustrates well the way in which, as a divorced woman, one can feel isolated and shunned by society.

She has worked in various companies since returning home as a secretary, but at the time of interview she was unemployed. The previous September she had taken an overdose of 40 pills. I saw her at the beginning of January. When I asked her to tell me a little about her life, she identified a number of problems: her marriage and consequent divorce, living in the house with her family, finding work and difficulties at work.

I got engaged when I was sixteen and a half, I got engaged because there were always problems and things in the house, so I said that I'll get married so as to leave the house. So, I

34 biayaruu - 'They shame someone', in this case make the woman feel shamed that she has failed in her marriage, in particular by talking about her and damaging her reputation.
got married and lived with him for 3 months. He had no personality. He would obey [answer to] his sister, so problems occurred and I came back to my family's house and worked, but there isn't a line of work for me. Every time I go to work there are problems like this, and so it tires me [bilghalibni] a lot...

(LIYANA)

The marriage

Liyana was eager to get married when she was younger in order to escape from the problems of the house. She did not marry out of love, but she did want to get married and she was not forced into marriage like her younger sister.

People directed him to me, not that I met him and fell in love with him, no... Yes [I wanted to marry] but it backfired ([lit. fell on my head]).

From the start it was unhappy. The husband's family did not want her to marry him and they put pressure on them from the beginning. Liyana discovered after marrying him that he could not stand up to his family, especially his brother and sister, who were continually interfering, even at the time of the engagement and the wedding.

It was all problems... his sister and his mother didn't want him to marry me and we got married... I don't know [why they didn't want me]. And we got married and they started to interfere in everything, 'Don't let her go to her mother and father!' 'Don't let her go out!' They interfered in everything. And he wouldn't do anything... His sister and his brother, they were in control of the house and he would answer to them in everything... He didn't have any personality.

Liyana did not want to return to him.

No, he did want to return me but I didn't accept and he used to say to my father - 'Come back' and so on, but I didn't accept at all... because he is lacking in personality and I didn't love him at all, so I said I'll finish with him once and for all.

The divorce came through around two months ago and the husband has since remarried. She says this does not upset her.

No, I don't love him, I got upset with myself that I married him and divorced him, but I didn't get upset with him.

The divorce

As already mentioned, Liyana's divorce weighs heavily on her mind.

Our society is no good at all...If you are divorced they put a red 'x' sign on you. [N: You mean you just have one chance to get married and there is not a second chance?] This is how our society is, yes.

When I asked Liyana what made her most upset and irritated, she told me that it was when she heard people talking about her marriage and divorce. She felt that she would never get married again.

Sometimes, because I was married and divorced, I hear from our neighbours and my friends that I married and divorced. I mean, when will I get married? I feel like this thing inside me and when I see a girl who was in my class has completed her education, I get very upset. And when I see my girl friends working and happy I say, 'Why not me?' They are fine and I... no.

Living at home - Liyana's family

Liyana has two sisters and four brothers. She lives at home with her parents and two young brothers. One sister is married in Nablus, the other in America. The eldest brother is studying in Russia and
another elder brother works with her father.

It seems that there are frequently problems in the house, often between her father and mother. Conflicts with her father usually concern her freedom. Liyana's father is strict and this has meant that she had to struggle to be allowed to work and even then she is only allowed to work in certain places. Liyana says that there is no freedom at all. She gets very upset when she stays cooped up inside the house.

*My father and mother. In every house there are problems, but I can't tolerate it. ...* My father will sometimes be fine and sometimes be temperamental (asabi). He doesn't like me to come and go. There is no freedom at all. No. He is very stern indeed. He made me give up my work. Many times I have got work and he tells me, 'No'... so there's no work. He doesn't want it.

...He is temperamental (asabi) and he doesn't let me work in just any place. He's very strict. For example he doesn't want me to work in a doctor's surgery, or a lawyer's office. I can work in a company because there are a lot of people.

[N.D.: As it is possible you will be alone with the doctor?]  

Yes... He didn't used to let me work only my mother persuaded him and tells him like this... 'You see her always upset and without hope of marrying.' ...so he said, 'Let her work.' If I stay in the house I go crazy, I start breaking things and so on.

Liyana made references to the house as a place she hoped to escape from either through marriage, through working, or through suicide. Indeed, when Khaloud took the overdose she said that she was thinking:

*Either I die or I escape from the house.*

**Finding work**

Liyana has worked in a number of places, all of them with their problems. Not being able to find a job that she likes and that she has been able to stay in, adds to her feelings of unhappiness. First she worked in an engineer's office. After three months the office closed. She went to work in another office where she did not get on with the director but she put up with it for a year because there was no other work. Liyana really regrets leaving school in the penultimate year of high school (awai thanawi) only a year to go. Not having a high school diploma makes her task of looking for work even more difficult. She feels that she lost out both in education and in marriage.

*Now because I didn't complete my education, I really really regret it. I haven't gained marriage, nor education - nor anything.*

**Relationships with men**

Since Liyana left her husband she has got involved with two men. Both have let her down, leaving her feeling miserable and despairing.

The first man, who she met through work, was interested in her until he found out she had been married when he told her to leave him. When he broke the relationship up she was so emotionally upset that she found herself unable to breathe and she had to go to hospital. This had happened nine months prior to the suicide attempt.

*A year ago at this time of year, last year, I went to the hospital. It happened to me that I was unable to breathe properly - I couldn't breathe - a bit due to upset... I was unable to breathe...*
It was due to my being upset.

I loved someone and he didn't love me and so on... Yes [I loved him for a period]. He had loved me but when he found out that I was married and so on he told me to get away from him... He wanted me until he found out that I was married.

The second man was a 35-year old man she met at work. He worked in the office next to her and would come and talk to her. She felt that he was understanding and good. He pursued her, even coming to her house and asking for her hand in marriage, even though she knew that he was married, he had told her that he no longer lived with his wife and it was the shock of finding out how he had lied to her about that that had triggered her suicide attempt. As she said:

And the greatest reason [that I took the medicine] was that I loved someone who was 35 years old and I felt him to be understanding and good. But the first time that he spoke to me, I didn't agree to talk to him. I told him, 'You know my luck. Nothing is going to happen between us, get away from me.' But he stayed circling behind me and I started to love him and so on... He would come from the office next door. The first time he came he said to me, 'I see that you are always sad and upset.' He came and started to talk to me... I started to talk with him and so on and I felt comfortable... But he turned out to be a liar - he was married and so on and because of this what does he want?... I didn't know. He told me that he was [previously] married and had left her and so on. It turned out that he had not left her, the liar. [N: He lived with his wife?] Yes. For sure.

[N.D.: And he knew that you were [previously] married?] Yes. And he came to the house and spoke with my father and mother... I mean it was a big lie. He was a big liar.

He often said that he would not lie, and so when he turned out a liar, it was a shock.

Finding out that he had lied to her also made Liyana pessimistic. I asked her what she felt when she found out that he was a liar.

I felt that everything that I want I don't get.

I asked Liyana if she had expected to get married after he came to her house and met her family. She told me she has long lost her trust in men and love. She believes that men are not serious.

No, I knew what my luck is like and said I am not going to take him, I would tell him, 'Cut off my hand if I take you.' It's all for nothing I know. Men, I hate them now. All of them are liars. Even the people who know me always say to me, 'Why are you upset? Why are you upset?'

...All the men that I see or talk to [are not good]. As you grow up, and as you start to feel, afterwards you find out that this love is all for nothing. Really a woman doesn't get anything out of it except her distress (tiredness) and so on... It's for nothing. I mean the young men these days want just to amuse themselves, not the love for marriage.

On the suicide attempt

When Liyana took the medicine she said that she was thinking that there was nothing to live for, because she had no work, she was divorced and because the 35-year old man had let her down. She says she wanted to die at that point.

There was nothing that was worth living for, everything was shut in my face, and it was like this because I married and divorced... And the greatest reason [that I took the medicine] was that I loved someone who was 35 years old...

... I want to die without my feeling anything.
Response to the suicide attempt

After Liyana took the overdose she found the people around her unsympathetic and unresponsive to her suicidal behaviour. The 35-year old man was unmoved by her suicidal action. She realised that he did not care for her at all.

It's been a month or so and I haven't spoken to him. Even when I drank the medicine, and he knew that I drank the medicine because of him. After I drank the medicine, he phoned me and lied to me. He started to say that no one is worth it that you drink medicine, even I am not worth you drinking medicine because of me and so on... and so on... for nothing... And because of what happened, of what he said, the receiver fell out of my hand onto the floor and I passed out and the line was cut and I stayed [waiting] for three or four days and he didn't even speak to me or ask what happened to me.

Her mother was upset by Khaloud's overdose and told her off, but she was not surprised by it as Khaloud had obviously not been happy for a long time. She was the one who went to the hospital with Liyana. I asked Liyana how her mother reacted.

She said, 'You are crazy!' and 'Why did you drink the medicine?' and 'There is nothing that is worth this.'

No, my mother was not surprised. Because I am [always] upset and I cry and so on... She said that it's not good. 'Why did you drink the medicine?' 'There's no one that is worth this'

...There isn't anyone who feels for another, whatever they say, and that's it.

...It's all for nothing.

Liyana's father hardly acknowledged her suicide attempt. He did not come to the hospital, nor talk to her about it. He simply told the mother that what Liyana had done was wrong.

My father didn't talk to me. He didn't say anything. He didn't even agree to come to the hospital. He said to my mother that this behaviour is wrong... To this day he doesn't say anything [about it].

Thus, since Liyana left her husband she has begun to feel that she will be shunned by society forever as a divorced woman. She feels that she has lost both her chances of education and of marriage. Twice she has met men and thought that it would lead to marriage and twice they have let her down. She feels this was because she had been married, and twice she has had a panic attack over this. The first time she had a panic attack she was unable to breathe and had to be taken to hospital. The second time, she took an overdose. She took the pills as she was feeling desperately unhappy and trapped by her situation and unable to find a way out. She had realised that the man from the office had lied to her, and he still was living with his wife. Liyana perhaps hoped that by taking the pills she might evoke some sympathy and support from those around her. It failed in all senses. The man told her he was not worth it and distanced himself from her. Her mother was not surprised and told her off. Her father did not acknowledge the attempt at all to Liyana and still restricts her actions.

Liyana remains unhappy and dissatisfied and is still trapped in the house. The situation is made worse by her not being able to find more work so she is dependent on her father financially. To add to the strain, he is strict and temperamental. Also, Liyana has no close friends. The closest person to her was her sister but she married and left for the States a month before the suicide attempt. Now that both her sisters are married, Liyana feels especially isolated. Her parents' relationship does not seem very
happy. She feels lonely and trapped without marriage, education or work. As she put it at the beginning of the interview when I asked her to tell me about her life:

My father and mother... In every house there are problems, but I can’t tolerate it. And one sister is married. We got married together - and the older one is married, so I felt always on my own and without work...

Liyana lives in quite an isolated part of Al-Bireh in a very long wide street tucked behind the main roads that are lined on either side with fairly grand residences, all with gardens. Most looked quite new. When I asked around where she lived, neighbours who lived opposite did not know who she was and only a girl who worked in a small taxi office next door said that she knew her and directed me to the house. Otherwise the neighbourhood felt strangely disjointed and ‘un-Arab.’ There are several areas like this where neighbours do not know each other, in complete contrast to the villages where everyone knows everyone else and watches everyone else.

Liyana also seems to be quite a sensitive and emotional person. She likes poetry and writing her diary. She hopes for marriage and children and yet feels that ‘the door is closed in her face’ and that whatever she does it is all for nothing - ‘al-faadi.

Aisha’s story

This chapter ends by briefly considering Aisha’s story. Twenty eight at the time of interview, Aisha was painfully thin. Her long limbs were constantly on the move, fidgeting or holding herself curled up. She chain-smoked heavy Imperial cigarettes, drawing each drag in deeply. Her hair was short with the curls just framing her scalp. She is fair skinned with freckles and a little snub nose. Her nails were bitten right down to the nail bed; she said that when she finishes those, she bites the nails on her toes. She was a picture of agitation and distress. However, her eyes were bright and direct and when she broke into the odd smile it was a brilliant, almost childish smile.

She started her story by telling me how she had been sexually abused at the age of 10 or 11 by the younger of her two elder brothers.

When I was small, my younger brother used to sleep with me. He used to try and sleep with me.
... I was 10 or 11 years old. I would tell him, my brother, ‘I don’t want this, not at all!’
Every night... before he would come and sleep with me he would come and say to me, ‘Yes?’ ‘I don’t want it.’ I couldn’t bear it. ‘You are my brother! I can’t...’

(AISHA)

Aisha was so distressed by her brother’s actions that at the age of 12 she attempted suicide by taking an overdose.

I was twelve years old. I was still young. He destroyed me. I couldn’t stand it. I committed suicide. I drank pills like a mad person (shirbt haboob zay wahid majnoon).

(AISHA)

At the age of 15 Aisha was married to a man in Gaza with whom she had a child. However, he was constantly unfaithful. Unable to stand the situation she ran away to Jerusalem where she worked for three years in a massage parlour. During this time her daughter was with her family. She would visit them and give them her money. She felt abandoned and was upset that they did not try to help her and stop her working in such a humiliating job.
I would come here to the house and give them money, see my daughter and go. 

...They didn't say to me, 'This won't do' (ma biseeer) 'Come back'. They didn't say, 'Stay in the house, because of your daughter, because of your life...' They didn't want to say this talk. (ma bidhum hatha al-haki)... No, they didn't say this.

No, I was not happy. You know, a girl, far from her daughter, far from her family... and people come and laugh at her. But there was no alternative, that's it... No one tried to help me.

(AISHA)

At 20 she was married off again, this time to a man much older than her in Beer Seba. She found living with him intolerable but was unable to get a divorce as both her husband and her family refused her. Feeling trapped she decided to stab a female Israeli soldier in order to be imprisoned. Although she initially found prison life difficult, she became accustomed to it and said that it was better than her life outside prison.

Since leaving prison four years ago, she now lives with her family in a refugee camp in Ramallah. She is desperately unhappy. She says her eldest brother forbids her from doing anything and she has become haunted by her other brother’s sexual abuse.

I try to forget. Often I think - this is what happened to me... I am not living like any other girl... it's not natural.

...I try to forget. But when I remember it, I get complexed/screwed up (asqid). Now all I do is sit in the kitchen or in the room.

I don't know, I can't understand... or I can't express myself... Why was I sacrificed? Why am I the victim?... What's wrong with me? I can't go on living like this...I am unable to forget. I can't live with my family.

(AISHA)

She had taken large overdoses twice in the previous year, once in November 1998 and once in March 1999, one week before I interviewed her. She says it was because of her memories of her brother’s sexual abuse.

(In ANGER) When I remember it - I can't - that's it. I put it to myself again, and drank medicine - two months ago and also last week.

(AISHA)

Aisha’s story is more extreme and desperate than some of the other cases but perhaps because of this it highlights well the themes that have been brought out in this chapter: about getting married, about being married, about divorce and returning to live at home, about feeling suppressed and subdued, about conflicts with brothers, and being unable to communicate with the people around. Aisha, herself, was also sexually abused as a young girl by the younger of her two brothers and she feels angry and frustrated that they refuse to acknowledge this in any way. During her life Aisha has tried in many ways to break free and escape and taking overdoses was one way of doing this.35

In summary, this chapter has described how the stresses and strains that women in Palestine are faced with are often related to their position within the family and society. The unmarried women interviewed expressed feelings of confinement within the family and worries about their reputation

35 See Appendix D for a fuller account of Aisha’s story.
within society. Marriage is sometimes seen as a way of escaping from the confines of the family home, but getting married brings with it new circumstances which can be difficult to adjust to. In a few cases the suicidal act appeared to be a way of communicating distress to those around, in particular the husband. The stresses of marriage can seem unremitting and in some cases the suicide attempt appeared to be a form of protest against what was viewed as unfair treatment. Divorce, however, is generally disapproved of by the society and feared by the married women themselves.
Chapter Seven

Male Cases

‘Manhood is a test in most societies’ concludes David Gilmore after reviewing manhood in different societies around the world. He writes that there is ‘a constantly recurring notion that real manhood is different from simple anatomical maleness, that it is not a natural condition that comes about spontaneously through biological maturation but rather is a precarious or artificial state that boys must win against powerful odds.’

As to whether this testing of manhood is a universal ‘deep structure,’ Gilmore is undecided, but he suggests that it can be understood by taking a neo-Freudian approach. The theory is that all infants, male and female, establish a primary identity and social identity with the mother. As the child grows and starts to walk and talk, it becomes increasingly aware of a separateness from the mother, a stage called ‘separation-individuation.’ During this stage the boy child encounters special problems that impede further progression toward independent selfhood: overcoming the previous sense of unity with the mother in order to achieve an independent identity defined by his culture as masculine. For the boy to become a separate person, ‘He must pass a test; he must break the chain to his mother... renounce his bond to her and seek his own way in the world. His masculinity thus represents his separation from his mother and his entry into a new and independent social status recognised as distinct and opposite to hers.’ The social aspect, not merely the psychic, is surely crucial.

While noting a comparative lack of public initiation rites and ceremonies for boys to become men in many Mediterranean societies, Gilmore emphasises the social aspect of manhood, ‘In the Mediterranean area, most men are deeply committed to an image of manliness because it is part of their honour or reputation. But this image not only brings respect to the bearer; it also brings security to his family, lineage, or village, as these groups, sharing a collective identity, reflect the man’s reputation and are protected by it.’

The label ‘Man-the-Impregnator-Protector-Provider’ is used by Gilmore to describe the three moral imperatives of the ideals of manliness for becoming a ‘real man’, or reaching adult male status, found in various areas in the Mediterranean: impregnating one’s wife, provisioning dependents and protecting the family. More specifically in Andalusia, he describes the importance for a man of marrying and producing sons, of supporting his wife and children and of being an ‘efficient protector of the web of primordial ties’, that is of being a ‘guardian of his society’s moral and material ingredients.’

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2 Ibid., p.11.
3 Ibid., p.27.
4 Ibid., p.31.
5 Ibid., p.48.
Although the category of ‘Mediterranean societies’ is arguably problematic,6 Gilmore’s work raises some interesting questions and the relevance of the idea of ‘Man-the Impregnator-Protector-Provider’ to contemporary Palestinian society is investigated in this chapter by describing the social contexts in which these men who have attempted suicide are living and their responses to it, and by asking ‘What does it take to ‘be a man’ in Palestinian society?’ It suggests that in some ways these men have failed to become social adult males through their failure to be husbands, fathers, providers or protectors or, at least, that they themselves perceive themselves to have failed in their roles.

The male cases of parasuicide are considered from two aspects: the individual’s circumstances and his reactions to it. The circumstances include unemployment and financial difficulties, inability to get married, lack of support systems from family and friends, poor social standing, loss of reputation and perhaps honour, and involvement in political activities against the Israeli occupation. Reactions include various expressions of distress and are discussed in Chapter Eight.

Nine male cases were interviewed of whom seven were single, two married and none were divorced. Most were in their twenties although the youngest, Jamil, was 19 and the eldest, Kareem, was 40 years old. All are Muslim except Kareem, who is Christian.

1) Unemployment and financial difficulties

All men interviewed expressed dissatisfaction with their employment and financial situation and for most it was their overwhelming concern. At the time of the suicide attempt, Saeed, Kareem, Mustapha and Abid had all spent months with very little employment. Bassam, Ghassan, Jamil and Diab had had periods of employment interspersed with periods of unemployment. Mohammed was a prisoner of the PNA in Jenin at the time of his parasuicide.

Kareem

Kareem, a 40-year old married man with nine dependents, who had been in and out of work for the last few years before his suicide attempts, describes a miserable employment situation similar to that of many in his village. His major concern is his lack of money and work which is what he thinks of most of the time: how to provide for his family. Apart from his six children, two boys and four girls between the ages of 9 and 19, he also has to support his wife, mother and paternal aunt. He says the economic situation had been better before the Intifada as there had been more work in Israel for Arab labourers.

Really, the economic situation is 20%. Even less than 20%. Always in debt. I work and I’m in debt. The work is scarce. The family is big. A lot of expenses. Work is scarce... Before there was more work and it was better than today. There is little work in Israel [for Arabs]. There are Rumanians, and Thais, and Chinese. You go to Israel and there’s no work... I work as a painter. I work in any place, wherever there is an opportunity to work, I work, but there’s no work. The work is scarce... It’s been three months I’ve been sitting [out of work].

(KAREEM)

Kareem said that many men in the village were suffering from this shortage of work.

I have friends ... I sit, me and them, and we discuss... Really there are many like me, and they all cry. I mean, you come you tell him and he cries more than me. I mean, you tell him your problem and you find his problem harder. The economic situation is very miserable. I mean, the

time of Israel7, a long time ago, was better than now.

...There was work for people. There was calm, there were things. Before the Intifada the people would go out from Ramallah. They would come and go. There was money. Today the situation is absolutely (bilmara) zero, the situation is zero. You perhaps know. You have been here long or are you new? The economic situation could be a million million times better. You would go to Israel and if there was no longer work with this one then the next day you would go and there would be a 100 others saying, 'Come and work!' There was work. Now, in the current time, no.

I think a hundred thoughts. I tell you. I don't think... I think, 'I want to do something.' But there isn't anything, our material circumstances are difficult so we can't. From the material circumstances perspective, I can't...

...Really I went [to search for work] every week, every two weeks. I work a day or two in a week. Sometimes I don't work. I work with the olives. Useless things. Olives don't bring money. What does it bring? Each year they come just once. Perhaps, they come, perhaps they don't. I just waste my time with them. What can I do? I go down to the shop door, I mean, every day. Every day we sit, me and the shabab, we and them, and everyone complains about his concerns.

...There's many without work. In this village we have 60 or 70% unemployment. (KAREEM)

Kareem says how it becomes such a focus of concern that it is all he can think about.

I sit and I think, 'I need a case of flour. How can I bring it?' That's all. (KAREEM)

Mustapha

Mustapha, a 30 year old from a village some 20 kilometres from the northern town of Jenin, had reached a similar desperate financial situation. Mustapha had been in the militant 'Black Panthers' (Al-fahid Al-aswad) for two years. Because of this, the Israelis want to arrest him. He finds it difficult to travel, even between his village and Jenin, for fear that he will be arrested. Working in Israel now is out of the question.

His main problem is that he is unemployed and has no money. He has been looking for jobs, but cannot find any. He said that he is prepared to do anything for money. He cannot make a profit from working in agriculture because he only owns a small plot of land. He has been unemployed for four years. He has submitted an application to the PNA, but they kept refusing him work. He only reached the first year of preparatory school (awaladaadi).

Mustapha's suicide attempt seemed to have been triggered by his wife whom he was very concerned about. She had just had a miscarriage four or five days previously. She had started bleeding and the fetus had died. He said that she had been bleeding in the house but he had no money and his family were not going to give him money to take his wife to hospital. For five days he was unable to leave the house as he did not have a 'single aggoura9 on him. His 18-year old wife went to ask his family for money, but they refused. He described his feelings of uselessness and impotence when he saw her sick, tired and bleeding and he had no money to take her to hospital.

7 referring to the full military Israeli occupation before the Intifada
9 An aggoura is the smallest denomination of the shekel, used here as a figure of speech as 'nothing at all.' One aggoura piece which would be worth next to nothing (fifth of a pence).
If I die it's better isn't it?

(MUSTAPHA)

It was after this event that he decided to send his wife off to her father's house. Between 6:30pm and 7pm, he took a cocktail of pills and medication while alone in the house. It was only by chance that his brother came to visit him that evening.

Mustapha was also concerned about their accommodation. Previously they had been building a house, but they had had to stop as there was not enough money to continue, so they had rented a house in the village. However, he did not have the money to pay the rent.

Isn't death better? (al-mawt mish ahsan?)

(MUSTAPHA)

When I visited Mustapha a month later, the lack of money was still his major problem. He still had not managed to find steady work although he had been helping with some construction work in the village. He had debts to pay and he worried about this.

Abid

Abid, a 24-year old single man from a village near Ramallah, was unable to work in any capacity anywhere due to epilepsy which he described as 'dizziness' (ad-dawakha). The epilepsy was the result of a head injury he received when, at the age of 14, Abid he had been taken by the Israeli army to a nearby settlement and beaten up, particularly on his head. During the last year his doctors had instructed him to stop working. His inability to work left him feeling useless and depressed. Abid describes the dizziness:

I get the dizziness and then I find myself unconscious. I wake up and find myself in the hospital. Once, when I was still working, the dizziness came and I fell on the floor and people took me to the hospital. I can't climb up on to anything high, because of the dizziness... I am scared to climb up onto anything high - on top of a table, a chair. I can't. I'm scared I'll fall on my head... I'm scared that the dizziness will come and then afterwards anything can happen.

(ABID)

Here, Abid's mother talks about that fateful day when the army took him and beat him up.

Really he is one to be pitied (miskeen). I mean, out of all of those who threw stones from above, they come and they take him - at about 12 o'clock at noon. They slaughtered him! And when they bring him - poor thing! (ya miskeen!) He's unable to talk. Really, they took him and put him under the olives and tied him up and they stayed kicking him. And they came back and took him to the settlement and they stayed beating him on his head. The day when he came back at 12 o'clock at night, his body was all blue (neele). [to the son] Do you remember when they took you to the hospital? [to me] He was dead, finished! The doctor said he was going to die, and his face went yellow. During the Intifada what we have seen! Really, only God knows, really...(By God)

(ABID'S MOTHER)

As Abid explains he was healthy up until that day when the army took him.

The Israeli army took me and I fell down and then they took me to the settlement and when they took me to the settlement they stayed beating me, and they beat me on my head and then after that I got dizziness... [I was] about 14 years old... Before I was normal, there wasn't anything. I was healthy and living and everything. But the day that they took me and beat me, the dizziness started and it's stayed with me until now. But now I take medicine, I take five pills a
day and the doctor has told me not to work.

(ABID)

It is because the epilepsy is poorly controlled that the doctors have now forbidden him from working. He has previously worked as a labourer and in a shop, but both times he has had to stop.

I worked, but I got the dizziness and stopped. I spoke to the doctor and he told me, 'I prefer that you stay at home (taaud) until we see how your condition goes.' I tried to work in a shop but I wasn’t able to stand on my legs from the dizziness.

(ABID)

He not only lives in fear of the next attack, he also feels despairing and useless as a young man who cannot work. Without work he feels that there is no future for him as he will stay economically dependent on others: that he cannot build his own house, nor get married, nor start a family. He gave these reasons for the attempted suicide.

Of course, I always get irritated (tidayi). A man without work, who is a youth (shab), and who can’t work, and who takes money from his brother and isn’t able to get a house. He isn’t able to live, him and his wife. Well, it’s not a small thing - and so my psyche is tired (naseeyat taabana) and I complain about this life and this world. I was in a state of despair (haalit ya’as). From this world, I am tired. This life has no flavour (taam).

(ABID)

Saeed

Saeed said that he had attempted suicide because he has no money.

From lack of living (min illit al-hayat). I mean, our life here. The situation. Like we will never get down from here, from up in the mountains... From the lack of means. I mean, the shabab of my generation, most of them are married, and most have houses... but me, my life...

(SAEEED)

He sees his present set up and situation as miserable. He has the added disadvantage of his family not owning their own house, nor any land. They live in rented accommodation.

Our life is miserable, especially for us. We are workers. We are living in other people’s properties. And this is the problem. The problem is here. If we had a house, living like others...

(SAEEED)

Saeed was in something of a vicious circle: because he had no money he felt depressed and tired and was unable to work long hours, and because he was unable to work his financial situation became progressively worse. After his suicide attempt he stayed for almost a year without working. It is only very recently that he started to work again and this has made him feel very tired.

My work is tiring. My problem is that it’s tiring... You know, all day at work... My problem is that my work tires me, my psyche doesn’t let me fill all my life with work because of this. My psyche is finished (khalas). It happens that my brain throbs. I sat for a year without work - from that day when it happened to me....

(SAEEED)

All of these men are finding themselves unable to fulfil roles as ‘providers;’ Kareem cannot support his family and Mustapha cannot support his wife. Abid has to ask for money from his brothers. Saeed cannot provide a steady income to the household which is in dire financial need, particularly as one brother, whose wife and two children live in the household, is imprisoned.

On top of being unable to provide a steady income, there is also the boredom and frustration of being
unemployed. The word they use for being unemployed is ‘aad’ or ‘aad fil beit’ which literally mean ‘sitting’ or ‘sitting in the house.’

Perhaps also, as men, this forced confinement to the house is humiliating and frustrating as it hinders full participation in public life. As Gilmore suggests, in Mediterranean societies the man should be out in ‘the public world of men.’ He describes an example from Andalusia of a man, Alfredo, who, through choice, stays at home with his family after finishing his work as a grocer. He is vilified by the other villagers who appear convinced that Alfredo’s withdrawal from the community by staying at home is because he is a failure as a man.9 Kareem, Mustapha, Abid and Saeed spend much of their time in the house but, in their cases, not through choice.

2) Inability to get married

The importance of marriage and producing a family, strongly commended by both the Islamic religion (az-zawaaj nusf ad-deen or ‘Marriage is half of religion’) and Palestinian society, has already been discussed in the previous chapter.

However, substantial resources are needed for a man to get married. Often the man has to be able to provide not only the dowry and gold which may be part of the dowry, and pay for the wedding parties, he also has to provide a fully furnished house. A man’s marriageability, and ‘attractiveness’ is often assessed by his financial status. On numerous occasions I remember discussing various men with women friends who assessed men according to their financial resources. I remember one friend in particular, from a refugee camp in the north, saying of a man she had met and become friends with, ‘He is nice, and educated and well-read, ‘but can he open a house? (bi’dir yiftah beit?)’ She doubted that he would be able to keep her in the way she was accustomed to. Although she longed not to have a traditional, arranged marriage to a relative, she finally decided to marry her cousin because ‘He can open a house’ (bi’dir yiftah beit). Even though she was educated and, at the time, a working woman, she realised that her future source of security and respectability was heavily dependent on choosing a reliable husband with a steady income.

Seven of the nine men interviewed were single. They all wanted to get married and have a family. Saeed, Abid and Bassam cited their own - and their families’ - dire financial situation as the main reason why they could not marry.

**Saeed**

Saeed said that he had taken the overdose of medicine for three interlinked reasons: marriage, money and work. He wanted to get married, but seeing as there was a lack of money and work, this was impossible. He said it was not a particular girl that he wanted to get married to, he just wanted to get married.

*There were problems with living. I told my family that I want to get married, they told me, ‘No’ and problems.. and the lack of means and the lack of good work.. You see? So I drank the medicine.*

(SAEED)

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Because of this lack of money he cannot get married. I asked him if he had plans to get engaged. 

*With money, if there is money you get engaged. They [the family] would marry me. If there is none, you stay sitting as you are.*

(SAEED)

He feels pressure to have money so that he can get married. It was interesting that when I asked him if he knew anyone else in the village who had taken an overdose, he told me that there had been a man who had done the same thing and overdosed because he wanted to marry. However, the difference was, he said glumly, that that man had married immediately afterwards.

*A long time ago, he [a man in the village] drank medicine... I mean, he wanted to marry a girl and it didn't work out... The same thing, but that one married immediately. His family married him.*

(SAEED)

**Abid**

Abid mentioned several times that he wanted to get married. At present he feels that this is out of the question because he cannot work. However, this is what Abid dreams of:

*That I get work so that I can be comfortable. I mean, if I want to get married, I want to spend on myself - not to deprive my children, nor to deprive myself. That's what I think of.*

(ABID)

**Bassam**

Bassam feels bored and frustrated. Although he has a job in a small cafeteria in Ramallah, he says how he doesn't do anything now (*mish aamil shi*). He is now 28 and his friends from his class at school are married and have children and come to the cafe complaining of simple matters. He feels he has nothing; his life is all just problems. He also dreams of being able to marry, but says he cannot without money. When I asked him what he wanted of the future, he said:

*What do people want? Marriage, simple things. There's no money.*

(BASSAM)

Thus, Saeed, Abid and Bassam all long to marry, and to have families, but are unable to owing to the lack of financial resources. Even after Saeed’s suicide attempt, his family still refused to marry him, which is somewhat understandable in the circumstances; his father is retired, one brother is studying in the States, another is in prison. The household is being supported presently by the income of one working brother and, only recently, by Saeed. Crucially, Saeed’s family do not own their house, nor any land in the village, so the income goes towards paying the rent and daily living and there is little opportunity to save money to marry Saeed of. Anyway this would strain their finances even further as they would have to support his wife and children. Although Abid’s brothers support their brother, it would be difficult for them to support Abid and his family should he marry, as well as being potentially deeply humiliating for Abid and his family. Bassam’s income from the cafe is barely enough to support himself, even though he lives at home and what income he gets goes on socialising with his friends. In addition, Bassam lives in Al-Bireh and the cost of accommodation has shot up since 1993 with the influx of Palestinian returnees from all over the Arab world, including the Gulf and the United States. Finding a marital home, even to rent, on his income would be very difficult indeed. Thus, owing to their lack of resources, for these men the likelihood of taking on the role of ‘Man-the Impregnator’, meaning...
Diab's story

Diab also wants to marry, and through loans from his family he had arranged his finances so as to marry. However, there were relationship difficulties between him and his fiancée. She had recently started going to college and changed her mind about getting married. It was when she tried to break off the engagement that Diab took the overdose. He describes it as being a 'shock' (sadme).

Diab remembers the date of his overdose as it was the 15th November, [Palestinian] Independence day. He explained how on that day a problem occurred with his fiancée that left him in a state of shock.

What happened to me was a problem - between me and my fiancée. Now, what happened to me was - you could say - a shock. I came to the house. I didn't know how to comprehend what had happened to me. I found a packet of paracetamol (from America - my cousin brought them for me). I started to swallow and I swallowed 17. Now after I had swallowed them, and combined with the coffee, my stomach got upset. I started to cry out. My father and ammi (uncle) took me to the hospital. That's what happened to me and the police came and investigated.

Later on in the interview Diab expanded on what had happened. It seems that on that day his fiancée, Khatima, had wanted to break up with him. She had finished her high school diploma (tawjih) the previous year and had started a two-year business administration course in a college in Ramallah. He talked about meeting Khatima, who was the sister of a man who became one of his closest friends, about getting engaged, about the argument with her and the subsequent overdose. Diab also reflected on the changes in the relationship: how it was when they first knew each other; how it was just before the overdose, and before she went to college, and how it is now.

Her sister used to work with us and she [Khatima] came for a visit once, three and a half years ago, on a visit to her sister. So when I saw her, I fell in love and her brother worked with me and I got to know her brothers and after a while... At first I was 'going out' (musaahib) with another girl and she was working with us. My paternal uncle had a position on the newspaper. He knew something that was not good about her. He told me to leave this girl and went and spoke to the sister of my fiancée (Khatima) and asked whether if I came now and asked for Khatima would your family agree? She spoke to her father and mother. They knew me. Khatima had her high school exams at the time.

[She is] 18 years old. She said to her sister, 'I don't want anything now that will distract me from the exams. Just let me finish the exams.' So she finished the exams and she succeeded and registered in Birzeit University, but they didn't accept her. She said, 'No, I'll study in the Umma College,' and I agreed, and we went and we came to request her hand and we read sourah al-fatiha [verse from the Quran], and there was a party.

...The relationship between us was strong. We loved each other very very much. Now we did the religious marriage ceremony (katba al-kitab) and we started to come and go together to our house and their house. Afterwards she went to the college and she changed. There's a girl, her friend, from Ramallah. Her name is Mirand. You see, my fiancée introduced me to her, and - as you could say - she [Mirand] played with her mind a bit - so that she [Khatima] would leave me. That day, 15th November, and we were sitting in a restaurant, me and her [Khatima]. We were talking. She said to me, 'Everyone goes off on their own path.' After we've got engaged in a hall and done katba al-kitab! I mean, it's like she's my wife.

Of course, at first I thought she was joking. It turned out that as the speech that she spoke came out - you could say I was shocked - she started to say 'You are a nice young man and there are a thousand girls who would wish for someone like you' and 'I don't deserve you.' As you could say, I couldn't comprehend the shock and I went home to the house. I started to think. She told me, 'Think' And that's it. I started to drink the pills and wish that I would die.
...Before I went home, I saw her brother. He was working with me and he’s about the same as me at work. I told him the story. It’s like this and like that. I mean, she would send me love letters. Now her brother told me, ‘Now, come down with me to the house.’ That’s it (khalas), I couldn’t comprehend and I started to swallow them, pill by pill.

...I had a packet on me. Now when I took them - as you say - my head started to hurt. I drank very plain, strong coffee (ahwa saada) and I drank it and afterwards I took four or five pills from the packet and swallowed them and then I started dissolving them in water. I was previously, well - honestly, honestly. That day, I went to a place and drank forbidden drinks (mashroobaat rouhiya) and from that all this happened.

Diab’s father and uncle took him to hospital. His fiancée came to the hospital but did not go in to see him.

She came but she was scared of coming in. Her mother came and her two brothers.

Diab says that it was only after the overdose that his fiancée’s family discovered that his fiancée had wanted to break up with him because the girlfriend from college, Mirand, had been telling Khatima that she could do better. She should get married to someone more educated than Diab.

Now, she as you say - she doesn’t have any convincing reason for what she said and done to me or said to me. Her family ask her what the reason is. There isn’t one. Now, her brother - as you say - searched and searched and it turned out that the reason was the girl. Her friend had started to say to her, ‘You are an educated girl and your future is ahead of you. See for yourself someone educated - it’s better for you.’ And she reacted to this.

Diab says that now his fiancée, Khatima, no longer wants to break up. However, Diab feels that the relationship between them has changed.

Now, she’s as you say - it’s natural... but not how it was at the beginning. When I sit with her. Sometimes we sit without talking, not a word, and sometimes I see her in Ramallah and we don’t talk to each other, but bit by bit it’s improving. I mean, a while ago I sent her letters. I mean, now she wants the relationship to return to how it was, but I can’t imagine it.

Diab feels that she changed when she went to college. At many points during the interview Diab made it clear that he was very keen on girls. Here, he says how he tells Khatima about other girls that he had seen or spoken to. Diab says that since going to college, she has started coming to him and telling him about young men that she has spoken to! He sees this as evidence of how much she has changed since college and since the engagement.

The problems that have happened to me since the engagement. Well, my fiancée, I love her a lot, but how do I mean?... For example - the problem is that my fiancée will be with me all my life - I don’t have another girl in particular, but sometimes I see other girls. I like to see them, well, I talk with them.

...She would ask, of course, but I, how do I mean? My nature is very frank. For example, when I would go to Ramallah, I would see a pretty girl, and afterwards perhaps I would talk to her. Afterwards I tell my fiancée what happened to me, like this and that, ‘I saw a girl’ ‘I spoke with her.’ Afterwards she would give me a look like this, surprised, and when I told her, ‘I love this girl (fulana),’ she started to say to me, ‘I saw this handsome man, he was very good looking.’ From the day that she entered this Umma College she’s changed completely, I mean.

Diab also says that since going to college Khatima is much quieter and wants to go out less and study more. Diab tries to respect this and stays away when she has exams. It is not as it was before.

Before we were together everyday. We would ‘let our hair down’ together. After she entered the college, she stopped sitting with me. She changed. She sits and goes quiet on her own. She doesn’t let me talk to her and she is just listening (naaste). I mean, before she was studying,
we would go out to Ramallah, but now she tells me 'I can't', and 'I have work.' And she has her studies.

I decided that I would stay away from her during the period of her studies, before she finishes the exams... In fact on the day of the feast (Eid) I didn't go to her. So now she has finished her exams, and so today I'll go to her. We'll see, I mean.

Diab had wanted the wedding to be the next summer. However, because of her studies, Khatima has said she wanted it the following summer, when she will have finished her studies. Diab agreed this would be better. They were going to get married immediately after the engagement, as is the custom in his village, but because he was out of work at the time they decided not to. Now, however, the money is available, but they are waiting for Khatima to finish her studies at college.

I was intending in this summer, but she said after she finishes. It's better after she finishes.

...The finance is prepared. I mean, look, the day of the engagement for example, we have here in [Diab's village] here a custom. If I want to get engaged, the engagement happens on the day of the henna, so there is the day of the henna and the next day the wedding.

Now, after we read the fatihah [verse from the Quran] on this girl, we did katba al-kitab, we didn't want to hurry on with the engagement when I was unemployed - I stayed four months without working. They, her family, wanted to have the engagement immediately. We said, 'Really it's shameful' (eeb yaani). So, with loans, I mean, from this one and from that one a bit, and my paternal uncles helped a bit.

So Diab and his fiancée are back together and Khatima has stopped saying that she wants to break up and they still plan to marry. However, the relationship is somewhat strained. He says that he often wants to talk to her about his feelings towards her, but feels unable to. He says that previously he was much more comfortable when he sat with her. Now, it seems that both are a bit hesitant or unsure about their own feelings and the feelings of the other.

Look. Now, when I am sitting on my own and I want to go to my fiancée, I want to say many things. When I go to her, I forget everything. Really - as you say. For example, when I was sitting with her, I wouldn't say to her, 'I love you' but nonsense, about work, about life, and this sort of thing... I try to sit with her and tell her sweet talk, but that's it. the talk doesn't come out.

... No, not that I get scared. She is a girl. She likes to hear the sweet word (bithat) from a person who is close to her. But now when I sit with her, I don't know how to start the talk, what I want to say. I forget everything.

... To be frank. We would sit and talk. I would feel her face. I would hug her, play with her hair, and she as well, the same thing. But after the problem, she changed. But one doesn't have the courage. Each one is scared of the reaction of the other.

(DIAB)

What I find particularly interesting with Diab's case is that he appears to have been put in something of a 'female' position. His fiancée is the one who is in a sense gaining social status by becoming more educated; she passed her high school certificate and is obtaining a college education which could mean that she may be able to go to get a good position as an 'employee' (muwazifa) which entails a steady income. It is she who wanted to break off the engagement, the reasons being, it seems, that she believed that she could 'do better' than Diab who has limited education and no steady employment. Diab's response, overdosing, bears some similarities to the women's cases with regard to the impulsive nature of the act, almost a form of protest 'You can't leave me!', and the feelings of

10 eeb literally means 'shameful.' Here it means 'not correct behaviour.'
regret afterwards. As shall be seen, the other men did not appear to regret their suicidal actions.

[On the day of the overdose] I drank three cans of beer. [I was] not drunk, a bit dizzy, and I came here and, from swallowing the pills, it affected me. I mean, when they took me to the hospital and they withdrew the injection [the gastric lavage], of course, the doctor knew. He said, ‘You have been drinking the forbidden? (sharib al-mamnu)’ I told him, ‘What happened, happened.’ Honestly, I regret what I did.

(DIAB)

3) Support systems: family and friends
Few of the men turned to their families for emotional support, most turned to male friends. A few described continuous family conflicts. Saeed blamed the money shortages for the family conflicts. Because there was no money there were problems in his family. Indeed, he had stopped talking to his family, it seems because of money.

I have stopped talking to my family - my mother, or the wife of my brother, or my father... Finish. It's all about material (al-medde). I mean it's Money that talks about us.

(SAEED)

Family
Kareem’s story
More long standing and deep rooted conflicts were described by Kareem. His home life to this day is tense as a result of disagreements and conflicts that occurred almost 40 years ago. ‘It's a long story (qissa taweela),’ he said. Kareem’s story will be looked at here in some depth.

In Ramallah hospital emergency room

When I pulled back the flimsy, pale blue, shiny curtain I saw a very tall, moustached man, chest bare, scruffy, sweaty, lying on the hospital bed on his back, his arms and legs stretched out. His jeans were dirty and worn, as were his trainers.

He was in quite a state and refusing treatment. ‘I'm fine, I'm fine (ana bikhair, ana bikhair)’ was all he would say. When a doctor came in and asked if he had drunk the medicine intentionally or by mistake (aasid wala bilghalat) a youngish man by the bedside, who was a friend of Kareem’s, said, 'by mistake, by mistake (bilghalat, bilghalat)’ and then winked at the doctor.

When I spoke to him further trying to find out what was going on and why he had taken the medicine at first he was at first very unresponsive. He would just turn his head away and not say anything. Then he just said, ‘Problems (Mishakil).’

‘What problems?’ I asked.
He said that he wanted to die.
He had tired, worn green eyes.
‘Problems (Mishakil),’ he said.
‘What kind of problems? Money (masaari)?’
‘Yes. Money problems (mishakil masaari).’
‘Your family?’
He paused. ‘My mother. My mother and my wife.’
He has no brothers. Just sisters. The oldest son, called Imad, is 16 years old and in school.
He kept on refusing treatment.
Crying.

He looked exhausted. When I asked him again why this was... what had happened to him... why didn't he want to accept the treatment... he said it was a long story (qissa taweela). He paused. He had sat up and now lent over his long outstretched legs, his scruffy and dirty jeans and trainers.

‘My mother and my wife (ummi wa marati).’ he said. ‘It's long [the story]... It needs a page, maybe two (taweela... biddu salha, safhatain)...’ My father left for America when I was four... He didn't come back. He got married there (ghad)... I grew up in Jordan. I went to live with my...
grandfather there... When I was twenty one I came back here [back to his village] and got married.'

'From the same family?'

'Yes. The same family (Nafs al-eela).'

Pause.

'My mother... She always makes problems... She is angry about my father... He left 36 years ago... I've only spoken to him on the phone... She blames me for his leaving. And my wife. She argues with my mother.'

Pause.

'I don't have problems with people outside the house. People like me ... the problems are all from the house (kullu bil-bait). From my mother and my wife.'

At home

Six months later I visited Kareem at home. His village is almost an hour away from Ramallah, past many many huge Israeli settlements that spread over the hills. The mountains are themselves beautiful, as is Kareem's village which has lovely old stone houses. A mosque stands alongside a church. It looked almost dream-like. Washing hung out in some gardens blowing in the sunny, breezy air in well kept gardens. Olive trees, geraniums and roses.

I was directed to Kareem's house which was near the entrance to the village, slightly down from the main road. The house looked quite small from the outside but going in there was a large, cool reception area. The furniture was simple which was refreshing after the usual reception and guest rooms in villages which have large grand 'Versailles style' furniture with hard seats and gilt swirly edges, little wooden tables with plastic doilies and artificial flowers. Kareem's house however had a certain homely feel to it: flowery curtains up on the windows and a comfortable sofa.

Below a painting of the Virgin Mary, there were three large old black and white portrait photographs on the wall of the reception room. Kareem's mother at the top, then down and to the right his paternal aunt, who had recently died, and down on the left Kareem looking very young and handsome.

I sat talking to the wife and the other paternal aunt for a while, as a young boy, one of Kareem's sons, went to get his father. Kareem appeared, very tall, worn looking, glasses so thick his eyes were distorted, almost hidden. We went and sat in a side room where I interviewed him.

During the interview, Kareem explained his situation and told me his life story. He was born in the village in 1956 where he lived until the age of four, when there were arguments that split the family up. The arguments were between Kareem's mother and Kareem's father's two sisters (amaatu - his paternal aunts). Kareem's father's mother [his grandmother] decided to leave for Jordan with the two unmarried sisters [her daughters, Kareem's ammat - paternal aunts]. The father also decided to leave and he went to the States where he has been living ever since. The mother stayed in the village. Kareem was sent to Jordan to live with his paternal aunts and his father's mother as the education there was better. This is where Kareem grew up and he lived for 23 years away from both his mother and father.

My father? He was a farmer. Before people were illiterate. They cultivated the olives, ploughed the fields, but the material situation was good. After he married my mother, as peasants (felaheen) they were living in the old house.. His wife, his sisters, his children and his mother, all in the same house. There were problems between his wife [Kareem's mother] and his
sisters. My grandmother, my father's mother, she left and took my unmarried paternal aunts and left this town. At the time my father was in the National Guard in the Jordanian Army, a soldier. The important thing is they withdrew themselves and went to Jordan. And I went with them, I was small. And there weren't schools. I mean, my father left the National Guard and the army and so on... And he is alone and there are problems and so on... so he travelled to America. When he went to America we were left alone, me and my two sisters.

...When I left I was four, after my father went abroad. My grandmother and paternal aunts were in Jordan, they took me with them so that I could study. The education system [in the West Bank] in the 50's was in dire straits and there was no education. I started to study with them and live with them... I left my mother and father.

(KAREEM)

All in all Kareem seems to have enjoyed his childhood and adolescence in Jordan.

What? How was my childhood? I was with my aunts and grandmother. I was on my own, no sisters. Me and my friends in school, I play basketball and football. I used to play sport. I was a captain of a football team... in Amman, in the College of Terrisanta. I used to play basketball. I used to play tennis 100%. We played in the kingdom tennis championships. ...Yes, I've got a few cups at home.

(KAREEM)

Kareem came back to Palestine for the first time in 1973. He kept travelling back and forth between the West Bank and Jordan getting permits and passports. The West Bank was no longer under Jordanian control as when he left, but was under Israeli control. He married in 1978 at the age of 22, and spent the next few years trying to get permits to return to his village of birth.

I came [to the village] for the first time in 73. I married in 78. I was 22 years old. My wife is from here. ...When I married, I didn't have the 'lam shamal' [Israeli permit] even to stay here, and I couldn't stay in Jordan - my wife is here. So I am coming and going. I would get a bit of money, I'd work, and then it would all go... all gone on the bridge11. Permits. Lam shamal. Expenditure, passports.

(KAREEM)

With some help from his father they built a new house, which is where they now live. Kareem's father has since remarried in the States and has a family there.

His [Kareem's father] work is good. At first he was with Arabs selling bags. Afterwards he opened a shop. His work started to be good. Afterwards his sons grew up and his daughters grew up, and so he had expenses, and he had... Well, I mean, before, he would send us money. When his children grew up he started to want money... This one wants money. This one wants to get married. The situation started... My sisters are now married. I stayed. How old are you? 24? I have a sister your age. She was studying in the Jordan university. She's called Nadia. She married. She married a Spanish man, a teacher in the Jordanian University. And the other daughter married in Columbia.

(KAREEM)

Kareem said his relationship with his father was previously good, but distant. Communication between Kareem and his father remains but has been minimal since a problem occurred between them three or four years ago due to his mother's displeasure with the situation.

Kareem's mother and Kareem's wife seem to fight continually and Kareem gets caught in the cross fire. In the hospital Kareem kept saying how the problems were between his mother and his wife. It seems that, while Kareem was away, his mother was in charge of everything and looking after Kareem's two sisters. When Kareem came and married, his wife wanted to take care of and be

11 Referring to the Allenby bridge across the river Jordan between the West Bank and Jordan.
responsible for the house. This caused a lot of friction. Kareem explained:

My mother's situation is very difficult. Because my father went to America, and also because my sisters stayed with her, and I'm not here, but in Amman. She was - as you can say - responsible for everything, for the olives, the houses, and my sisters.

Now there are changes. How did the changes happen? In that, I said to my mother 'Finish! You relax!' She doesn't accept the situation. There remain problems between her and my wife. There are problems. She shouts at my wife, and my wife shouts at her, and so on... I mean, problems happen.

...The kind of problems? Like she [Kareem's mother] was responsible for everything. She wants to do something like this... and then my wife says 'We want to do it like that.' She [his mother] used to think of herself as the responsible one in the house. Now the situation has changed, in that that's it. 'Relax!' 'Take retirement!' She can't accept the situation. So a few problems occurred... and these problems are the reason for the problem between me and my father.

.. How? I mean, my father before used to send us money. When he came and saw the situation he went crazy. He came three or four years ago. When he saw how the situation was, he stopped.

(KAREEM)

So Kareem not only has to deal with his dire economic situation, he also has to deal with constant conflicts at home. He seemed to see neither his wife nor his mother as a source of help or support. After his overdose they appeared to be unsympathetic. His mother said nothing even though she probably knew.

My mother wasn't in the house when this happened. Perhaps she knew, but she wasn't in the house. What does she want to say?

When I asked about his wife he hinted at the problems he has communicating with his wife.

N: And your wife what did she say to you?
I: My wife, me and her, some times problems occur. Sometimes we get upset, Sometimes we agree... What is this hard life? What can we do? There's no work.
N: Was she surprised that you drank the medicine?
I: My wife? Yes, she got surprised. The children got surprised.
N: How did she feel when she heard? Was there no talk in the house? ... With your wife, with your children, with your mother, on what happened in the hospital? I mean, were there any changes?
I: There happened [talk]. But that's it. We don't want this thing. We don't want this story ... [to make an issue out of it]

When I asked if his family did anything to try and help him after the suicide attempt he responded by saying that they cannot do anything. It is his responsibility, his problem to find flour and so forth, not his family's.

No, no one can do anything except for me. When it happens it my problem... We want flour. We want flour. It's my problem. It's not their problem. That's the concern of having a daughter or son.

(KAREEM)

So to this day Kareem is haunted by family problems of 36 years ago when the father left for America, his grandmother left for Jordan with her two daughters and with Kareem. Kareem's mother was left in the West Bank with Kareem's two sisters. These happenings are crucial to understanding the family tensions today. When Kareem wanted to bring over his two paternal aunts who brought him up it caused much tension between him and his mother. The past also explains the tension between the
mother and wife. Kareem gets caught between the mother and the wife who each want to run the household. Kareem feels inadequate because he is unable to provide a steady income through work. When the father stopped sending money three or four years ago it must have been a severe financial blow. So Kareem is really unsupported in many ways. He no longer has the support of his father. He has no brothers to help him, nor sons. It really is up to him to support the whole family, and to deal with the deeply felt tensions among them. He feels that, as the man, it is his duty to provide and that it is not right for him to complain to others in his family when he feels unable to cope.

Perhaps Kareem hoped that through overdosing his family would realise the huge tension which he is under and was in a way asking for more support and understanding. However, it seems more likely that it was clear to him that there is no way out of this life he is in and its responsibilities. His feelings of regret are half-hearted.

Not that I regretted it, although sometimes I think that behind me are children and responsibilities. But sometimes I think that with this life, if I died, it would be better.  

(KAREEM)

Friends

Kareem’s relationship with his father was strained and distant, largely because of the physical distance between them. Diab also felt distant from his father who had been imprisoned by the Israelis for most of his childhood and he, like Kareem and Saeed, preferred to go to friends rather than family when he felt he needed help or support.

If I want to talk to my family... One doesn’t get what you want from them. For example, my father was imprisoned. He stayed 10 years in prison. When he was imprisoned, I was 9 years old, I mean, until now, my father... I don’t know him well... really, I mean...When he entered prison I was 9 years old.

No, I don’t feel that he is a stranger, but you see, as I told you, I just don’t like to talk to my family. For example, maybe I’ll talk to you, whereas to my family, I don’t like to. Not because I am shy or I’m scared of them. I don’t like them to get tense and make problems. I mean, problems with the shabab that would happen to me, I would solve them. I would bring a stranger12 from outside of the family and outside the house.

[N: You worry that they will get upset or wound-up or something?]

Once, I got myself into trouble, and I was the one in the wrong. My family came and said that I was not in the wrong! I mean every time something happens, the family, or the nature of the family, they say that their son is not the one in the wrong. For this reason - that’s it - whatever happens I go to a stranger.

(DIAB)

I asked him if it was the same with his mother. How was his relationship with her?

Natural. There’s nothing.. But I just - that’s it - I don’t tell them anything. The day that there was my problem with my fiancée and I drank the pills, they asked me, ‘What? What happened?’ At first I didn’t tell them... After a while [I told them].

(DIAB)

Under normal circumstances, when Diab has a problem he turns to a close male friend rather than to his family. This close friend is also the brother of his fiancée.

If there is a problem I go to talk to my friend... I express to him my problems and he helps me and I help him.

(DIAB)

12 ‘stranger’ here is a translation of wahed ghareeb meaning here someone who is not a blood relative.
Indeed, nearly all of the men interviewed said that they had friends whom they felt comfortable with. This was, in the main, different to the situation of the women who often had few, if any, female friends after leaving school, especially if they had got married. In general, most young men (shabab), particularly those from the camps, have a group of friends (a ‘gang’ or shilla) with whom they mix.

Like Diab, Abid turns to his friends as a source of relaxation, particularly if he is feeling cooped up in the house. When he gets upset, his mother says that he becomes bad-tempered and breaks things. If he stays in the house, he often gets more upset, so Abid tries to get out of the house and see friends. He says he has a few very close friends who ‘revitalise his psyche’ (nafseeyati bitinaash). With other friends he has a more superficial relationship.

*He becomes quarrelsome and starts to argue with me and then, if he finds a cup or something, he breaks it.*

(ABID’S MOTHER)

*Because of this I don’t stay in the house. I stay out in the balad, because the atmosphere of the house (jawad-dar) is not like outside. Outside, I talk with this one and that one, but inside the house I’m sure to get upset. In the house one gets upset, but outside I don’t get upset because I’ll be with my friends and my friends understand me and they know me, and they know my manners. So I like to go outside... I have particular friends, my psyche is revitalised when I’m with them (nafseeyti bitinish) and some friends with whom my relationship is normal. They don’t know anything. Not anyone can be a friend to clarify everything.*

(ABID)

Even Kareem, who is married, often discusses his situation with friends.

*I have friends of course, everyone has friends. I sit me and them and we discuss [the situation].*

(KAREEM)

**Jamil’s story: the absence of friends**

Most men in the West Bank have close male friends whom they turn to when they need help, particularly if they are upset with their family. Because of this, Jamil’s lack of friends seemed very unusual. He appeared to be quite a solitary character with a difficult relationship with his father. It was after a disagreement with his father that he had consumed a packet of organophosphate insecticide which left him permanently brain damaged. Jamil’s story highlights a number of issues which are discussed in this chapter: a lack of steady work and a sense of failure, a difficult relationship with his family, in particular with his father, and limited social outlets due to a lack of friends.

I saw Jamil in the Intensive Care Unit of Ramallah Hospital where he was in a coma. I spoke with his family and doctors to try and understand what had happened.

I introduced myself to Jamil’s mother outside the ICU and asked her if it would be possible to talk to her. Her sister-in-law pulled her up from the floor and told her to come and sit down away from the rest of the family. So we went and sat, the mother, her sister-in-law and I, on some chairs down the corridor. As I spoke to her, though, her other children came and soon crowded round.

Jamil’s mother’s eyes were red from crying. She was wearing a head scarf and a dark red patterned
loose flowery dress. She looked as if she was in her late 30's or early 40's. She spoke with an almost slurred speech. She appeared to have a very accepting type of personality. Her sister-in-law seemed stronger who was a large woman in a white scarf and grey jilbab. Of course, this perception could have been because of the tragic situation which the mother was in.

**History from Jamil’s mother**
When I asked Jamil’s mother what happened she responded:

*He was on the construction site (fil-batone) with his father and brother where he has been working for two weeks. I was in the house making bread (aajin). He came back to the house and didn’t say anything. I asked him what he was doing and he didn’t reply and went off to the place where we grow things (mazraa). We grow things there.*

*I finished making the bread and then went to see him. He was walking and came up to me and fell on my legs saying, ‘Oh Mother! Oh Mother! (Yamma! Yamma!) I started crying out and screaming (sirt assarih). Immediately his uncle and neighbour brought him to the hospital at about 10 o’clock. I quickly followed with my sister-in-law and family.*

(JAMIL’S MOTHER)

The sister-in-law told me that Jamil has been working with his father for about two weeks. Yesterday morning he cursed God (*sab ‘ar-rub*) and his father got angry and told him to go home. So he left. That was when he had gone back home and drunk the organophosphate insecticide.

**History from the doctor**
The doctor on duty said that Jamil had came into the emergency room at about 10:30 a.m. with his uncle. He had been semi-conscious with a slow and weak pulse. For an unknown reason his leg was tied with a rope. The family brought with them an empty 200g packet of ‘Mehonit 90’ which is an organophosphate insecticide. A gastric lavage was carried out and Jamil was given atropine. He was then taken to the ICU where he was put on a ventilator.

The family told the doctors that there had been problems with his father while working on the construction site (*fil-batone*). The whole family arrived very soon after Jamil arrived. The incident was reported to the police and they arrived after about half an hour.

The doctor said the prognosis was very bad, particularly as there had been no change after 24 hours. He expected that Jamil would go into multi-organ failure.

**On Jamil**
Jamil is 19 and a half years old. He is single, Muslim, and from a refugee camp. He recently failed his high school certificate (*tawjihi*) for the second time, and had started taking a hairdressing course (*halaa*). Just two weeks ago he started working with his father in construction (*al-batone*). His father gave him a few hundred shekels every few months as well as paying for karate classes and the barber courses which cost 1500 shekels.

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13 The jilbab is the modern dress of religious Muslim women. It is a long shapeless dress worn over clothes when they go out.
14 Not taped, so this is from notes.
Jamil lives at home with his parents and younger siblings. He is the eldest of eight. He has three brothers and four sisters. When I asked about the relationship with his father his mother said it was good:

> It’s good. No problems. His father has encouraged him since he was small to play karate. When Jamil asked for money for karate courses in Al-Bireh, his father agreed and gave him money... When Jamil wanted to set up a barber’s shop, his father agreed... he said he would give him money.

(JAMIL’S MOTHER)

Jamil did not seem to have many friends. Indeed when I asked if he had friends the mother and aunt immediately replied, ‘There are none! (mafish!’) And they sounded quite proud of this as if it was a positive thing. Both mother and her sister-in-law said that he did not have friends, just family and the neighbours. They said that he did not like going out.

They also said that his father did not like him to go out. The father just wanted him to go from school to house to karate to house. They repeated this a number of times, ‘His father likes him to go from the school to the house.’ Anyway, they said, Jamil did not have time for going out with friends. On Tuesday and Sunday he went to the karate classes and on Thursday and Friday went to train in hairdressing (halaa’).

Indeed, it seems that Jamil did not like to mix too much with others, and his father, in particular, did not like him to.

There was one boy there during the interview who was wearing a pale pink shirt and looked really distraught. He wandered around half crying and looking a bit lost. They told me that he was a neighbour and that both he and Jamil had repeated the high school certificate (tawjihi) together. They told me that he was really disturbed and refused to wear the hospital gown so that he could go in to see Jamil in the ICU. Although he looked very young, he was of the same generation.

Jamil appears to have been quite a solitary character. Other than this one friend who was a neighbour, he seemed not to have any friends and, indeed, he was encouraged not to. When he got upset he would go off on his own. He would sit alone and not talk to anyone. After he failed his high school certificate (tawjihi) they said he was very upset, ‘Of course, he’s a young man (tabaan - huwa shab).’ They said that he spent a lot of time on his own.

During the Intifada Jamil was not involved at all. His father would keep him in the house. He did not want Jamil to get involved, so Jamil stayed away. ‘No, he had nothing at all to do with it,’ his family said.

What Jamil was particularly keen on was karate and I was told he had a black belt. He liked to look after his physique and, indeed, he generally looked after his health: he did not smoke, he played karate.

When I asked what his personality was like they said that he was nervy and wound-up (‘assabi’), clever in everything (‘shaatir fee kul shi’) and had character and personality (‘shakhsiya’).

In general, his family just seemed shocked. They simply could not comprehend why he would do something like this and they told me various reasons why he was happy. He had been to Jordan that
summer with his mother - most of her relatives are there - and they had had a very good time indeed (kayafu).

There were also some plans for Jamil to get engaged. His family said that he had wanted to get engaged to his cousin (bint khaltu) in America. It was not an official engagement (khutba) but a ‘request’ (talab) over the telephone. He seemed happy about this and building was about to start over their house for an apartment for him to live in when he got married. They didn’t push him, but said if he would like to get engaged, then he could. He seemed to accept this.

Generally, he seemed to be fine and happy. Only the previous Friday he had been at a relative’s wedding and had been dancing with his brother. The brother, who had come up to where I was sitting with Jamil’s mother and aunt in hospital, all agreed that he had been dancing a lot and seemed happy.

There were several comments about how what had happened was ‘his fate’ (naseebu) and ‘from God’ (min allah), particularly from the sister-in-law. She also said it was due to ‘the devil’ (shitan allah).

So, Jamil had been planning to finish his hairdressing course and set up a shop; he had been working on building a place to get married in. He had also been talking about setting up a place for karate. The family did say, though, that he had wanted to go to college but could not because he had failed the school certificate (tawjihi) again.

I went in to see Jamil in the ICU. He was quite dark with a well built, athletic body. He had thick black hair, slight acne and the beginnings of a moustache. He was on a ventilator and he had pinpoint pupils, which were unresponsive to light.

In my notes at the time I wrote,

Jamil appears to have been quite a reclusive and solitary character, especially when taking into account the environment in which he was living. In the refugee camps people are very sociable, perhaps because they live in cramped conditions, have a shared history and face very similar problems. It is particularly surprising that Jamil did not have friends. Every young man I knew from a camp had a gang (shilla) of a few very close friends. Indeed, I was always struck by how strong these bonds of friendship were between them. In many cases they were strengthened by the shared experiences of the Intifada. The camp Jamil was from was very active during the Intifada. Even at the time of his suicide attempt, it was often the scene of demonstrations and protests, in part due to its close proximity to Jerusalem. For someone from such a camp not to have friends and not to have been involved in the Intifada is really unusual; in a village it might not have been considered strange.

Although Jamil’s father was reported to have been supportive, he appears to have dominated Jamil’s life. He insisted that he did not mix with others and that he should come home straight from school. When Jamil failed his exams and had to go to work for his father, perhaps he felt the extent of his father’s control. Perhaps he had hoped that by getting the high school diploma he would be able to break free from his father, at least for a while. Jamil’s mother appeared to be very accepting and passive. She did not seem like anyone to challenge the father in any way.

Jamil’s case became quite well known in Ramallah, particularly among the doctors, more than one of them writing about his case in the questionnaire I distributed.
Jamil did not die as expected, but left hospital a few weeks later. However, he is permanently brain damaged and it is a tragedy to see an energetic fit young man (shab) harm himself in such a way, effectively ending his life.

**Isolation from friends and families**

All the men described feelings of being distant and somewhat separated from their families. Kareem felt isolated from his family by his financial worries and being caught between the constant conflicts between his wife and mother. Diab felt distant from his father who had been imprisoned for most of his childhood. Abid said, 'inside the house I'm sure to get upset.' Bassam described the religious conservatism of his family, in particular his father, and described feeling ashamed when he returned home every night after having been drinking with friends. Saeed said that he no longer spoke with his family due to financial difficulties. Mustapha was living in a house belonging to his wife's father and appeared to be totally cut off from his own family. His father had died years before and his mother was upset because he had disregarded her choice of wife for him and married a woman of his choice. Although he was brought into the hospital by his two brothers, one of them having come by chance on a rare visit to see Mustapha, he said they now thought he was mad (majnoon).

The fundamental nature of the family unit in Palestinian society, indeed in most of the Arab world, was emphasised at the beginning of Chapter Six. Although there are Arab men who for one reason or other choose to distance themselves from their natal family, it is very rare and strongly disapproved of. The family defines, in many senses, who you are. It is where you come from and the unit that has provided you with social and financial support in your childhood. In return, there are expectations that you will support the family in times of need. Some of these men have been supported, at least financially, by family members. Kareem's father sent money to Kareem for over thirty years; Abid's brothers support him while he is unemployed; Diab's family helped him with arranging the finances so he can marry; Bassam still lives at home although almost 30. **However, for one reason or another all of the men were dissatisfied with or at least had uneasy relations with their families.** Could this in part be because they felt that they were not upholding the obligations expected of them as men? Was it easier for some of them to go and chat with friends who might be facing similar problems, such as with jobs and money, than it was to face their families? And could it be that this reliance on friends that left them more unsupported than other men when they found it difficult to cope with their circumstances? Surely even with very close friends they would still want to maintain a sense of pride or 'manliness'?

Why did these particular men and women feel so despairing that they harmed themselves seriously enough for it to be regarded as a suicide attempt? Could it be partly explained by their somewhat anomalous position within that all important traditional social institution, the family? Is it purely coincidental that the most serious suicide attempt, Jamil's, was committed by someone lacking support not only from family but also from friends? In an Australian study the absence of a family confidant was found to be 'very strongly associated with adolescent self-harm.**15**

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**Surprise of friends and family**

In line with the idea that these men were somewhat isolated and distant from their families, is the fact that almost always the friends and families of the men appeared much more surprised and puzzled by their suicidal action than those of the women. Jamil’s family were in a state of complete disbelief. They repeatedly told me how only a week before he had been dancing happily at a relative’s wedding. Saeed’s parents both looked quite dazed when I saw them in the hospital. Kareem’s family were all surprised by his action. Only in the case of Abid was the suicide attempt not such a surprise, at least not to his mother, as he had been obviously upset for a number of months, sometimes crying all night. With the others, the family’s main response appeared to be surprise and puzzlement. Perhaps this was because the men were less able than the women to express their feelings of distress and despair. These are examined in the next chapter.

4) **Honour and Reputation: kilaam an-naas**

Many of the men expressed concern about what people thought and said about them (*kilaam an-naas*) although in a different way to the women. While the women seemed more to *fear* what was said about them, for the men it was more a matter of *pride*, of wanting people to think of them as rich, strong and (financially) successful and for them not to be humiliated.

Could this concern about reputation and the damaged pride of these men be understood in part through concepts of honour? Since the 1960’s anthropologists have written about the role of ‘honour’ in understanding the dynamics of Mediterranean cultures, most notably Pitt-Rivers and Peristiany who proposed that honour as a concept was part and parcel of the culture of Mediterranean cultures, whether Christian or Islamic. Pitt-Rivers famously defined honour as, ‘the value of a person in his own eyes but also in the eyes of his society. It is his estimation of his own worth, his *claim* to pride, but it is also the acknowledgement of that claim, his excellence recognised by society, his *right* to pride.’ As a structuralist, he wrote that, ‘The notion of honour is something more than a means of expressing approval or disapproval. It possesses a general structure which is seen in institutions and customary evaluations which are particular to a given culture.’ Honour provides a nexus between the ideals of a society and their reproduction in the individual through his aspiration to personify them.

If this is the case, then looking these men’s stories and their aspirations could tell us something about the ideals of Palestinian society. It has already been suggested that the ‘ideal man’ should become employed, marry, and provide a steady income to his family as well as protect them.

Peristiany has similar ideas. He believes that all societies evaluate conduct by comparing it to ideal

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16 J.Peristiany & J.Pitt-Rivers *Honour and Grace in Anthropology*, Cambridge University Press, Cambridge, 1992. In this work they reviewed some of their previous work. Note that they wrote, ‘It is ... an error to regard honour as a single constant concept rather than a conceptual field within which people find the means to express their self-esteem or their esteem for others,’ p.4.


18 ibid., p.21.

19 ibid., p.22.
standards of action, and have their own forms of honour and shame, which he regards as two poles of an evaluation. 'They are the reflection of the social personality in the mirror of social ideals.' As far as the Mediterranean is concerned, he writes, 'Honour and shame are the constant preoccupation of individuals in small scale, exclusive societies where face to face personal, as opposed to anonymous, relations are of paramount importance and where the social personality of the actor is as significant as his office.' The Palestinian society of the West Bank remains close knit, certainly within the villages and camps and, I would say, to a slightly lesser extent in the towns. The social personality of the actor is significant, that is, what people say about you matters.

The significance of the honour-shame ranking is its instability according to Peristiany. 'Even when honour is inherited with the family name it still has to be asserted and vindicated.' [my emphasis]. Thus the concept of honour that Peristiany suggests is not a 'given' for any man. This ties into Gilmore's ideas of manhood as a test, something that has to worked at or achieved. Honour is generally seen as being in the man's world, although it can be dishonoured by the actions of women.

Writing about the wider social context, Peristiany goes on to say, 'When the individual is encapsulated in a social group an aspersion on his honour is an aspersion on the honour of his group. In this type of situation the behaviour of the individual reflects that of his group to such an extent that, in his relations with other groups, the individual is forcibly cast in the role of his group's protagonist. When the individual emerges with a full social personality of his own, his honour is in his sole keeping. In this insecure individualistic world where nothing is accepted on credit the individual is constantly forced to prove and assert himself. Whether the protagonist of his group or as a self-seeking individualist, he is constantly 'on show,' he is forever courting the public opinion of his 'equals' so that they may pronounce him worthy.' [my emphasis]

How are these ideas on honour and shame relevant to the Palestinian context? Nearly all the men compared their situation with other men and then felt depressed by their poor situation, and several referred to their honour (sharaf). Mustapha, for example, asserted that he placed his honour above all else. The idea that the Mediterranean man is constantly 'on show' and 'courting the public opinion of his equals' so as to 'assert and vindicate' his honour seems a particularly useful concept when looking at a number of the male cases, particularly Mustapha, Bassam and Ghassan. When I visited Mustapha in his village it did, indeed, feel like a show or theatrical act.

**Private Mustapha and public Mustapha**

Mustapha almost existed as two people, or perhaps as image and reality. There was the proud, confident, well-off, jokey Mustapha that he tried to portray to people in the village and then there was the desperate, broke, unemployed, trapped Mustapha that I saw in the hospital.

He arrived in hospital having taken a huge cocktail of all the medicine that he could find in the house.

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21 *ibid.*, p.11.
22 *ibid.*, p.11.
23 *ibid.*, p.11.
In the hospital he was forced to drink huge amounts of saline water and then vomit into a rubbish bin. The doctor and nurses shouted at him when he protested. It was after this ordeal that I went to talk to him. Mustapha was sitting up with his legs hanging over the side of the bed as I spoke with him.

He had a pale, slightly ruddy complexion and wiry/fluffy hair. He had smallish pale green eyes that looked like they could really smile. He was wearing a black shiny track suit with coloured stripes on the arms and legs. He was very happy to talk to me and told me I could write down his name if I liked. When his brothers came to see him he sent them away so that he could stay talking to me and telling me his story.

Mustapha told me about his difficulties finding work which were exacerbated by his prior political activities which meant he risked arrest by the Israelis whenever he left his village, and his wife miscarried days before his suicide attempt.

*If I die it’s better isn’t it?*  
(MUSTAPHA)

Mustapha has four brothers. His father died a long time ago. Mustapha was not being supported by his family, although at first the reasons for this were unclear. He said that his family wanted him to marry so he had got married last year. However, now his family is not talking to him. He says that his family were nice until he got married, and that he didn’t know why they weren’t now. Later he told me that they had wanted him to marry someone else and he had refused.

Mustapha had a few friends who at first could help him, particularly just after he got married, but after a while they stopped.

*They help once, twice, three times... They can’t help more than that.*  
(bissaadu mara, martain, thalath maraat... bi’daroosh yasaadu akthar min haych)  
(MUSTAPHA)

Mustapha reported very good relations with his wife. However, he felt that he was no good as a husband (*mish naafi*) as he could not provide for her, nor could he pay for her hospital treatment. He described many times the scene of his wife bleeding from her miscarriage and his not being able to help and feeling that he wanted to die.

I asked whether his wife would be able to work, for instance, in one of the local sewing factories. He told me that she could not. Girls and women from villages did not go to work. It would be very shameful; it would show everyone that their father or husband was unable to support them. People would start to talk (*haki an-naas*).

*The brothers’ story*

Mustapha’s brothers brought Mustapha to the hospital. They waited outside the emergency room looking a bit confused and shocked by the whole scene. They were both small and dark wearing grubby jeans. Like many villagers, particularly from the north, they had moustaches and coarse
weather beaten skin. Saad spoke with them. Afterwards he told me that they were 'pitiful, poor and
good (masakeen, fuaara, imnaah)'. They had told Saad that the main reason was that there were
differences between Mustapha and his wife. This may be the case, but I suspect that it was easier for
them to say this than to say that he had no money which could reflect badly on them. They did
mention, though, that he was unemployed and that he had been in prison.

Visiting Mustapha at home in his village near Jenin
Mustapha’s village near Jenin was looking incredibly beautiful when I visited it in the spring less than a
month later. It reminded me of Tuscany in the summer: the rubble track down to the house, the hilly
landscape, the olive trees, the sound of crickets. It was very peaceful indeed. At quarter to eleven in
the morning there were few people around. The few who were around looked at me curiously,
somewhat suspiciously.

At his wife’s family’s house (baitahlha) Mustapha’s wife’s younger sister took me down to the house
where Mustapha was living with his wife. The sister had the same soft black hair, slightly sparrow-like,
plump features and smooth skin as both Mustapha’s wife and mother-in-law.

The house looked as if it had been tidied up for me. It was quite simple and basic in its furnishing:
untiled concrete walls and maroon flowery mattresses. Mustapha’s wife greeted me wearing jeans and
a blue and white chequered shirt buttoned up to her neck. She is called Zikryaat.

Mustapha came in looking well in a smart black shirt and semi-shiny trousers, looking like a smart young
‘shab’. He looked so very different from the track-suited vomiting wreck that I had faced in the hospital
emergency room.

We all sat down and they welcomed me to their house. He asked me what I had told the man who had
brought me to the house when I had come the first time. This man was his maternal cousin (ibn khalu). I
said I hadn’t mentioned the suicide attempt. ‘Excellent!’ he exclaimed and he was incredibly pleased
and relieved by this.

We spoke about the suicide attempt and people’s reactions to it. Zikryaat’s father and family didn’t
know. They thought that he had been tired (taaban) and so went to the hospital. Mustapha’s family
knew and thought he was crazy and were not very bothered.

They say that I am mad (majnoon).

(MUSTAPHA)

Mustapha said that he did not regret his suicide attempt. He told me it was very difficult to go from
having a lot of money, as he did several years ago when he worked in a restaurant in Israel, to having
no money: ‘not an agoora in his pocket.’

24 The eldest son in the family I was staying with in the camp. He insisted on always accompanying me when I
went to the hospital at night. During my stay I was practically adopted by them and the father called me ‘al-bint
as-sadisa’ (the sixth daughter). It was thus right and proper that my ‘eldest brother’ accompany me when I
left the house at night!
25 ‘Dahab!’ he said, which literally means gold.
This lack of money remained Mustapha's major problem and he still had not managed to find steady work although he had been helping with some construction work in the village. He had debts to pay and he was worried about this.

What surprised me was that he said that many people still did not know that he didn't have any money and he was still telling them that he had money. He finds it almost impossible to admit that he doesn't have money. He said 'I don't want people to think they are better than me.'

At present they are living in a house that belongs to Zikryaat's father. He often has to ask Zikryaat's father for help and this is what upsets him most. He feels that, as a man, he should be able to support himself and his wife. He said that her father shouldn't have to support his married daughter. It is certainly a matter of damaged pride. He said that this new house was better for a number of reasons, one of which being that it was away from the centre of the village where he could see everyone and the cars and possessions they had. Here, it was calmer, more relaxed. However, it really hurt him that it was not his own house. He said that living in a house which belonged to Zikryaat's father was like driving someone else's car.

Mustapha was eager to show me pictures of himself with friends and family from when he was younger, in the countryside, playing karate. He made constant nostalgic references to these 'days of youth' (ayaam ash-shabab). His wife teased him a bit and she looked slightly annoyed when she said that these 'days of youth' ended when he met her. He also showed me pictures with Zikryaat when they were engaged and both were looking very trendy and happy with new clothes and gilt-decorated sunglasses on.

Mustapha had had a brief stretch working with the PNA as a soldier in Jericho. He showed me some pictures of him dressed in army uniform. He spoke about happy days in Jericho, but said that 800 shekels was not enough to live on, especially now that he was married. All 50 of the young men from his village near Jenin who joined up had given up working for the PNA for this reason.

Mustapha also showed me a lot of pictures from his wedding the year before. He emphasised how big it had been and how many people had come. About how he rode a horse and how the whole wedding was video taped. He told me that people were saying there have been few weddings like Mustapha's wedding ('urus Mustapha).

But it seems that the marriage was a bone of contention between Mustapha and his family. His father had died a long time ago, and when I asked about his mother he said 'She's difficult, all problems.' (saaba kulu mashakil). When I pushed him further, he said that his mother had wanted him to marry her sister's daughter and was annoyed that he was determined to marry Zikryaat.

It certainly upset Mustapha that he did not have money, and this topic came up again and again. He told me about the role of hospitality, generosity and visiting in village life. As he saw it, it showed that
you were better that the other person if you could give.

People who give feel better than people who take, he said. It may be acceptable if you do not enter the house, you do not accept hospitality. However, if you enter the house then you must drink or eat something. If you do not, then it seems that you think that you are too good for them. That you don't take something because you don't want to take from them. Accepting hospitality is a way of showing goodwill.

Although in part he was critical of this attitude as he was feeling under a lot of pressure due to his lack of money, at the same time he told me with great pride how, if walked through the village, everyone would invite him in. Indeed, Mustapha was very keen to impress on me how much everybody likes him, both the young and the old.

Mustapha was also proud of the fact that he had been in the Black Panthers and he told me a little about his prison experience. He spent six months in a prison near Jenin. He showed me worry beads that he had made there and a scar on his face where the Israelis had beaten him.

Mustapha’s attitude towards the Israelis was, however, somewhat ambivalent. On the one had he hated them as ‘the enemy’ and as an occupying force that he had to live in fear of. On the other hand he had enjoyed working in Israel and was proud to tell me about how he had Israeli friends, that he had even invited a friend from the Israeli army over and fed him. He went so far as to say that he was like his brother.

He longed to live as the Israelis live and he told me a somewhat crude joke to explain how he felt about both religion and the Israelis. 26

There was a very strict sheikh who wanted his son to be religious and not be waylaid by women and other temptations. The son’s school organised a trip to the beach. The sheikh refused to let his son go with them for fear that he will be corrupted. Instead, he says he will take him. So the sheikh and his son go together. On the beach they first see a woman in a bikini. Then they see a naked woman, and finally they see a man and woman having sex. Each time the sheikh says, ‘For them, they have this world, for us the next [paradise] (illhoom ad-duniya wa ihna lina al-aakhira).’ At the last scene, though, the son says something to the effect of ‘Can you really be sure?!’ such are his feelings of jealousy that these people can be having such a good time and he is being told empty promises about the next world (al-aakhira).

Mustapha said that he thinks the same thing when he sees the Israelis. They are enjoying themselves, living their lives, happy. And the Palestinians? They live suppressed by religion and tradition and with no jobs or money.

However, although Mustapha criticises the somewhat stifling traditions of the village and Arab society in many many ways he still subscribes to them. At one point he told me how I am like his sister, and therefore how he would kill for me.

26 After making sure that I would not be offended by the joke. I said I wouldn’t be, but was a bit surprised because for an unrelated man and woman to talk about sex generally would be considered by most people to be completely shocking. I suppose here it was assumed that as a ‘foreigner’ I wouldn’t mind too much.
What? Would I let someone soil my honour?

(MUSTAPHA)

He said he would rather cut off his hands or give up the land rather than lose his honour.

On the subject of women or girls working, again Mustapha subscribed to the traditions and customs of the village. None of the women or girls work outside the village he told me. This is against the customs and traditions (al-adaat wa at-tagaleed). Mustapha said he wouldn't let his wife work outside the house even if she was offered 5000 shekels a day. Zikryaat interrupted at this point and said it wasn't so much that he wouldn't permit it, it was the customs and traditions which didn't permit it.

Women didn't really seem to do anything very much in the village, except look after the male members. They cooked and cleaned. Mustapha's mother in law, Um Hisham, grew some things in the land around the house. The other younger females didn't seem to participate in any way with the agriculture of the village.

Mustapha appeared not to be very religious, as illustrated by the joke about the sheikh. However, he considered himself a Muslim and he did pray on occasion but not always (mish kul al-awkaat). Later, when he walked down the hill with me he said he hoped to pray more in the future.

I asked him more about his suicide attempt and about his intentions to die. I asked him if he thought often about death. He said he still wanted to die now if this was how his life was going to be.

We only die once... Most that one can live is 120 years, but what is the difference if we die now or after ten years or after another ten years?

(MUSTAPHA)

He then told me a joke about dying, the afterlife and the angels who record a Muslim's good deeds and bad.

There is a man who smokes a lot of hashish. Just before he dies he tells his mother, 'When I die make sure you put a bit of hashish on my body.' 'Why?' she asks. 'You want hashish even after you die?' The man dies and his mother puts a bit of hashish on his body. When he meets the angels he suggests that they smoke a joint together. The angels forget their mission to ask what he did when alive, about his good and bad deeds and just leave him in peace!

(MUSTAPHA)

By the end of the visit Mustapha was acting like a truly fun loving, jokey young man (shab), a complete contrast to the dishevelled broken man whom I had seen in the hospital. The visit itself became a bit of a theatrical act. He told everyone that I was a foreign doctor and, as such, an important guest. He even asked me to pretend not to know how to speak Arabic when he took me to see his mother-in-law. Seeing as he did not speak English, this led to some somewhat farcical scenes. However, he seemed to enjoy the visit and told me that he wanted to show me off and take me to see people so that they would be impressed that he had important guests coming to see him. He also really wanted to tell me how much everyone liked him.

Throughout my visit, Mustapha wanted to tell me how much everyone liked him, how big his wedding was, about how well-off he used to be and so on. He also went on about how he could not stand
people being ‘better’ than him; either by having more money, by being more hospitable and generous, by having cars, or owning big houses. He felt humiliated that he had no money and lived in his father-in-law’s house, so much so that he denied it to many people. He told me that to this day many people in the village think he has money.

Mustapha really was very concerned about what people thought of him and did not want anyone to know that he did not have money. I felt that in a way it hindered his ability to improve his situation. For example, Mustapha asked at one point about whether I could help him get health insurance for his wife. I suggested phoning or going to the Ministry of Social Affairs in Jenin. He said it was difficult for him to go to such a place and admit he had no money. I said that I would go and ask on his behalf. I went to the Ministry where I met the man responsible. He said that they could easily arrange for free health insurance for his wife if he was not working and was in debt. I set up an appointment and went and told Mustapha when he could go and who to talk to.

A month later I was in Jenin and had some enquiries to make in the Ministry. By chance I met the same employee. He told me that Mustapha had not come. I told him I would go and see him again, which I did. Mustapha said that he did not like to go because people would know that he had no money. I urged him to go, but I have my doubts whether he went. It was simply too much of a struggle for him to have to ask for free health insurance, which is only for very poor people.

He said that he did not worry about what people said (haki an-naas) when I asked him directly, but I felt that what he was saying here really was that he wished he could be in a position not to care about what people say (haki an-naas), which of course is only possible if you have money. It was Mustapha’s image talking again.

As I wrote in my notes after seeing him,

_Came across as incredibly proud in many ways. Can’t bear not having money. Makes him feel completely impotent. Can’t bear what people say, although pretends that doesn’t care. Indeed, I felt that his dream was to have lots of money so as to give (and so be better than them) and so gain social standing. He was really pleased by my visit I think because he set it up as an important guest - a foreign doctor from Britain/America who had come to see him ... The whole thing turned out to be a big play (masrahiya) and I was the unwilling lead actor. I had to pretend to be a friend of his who came to see him in front of his mother-in-law and the rest of the village... By the end he was really acting like a true shab, jokey, confident and proud._

Mustapha’s case highlights many of the ideas which have been discussed so far. His inability to find work and make money is his main preoccupation making him feel humiliated that he has to depend on others. As he says, living in his wife’s father’s house is like ‘driving someone else’s car.’ Taking money from others puts him in a subordinate position, ‘you are better [than the other person] when you give.’ This sentiment is like that found in hospitality among Cypriot Greeks aspects of which seem to be very similar to Arab hospitality. In Michael Herzfield’s work he says that, although hospitality may be altruistic and given with genuine pleasure at the superficial level, ‘At the level of collective representations, however, where personal sentiments are replaced by structural symbols, it acquires a significantly
different import. It signifies the moral and conceptual subordination of the guest to the host.\textsuperscript{27} `[my emphasis] He argues that the act of hospitality can become 'a means of expressing and reversing a pattern of domination.' Indeed, 'The stance the host takes toward the guest reproduces collective attitudes to the social and cultural group that the latter represents ... the very clemency shown to a stranger is the mark of his total subordination.' Certainly, it appeared that Mustapha felt subordinated by his limited ability to be in the position of the hospitable and generous host. As I wrote at the time:

Even though Mustapha criticises a number of things such as the customs and traditions of the village which call for hospitality and generosity, or people showing off their wealth and possessions, you get the feeling that really this is what he dreams of. Unfortunately he is unable to find a way of achieving such goals.

...Throughout the visit Mustapha wanted to impress upon me how he was indeed or at least had been a big and important man, proudly showing me pictures of his grand wedding, his friends, him and his wife. During my stay in Palestine I must have seen hundreds (if not thousands!) of photographs while visiting people. In the main they were pictures of big weddings, of the bride dressed up in an ornate dress, wearing heavy make-up and all her gold. ‘This is his or her father, this is my mother, this is the wife of my uncle, this is the cousin of my aunt’ and so on. It was as if to say, ‘we might live in a simple house but we had a very grand and big wedding’ and also to show what a large family they came from, and how so many people attended the wedding. As already mentioned getting married is often a simply huge expense, so it is understandable that people want to show it off. For Mustapha in his present unfortunate predicament, perhaps it was particularly important to him that I should see his photographs.

If honour, as Pitt-Rivers suggests, provides ‘a nexus between the ideals of society and their reproduction in the individual through his aspiration to personify them’ then what do Mustapha’s aspirations tell us about the ideals of Palestinian society, i.e. what it is to be an ‘ideal man’ in Mustapha’s Palestinian village society? Mustapha wants to be an employed, rich, hospitable, generous married man who can provide for and protect, or care for, his family. In the main, these aspirations appear to fit quite well with Gilmore’s ideas about the ‘ideals of manhood.’

If we then take Pitt-River’s concept of honour as ‘the value of a person in his own eyes but also in the eyes of his society,’ his ‘claim’ to pride and his ‘right to pride,’ then in Mustapha’s case it appears that while he may have lost his honour in his own eyes, he is desperately trying to maintain and assert his honour as his right to pride in the eyes of society - by not telling anyone about his debts and letting them believe that he still has lots of money - although he has in reality lost his claim to pride, for he has no money. This appears to be the fundamental conflict with which Mustapha is faced. Again, as I wrote at the time:

I think Mustapha finds it too difficult to let people know that he is in difficulty. His suicide attempt was, I think, an attempt to escape from this nightmarish trap (between image and reality) that in many ways he had set himself and that had got worse, the longer that he had gone without work.

The ultimate humiliation for Mustapha, when he felt so worthless that he could not see the point in living, was seeing his wife miscarrying and being powerless to help her. It was then that he appeared to admit defeat, when he sent his wife back to her father’s house and tried to kill himself.

Active participation in political activities can be seen as a potential source of honour, which may


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explains why Mustapha started his story in the hospital with, 'I was in the Black Panthers...'

The men found it much harder than the women to admit that their self-harming action was intentional. This could be because the very notion of attempting suicide goes against the ideal that men want to be seen as: rich, strong and successful, 'men of honour'.

Bassam was particularly concerned that people should not think his overdose was a suicidal attempt. He wanted to make it clear that he had not wanted to die or commit suicide when he took the overdose of sleeping pills. He says that his friends misunderstood. He was very concerned by what people thought (kalaam an-naas). Some of his friends to this day think that he wanted to commit suicide. This is not true. 'I don't want to die like that,' he said. 'I'm a Muslim.' He said he did not want people in the town (balad) to know what he had done. Indeed, Bassam was reluctant to talk about the sedatives. I asked him why he took them.

'I think,' he said. 'What can I tell you? ('bafakir,' he said. 'sho biddi ahkeelik?'

(BASSAM)

Bassam spoke a lot about the past, about being young and active and about participating in the Intifada. He said that when he was younger he had had a 'number one' (raqam wahed) reputation and his perceived loss of reputation was a recurring theme throughout the interview with him.

The loss, or perceived loss, of social status linked to a lack of money was seen in Mustapha's case when he was completely unable to admit to anyone outside his own family that he was in dire financial straits, so much so that he started to live out a sort of theatrical act. Bassam felt envious of people with money who could build houses and get married. Saeed felt that without money you were a nobody and that you lost both family and friends.

Finish (khalas). It's the material (al-medde), I mean money, that talks about us. Someone who has money, you find that everyone goes with him, comes with him. Someone who doesn't have money, there's no one that looks at him in the village. Wherever you go, in reality (al-haqeeqa)...

(SAEED)

When I asked him if he thought about death, if he wanted to die, he said that he wished for it. He thought it more honourable than having to go on living as he does now.

i wish!... In honesty, if the life is like this, and work is like this, death is more honourable.(al-mawt ashraf)

(SAEED)

Here, Saeed links his honour to life and death. Indeed, so do Peristiany and Pitt-Rivers who note that 'Honour is something more precious even than life.' Stewart, in his work on the comparison of European and non-European concepts of honour, quotes a proverb from Michel Feghali's Proverbes

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28 Ghassan also strongly denied that he had taken the overdose because he wanted to commit suicide although, as with Bassam, as he told me about his life, his situation and feelings it seemed that he was extremely unhappy about a number of things. Also, both Ghassan's and Bassam's overdoses had been reported to me by nurses and doctors as attempted suicides. Bassam's overdose was also recorded in the police statistics as a suicide attempt.

et dictions syro-libanais, ‘It is better to die with honour (sharaf) than to live with humiliation.\(^{30}\)

5) **The political world: political activities and political change**

It is argued that in the broader Palestinian context, the continued Israeli hegemony over the Palestinians of the West Bank can be seen as a life-long experience of humiliation for most of the men. The Arabic word for humiliation is ‘az-zul\(^{31}\)’. I learnt this word on my first trip to Palestine when, at the age of 19, I went with a school friend who also had a father who is a ‘48 Palestinian refugee. We visited the towns where our fathers were born and in the space of a week travelled throughout Israel, the West Bank and Gaza. It was a deeply emotional experience for both of us as we tried to make sense of what we saw, coming with nostalgic tales of a Palestine of 50 years ago and faced with the reality of Israel and Israeli practices of today. I cannot remember the incident exactly, but I remember my friend at one point looking down and muttering to himself, ‘az-zul.’ I asked what it meant. ‘Humiliation.’ During subsequent periods spent in the West Bank and Gaza that word, ‘az-zul’ has rung through my head almost everyday as I watched the realities of life under occupation.

The importance of understanding the broader Palestinian political context in shaping people’s lives was much more openly apparent in the interviews with the men, than with the women. This was evident in a number of ways: first, how the general political and economic situation has affected their lives through closures, lack of work and growing inequalities; second, how many have suffered, indirectly and directly, through living in an area of war, violence and occupation; and third, how participating in the Intifada and other political activities played a role in the young men’s lives, and how many are now having difficulties adjusting to the loss of this role.

- **a) The general political and economic situation**

Living under full military Israeli occupation was difficult enough, but the 90’s and the Oslo Agreement has brought with it a further affront for many ordinary Palestinians; fellow Palestinians, specifically those working in the Palestinian National Authority have become, as they see it, part of the Israeli security apparatus, and are looking after only their own personal interests. Although not one of the cases of parasuicide, Khaloud’s brother summed up well the popular sentiments towards the changes the Palestinians have seen in the last decade.

>[During the Intifada] The people were united together (mutakatifeen\(^{32}\)) in a strange [almost wondrous] way, and we loved each other in a very strange way... We have family in Gaza. Now in the days of the Authority we can’t see them. The leaders of the PLO that have returned. I’m sorry, but they did not return to make people’s dreams come true. I was waiting for these great revolutionary people, a great people, who had sacrificed themselves... But in actuality, when they came here...

What they suffered in Beirut was perhaps in part heroic but at the same time I sympathise with the Lebanese and I say - May God Help Them! (allah yaianhum!) - how did they tolerate them?! I mean, they came here, as you see, in Mercedes cars, in new cars, huge houses for them all. They came and took the commercial agencies\(^{33}\) from people, and they imposed on people that

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\(^{31}\) Classical Arabic ‘ath-thul’

\(^{32}\) From the word *kitf* meaning shoulder, *mutakatifeen* means joined shoulder to shoulder, that is, ‘united.’

\(^{33}\) Referring to the agencies that multinational companies (for cars, cigarettes, soft drinks and so on) set up in the West Bank after the agreement.
Kareem spoke angrily about the injustices of the present situation, that is since the Palestinian Authority has come to the West Bank, and warned of the growing frustration caused by the blatant inequalities between those who have money in the Authority and those who do not.

There are people who are living able to run five cars from their house and spend, and there are people in the West Bank who are not living. They spend with one shekel. I'm sorry, but somebody once came prepared to pay 30,000 shekels for the telephone while there are others who don't have enough to eat. This is the Authority!

(KAREEM)

Bassam also spoke with resentment about the inequalities and injustice of the situation now that Arafat and the PNA have come in. He sees how Arafat has brought PLO people from Tunis and other parts of the world with him who now have opulent cars and houses.

On top of the inequalities, Kareem was angered by the exploitation and corruption of the Palestinian Authority, as was Bassam. When the Authority first arrived Kareem worked in the intelligence. However, he was so disgusted by what he saw that he left, after publicly insulting them for what they were doing. It was when the PNA was selling off chemical fertiliser which had been donated by other Arab countries that Kareem felt that they had gone too far.

...Some chemical fertilisers came from Yemen, with assistance from the Arab countries, for the Palestinian farmers in the West Bank. The PNA sold them at 45 or 50 shekels per case to the merchant. The PNA was given them for 30 or 32 shekels per case. OK. This is assistance? You make money from it? You start to feel that the person responsible is a thief. ...One day I entered the market and then I told them. “May God curse you, you Palestinians!” ...in the middle of the crossroads.

[I was in the] Intelligence. Afterwards I left them and insulted them and their mischief [balaweehum]. When I saw their mischief, I insulted them and I insulted their religion and I withdrew myself and left. You are coming to help people? Or are you coming to destroy the house of people? [yikhrub bait an-naas] Correct or not? It's not just me that talks like this. You take the group. On average 90% believe this and perhaps 10% speak out. Others don't for fear of the Authority...

(KAREEM)

Kareem mentioned the corruption scandal that had occurred a couple of years previously. An investigation initiated by members of the Palestinian Legislative Council revealed widespread corruption. He sees the members of the Palestinian National Authority as corrupt and immoral, earning money through stealing and exploitation. Those who are not willing to forget their morals and who want to make an honest living are the ones who are suffering.

A year and a half ago, or two years ago, there was a scandal in the ministry. 330 million dollars went! Arafat said, 'I want to make an investigation committee.' They found out that this one took a bit, and that took another bit. The people are full of hunger.

I am a human... with morals... There are people who are prepared to steal so as to ride a Mercedes car. Why? Because there is no good leadership and there's no movement to move people. In Ramallah a worker would take 50 or 60 shekels, from Israel perhaps 60 or 80, the skilled worker would take 25,0 and then the Intifada occurred. There was stealing, they [the Israelis] closed the West Bank on the Arab workers. The Jewish contractors don't have workers... so they bring workers from outside. [After the Intifada] the [Arab] worker comes
Kareem explained how the Arab workers of the West Bank were having many difficulties finding work, now that the Israeli was bringing in immigrant workers from Eastern Europe and the Far East as an alternative pool of cheap labour.

b) A scarred society: Many of the men spoke of horrendous difficulties and experiences which were the result of living in an area of war, violence and occupation.

Kareem belongs to an older generation. He fought in the 1967 July war and was active in the PFLP. He described a multitude of difficulties that were the result of the Israeli occupation of the West Bank, most difficult of all was trying to get a permit to return from Jordan to his village in the West Bank where he was born. He had a long and expensive court case and was imprisoned. His house was threatened with demolition and the Israelis tried to get him to collaborate with them. He concluded,

I mean I've seen many difficulties... My life is shorter than the problems that I've seen.

As already mentioned, Abid now suffers from epilepsy as a result of being beaten by Israeli soldiers. However this was not the only way in which he and his family have suffered as a direct result of the Israeli occupation. There are a number of hostile Israeli settlements in the area and clashes frequently occur, either between the Palestinian residents and the settlers, or between the Palestinians and the Israeli army, who are often summoned to 'protect' the settlers.

Abid has four brothers and a sister. He also has a few half-brothers from his father's second wife. All of his full brothers have been imprisoned by the Israeli authorities, except for him. In 1992, one half-brother was imprisoned and sentenced to four life sentences. The Israelis also came and demolished the family home. This brother is still in prison.

Our house, the Jews took it. My brother was imprisoned, and they sentenced him to life imprisonment. This is my brother from my father, from another wife. So they imprisoned him and they demolished the house ... My brother, during the Intifada days, they caught him and sentenced him to four life sentences. He was sitting in his house and so they demolished the house.

More recently Abid suffered another devastating blow. For a long time Abid had felt demoralised by his condition which prevents him from leading a full life. He has a number of close friends and relatives. He was particularly close to the son of his brother who was just a few years younger than him.

34 Referring to the PNA.

35 The level of violent experience that children have been exposed to is high. One GCMHP survey of 2,779 children in 1992 found that 92.5% were exposed to tear gas, 42% were beaten by Israeli soldiers, 55% witnessed beating, 4.5% had had their bones broken or other severe injuries, 85% were exposed to night raids, and 19% were detained for short periods of time. Palestinian psychiatrist E.Sarraj in his paper, 'Peace and the children of the stone', GCMHP, 1992 quotes these findings and writes, 'It is certain... that many will continue to harbour the pain, the guilt, and the anger. It is also certain that some will turn against their own children and against themselves.'
However, in the month of the overdose, Abid was pushed into a state of complete despair when this companion was shot to dead by settlers. Abid described how they would always be together, how they would talk, laugh and joke together. He showed me in his room, where we were sitting, where they would put their mattresses to go to sleep. He refers to him as his brother (akhuya).

*Before my brother was martyred, my state was tired and when my brother was martyred it increased it (zaadit allay). My brother, me and him, we would work here. We wouldn’t go out from the house. I would put his mattress here. My mattress here, his mattress here, next to me. Always we joke and laugh and... all the time and we were together.* 

(ABID)

Abid’s mother described how he was devastated by the death. Afterwards, he would often spend the nights alone crying to himself.

*Well, there are days that passed when he would close the door on himself and cry. All night and he would cry.* 

(ABID’S MOTHER)

As already mentioned, Diab’s father was imprisoned by the Israelis for most of Diab’s childhood. Diab sometimes thinks of death when he wonders why the Palestinians were created, such is their lot.

*Yes, [i think of death]. For example, I sit and think why God created us, the Palestinian people in particular (bithat). God created us from the beginning and we woke up in the world and we were under the occupation. I mean, it’s true we’re living in the world, but when we go to a settlement, we can’t enter it... I mean, Jerusalem, since the days of the Gulf war we haven’t entered it... It feels like a jail.*

(DIAB)

c) Participation in political activities

The possibility of expressing ‘manliness’ through active participation in political struggle is suggested by Gilmore. Writing on the last century of political struggle between landowners and labourers in Spain, and Andalusia in particular, he described how manliness in Andalusia is expressed not only by loyalty to kindred workers, but also by loyalty to the labouring class and by an active participation in the struggle for workers’ rights. He gave the example of a militant agitator who due to his athletic build and formidable courage was nicknamed ‘Robustino’ (the Robust One). He openly defied the Franco police by continuing his revolutionary activities after the Civil War and his left-leaning family was killed by the Nationalists in the postwar persecutions. Although imprisoned and tortured, each time he was released from prison he took up the struggle anew winning admiration from all, including his jailers. Despite torture, he never betrayed his comrades. Robustiano developed a huge and loyal following and he is remembered as one of the martyrs who kept up the workers’ spirits during the dark days of the dictatorship. ‘Beyond this,’ writes Gilmore, ‘people remember Robustiano as a real man, an apotheosis of the Andalusian ideal of manhood.’

Gilmore writes that *“this dramatic action in defence of one’s comrades finds echoes throughout the Mediterranean region where social class is less important than other primordial ties.”* [my emphasis]

As with Gilmore’s ideas of ‘manliness’, concepts of honour are about winning social approval and asserting a claim to pride. In the Palestinian setting, participation in political activities during the Intifada, particularly for those men who had failed in other ways to gain honour, appears to be a means

37 *ibid.*, p.47.
of regaining and asserting honour, and expressing manliness.

Certainly in Palestine men who have been part of the political struggle (*al-munadaleen*) are highly venerated. The main Arabic word for honour is *isharaf* which, as Abou Zaid notes, comes from a root verb which implies 'highness' both in physical position and in social standing. For the bedouin of Egypt 'All good achievements... build up his *sharaf* and 'A man’s share of honour is largely determined by his own personal behaviour and by the behaviour of his kinsmen, particularly his near agnatic kin. This sense of honour, as being of high social standing, appears similar to contemporary Palestinian ideas of honour. Sometimes, however, particularly in camps or towns, a man’s sense of honour can be increased through close association with non-kinsmen, such as members of the same political organisation or group, members of the same neighbourhood (*al-haara*), or even, at times of increased national unity, such as during the Intifada, simply other Palestinians. *Sharaf* can be gained, lost, increased or decreased and there are numerous types of conduct, such as honesty, wisdom, strength and correctness, which can increase it where *sharaf* has quite a general meaning, there is another more specific kind of honour called *’ird*. Sexual offences towards women or by women, however slight they might be, are against *’ird*. In poetry and art, a link is sometimes made between land (*al-ard*) and honour (*al-’ird*) since Palestine is often represented as a woman while the word for land in Arabic, *’al-ard’*, is female. The symbolism is that with the loss of the land of Palestine (*ard filisteen*), the Palestinian (man) has lost his honour, in this case *’ird’, because the honour is lost through a woman - the land. This is powerful symbolism, and has associations with the rape of a woman, the phrase for crimes of rape being *halk* *’ird*.

**Pride of participation in the Intifada**

Of the men interviewed, Abid, Diab, Saeed, Ghassan and Bassam had all participated, to a greater or lesser extent, in the Intifada. Their sense of self-worth and pride when they spoke of their Intifada activities was most striking. The societal approval and glorification of the struggler (*al-munaadil*) was relished by them, and they described how they had felt important and strong.

Bassam, in particular, a discontented and unhappy 28-year old man, spoke of how good his reputation (and hence his sense of honour?) had been during the Intifada, and of how active he had been. He spoke a lot about the past and about being young and active and about participating in the Intifada. When he was younger he had had a ‘number one’ (*raqam wahed*) reputation, he said. He spent 10 years of his life involved in the Intifada and was imprisoned for four years all together. The last time he was imprisoned was in 1993. He talked a lot about how during the Intifada he lived for the homeland and the country (*al-watan and al-balad*). 'How we worked! (Shoo shaghalna!), 'he said with pride.

Saeed was also generally quite depressed and apathetic about life, but he became positively excited when I asked him about the Intifada. It was rather similar to Fatima’s response. He was depressed and fatalistic about everything else, but this was the one topic that really caught his interest.

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38 From Abou Zaid 'Honour and shame among the bedouins of Egypt', in Peristiany, *op.cit.*, 1965, p.245.
39 ibid., pp.245-257.
40 The loss of *’ird* diminishes one’s *sharaf*, but not vice versa.
The only time that Saeed lit up was when I asked him about the Intifada. He suddenly became excited and said:

Oh! Don’t ask me! Don’t ask me! Yes, indeed, I did participate. (SAEED)

Martyrdom

The most ‘dramatic act’ was that of martyrdom which, especially during the Intifada, was shrouded in glory. In the camps, in particular, being related to a martyr, could increase one’s ‘social capital’. The mother of a martyr would be referred to as ‘um-shaheed’ (the mother of a martyr) which gave her much social respect, since she was a struggler through the act of her son, as well as sympathy.

Saeed was very proud of his cousin (ibn amtu), Jihad, who had been martyred in the village. He showed me an issue of LAW magazine which had a cover picture of his cousin’s bloody body being taken on a stretcher into Ramallah hospital emergency room. He showed me again the framed picture on the wall of him with his martyred cousin. He was very proud, but almost strangely disconnected. He started to show me eagerly the pictures of martyrs, from the village or his friends from elsewhere, that were on the walls of his small room. He told me about how he loved to participate in the demonstrations, and how just the previous week he had been out in Al-Bireh in the big demonstration for the prisoners. He told me stories of encounters with soldiers and of other incidents. It was the only time when he lit up and showed a sense of self worth and pride.

I was almost taken aback by the way in which Saeed changed when he spoke of the Intifada and going to demonstrations, and the awe with which he spoke of the martyrs and his great pride in his own cousin being a martyr, a shaheed.

In some ways Saeed seemed to suggest that to be a glorious martyr was better than to carry on in his situation which he finds tiring and inescapable. Indeed he went as far as to say that he wishes for death and that, ‘if life is like this, and work is like this, death is more honourable (al-mawt ashraf).’

Readjustment: Intifada days of the past versus Authority days of the present

With the signing of the Oslo agreement, the end of the Intifada and the establishment of the PNA in some areas of the West Bank and Gaza, Palestinian society is going through a period of transition and it is suggested that one of the ways it has changed is in its attitude towards the behaviour of young men.

During the Intifada which was a war situation at times, violent activities were often socially approved of. Bassam was proud of the way he had been in gangs that had beaten up people who were found

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42 LAW - a Palestinian human rights organisation which documents violations of Palestinians legal rights.
drinking alcohol.\footnote{During the Intifada many political groups believed that drinking alcohol was un-nationalistic - some because it was felt that now was the time for Palestinians to assert their Arab and Muslim traditional cultural and religious identities, others because they felt that under the circumstances merry making was inappropriate behaviour (dancing and wedding parties were generally banned).} Ghassan spoke with pride about his violent activities during the Intifada, of being in gangs that beat up collaborators, and of how physically strong and tough he was. However, with the end of the Intifada rather than violent activities being met with societal approval, they were often met with disapproval.

The role they played in the Intifada, sometimes in quite violent ways, formed an influential part in many young Palestinian men's lives, and it seems that many are now having difficulties adjusting to the loss of this role. Bassam's story illustrates this point quite well:

**Bassam's story**

I met with Bassam in the cafe where he works. It sells fresh juices, canned drinks and sandwiches in the centre of Ramallah. Bassam is 28 years old, 'But I look older don't I?' Thinning dark hair cut very short, slightly bloodshot eyes and a rather tired, worn look. He talks in a very tired, quite depressed way.

**On overdose:**

He regularly takes temazepam which is a type of sleeping pill. The day he went to the hospital he had taken seven because he had been unable to sleep. The doctor had told him not to take more than one. He started taking this kind of sleeping pill for the first time in 1994 and then stopped and changed to another kind. Just recently he went back to taking this kind of medicine.

He did not really answer directly the questions about why he took the sleeping pills. He said he was very scared though: the police were contacted and the doctor told him he could have died. His body was shaking. For two days he kept thinking about how he could have died. Two more hours and he would have died. Bassam said it was because of the doctors that his friends think that he wanted to die.

**On family:**

Bassam said he was from Al-Lid originally. His family is religious and strict. His parents are still living and have a house in Al-Bireh. He has five brothers and five sisters. Four of his sisters are married, but the youngest is not and lives at home. Only one brother still lives with him. Two brothers are married and another one is in America. His father was a teacher.

**On the past:**

Bassam spoke a lot about the past. About being young and active and about participating in the Intifada. He said that when he was younger he had a 'number one' (raqam wahed) reputation. He spent 10 years of his life involved in the Intifada and was imprisoned for four years all together. The last time he was imprisoned was in 1993.
He talked a lot about how during the Intifada he lived for the homeland and the country (al-watan and al-balad). He now feels that he was not appreciated. It is the collaborators who have the new big jobs. It's all for nothing... I'm not doing a thing. (kullu al-faadi ... ana mish aamil shi)

He often returned to 'The Days of the Intifada' (ayaam al-intifada) when they, the shabab, were very active. Now he feels it was all for nothing. He mentioned a friend who was imprisoned for four years. As soon as he came out he got drunk every night. Bassam described him and his friends as being in a situation of depression and social isolation which, he said, was comparable to what happened to the American soldiers after Vietnam.

He reached the third year of preparatory school (talth adaadi). Then he got too involved in the Intifada. He said how much better and nicer everything was then (kan ahla). No one would drink alcohol. Previously he had thought that people who drank alcohol were very immoral. Indeed, he had been part of a group that had beaten up people who drank.

The present: Now though, he drinks. He says that every night he drinks a few beers with friends. He was disappointed with himself for drinking. Bassam says his father sees him when he comes in drunk.

He feels bored and frustrated. He says how he doesn't do anything now (mish aamil shi). He is 28 and his friends from his class at school now have children and come to the cafe complaining of simple matters. He feels he has nothing; his life is all just problems.

Bassam told me he had been involved in the demolition of Nigel Parry's house. He felt somewhat embarrassed and uneasy about what had happened. It seems he had got involved in something that he did not quite understand at the time and had since been heavily criticised by people.

Bassam prefers Amman to the West Bank since, he says, here all the talk is about politics and people in the Palestinian Authority. 'It's all politics, and who has beaten up whom'. In Amman people are really living. He is particularly disgusted by the Authority because he has seen how it has benefitted spies and collaborators. He also compared a Palestinian in the police to an Israeli in the army. He said that at 20 an Israeli may be an officer in the army. He would be doing something. Here, he would be doing nothing.

Bassam spoke of feeling very lonely sometimes. His friends are the most important thing in his life. He said many of them feel frustrated. The Intifada consumed them (al-intifada akalithum). He told me how...

44 At the time of meeting Bassam there had been an outcry in Birzeit and Ramallah because the Authority had knocked down a house in Ramallah in which people were living. The owner simply wanted the people out. Under ordinary circumstances this would probably not have caused a massive stir as not that many people would have known. However, one of the people who was living in the building was a British journalist called Nigel Parry. Nigel worked in public relations in Birzeit. He had a web site that was a diary of life in the West Bank and wrote about what had happened and everyone got upset about it. In particular remarks were made about how if the Palestinian Authority was going to start demolishing people's homes then what was their difference between it and the Israeli Authority.
there were now many social diseases (*amraad* *ijtimaiya*).

**On the future:**

I asked him what he wanted of the future.

*What do people want? Marriage. Simple things... There's no money.*

Bassam saw the future as very bleak indeed. He wanted to get out of the West Bank, and escape the politics, the frustration, the disappointment.

It is impossible to say how seriously Bassam was trying to attempt suicide. It is recorded in the hospital and by the police as a suicide attempt. However, he has for several years felt quite depressed and worn out. More recently he has been feeling that he is getting older and yet he is not getting anywhere with his life. Whereas in the past he felt he had a goal and respect, he now feels that he is aimless and losing his social standing. One of the first things he told me was how he had a 'number one' reputation when he was young. Over the last few years he has started to drink almost daily (which clearly upset him), smoke and take sleeping pills. Although at that moment he might not have wanted to die, he may have felt that he just wanted to stop the world or escape for a bit. Indeed, this was a common theme of his conversation.

In the end he did not die, but as the doctors said, he could have done. This shows up the rather blurred boundary between attempted and actual suicide, and highlights the difficulty of determining how many actual suicides are 'accidental' or not clearly planned.

I tried to meet him again to record an interview but I was told he had left for Amman. I did not see him again.

Both Bassam and Ghassan are disillusioned young men who have taken part in quite violent activities. Both were very active in the Intifada and even though Ghassan was only young, he participated as part of a group of *shabab*. Neither of them seems to be particularly bright or thoughtful. This type of young man might be a very successful fighter in a situation such as the Intifada which at times, as a near war, required physical strength, bravado, single mindedness and risk-taking behaviour. However, since the Intifada, these qualities are not capable of achieving the same degree of social approval and respect. So perhaps it is particularly difficult for these men to adjust, or to understand why activities that during the Intifada gained them respect now bring disapproval. They continue to participate in behaviours that may have been respected during the Intifada: Ghassan says that he is now part of a group that goes around Ramallah and beats up men who are accused of having insulted or accosted a woman. Bassam, as already mentioned was part of the group that participated in the demolition of Parry's house. Diab recounted numerous life threatening encounters that he had had. I think this passage is particularly interesting where he describes how he longs for 'something' (death?) to happen to him.

*Well, sometimes, or rather, a lot I wish that something would happen to me. For example when I am in the car, I get feelings that something has to happen, something like the demonstrations in the days of the intifada. I was hoping that I go out and not come back. I don't know how.*
I go out, for example. I hope that I am going to a place where there is a fight. I wish that I will go [to die?]... I mean, I've been in five accidents. I don't know. I mean, it's from God that I lived. I mean, once a car pushed me. I mean, I and a friend of mine, was laughing with me, he turned the car to me. I jumped to the side, but I came under the car. And once I and my cousin (ibn ammti). He had a stolen car with him. We turned over together in the car four times. I mean, thank God, nothing happened. And other stories. Shooting and not shooting, but because of God, we lived, thank God.

( DIAB)

If Diab had died during a demonstration during the Intifada, he would be hailed as a martyr for the cause. If now, he died in a car accident in a stolen car he may be considered somewhat unfavourably. His death would certainly be mourned, but clearly not in the same way as during the Intifada.

It seems to me that for men who had 'failed as men' in other areas, such as employment and marriage, active participation in the Intifada provided an important outlet for feelings of frustration and unhappiness while also providing a sense of self-worth and being a potential source of honour. Thus, since the end of the Intifada these men have lost an outlet, a source of honour, and a loss of role. This could go some way towards explaining why these men, who were formerly so active and proud, now feel so depressed and are so nostalgic for the past and ayaam al-intifada.45

The men interviewed communicated an overwhelming sense that they were now living in a time of defeat and surrender. The idea that this is linked to a perceived sense of a loss of honour which, it has been argued relates to a sense of pride, self-worth, and of having a good reputation, seems to be reinforced by Diab's response when I asked him whether he thought the Intifada Days were better.

Of course, by a lot! A lot. I wish that the Intifada would return. I mean, during the Intifada Palestine's reputation went right up. But now, Arafat and surrender. What have they given us of our land other than Gaza and Jericho? Two hand spans (shibrayn) I mean? And everyone who had land sold it and became a colonel!!

( DIAB)

In conclusion, the Mediterranean ideals for men described by Gilmore as 'Man-the Impregnator-Provider-Protector' do appear to have resonance in the Palestinian situation. All of the men interviewed wanted to be employed and make money, get married and have a family, and to provide for and protect their family. In their inability to do so, it does appear that in many ways they have failed, and they certainly perceive themselves to have failed to become social adult males.

To appreciate the increasingly difficult that Arab West Bankers have in fulfilling these ideals requires an understanding of the economic situation. After the creation of the state of Israel in 1948, it needed cheap manual labour. After the 1967 war and Israel's occupation of the West Bank and Gaza, the Arabs provided labour and to some extent their economic situation improved. However, over the last few years it has become more and more difficult for Arab workers to find employment in Israel for a number of reasons, including increased Jewish immigration from Eastern Europe, the import of workers from the Far East, and the imposition of closures by Israel on the West Bank (and Gaza) for security reasons, although in reality they serve as collective punishment. Moreover, even if Arabs find

45 Perhaps those who tried to kill themselves were directing the violence inwards as in Freudian theory on suicide,
work in Israel, it is very difficult to obtain permits so they are forced to work illegally and face the constant fear of imprisonment or fines. At the same time, the traditional ways of making a living, that is from the land, are no longer viable. The reasons include the frequent bans by the Israelis on the import of Palestinian agricultural produce into the Israeli market, the more technologically developed farming methods of the Israelis and, perhaps most importantly, the fact that Israelis control the water. Not only is the cost of water for Palestinians exorbitant, but over the years, Israeli policies have discouraged and disrupted Palestinian agriculture, sometimes blatantly by imposing of curfews during the months when farmers need to be on the land. Thus, for most young Palestinian men the land is no longer seen as profitable. Mustapha said he could not make a profit from working on the land. Kareem said he was ‘wasting’ his time when he worked on his land in the village. ‘Olives. Useless things.’

The concepts of honour and reputation described by anthropologists who have carried out research in the Mediterranean region, such as Pitt-Rivers and Peristiany, do seem relevant to the Palestinian setting. It appears that with the changes in the political situation on the West Bank over the last decade one potential source of honour, that of active participation in the political struggle, particularly for men who have failed to assert and vindicate their honour in other ways, has been diminished. As Abid’s case shows, meaningless suffering is the hardest suffering of all to endure.

The dishonour of suffering without meaning

When being a struggler (munadil) was highly respected, suffering had meaning, but it is very difficult for an individual to cope when suffering appears to be almost meaningless, as when it is unrecognised by society. Abid feels the pain of his situation is made worse by how ignored and dejected he feels. He would rather have been given a life prison sentence like his brother. Then he would at least have been given a raised and somewhat glorified social status. It would be more ‘honourable’ than the lonely suffering he deals with now.

This one [pointing to picture of one brother] was imprisoned, and this one [pointing to another picture of a brother] was imprisoned and that brother [another picture] was imprisoned. Now, if I was imprisoned it would be more honourable and better for me. If only they took me and put me on trial and imprisoned me with a life sentence.

(ABID)
Expressions of Distress

Women’s Expressions of Distress

Having looked at how women’s circumstances, such as their position within the family and society, have been shown to affect them, this section reviews ways in which the women interviewed expressed their state of being and how they sought to cope with feelings of distress, including their resort to self harming behaviour.

Feelings

General mental state

an-nafseeya - the psyche, mental state/condition

Frequently women said that they were unhappy, that their psyche or nafseeya was not rested, or it was tired (nafseeyati mish murtaha or nafseeyati taabana).1 They used this expression far more than the word for depressed ‘muktaib’. When I asked Khaloud if she felt depressed (muktaiba), she said:

Yes, I feel [depressed]... It depends on the psyche of the person. When you are relaxed/rested, that’s it. When you are not rested...

(KHALOUD)

Khaloud often said how she just felt ‘uncomfortable’ or ‘unrested’ (mish murtaha) and that her psyche was not rested. Indeed, Khaloud said that in the months prior to the overdose she had not been happy, that her psyche was ‘tired’ (taabana), it was ‘not rested’ (mish murtaha).

No, I was not happy... My psyche was tired, it was not rested.

(KHALOUD)

Rasha told her husband her tired psyche was the reason for the overdose when he asked her for an explanation.

He was upset. He said ‘Why did you do this? Why did you drank it?’ I mean, he wanted to know the reason. I told him, ‘My psyche was tired (nafseeyati taabana)’

(RASHA)

Nervousness and sensitivity

assabiya, hassasa: nervous natured, sensitive

Often women referred to themselves or were referred to as ‘nervy, of a nervous nature, wound up’2 (assabiya) or ‘sensitive’ (hassasa). They were often using these descriptions as a way of explaining, criticising or justifying their actions, as if the fault lay in the woman’s emotional character.

Throughout the interview with Najwa, she blamed herself for her actions, showing much regret. She

1 It is very difficult to find an exact translation of nafseeya. It comes from the word nafs which has meanings including soul, psyche, spirit, mind or self. Psychology is ‘ilim nafs (i.e.science of the nafs). A psychiatrist is a tabeeb nafsi (i.e. doctor of the nafs). In the HansWehr Arabic-English dictionary the translations for nafseeya listed include: mental life, inner life, psyche, frame of mind, mentality, mental attitude, mental disposition.

2 assab literally means a nerve
kept saying over and over again how happy she was, how nice her husband was, and how really the problem was her nervous nature. It was she who was really no good.

'I'm really very happy... my husband is calm and nice... I am really very nervous (natured)... I am the one that is not good enough.'

(Ana mabsoota bishakal... jowzi haadi wa imneeh... ana assabiya bishakal... ana illi mish naafia')

(NAJWA)

When I spoke with Khaloud's brother he gave me the explanation that she has a nervous nature (hiya assabiya) and he elaborated by saying that the situation that she was in was not that bad, but she was too sensitive. When I spoke to Areej and her sister in the emergency room her sister kept saying, 'She's very nervous natured' (assabiya, assabiya, hiya'). Again, it seemed to be an explanation for Areej's actions and the fault lay in Areej's nervy character rather than the situation around her.

Amal also said that she was sensitive (hassasa) and, as with a few of the other women, particularly sensitive to criticism. Amal started her story about her life and why she had taken her overdose,

My nature is that I can't tolerate problems, my nature is affected by any word, I'm sensitive. You see? If anyone says any word about me it affects me inside.. and also it irritates.

(AMAL)

Boredom and irritability
za'ana, mudaaya'

Nearly all of the women complained that at times they felt bored, fed up, irritable and irritated. A commonly used word was 'za'ana' which can mean both fed up and bored. Khaloud's statement is typical.

I was fed up. Fed up with life.

(KHALOUD)

Most of the women described a very routine life.

I do the washing up, I cook, I clean, the children are a responsibility.'

(HEBA)

Being under pressure
ad-dught, assaab, kabt... pressure, nerves, suppression...

Feelings of suppression or being under pressure were frequently mentioned. The word most frequently used is 'ad-dught' which is ubiquitous in the Arab world today and literally means 'pressure.' As in English, the word can refer to a physical symptom such as high blood pressure, or it can refer to mental pressure or a kind of stress. However, in the Middle East the border between the two seems less clear. It was amazing how often in the emergency rooms of the West Bank people would come in complaining, 'I have pressure' or andi dught.' Often this is associated with tiredness and headaches. One doctor explained the large number of cases as being the result of the circumstances or 'azzarool': Yet, in spite of this social explanation, the treatment prescribed was often medical and many people in their 30's and 40's were put onto pills for high blood pressure.

One person who complained of 'pressure' was Khaloud who is 42. Although she said that her health was fine, Khaloud was still concerned about her health and in the week of my interview with her she had been in hospital doing all kinds of medical check-ups and investigations. She had found that her
blood pressure was raised and was now taking pills for high blood pressure and measuring her blood pressure daily. It is interesting to note that she says that the doctors told her it was high because she was upset or 'zaalane'.

No, thank God, I did all the investigations, but the pressure was raised and they told me that I was upset (zaalane) ... One time the pressure was raised, I had it just once and I stayed until one o'clock in the hospital just because of the [blood] pressure. They gave me pills for the crisis so as to lower the blood pressure. Everyday I go and measure the pressure and I come back. Now it has started to go down. I mean, it's better than before. God protect me that I didn't have a heart attack from the amount that the pressure was raised. It was from the afternoon and then in the hospital until one o'clock when I stabilised... but I am still not very stable. I measure it everyday...

...Thank God, I did all the investigations - I mean - I did the comprehensive check up

(KHALOUD)

Khaloud also blamed her 'pressure,' along with her unsettled and tired psyche (nafseeya), on what people say (kilaam an-naas).

No, thank God, it [my health] is good other than when my pressure goes up from what people say (kilaam an-naas).

(KHALOUD)

Feelings of being 'pressurised' by their situation were expressed by many of the women, so much so that they thought they would explode. In response to the direct question as to why Ranya had drunk the vinegar concentrate, she said,

Pressure, nerves... one goes through difficult crises... I don't know what got into me.

These are the circumstances... Nerves. It's usual, always, daily - from here and from here and from here. It happens 'the pressure' and one explodes - from the amount I see. It's usual.

(hay huwa az-zaroof... assaab. Aadi, dayman, yawmiyan - min han min han min han. Biseer zay ad-daght al-wahid binfajir - min kuthr ma bashoof... aadi)

(RANYA)

A feeling that she would explode from the amount of pressure she was under was described by Amal along with how she was working and serving her husband and his family and feeling unappreciated.

Pressure, pressure, the great pressure... one explodes really, [I swear] by God's life, there's no one that feels with you. Fine, I want someone to feel with me, I want someone to feel with me, me, my nature is affected. True I am obliging, I like to serve, but my nature is that I get annoyed, I can't bear it...

(AMAL)

Prior to overdosing Amal remembers feeling very pressurised:

[I had] pressure and a headache. [I felt] annoyed and subdued. When I am annoyed my head starts to hurt, I feel supressed (kaatim) and overcome (maqhoora)...I mean very upset... After the problems, I got thinner... I would cry a lot - continuously. I mean, that's it. There's no one to help me. There's no one to respond to me. Subdued from outside and from inside. Pressure, pressure. I mean, very pressurised.

(AMAL)

3 From katama - to hide or keep secret; to suppress, repress, restrain...subdue (especially of an emotion); to hold (one's breath); to stifle, smother, quench (a fire).

4 From qahr - to vanquish, conquer, supress, defeat - so to be maqhoor is to have this done to you (i.e. to be vanquished, conquered, supressed etc.). In this context, 'overcome.'
An unbearable pressure was also described by Samira as the reason for drinking bleach, which she, felt would relieve her feelings of suppression:

I went out once and he didn't want to let me go out. He wants to put more pressure on me. I didn’t find anything in front of me except for the bleach. It was on the sink, I drank a bit of it. So, I fell on the ground, I was unable...

... At that moment I wanted to escape from the position that I was in. A difficult position, it put pressure on me. I want to finish with/ be done with this position. I want something strong. So I found the glass of bleach....Because I am upset, and I want to relieve the suppression (kabt) that's inside me, and I want it all to be finished.

(SAMIRA)

It is to be noted that feelings of being ‘suppressed’ (kabt), ‘suffocated’ (makhnooa), or ‘subdued’ (kaatim) were mentioned by both Amal and Samira. Arabic has many words for suppression and oppression. Indeed, many of the words can be interchanged. Mazloom, for example, can mean oppressed or suppressed, but it also has a strong sense of injustice as well. Suha complained that she was upset on the day of the overdose because she felt her sister was oppressed (mazlooma) by her brother who could do as he liked because he was a man, whereas her sister was punished because, she was brave and strong (jareea’). Throughout the interviews women used words for being suppressed, subdued, suffocated and pressurised (makbout, kaatim, makhooa, madghut).

Entrapment and confinement
Most of the women had feelings of confinement and of being entrapped. They spoke of wanting to escape (biddi ahrub). As mentioned, when Samira drank the bleach she wanted to escape from the difficult position she was in. Aisha, feeling trapped at home repeated many times that she would either die or emigrate (la amout aw ahaajir). Liyana wanted to escape but she had nowhere to escape to. She knew that, if she left the house, people would immediately jump to conclusions about where she had gone. Perhaps for this reason she chose the overdose. Indeed, before Liyana took the medicine she was thinking:

Either I die or I escape from the house.
...I don’t know [where to escape to]. That young man who was 35 years old started to tell me, ‘If you escaped and came to me I would catch you in my hands and return you to your family... I don’t want you to come to me.’ I thought, ‘if only I escape!’ I wouldn’t go to him. But if I left the house and escaped they would say, ‘Something must be up... It’s not conceivable that she just went.’ It’s all for nothing (al-faadi). I can’t.

(LIYANA)

Inability to cope
ma ba’dar/mish aadira, ma bathamal: I can’t, I am unable, I cannot bear it
Several women explained how they were unable (ma ba’dar/mish aadira) to deal with problems or the situation. Others said that they could not bear or tolerate (ma bathamal) the situation.

Hopelessness and futility
kullu ‘al-faadi
Many of the people who had attempted suicide expressed feelings of futility using the word ‘al-faadi’ which means ‘it is pointless’ or ‘for nothing.’ It is a very common expression amongst Palestinians of the West Bank. Indeed, when I hear the expression tacked on to the end of sentences and stories it is
almost a signal to me that I am back in Palestine. *Kullu 'al-faadi:* everything is pointless, there is nothing to be gained. The word, 'faadi' literally means 'empty.' To talk *'kilaam faadi'--* literally meaning empty words - is to talk nonsense.

Throughout the interview with Liyana she used this expression. It rang dully through her speech. *'Al-faadi,* 'al-faadi, *kullu 'al-faadi.* Liyana thinks that any action, even suicide, is somewhat futile. There is no point in trying to finish her education, nor love a man, nor attempt suicide. Everything, to Liyana, is *'al-faadi'* or for nothing.

Yes [I regret taking the medicine]. Because there is no one that is worth it.. it's all for nothing (al-faadi). ... I didn't die. It was for nothing (al-faadi).

(LIYANA)

Feelings of hopelessness came up time and time again. She spoke of the futility of doing anything at all, that all doors were closed in her face. Right at the beginning when I asked her why she had taken the medicine she said:

*Perhaps because I don't work and I got divorced. I feel strange things... so everything is closed in my face so I drank the medicine...*

(LIYANA)

I asked Liyana if she thought of taking an overdose again.

K: No. I didn't get anything out of it except pain.
N: Perhaps you thought that if you drank the medicine that they would start to feel with you more.. people?  
K: Yes. But it was for nothing (al-faadi).

(LIYANA)

**Physical symptoms**

_dizziness, headaches, insomnia, back pain, stomach ache_

A common complaint in the West Bank, particularly among women, is feeling dizzy ("andi dawkha"). Nearly every girl in the dormitory where I stayed complained of it at one time or another. There is a high prevalence amongst women of anaemia which is known commonly as 'weak blood' (*dam daeef*), so in some cases the dizziness could have had a biological cause. However, many women complained of dizziness arising in certain situations, usually when out of the house and surrounded by people.

Several of the women I interviewed complained of frequent bouts of dizziness. Watan linked her dizziness to both anaemia and high blood pressure.

*I have weak blood [anaemia] I get dizzy when my blood pressure is high ... When I drink coffee my pressure goes down... It happens every other day. That dizziness... don't ask about it! When I get up. When I walk. This morning I fell down. Perhaps my pressure was high.*

(WATAN)

Liyana would frequently cry, sometimes to the point where she would get dizzy and lose consciousness briefly. She had intermittent stomach pain that increased when she drank coffee. Since taking the overdose it had become worse. She got frequent headaches. She said she always felt depressed and everyday felt irritated, lonely and had problems sleeping. She started smoking two

5 In the Institute of Public and Community Health of Birzeit University, research was being carried out on the high prevalence of anaemia among Palestinian women in the West Bank. It is often iron deficiency anaemia. Explanations include poor iron absorption due to drinking too much strong tea with meals and nutritional deficits due to women eating less meat than men if there is a shortage. There is still much debate on the causes.
years ago and now smokes nine or ten a day when she is upset. When she wakes in the morning she feels agitated and bad-tempered (mutanikda).

*Always, always I am upset - from what I don't know.*

(LIYANA)

Fareeda says she gets headaches daily and is dizzy weekly. She gets back pain when she sits or stands for long periods of time as well as stomach pain. Although she normally sleeps without any problems, she mentioned that she had had trouble sleeping over the couple of months prior to her overdose which were generally quite disorganised and hectic.

*I was inflicted by insomnia before ... [Last week] I was thinking a lot about work, about the people that I deal with. I wasn't sleeping - I mean, from April to May I wasn't sleeping at all...Before I would sleep and dream dreams. But April to May these were the two most difficult [crisis] months in my life. The sleep, the food, the comings and goings.*

(FAREEDA)

Khaloud also frequently found herself unable to sleep.

*Really, some days, believe me, I don't sleep through the night. I have insomnia. I often wake up at one or two and I can't sleep. ...Afterwards I stay unable to sleep, tossing and turning...Yes, like this, I find myself fed up... Well, this year it increased, it's true... All the time I feel myself to be tired.*

(KHALOUD)

Rasha described taking the overdose as a way to stop her head from hurting, and to get her out of the unhappy situation she found herself in.

*I said... that it will rest me from my hurting head, from the situation that I am in.*

(RASHA)

**Coping systems: confiding in others and religion**

**Friends and confidants**

Some of the women said that they felt better when they spoke with friends or relatives about their feelings. Khaloud, for example, said that she occasionally talks to a girlfriend she 'let's things out' (bitfadfid) which, she says, can be helpful.

*I like to talk to my girlfriend, I mean I let things out (batfadfid) about myself a bit....Yes, yes. One lets things out (bitfadfid), one stays not 'putting it all in one's heart' (keeping one's feelings to one's self) and relaxes a bit when one talks.*

(KHALOUD)

However, most of the women seemed to have few people to talk to. Perhaps the feelings of entrapment were increased by a lack of confidants or people to turn to when feeling distressed. This was mentioned earlier with the newly married women. Quite a number of the women expressed feelings of loneliness, even though they might be frequently surrounded by people. Also some of them had been unable to talk to their close confidants in the months preceding the overdose. Liyana and Fareeda are two examples. Prior to Fareeda's overdose her mother, whom she was very close to, had been at work in the evenings, her sister was busy studying for exams, and her main friend and confidant from college lived far away. For Liyana her closest friend and confidant was her elder sister: whom she was completely open and comfortable with. However, her elder sister had married and

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6 From the word faadi (empty) so meaning literally 'to make oneself empty'; here, by chatting. ('letting things out').
moved to the United States four months prior to the interview and one month prior to the overdose. Liyana does not talk to her now. Although she wrote to her, her sister did not respond. Liyana seemed very affected by the loss of her confidant, and she told me that no one else could take her place.

_My married big sister in America - I used to tell her everything and she knows everything about me... I write her letters only she doesn’t reply... She’s busy... It seems [to have affected me.]_  

(LIYANA)

Khaloud also found that she was not able to talk to people and kept her feelings bottled up. She sometimes feels that she does not have friends to talk to when she is upset and she does not like to worry her family especially because her mother is sick with asthma and diabetes.

>All of them are in Ramallah...but sometimes I don’t like to bother them with my problems because my mother is sick - she has diabetes and asthma and so I don’t like to talk to her. I keep things inside and I don’t let them out. What can I do?_  

(KHALOUD)

Sometimes she talks to her eldest married daughter, but she realises that she too has her marital problems.

>Yes, sometimes I talk to my eldest daughter. But she gets upset - sometimes her husband ruins her day (lit. poisons her body - bisam laha badanha). She is married here and there is one married in Ramallah. I mean, one let’s things out from one’s heart (binfadfid alla elbu)._  

(KHALOUD)

At other times, Khaloud feels unable to talk and express herself. Khaloud then feels that talk is of no use and that she goes beyond wanting to talk and just cries.

_Sometimes talking rests one, sometimes one goes beyond talking to crying. Believe me, I am unable to talk sometimes, I find myself with the tears falling down. _

...Some days I will be praying and for no reason, my tears start to fall down on their own... That’s it, when I get very irritated, I can’t stop the tears. I am of the kind whose tears fall on their own. When I get upset, when someone talks to me, or I get upset from him - You find my tears falling on their own._  

(KHALOUD)

Religion: prayer and faith

Most of the women found religion helped them cope with their situation. For Khaloud, religion and prayer was very important. She has come to pray regularly, five times a day, over the last five years and sometimes she goes on a bus to the mosque which she says allows her to relax.

_Yes, thank God [I pray]. all the time. I always pray. It’s been about five years since I started to pray...Yes, [I go to the mosque] in the bus... I relax. I pray and see people, one relaxes._  

(KHALOUD)

Although other women emphasised the importance of prayer was for them, they often admitted to not being very dutiful with regard to the regularity of their prayers. Amal, for one, felt very guilty about how little she prays. However, reading the Quran is still something that she turns to when feeling annoyed or upset.

_You could say that I pray, but not always - in honesty, in honesty - not always. I mean, like this, I don’t pray. I would like to always pray and worship God. I am not paying him the attention I should. [I am] Very very much not paying attention to God... but I am always regretful. When I get up in the morning I say, ‘There is no God but God. Oh God have mercy upon us. Forgive us!’ I ask for God’s forgiveness and I thank God a lot, but I feel that I am neglecting God’s right. I am not giving God his right. I am regretful because I am neglecting God. Thank God. I am an obedient woman, frankly. Before I married, when I was a girl, I used to blaspheme,
frankly. But from the day that I married, thank God, I don't like to lie to my husband. I am scared to lie. As much as I am able I try to be frank - it's better. If God wills he will give me honesty. If any period passed that was difficult, I remain honest with myself, with my house and with my husband.

...I fast in Ramadan. I read the Quran in Ramadan. And sometimes when I am annoyed, in the ordinary periods [not Ramadan] and I am by myself like I like to read the Quran.

(RAMAL)

Rasha finds reading the Quran rests her psyche.

I am thinking of praying regularly. I mean only yesterday I was upset so - so as to relax - I did the ablutions (itwadayt) and prayed and read the Quran, so my psyche was rested (itrayahit nafseeyati).

(RASHA)

Samira feels that despite all her difficulties and troubles, at least she has God to help her with her husband and children.

I pray. I say, 'Oh God. Cure him and be kind to him and the children.' I mean, sometimes I feel rested [when I pray]. Sometimes, I pray and my son is crying. He doesn't understand what I am saying. Sometimes I ask God's forgiveness [bastaghfir Allah]. All the doors are closed, except God's door. It doesn't close...I still have hope in our God.

(SAMIRA)

Amna, who says she gets much enjoyment from a number of things including embroidery, says she also likes to pray, which she does regularly. She said that after praying she felt that a weight was removed from her back and if she did not pray she would get sick.

I feel myself - that something placed on my back has been removed after I pray.
if I don't pray I get sick. (iza basaleesh bamrad).

(AMNA)

Fareeda used to pray regularly but stopped two and a half months prior to the overdose when one of the men in the office tried to kiss her (the 'first incident'). She says that she is scared. She believes God is angry with her. There are also practical difficulties such as the fact that the bathroom at work is not clean, and that she is often not 'clean' [due to hormonal problems], but her overriding feeling is that she deserves God's anger and fears facing him. She cannot stop her mind questioning and dwelling on things.

I was always praying. I mean, for a while I was praying very regularly. After the first incident that happened to me - from that day I didn't pray, not a single bow ('ruqa'). I'm scared... I feel that God is angry with me. Because of this he's sending me people to torment me because he is upset with me. So I am scared to pray and I feel guilty towards myself. I mean, if it wasn't that other people know that inside me there is 'wrong' (ghalat), they wouldn't do these things. The 'wrong', I don't know how to repair it. How will I pray? I am shy to call out [asking for something from God] and say 'Oh God!' How will God respond? What will God say? I am doing something wrong. Because of this I am scared ... I deserve what happens to me. I say God sends me these people as I deserve it. I am scared to pray because he'll say, 'She doesn't deserve it.' If God was pleased with me he would have sent me good people... This is how I think.

...Also, because I am ill, and at work all day and there's no bathroom for me to do the ablutions and pray. I stay till 4 and my body hurts a lot. I always have inflammation in the urinary tract, and my hormones are messed up and I'm in a state! So I don't pray. I am always not 'clean.' Because of this and that, I say that if God wants me to pray he would lighten my load [lighten a few things from me]. For sure he is upset with me and not accepting anything from me so he

7 clean for prayer
I often talk like this with myself, even though it is forbidden (haram) and - may God forgive me - it's not necessary for one to talk like this. It's not necessary to despair. But I don't know. Often... often one starts to think of things which are wrong. I mean, I used to pray regularly but when that first incident happened I stopped.

(FAREEEDA)

The suicidal act itself

Most of the women spoke of taking the overdose, or making the attempt on their lives in a moment when they were in a very emotional state. Some described themselves as being 'not conscious or aware' (mish waiya), of 'not thinking,' of being 'like a mad person' or of being blinded by anger, distress or despair. Most of them soon regretted their actions. The action was often impulsive. In Amal's case the overdose was provoked by an argument with her husband and she described taking the medicine 'suddenly' (fa'ajatan).

Him and I, we went on discussing and arguing. He doesn't answer me. He doesn't respond. I got annoyed with him. I went to him and said, 'Now, you don't want to answer me. Look at what I want to do to you.' I went and got the medicine. 'Really. If you don't answer me, I will drink the medicine and die and rest.' Always problems, problems, never ending problems. He who follows people loses.8 'What's the matter with you?' And finish. I mean, like that, I drank it - without thinking.

...I said to him: 'If you don't want to talk to me, I will drink medicine.' I went to the pharmacy without thinking and carried the medicine and drank it. I don't know, I did it suddenly (fa'ajatan).

(AMAL)

Watan was in a similarly angry and fed up state when she took the overdose but in her case because of her son who she said was tormenting her.

The problem happened between me and my children. I have one boy who drove me crazy. You see, from the amount that he drove me crazy and tormented me, that's it. I don't know how I did it. I grabbed the aspirin and drank it.

...Thinking, not thinking, that's it. I want to die. To commit suicide. Maybe I wasn't serious [joking] with him. I told him, 'I want to commit suicide and rest from you.' I didn't think that I would commit suicide and I didn't realise that the bottle is open. And I don't know how I swallowed them...

I really only wanted to threaten him. But, I don't know how, I drank it. Because I was wound up, didn't know what I was doing [mish waiya]... And why the story that I want to commit suicide? Just - you could say - I was not aware of what I was doing.

(WATAN)

Aisha was very distressed and angry with her brother who had been sexually abusing her.

I was twelve years old. I was still young. He destroyed me. I couldn't stand it. I committed suicide. I drank pills like a mad person (shirib haboob zay wahid majnoon).

(AISHA)

Amna also tried to commit suicide after being abused, in her case physically, by her husband's family. They were beating her up so fiercely that when she saw the nails on the windowsill she grabbed them and swallowed them.

From the amount that they beat me, my husband's family. I saw the nails on the window and I swallowed them.

(AMNA)

8 referring to the way that her husband listens to his mother's criticisms of Amal which she thinks are unfair.
Other women spoke of an overwhelming sense of despair when they attempted suicide as was the case with Abla when she drank concentrated bleach.

I was upset. I wasn't able to tolerate it. I want to rest from him completely. I reached the stage of despair.

(ABLĀ)

Khaloud spoke of a blinding despair when she took the overdose.

Like this, I got fed up and said, I don't want this life....I wish to finish with all the Life.

Yes, I was fed up. Fed up with life, and I didn't want to talk to anyone. Even in the house I don't want to talk to them about anything. When one despairs, one sees life like the blind, one doesn't want the life, that's it. One feels a lack.

[It was] The first time, yes. And the last time. For us it is haram, forbidden by the Islamic religion, haram. But one sometimes doesn't think of haram. When he reaches despair, he despairs from all the life.

(KHALOUD)

Fareeda also described feeling blinded due to her emotional state at the time of her overdose. She felt angry, betrayed and guilty after a man at work had taken her on a trip and treated her inappropriately. When she came in after he had dropped her off she was distraught and immediately went to the kitchen and took some of her mother's rheumatism painkillers.

First of all my mother was at work. That day I came at seven and I mean... I don't know, there was like a blur in my sight, I can't see and I am not thinking. Straight away, as soon as I came in, I went for the packet of medicine, grabbed it and drank the medicine.

(FAREEDA)

The expression 'I was not thinking' when taking the overdose came up time and time again with the women. Also, most had strong feelings of regret soon afterwards. Samira very much regrets drinking bleach and is thankful that she did not damage herself irretrievably. She says that she was not thinking clearly at the time, indeed she felt 'disabled.'

...I don't know. I say, God save me... I was an infidel with God. It I had died... if the vocal cords had gone... How could I have got them back? Sometimes the mind stops thinking... I became disabled... I became helpless.

(SAMIRA)

Dalal regretted her actions almost as soon as she had drunk the medicine.

When I drank it, I've done the impossible (amalt amaayla). I say to myself, 'Oh my God, vomit (antu). And I tried to vomit...

(DALAL)

Khaloud repeatedly said how much she regretted taking the overdose. Indeed, she talks of her suicidal action with some disbelief.

Really [by God], this is what happened. I drank the medicine. I regretted it, by the way. I said, 'Is it possible that I do something like this?' My brother has even been on the Haj, my brother who is bigger than me.

...Yes, he knows. It is forbidden (haram) as well. Suicide, they consider it to be killing a soul.
All in all, the women interviewed expressed a wide range of feelings of distress - most notably the sense of being psychologically and physically worn out, tired, confined and pressurised. The suicidal act was often carried out in a burst of high emotion after a period of growing distress, and in most cases was regretted soon afterwards.

Men’s Expressions of Distress and Recurring Themes

In general the men came across as much more depressed than the women, in a lonely, dull, aching way. When I think of Abid, Kareem, Bassam, Mustapha and Saeed I see them hunched over, very tired and very thin, eyes bloodshot, chain smoking. *Drained.*

Feelings

Depression and irritation: the psyche (*nafseeya*) is tired, not rested, finished

Kareem said that he felt depressed and irritated every day. He tried to keep these feelings to himself as he does not want to distress his family and also because he feels that it is his role as the man in the family to be the provider. He says there is no point in telling his wife as she cannot do anything.

> The depression is every day... I get irritated but I keep it to myself. I can’t tell my wife or my children... What can I tell them? My situation is difficult. When they want something and I can’t bring it, I keep quiet... My wife, I tell her? If I tell her what is she going to do? She won’t do anything. She can’t do anything.

(KAREEM)

Feelings of depression and lack of work are intimately related.

> When one works, he is happy... but when I am sitting [out of work] and the social circumstances, the financial circumstances [as they are]. Every day there is depression.

(KAREEM)

> I am depressed from Life... Every day [I feel like this]. From the work. My work is rubbish, really bad (*zift*)... I get irritated by the work Not that I get irritated that I’m working... From the tiredness. It’s tiring. That’s all.

(SAEED)

Saeed says that it is because of his psyche (*nafsseytu*) that he is unable to work, that he tires easily.

‘My psyche is finished’ (*nafseeyati khalas*).

> My problem is that my work tires me, my psyche doesn’t let me fill all my life with work because of this. My psyche is finished (khalas). It happens that my brain throbs. I sat for a year without work, from that day that it happened to me.

(SAEED)

Abid, who is unable to work, complains that his psyche is never rested, that he gets depressed.

> Well, always my psyche is not rested (nafseeyati mish murtaha), I always complain about life..
Depression happens, I mean.

(ABID)

Not wanting to face the world, not wanting this life or this world
Many of the men were dissatisfied with ‘the world’ around them. Saeed did not want to face it and was upset with it; Kareem was angry with it; Abid was tired of this world; he said that life has no ‘flavour.’

Saeed
I first saw Saeed when he was admitted to Ramallah Hospital in April 1998 having taken a large overdose. He arrived in the Emergency Room at 9pm, I saw him about an hour later. There were no relatives there, only the neighbours who had brought him in. Four policemen were hanging around waiting to ask him questions. Saeed was very drowsy as he lay there on the bed he looked a bit dishevelled after having had his stomach washed: his grubby trousers were undone, one nostril was bloody, his pupils dilated and his eyes were sort of glazed over.

He was taken to the ward where I saw him at various times throughout the day. The doctors, nurses and his family tried to bring him around. The doctors said there was nothing medically wrong. For a long time though he was unresponsive and then he started to wave his hands around but his eyes would stay shut and he would only moan. No words. It was as if he simply did not want to come back, to open his eyes and face the world and reality. He stayed more or less like this until he was discharged two days later.

When I spoke to Saeed almost a year later he said that he was not upset with any people, he was simply upset with the world.

It’s normal. I’m not upset with them. People like me. I am upset with the world.

(SAEED)

Kareem
Kareem said there was nothing specific that happened that upset him for him to take the medicine.

The problem was that I saw the world - That’s it, finish (khalas). May God curse this world.

…I was angry from the world, the work, the economy. The social situation is difficult, That’s it. I see that the world is not right (mazboota). When I drank the medicine, I thought, ‘That’s it, finish. That’s it. May God curse this life.

(KAREEM)

My psyche is tired (nafseeyati taabana) and I complain about this life and this world. I had a state of despair (haalit ya’as). From this world, I am tired. This life has no flavour (taam).

(ABID)

Isolation, Loneliness, Pensiveness
A number of the men said that they often sat on their own, thinking about their situation. Some admitted to feelings of loneliness. ‘Thinking’ often seemed to make them feel even more unhappy. Saeed is an example. He sometimes stayed awake thinking.

I would go and leave the house and sit on my own and not talk to anyone. I sat for five months... My friends would come to me, I wouldn’t talk to them. I would stay sitting on my own... I think of myself, how the situation is that we have here. Life...
Sometimes I sleep. Sometimes I get thinking (tafkeer).

(SAEED)

Saeed admitted feeling lonely. When I asked him if he felt lonely more than anything else, he again answered in the affirmative.

N: You don’t feel that there are people next to you who help you?
A: No. I don’t feel that there are...

Diab also often sits on his own and thinks.

_Sometimes I sit on my own or I am sitting with people, but I don’t say anything to them. I stay pensive... I sit on my own. I shut the door on myself... Well, almost every day, I mean, I sit on my own._

(DIAB)

When I asked Bassam why he took the overdose of sleeping pills he simply said,

_I think... what can I tell you?_

(BASSAM)

**Defeat, failure, hurt pride, feelings of boredom and frustration**

Many people still do not know that Mustapha does not have any money. He still says to them that he has money. He finds it almost impossible to admit that he doesn’t have money. He said that he doesn’t want people to think they are better than him. Not having money makes Mustapha, as with most of the men, feel defeated, like failures. It hurts their pride deeply.

Bassam feels bored and frustrated. He kept on saying ‘I don’t do anything’ (*mish aamil shi*). He is now 28 and his friends from his class at school have children and come to the cafe complaining of simple matters. He feels he has nothing, his life is all just problems. Others are married with families and lives, ‘I am not.’

As Jamil was left permanently brain damaged by his suicide attempt one can only guess how he felt, but surely he was upset about failing the high school certificate (*tawjihi*) for the second time. He had recently started to work for his father who appeared to have been quite controlling; perhaps this made him feel trapped and added to the sense of failure.

**Physical symptoms**

The physical symptoms described by the men were quite wide ranging. Diab, who is a nervy and sensitive character, said that since a recent car accident, which occurred was days before his engagement and in the same month as his overdose, he gets a strange sick feeling in his stomach, particularly whenever he sees anything ‘disgusting,’ and he gets coughing fits. The doctors tell him there is nothing wrong, but it has been like this for over four months.

_You see, I was in a car accident....It happened in about October. Now, when I went to the hospital - Khalid Hospital - they did an investigation and it turned out that I had a broken rib... Now, after a while, I often feel that my stomach is upset and I feel that I want to be sick - I bring up something like water. I keep coughing....I went back [to the doctor] once but they didn’t give me anything....For nothing...The doctor said to me, ‘Finished. There’s nothing’ and after that I didn’t go back._

9 _bafakir...sho biddi ahkelik?_
How is this thing that happens to me? When I see something and get disgusted from it, it happens that I want to be sick... Anything not good... Last time was three days ago. There are gypsies who live with us [meaning in the village] and there was a boy - May Evil keep away from you! (baaed annak) - took off his boot and put it on the food. This kind of thing.

Listen. It's not every day that it happens to me.

[It is] not pain. First of all I start to cough, and then there is a burning feeling. It burns and then I feel like being sick and sometimes I am sick. Sometimes water comes out.

(SAEED)

Saeed complained of a number of symptoms of distress which were mainly linked to working. He said that when he was sick and his 'psyche hurt' he had constant headaches. He also complained of his 'brain throbbing' and his heart palpating.

When I am sick and my psyche hurts - I stayed like this perhaps five months, my head, every day it hurts. Every day. And now, sometimes - with work.

I mean, my heart palpates a bit. Every day. I went to the doctor and he told me it would go with time, and it didn’t go.

(SAEED)

Insomnia

Nearly all of the men reported sleeping disturbances.

Sometimes I wake in the morning - one, half past one. I wake up and smoke one or two cigarettes, I go back to sleep.

(KAREEM)

Sleeping. Sometimes I stay up late a lot. I stay up late - and even if I want to sleep I stay for an hour, an hour and a half until I am able to sleep.

(DIAB)

Really, by God, I get insomnia. Sometimes I turn on the TV and I watch it. Even I waste time and I try to turn off the TV and try to sleep. I can’t sleep... Daily. Problems sleeping, daily. Because of the problems of life.

(ABID)

Crying

Only a few of the men admitted to crying. It was difficult for the men to admit to such a thing. As Kareem says, 'a man doesn’t cry except from difficulty.' And he cries sometimes.

...When I am very irritated (mudai) and cornered, I feel very irritated, I cry.... every two months or three, when I feel very irritated. I mean, you see a man doesn’t cry except for from difficulty.

(KAREEM)

Abid’s mother described how Abid would often spend the nights alone crying to himself after the death of his nephew.

Well, there are days that passed when he would close the door on himself and cry. All night and he would cry.

(ABID)

Weight loss

All appeared underweight and nearly all of them reported weight loss, in particular Kareem, Saeed and Abid.

My weight goes down. My weight was 98 kilos, I used to play sport. I was a captain of a football team....After I came here, I found marital problems, problems of circumstances, life, work...
left sport. That was when I was single. I left everything, even my weight. No. My body was very nice.

(KAREEM)

I mean my weight was 80. It went down to 60 kilos. And I was strong. I was fat.

(SAEED)

I lost a lot of weight! (khasam khasam) I was 65 kilos, now I am 59. It is during the last year, from the concerns of life.

(ABID)

Abid's mother described how little Abid ate in the period prior to the overdose, how he seemed to live only on tea.

He wasn't eating at all. He would go a day or two days without eating, just on a cup of tea.

(ABID'S MOTHER)

Coping

Smoking and drinking

All of the men smoked and many heavily. Few of the men drank alcohol; none regularly nor heavily. Only Kareem was Christian, but even so he said he had never been drunk, although he noticed he was drinking more than he used to. Diab drank very occasionally and very little, although he felt quite guilty about this. On the day of his upset and overdose he had gone and drunk some beer.

[I smoke] About two and a half, or three packets. ... I drink, but in my life I've never got drunk and I don't like to see someone drunk. I despise him. If I see someone [drunk] I get disgusted. I drink to be happy. When I get upset I do drink, but I don't get drunk... Yes, [I drink] more now. Before, I rarely used to drink.

(KAREEM)

[I smoke] about 50 cigarettes. 50 cigarettes... I used to just smoke when I went out but then when I stopped working and stayed at home (aadit), and life's concerns piled up on me and I was suffering from many problems. You know that when someone is irritated, he finds an outlet by smoking (bitfatfish fil cigayar). And also, when I get upset, it's impossible to calm myself, except by smoking a cigarette and then I stay awake at night. If I get upset, I get insomnia.

(ABID)

Look, sometimes, from the day of the problem for the period of a month, I was smoking three packets... Three. I mean, from the first day that the problem happened with me. It was a Monday. I sent my sister to buy cigarettes at nine in the morning and at midday (thuhur) I would buy another one and at sunset I would buy another one. And when I sit with her, in particular (bithat). When I sit with my fiancée, I smoke.

(DIAB)

Friends and Family

Just as the lack of a friend or relative to discuss their problems with seems to have accentuated the distress of the women, it is noticeable that all these suicidal men appeared somewhat isolated from their families, in particular Jamil who made the most serious suicide attempt (Chapter Seven).

Religion

Whereas many women found religion helped them to cope with their situations, none of the men expressed strong religious beliefs. Saeed said he used to pray occasionally when he was sick. Mustapha was disillusioned with both religion and tradition. Kareem had never been religious. Diab said he used to be religious, but since the Oslo agreement he has left religion.
Kareem is from a Greek Orthodox Christian family and living in a village which is part Christian part Muslim. However, he does not consider himself to be religious.\footnote{Being a member of the PFLP, which is supposedly Marxist, does not rule out going to church and believing in God for many Christian Palestinians. Indeed, many Christians choose the PFLP as the alternative opposition party to Fatah (the largest political party) The only other party to chose from would be Hamas which obviously presents difficulties for the Palestinian Christian, although cases have been known of Christians converting to join.}

\textit{I'm not religious, but I don't like one to confront people - I don't like to impose on others nor they on me. For example I don't like to make problems with someone. If someone makes a problem with me, I make a problem...I go [to church] on occasions, feasts, weddings.} \\
\textit{(KAREEM)}

Diab says that he is no longer religious. He says that when he was young he was very religious but now, for a number of reasons, he has left religion. He says he now does many things which are forbidden by Islam (\textit{haram}). He says he often does things that are against Islam (\textit{bakfur})\footnote{\textit{From yakfur meaning to act as a kaaifir - unbeliever, infidel, heathen.}}. He seems disillusioned with the political and economic situation that he sees around him, and so, disillusioned with religion.

\textit{I don't pray and I don't fast. My life is different. I do a lot of heathen things (bakfur kateer). I swear a lot. I mean, sometimes when I play cards, I feel myself to be losing. I stay being an infidel (kaafir) from this Islam.}

\textit{.. No. A long time ago, when I was young. I didn't used to leave the mosque! I would pray, I would fast. But when I grew up... When I was young I would see the shabab going to the mosque, so I would go to the mosque. But now, when I go to Ramallah, I see things that make you lose your mind, so I gave up praying.}

\textit{I was in the political group (tantheem)\footnote{\textit{tantheem} means one of the Palestinian political organisations - basically either the mainstream 'Fatah' group, the Islamist movement 'Hamas', or the semi-Marxist left wing 'Popular Front for the Liberation of Palestine' (PFLP).} of the Fatah movement. This was a long time ago. We used to call ourselves the cubs of Fatah. We would go out at night and write slogans, and hang up announcements, and hit the army with stones (nudrub)... We would go down, from here, the house. We would go and hit them and run to the town. And the army when they came, they would search. They would come and ask us... They would come and ask us, 'Who was it who hit us?' We'd tell them, 'Who is it who hit you? Go and look for him?!' But now, since the authority came, to be frank, life has changed. For example, as you say, my father sacrificed for the Fatah movement for ten years. When he came out of the prison, they didn't give him very much. When he first worked, he took 700 shekels a month. I mean, someone who was a collaborator and sold my land, and he is now a colonel, and he has money. And we don't have money. We just have God. And after this, I got to know some young men (shabab) and I became PFLP, and we left religion.} (DIAB)

**Escaping**

\textit{General despondency, feelings of futility (kullu al-faadi), lack of a future, no enjoyment from life, nothing to look forward to, despair (al ya'as).}

Kareem perceives the future as very bleak for him and his family.

\textit{This future is behind the times (warra az-zaman). I expect life would be better, but i see it as much more miserable.}

\textit{... I mean life is hard. It's all hard. What's life? Life is despair.. One works so as to live, so as to eat only.. not to think of the future. There is no future.} \\
\textit{(KAREEM)}
I asked him if there was anything at all that he enjoyed.

*There isn’t anything. No.*  
(KAREEM)

Bassam feels that he was not appreciated.

*It’s all for nothing… I’m not doing a thing.*

(kullu al-faadi ... ana mish aamil shi)  
(BASSAM)

Saeed longed to leave the country to join his brother in America. He once tried to look for a girl with an American passport to take him to America. He sounded totally resigned when he said he could not find one, as if to say, ‘Of course not. My luck is so terrible. My life is so miserable. Nothing good could ever happen to me.’

*My family put pressure on me to go to him [his brother] in America … and I searched for a girl. Do I find one to take me? I did not find...*  
(SAEED)

Saeed - as with many of the men - felt that there was no hope of ever achieving anything. Life was simply too difficult. As he put it:

*…Our life here, the situation… It is like we will never get down from up in the mountains.*  
(SAEED)

Abid described taking the medicine when he reached a ‘state of despair’ (haalit ya’as).

*A man who is not able to come or go, or work, or build, or marry… I was fed up with life. So I drank the medicine…I got into a state of upset and despair and boredom with life. I drank the medicine.*  
(ABID)

**Wanting to leave the country**

Many of the men longed to leave the country altogether. They saw nothing positive about living in the West Bank. Ghassan said he strongly hated the country and would do anything at all to leave it. Saeed had tried in vain to go to America to join his brother. He still longs to go, and Bassam wanted to go to Amman to get away from the post-PNA situation in the West Bank.

**Thoughts about death, Wanting to die**

Most of the men thought quite often about dying. Many thought of dying when they assessed the political and economic situation around them.

*Yes, [I think of death]. For example, I sit and think why God created us, the Palestinian people in particular (bithat). God created us from the beginning and we woke up in the world and we are under the occupation. I mean, it’s true we’re living in the world… It feels like a jail.*  
(DIAB)

*Sometimes... How does a person think when he sees such difficulties? [He thinks] if only God would rest me from the life! We are not living in relation to other countries... Every day [I think this]. Even the shabab say, if only God rested us from this life. Not just me. My friends also think of this a lot. If only there was death. We all die. It would be better. It’s not just me. There are many like me.*  
(KAREEM)

Diab described sometimes wishing that something would ‘happen’ to him. This seemed to be death. During the intifada he used to hope that he would go and not come back.
Well. Sometimes. A lot. I wish that something would happen to me. For example, when I am in the car, I get feelings that something has to happen, something like the demonstrations in the days of the Intifada. I was hoping that I would go out and not come back. I don't know how. (DIAB)

Now, however, Diab says that he would not try and take his life again, that he must try and be more tolerant and patient, although he still sometimes wishes to die.

If the same thing happened to me, I will not drink medicine or anything... It's true. I mean, one, sometimes, wishes for death. For example, that's it, you get feelings and you think, 'Why did God create us?' I get tired, and I feel, and I come and go. But no one likes to die. One doesn't know one's fate. And now, whatever problems happens with me, that's it. Whatever I work at, one must be tolerant and be patient. (DIAB)

Death is better than life

As already mentioned, Saeed said that he wished to die.

I wish!... In honesty, if life is like this, and work is like this, death is more honourable. (SAEED)

Mustapha described his feelings of uselessness and impotence when he saw his wife sick, tired, and bleeding after she miscarried at home and yet he had no money to take her to hospital.

If I die, it's better isn't it? (al-mawt mish ahsan?) (MUSTAPHA)

Over and over again, as he went over all his financial problems, Mustapha would say,

Isn't death better? (al-mawt mish ahsan?)

Kareem, too, frequently thought that dying was better than going on.

Sometimes, I think with this life, if I died, it's better. (KAREEM)

Time and again the message that comes out from looking at what these men are saying is that they want to get out of their present lives and the world around which they see as miserable, frustrating, and without hope. For some, death, perhaps, is better than this life.
Chapter Nine

Conclusions and Recommendations

Conclusions
Several conclusions can be drawn from this thesis which has tried to put suicidal behaviour, in all its complexity, into a social, economic, political and historical context.

The statistical material (Chapter Four) indicates that even when 'invisible,' undocumented cases are taken into account, levels of suicide and attempted suicide in Arab Palestinian society are low when compared with other regions of the world, although suicide attempts by overdosing may be on the increase.

It appears that cultural rules about suicidal behaviour as seen in the thoughts, ideas and attitudes discussed (mainly in Chapters Two and Three) still hold. Ultimately the act of killing oneself is that of an individual, but Kral argues that 'it is less a solo venture than a product of a collectivity of ideas.' And, I would add, circumstances.

The public response to the ‘phenomenon’ of suicide in the West Bank, or ‘moral panic’, was found to be strongly influenced by the ideas about self-killing and self-harm in Arab (mainly Islamic) thought, that formed part of the local context. The panic in Palestinian society appeared to serve to reinforce cultural rules on suicide and, indeed, Cohen, argued that moral panics serve to reaffirm cultural attitudes.

Although the levels are low, the existence of suicidal behaviour the Arab Palestinian society of the West Bank is graphically borne out by the biographical material in the interviews from the cases of parasuicide seen. The suicidal actions of these particular men and women have been seen to be a means of communication when words fail, an act of protest or rebellion, a cry for help and attention, or an act of desperation when an individual’s will to go on living in particular circumstances in society has been lost.

In some cases the difficult circumstances of those who attempted suicide appeared to have been exacerbated by prominent social institutions, such as marriage and the family, in that the individuals found themselves to be in a powerless or anomalous position within them.


2 See also Littlewood’s paper ‘Agency, opposition and resistance: a systemic approach to psychological illness in sub-dominant groups’, in T. Pollard & S. Hyatt (eds), Sex, Gender and Health, Cambridge University Press, Cambridge, 1999, pp.137-161, which discusses the instrumentality of overdoses: ‘Whilst the reasons given by the individual for ‘taking overdoses’ are often expressive... they may be instrumental - that is they are explained in terms of the desired consequences of the act, such as the desire for support or understanding.’ He adds, ‘While overdoses can be seen as strategies designed to avoid or change specific situations, the experience of the principal is one of distress, social dislocation and extrusion.’ p.141.
Parasuicide, gender and the concept of honour

For women in the West Bank social status has been seen to be largely determined by marital status. Each state, unmarried, married or divorced, results in certain strains. Society has high expectations for the unmarried woman to be chaste, the daughter to be dutiful, and the wife and mother to be obedient. Some of the women interviewed felt unable to cope or simply unappreciated. Since for the majority of women life revolves around the family, and there are limited alternatives or outlets available, they can experience a marked sense of entrapment being confined to house and family.

Men are also subject to high expectations. They can feel pressurised to find work, to make money, and to provide for, support and protect their family, all of which can make them also feel trapped and confined by their situation.

Although the worlds of men and women, shown by the narratives, are very different, there is a danger in creating monolithic stereotypes in any society, including those of the Mediterranean and Middle East. 'The category of “women” is no more monolithic than that of “men”', according to Nancy Lindisfarne, 'Anthropological descriptions have often emphasised idealised, hegemonic versions of gendered identities and ignored the shifting reality of people’s experience as gendered beings.' She finds this emphasis is particularly evident in the literature of honour and shame. The categorical images of dominant competitive men and passive women presented in summary accounts are often contradicted in more extended ethnographic descriptions. She says that 'When attention is paid to everyday negotiations involving men and women a range of variant masculinities and femininities emerges.'

Two interviewees in this study, Samira and Diab, illustrate this by showing some behaviour that could be labelled as more typical of the opposite gender. Samira is educated and works to support and provide for her husband and children. Although she complained about her low social status due to her ineffective and wayward husband, she also said that she preferred it when he reverted to his drug addiction because 'I would feel bigger than him, and stronger than him', which is a sentiment more typical of a male. When Diab is threatened with desertion by his more educated fiancee, because she thinks she can find a better man, he resorts to an apparently impulsive overdose, which is soon regretted and seems to be a plea for attention more typical of the behaviour of a female parasuicide.

Over-enthusiastic use of the concept of honour can result in unfortunate stereotyping and is criticised by Herzfield who believes that the notion of a pan-Mediterranean honour code contributes to a sort of 'exoticism' in a potentially damaging way. Separating out Mediterranean cultures by focussing on honour, leads to such a strong sense of 'otherness' that it discourages comparisons with other cultures. It may be used to indiscriminately separate them from their neighbours and suggest that whole populations are incapable of concerted industrial and economic development.

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5 ibid., p.87.
Nevertheless, there are ideas in the anthropological literature on Mediterranean concepts of honour and shame appear to fit well with the data I collected and help to explain many aspects of Palestinian society, particularly with regard to the position of men. It is, however, impossible for such concepts to cover the messy complexities of social life, and divisions between the sexes can be less clear cut and more ambiguous than they initially appear.

If a society is considered from only one gender perspective, only half the picture is seen and experiences common to both men and women may be missed. A study of suicide in Palestine which looked only at women would surely conclude that many women feel confined and long to escape. This would add fuel to the belief that Arab women are trapped and suppressed, which is certainly true in many ways, but it would miss the fact than men in Palestine also feel trapped and long to escape. However, whereas women want to break free from the house, men want to break free from the society altogether.

Parasuicide and powerlessness

The interviews I made and the epidemiological data I gathered in Ramallah between 1997 and 1998, show that not only are certain aspects of suicidal behaviour in Palestinian society similar to Western suicidal behaviour, but the incidence also accords with Hodes' conclusions when he reviewed the epidemiology of overdosing in the West, that 'the highest rates occur among the least powerful in society: the young, women, the unemployed and those in lower socioeconomic groups'. However, it needs to be borne in mind that my data may be subject to bias due to methodological problems, the small size of the sample, and unavoidably missed cases.

According to Hodes, the groups with the highest suicide rates are 'the least powerful in society'. Detailed epidemiological studies carried out in the UK support a link between powerlessness and overdosing and Hodes explains that 'this may be because they [the relatively powerless in society] are ineffective communicators as they lack the language skills, or because their verbal communications do not maintain the attention of the intended receiver or produce the desired effects'. His ideas are also applied to the ways in which young people and women deal with the power of the dominant group in other parts of the world on the basis of reports from social anthropologists. Most famously, in what appears to be a cry for changes in parental behaviour towards them, young men and women Tikopia attempt suicide by swimming or canoeing out to sea. Other behaviour which appears to be a way for the relatively powerless to gain some power from the dominant groups, include zar. The zar sick role tends to be adopted by urban Sudanese women when they fail to live up to an expected female role, do not find a suitable spouse, have unsatisfactory marriages, fail to produce children, or are married with children yet find life unsatisfactory.


7 ibid., p.329

In Palestinian society, the cases of parasuicide in this study, which were largely overdoses, certainly seemed to come from the least powerful groups. Notable was the substantial proportion of newly married women who in the least powerful position within the household.

Life without work is devastating for men and some of the narratives build a picture of the realities underlying high unemployment figures, and the damaging effects of the high unemployment and poor economic situation. The situation in the West Bank has deteriorated dramatically since the Oslo agreement and in Gaza the unemployment situation is even worse with access to Israel even more tightly controlled with Arab workers having to obtain security passes and walk each day through a long tunnel to get into Israel.

Also illustrated by the narratives are the damaging effects of occupation, political violence and war. Suffering can be long-term and wide reaching for the pain does not stop when the killing stops, the imprisonment is over, or a peace treaty is signed. Indeed, the Oslo Agreement and ensuing peace treaties have not even managed to stop the killings, injuries, house demolitions and land confiscations. The tales of these men and women show the 'ripple effects of war', the repercussions of an occupation which has sought to strip the population of their land, culture, identity, and traditional ways of life. There is no ‘Peace in the Middle East’. The suffering continues. The levels of anxiety after the Intifada in 1994, were shown by psychiatrist Samir Quota’s study to be higher than the levels in 1984.

When society comes under stress, the greatest strain falls on the ‘weakest’ members of the society. In fact, they need enormous strength in order to deal with their situation, particularly Muslim women who, given the tremendous stresses described, have more reason than ever for resorting to such measures as overdosing. Perhaps ultimately this thesis is a testament to the strength women and other powerless groups in Arab Palestinian society need to have, rather than the weakness of the particular women who attempted suicide.

Modernisation and Westernisation

Are the so-called ‘modernisation and ‘Westernisation’ of Palestinian society leading to patterns of suicidal behaviour increasingly similar to those in the West? There does appear to have been an increase in overdosing in the 90’s in comparison with the 80’s, although it is not possible to estimate its magnitude. Could this be the result of an increase in the degree of Western-type individualism? If so, It may be that other aspect of mental illness, previously thought of as more ‘Western’, such as depression and eating disorders, will also become increasingly common in non-Western settings such as Palestine.

It is interesting to note that Littlewood writes, “Overdoses” appear to be a relatively discrete reaction which appears, historically and geographically, culturally specific to industrialised societies, especially to the United States and Britain.’ Such biosocial patterns of behaviour, he writes, ‘frequently articulate personal predicament but they also represent public concerns, usually what we may take as core
structural oppositions between age groups or the sexes. They have a shared meaning as public and
dramatic representations in an individual whose personal situation demonstrates these oppositions...
At the same time they have a personal expressive meaning for the particular individual for whom they
may be regarded as individually functional ('instrumental').9 Basically he argues that these patterns of
behaviour, such as overdosing, 'appear to occur where major points of political and cultural
oppositions are represented in a particular subdominant individual's rather drastic situation and thus,
not surprisingly, where the everyday resolution or affirmation of power relationships are inadequate as
perceived solutions to the problem.'

Coping and Coping Systems
Indeed, it must be not be forgotten that the interviewees in this study were selected on the basis that
something had 'gone wrong' with their lives in that they had reached a level of distress that had led
them to harm themselves to the extent that the act was considered suicidal. There are, of course, men
and women in Palestinian West Bank Society who have managed to cope by adjusting and adapting
to difficult and changing circumstances and, in comparison with most Western countries, the
estimated level of suicide and attempted suicide is still low. It can be postulated that this is related to
the strength of the family, religion and the community which give many people a sense of belonging.

When young people in Gaza who had actively participated in the Intifada were studied by Brian Barber,
a surprising resilience was revealed and he commented 'how remarkably competent adolescents can
be'.11 From in depth interviews with 23 young men he remarked 'Perhaps most impressive... was the
degree to which these young people saw beyond themselves to the concerns and needs of the
broader society. Adopting their society's agenda of redressing historical oppression and inequity was
clearly the driving motive behind adolescent involvement in the Intifada. Stereotypic adolescent thrill
at risk and danger was evident only occasionally.' Barber regarded the commitment which was
maintained during years of sustained violence and trauma as extraordinary.12

A surprising resilience was also shown in his study of 7,000 high school students who had
participated in the Intifada. Barber attributed this resilience to the power of cultural norms and values
and the psychological meaning that the conflict had for the child participants and their level of
ideological commitment to the underlying cause. 'Although Arab cultures in general place high value
on family, education, and religion, the rather unique history of Palestinian tension with or isolation from
other Arab cultures, and the decades of occupation by Britain and Israel, appear to have accentuated

9 See R.Littlewood, op.cit., 1999, pp.143-144. He adds, "How "conscious" the principal is of pragmatically
employing the mechanism as a personal strategy is debatable but it may be noted that medical observers have
frequently described these reactions as "dissociative.""
10 ibid., p.147.
11 B.Barber, 'Youth Experience in the Palestinian Intifada: A Case Study in Intensity, Complexity, Paradox and
Competence', Bringam Youth University, p.31, 1997. To appear as a chapter in M.Yates and J.Younss (eds)
Community Service and Civic Engagement in Youth: International Perspectives, New York, Cambridge
University Press.
12 ibid., p.31.
the importance of these values for the survival of the culture.\footnote{B.Barber 'Political Violence, Family Violence and Palestinian Child Functioning', Brigham Young University. Paper presented at the Gaza Community Mental Health Programme conference on 'Health and Human Rights', October 1997, p.21.} He proposed that the limited impact of involvement in the Intifada on parenting revealed the institutional resilience of the Palestinian family in the face of politically based conflict. Indeed, he concluded elsewhere that, 'Now, some years after the formal end of the struggle, negative consequences can still be observed, mostly in heightened participation in some forms of deviant behaviour. For those who are well integrated into the value-rich social institutions of family, education and religion, this effect was not apparent.\footnote{B.Barber, 'Palestinian Children and Adolescents during and after the Intifada', Palestine-Israel Journal of Politics, Economics and Culture, Vol.IV, No.1, 1997, p.31. Deviant behaviour included smoking, drinking, stealing, running away from home.}'

This conclusion of Barber’s fits in well with my own observations, particularly for the men. The individuals whom I interviewed had shown ‘deviant’ behaviour, such as by attempting suicide, and appeared to be poorly integrated into the social institutions of the family, education and religion. Indeed, they sometimes seemed to be in an ‘anomalous’ position, particularly with regard to the family. Even so, the generally low level of suicide and attempted suicide suggests the value of the social institutions in helping people to cope with life’s stresses.

**Implications and Recommendations for Social Policy**

There are a few measures which could be taken to reduce stress levels, although some of the sources of the difficulties faced by the men and women who attempted suicide are difficult to change, in particular the political and economic situation. Continued Israeli hegemony over the region is restrictive and often punitive, including closures of the West Bank, control of vital resources such as water, restrictions on trade and industry, and continued human rights violations in the form of imprisonment, land confiscation and house demolitions.

1) **Provision of employment for men**

Strategies to provide means of employment for men should be at the top of the PNA’s agenda. There are surely some measures that could be taken even though they are working within such a difficult framework of restrictions.

2) **Reduction of wealth differentials**

The PNA should certainly take steps to curb the dramatic increases in wealth differentials between the rich and poor which only add to many people’s sense of frustration and resentment which is often directed towards the PNA.

3) **Bolstering social institutions: the family, education and religion.**

The social institutions of the family, education and religion have been seen to be fundamental support systems that help people cope with difficult circumstances. Indeed they, and their social and cultural values, are considered the main reason why Palestinians have shown such resilience in the face of very adverse conditions, so any measures which bolster the family are helpful. Poor economic
circumstances put a strain on families, a further reason for needing an improvement in for the economic situation. Education was severely disrupted during the Intifada and needs to be strengthened.

a) Reducing domestic violence
A number of the women interviewed had taken overdoses while or after having been beaten up and abused by their husbands, so campaigns to reduce levels of domestic violence, such as the ‘Violence Against Women’ campaign, could be helpful. Family response seems to be very important in affecting the outcome of a case of parasuicide. When the family listened and took action, for instance by criticising the husband for his behaviour towards his wife, the situation appeared to improve. An interesting finding was the role of the mother-in-law in restricting her son’s behaviour towards his wife. The family’s role could be reinforced by religious leaders if they discouraged men from abusing their wives. The aya which condones beating one’s wife is often quoted to justify beating, but there are many other ayas and hadith which commend the husband who looks after his wife well. As with family cohesion, poor economic circumstances can be an important factor in domestic violence.

b) Discouraging early marriage
Several women’s groups are trying to tackle the issue of early marriage, although this can be a sensitive matter in a society which often encourages it. Frequently this is for economic reasons, so it is another stress factor that should be reduced by an improvement in the economic situation. Early marriages can be happy and successful, but they are a problem when they are not and the woman is unhappy, divorced, or has lost her opportunity to become educated. This study has shown that girls often marry in an attempt to escape from an unhappy family home or to increase their freedom. Educational institutions, such as schools, could highlight the potential difficulties of marrying young, while at the same time they could provide activities for adolescent girls so that their lives are not solely filled with often mundane schoolwork and housework. They should be strongly encouraged to finish high school before marrying and legislation to this effect could be beneficial. Some of the more enlightened religious leaders and institutions could also play a role in encouraging families to allow girls to finish their education before marrying.

4) Provision of help in the public domain - the stigma of mental health
a) Psychologists and psychiatrists
Like many societies, Palestinian society is divided between public and private domains. Mental illness is often stigmatised, psychiatrists are seen as being for ‘mad’ people only, and most suicidal behaviour is generally kept in the very private domain of the home and family. It is therefore difficult to intervene. Similar problems were faced in the UK when trying to deal with domestic violence. The police were very uneasy about entering people’s homes to deal with domestic violence which was considered to be in the private domain and outside their public remit. This distinction of the two domains and the stigma attached to mental illness is very important. After I had interviewed each of the men and women, I gave them Dr Mansour’s number and told them that they could go and see her, free of charge, if they ever wanted someone to talk to. They only needed to phone her to make an appointment to go and see her in Birzeit University, yet during the year of this study, only two people
responded and went to see her. Not only would it have seemed strange to go to a psychologist, but it would also be difficult, particularly for women, to leave the house, go to Birzeit and talk to a 'stranger', thereby entering the public domain.

b) Women's groups. The attitudes above form part of the dilemma faced by some of the new women's groups in Ramallah town. Some have smart reception rooms, but I feel that they must seem a very alien environment to many women and make them feel extremely uncomfortable. The well meaning 'modern' women with tight jeans, big hair and make up who run the groups are full of energy and ideas, but must appear to be from another world to the women whom I interviewed, who had lead very sheltered lives at home, surrounded almost continuously by relatives. This heavy reliance on family means that if it fails to provide support, and the women's groups are intimidating, there are few places to turn to. Efforts should be made to provide more accessible alternatives.

c) Provision of health professionals with relevant training in hospitals

One way to 'gain access' to suicidal cases is in hospital, as I did in this study. The patient is already in the public sphere, which is less alien to them than the women's centres or other public places. While in hospital, cases of suicide could be referred to a social worker, counsellor, psychologist or a nurse with some psychiatric training. A suitable member of staff would need to be available in the hospital 24-hours a day and would also need to develop a good relationship with the other health professionals, especially the doctors and nurses.

If each attempted suicide case could be listened to and interviewed about their situation then perhaps they could be helped. In some of the cases that I saw, small things could have been done to improve their situation. For example, with Diab, an improvement in the control of his epilepsy through more careful medication could potentially have been very useful. Mustapha could have been assisted more directly by helping him to get free health insurance for his wife.

I was anxious when I started this study in case nobody would want to talk to me, a stranger, about their very private problems. However, I found that nearly all of the people I interviewed appeared to appreciate being listened to and genuinely enjoyed being able to talk freely to someone who was not related to them or part of their immediate social circle and who was also not judgmental. Confidentiality is crucial and this would have to be assured and maintained. Very serious cases, who might need medication, could be referred to local psychiatrists. There seem to be two main ways help might be made available in hospitals: small health centres or specially trained nurses

i) Small health centres. The head of the mental health services in the West Bank, the psychiatrist Bassam Al-Ashab has suggested the idea of having a mental health department within each of the government hospitals and I think this is a commendable idea in theory. A social centre was established in Jerusalem hospital a couple of years ago with a psychologist and sociologist working there. They tried to see cases of suicide and other people with psychological problems, but unfortunately the programme appeared to be fraught with problems. Crucially, the staff of the centre had failed to develop a good understanding
relationship with the doctors and nurses who saw them as peripheral. In addition, the social centre was only open from 8am to 2pm and many of the attempted suicide cases came in during the afternoon or at night. These hours only added to the sense of distance between the overworked and often exhausted doctors and nurses and the staff of the centre. Even so, the presence of the centre does seem to have been beneficial in some cases, and it did hold a workshop for nursing staff to talk with a clinical psychologist about how to deal with suicide cases.

ii) Specially trained nurses. From my experience in Ramallah Hospital, I think that the best option would be for nurses to be trained to deal with cases which seem to have psychological or social problems, such as attempted suicide cases. These nurses should have already worked in the hospital, be well liked and respected by the other health professionals, and have a genuine interest in mental health. The advantage of arranging for a nurse to deal with such cases is that he or she understands the hospital system, is aware of the stresses faced by the health professionals, and is able to integrate into the existing health care team. If there was such a nurse always on duty, then he or she could listen to and talk to the patients and, if possible, their families so as to assess the situation and see what measures could be taken to help. When there are no cases to be seen, then he or she could work as a regular nurse.

I can think of a number of nurses who could fill such a position and would genuinely enjoy feeling that they had a special role to play. They should be paid substantially more for this responsibility and this should encourage them to want to stay. However, the extra cost of training and paying a higher salary to, say, three nurses in each of the five government hospitals could be a cheaper option than employing on duty psychiatrists.

5) Public health campaigns and improving mental health services
The evidence in support of conducting suicide prevention programmes is not clear cut. Some studies have even shown them to be followed by increased levels of suicide, since they break down protective social taboos. So rather than running such prevention programmes, it may be more effective to focus on more general ways of improving mental and social health and by providing places for people to turn to when they feel very distressed. As yet, however, mental health services are still very limited in the West Bank.

6) Curbing the medicine culture
Palestinians take far too much medicine. One newspaper article said that they they take eight times more medicine per person than in Denmark. They think that there is an appropriate medicine for every bodily ill and are addicted to medicine. Just about every Palestinian house has a so-called 'pharmacy' (saydaleeya) or cupboard full of medicines. Medicines are very readily prescribed and there is a lack of regulation of private doctors and pharmacies. Enforced restrictions on prescribing medication are needed. Such a move will face much resistance from these doctors and pharmacists, but numerous studies have shown that restricting access to the means of suicide can reduce both suicide fatalities and attempts.
Final note

Although the statistics indicate that the incidence of suicide and parasuicide in the Arab Palestinian Society of the West Bank is low when compared to other regions of the world, it cannot be ignored and regarded as 'inevitable.' The biographical material in this thesis cannot be used to predict who will choose to attempt suicide but, perhaps, by reading it carefully and looking at the expressions of distress used by the men and women who had attempted suicide (Chapter Seven), we can help to identify those people 'at risk' and it is these men and women whom we should seek to support.
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**Statistics of the Incidents Sizable in the District**
Appendix B:
Questionnaire for Self-Harm/Suicide Attempts

Date, Time and Place questionnaire administered:

**Personal Details:**
Name: ____________________________
D.O.B: ____________________________
Sex: ______________________________
Marital Status: ____________________
Religion: __________________________
Job: _______________________________
Education: ________________________
Address/Where from: ________________

**Means of self-harm/suicide:**
medications (indicate amount and type)
poisons
hanging
stabbing
jumping from heights
ingestion of blades or glass
shooting
other

**Main reason given or Triggers of self-harm/ suicide:**
in the patient's own words:
social conflict: mother/father/spouse/friends/other
financial problems:
chronic mental illness:
chronic physical illness:
bereavement:
fit of strong emotion, unspecified cause:
other

**Physical Health:**
Do you have any physical illness?
chronic illness: specify -
acute illness: specify -
genereal physical well-being:

**Economic Situation:**
Do you have a job?
Job:
Job history:
Income:
self-appraisal: good/OK/bad

**Family:**
How many brothers and sisters?
How many children?
Parents still living?

**Household Composition:**
Where are you living?
What kind of house?
How many rooms?
With whom are you living?
History of where lived: from now to where born
change of address in past year:
Relationships and Communication:

Relationship with mother?
What does your mother do if you make a mistake?
What are the main areas of conflict/things you argue about?

Relationship with father?
What does your mother do if you make a mistake?
What are the main areas of conflict/things you argue about?

Relationship with spouse?
What does your spouse do if you make a mistake?
What are the main areas of conflict/things you argue about?

Relationship with children?
What are the main areas of conflict/things you argue about?

Relationship with friends?
What are the main areas of conflict/things you argue about?

Confidant:
Do you have someone/people that you feel able to talk to?
Family member/friend:
If you have a problem, who do you go to FIRST?

Mental Health:
Have you been to see a psychiatrist or psychologist or counsellor?

Have you ever been admitted to a psychiatric hospital?

Are you on medication? What other medication taken last 6 months?

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<th>2 weekly</th>
<th>1 monthly</th>
<th>0 rarely/never</th>
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<tbody>
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<tr>
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</tr>
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<td>Backache</td>
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<td></td>
</tr>
<tr>
<td>Feeling low</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Irritability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouble sleeping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling dizzy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cry without reason</td>
<td></td>
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<tr>
<td>Tired in morning</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Feeling lonely</td>
<td></td>
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</tr>
<tr>
<td>Thinking of dying</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Weight changes</td>
<td>+/-10</td>
<td>+/-10kg</td>
<td>+/-5kg</td>
<td>no change</td>
</tr>
<tr>
<td>Loss interest</td>
<td>no interest</td>
<td>little interest</td>
<td>less interest</td>
<td>still interest</td>
</tr>
<tr>
<td>smoke</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>drink</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous attempts</td>
<td>&gt;twice</td>
<td>twice</td>
<td>once</td>
<td>never</td>
</tr>
<tr>
<td>TOTAL/45</td>
<td></td>
<td></td>
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</tbody>
</table>

Coping styles:
How do you deal with problems? See how describe dealing with difficult situation.
(Try to find out about choices/decisions make)

Previous suicidal thoughts/attempted. what happened?

History of mental illness, parasuicide and suicide in family
Has your mother/father/siblings/20 relatives been to a psychiatrist/attempted suicide?
Have you known of others who have attempted suicide/harmed themselves? how? what happened?

Appendices - page 3
Suicidal Intentions:  
When you did this (drank poison etc..) did you want to die?  
death wish:  
demonstrative:  
no response:  
motives unspecified:  
Do you regret harming yourself/taking the poison?

Religiosity:  
How often do you attend the mosque/church?  
How often do you pray?  
How religious would you say you are?

Haki An-naas:  
Do you often get upset by what people say?  
do think influenced:  
mentioned prior to being asked:

Childhood Experiences:  
How would rate childhood?  
Parents ever abuse you?  
Were you ever physically or sexually abused?

Political Violence/Intifada:  
ACTIVITY/PASSIVITY:Personal involvement:  
1)participating in demonstrations  
2)throwing stones

ACTUAL TRAUMA SUFFERED:Degree of confrontation suffered:  
1)witnessing violence  
2)house raids  
3)being harassed by soldiers  
4)being beaten /wounded/ arrested by soldiers

Appraisal of life before the Intifada:  
Appraisal of life during the Intifada:  
Appraisal of current situation:

Future Aspirations:  
What do you hope to do in the future?  
What plans do you have?  
Uncertainty?

Would you like to talk to someone?  
Do you know of places to go/people to talk to? Hot lines etc..  
Give Sylvie’s card and then see if they come to see her.

In Hospital:  
Time of admission:  
Treatment given:  
Time of departure:  
Medical notes:  
Attitudes of doctors, nurses etc.:  
Police reported:  
Newspaper report:
Justification of/Reasoning behind Questionnaire

This questionnaire is designed to be administered by myself - or any other researcher who may assist with this study - to all cases of self-harm and/or attempted suicide who enter Ramallah Hospital emergency room during the one year period of November 1997 to November 1998.

This questionnaire is part of an exploratory case study into self-harm and/or attempted suicide and completed suicide in Ramallah which is part of a larger study into suicide in Palestinian society which is being carried out at the Department of Public and Community Health at Birzeit University.

The aim of this questionnaire is to gather systematic information for the period of one year about the people who harm themselves and/or attempt suicide who come into the emergency department of a main general government hospital in the West Bank.

It is more in the form of a semi-structured interview than as a questionnaire as such. This method is hoped to be used in conjunction with other methods - recording narratives, more in-depth semi-structured interviews, composition writing, participant observation - as well as with other sources - hospital records, police records, newspapers, radio & television and interviews with health professionals in both the formal and informal sectors.

As this is an exploratory study and because of the rather small expected sample size (between 30 to 70) it was considered unrealistic and impractical to try at this stage to test particular hypotheses. For this reason elaborate psychological scales have not been included. It is more hoped that as a result of the information gathered that this questionnaire will provide indicators as to who & why people are harming themselves or attempting suicide which can later be focussed on in further research.

The areas asked about in this questionnaire are the main areas which have been written about in the literature on self-harm, attempted suicide and actual suicide. Here follows the areas and some literature which backs up their inclusion in the questionnaire: (see list of references)

age: Birleson (98) teenagers & young adults highest risk parasuicide. Diekstra (93) declining age of parasuicide (N America & Europe). Fridell (95) young age risk of parasuicide. Ndosi (97) mean age 23 (Tanzania).

sex: Garland (93) more males succeed, more females (3:1) attempt suicide. Ndosi (97) F:M attempts 2:1. Petersen (93) adolescent girls > boys depressive disorders

marital status: Merrill (86) parasuicide - young, female, married Asian girls (Britain), Khan (96) parasuicide - young, female, married girls (Pakistan).

religion: see religiosity later

education: Barber (97) protective - integration into institution education (Palestine). Ndosi (97) most 7 years education (Tanzania).

where from: village/town/camp Quota (92) increased anxiety towns, reduced camps

means/methods: violent/non-violent. Garland (93) males- firearms/hanging (violent), females - gassing/OD's (non-violent)

triggers/reasons: see below

physical health: Ndosi (97) risk suicide attempt poor physical health

economic situation: Barber (97) (Palestine) economic deprivation more indicator of problems than political involvement. Garland (93) attempt & actual risk. unemployment. Ndosi (97) most attempts unemployed or underemployed. Schmidtke (96) (WHO/Europe) increase suicide attempts areas of poverty.
family situation: Barber (97) protective. integration into family institution. (Palestine). Garland (93) risk suicide. divorce in family. Lester (97) (Israel) divorce risk for male suicides, not female.

household composition: Schmidtke (96) (WHO/Europe) most suicide attempts also areas of social destabilisation (change of address in past year)

relationships and communication: parents: Birleson (88) risk overprotective parents, guilt-inducing means of control, anxious attachments. Mugwaza (93) (South Africa) ability of children to express traumas, less likely to show symptoms of PTSD. Tulloch (97) communication with parents very strongly associated with self harm. both: Daradkeh (87) (Saudi) 'disordered relationships with spouses and parents' most common precipitation factor of parasuicide.

confidant: Tulloch (97) absence family confidant v. strongly associated with adolescent self-harm. Mahon (93) loneliness linked to introspection and -ve health consequences. Fridell (95) risk of parasuicide poor social network. Sakinowsky (90) parasuicides poor social skills.

Ponizowsky (97) increased suicidal ideation among socially and emotionally isolated immigrants with lower social support (Israel).

mental health (categorisation prob's): Fridell (95) risk. personality disorder. Garland (93) risk. psychiatric disorder. Gastel (97) risk. depression & personality disorder. Ndosi (97) risk. psychiatric illness & alcohol intake. - drug abuse. Patton (97) risk. psychiatric morbidity - strongest association with self harm. Petersen (93) co-morbidity of parasuicide - depression etc.. Sarraj (92) (Palestine) anxiety (12.5%), depression (8.3%) paranoia (3.2%) psychosomatic (10.7%). Suominen (96) (Denmark) 82% mental disorders, >60% depressive. Hopelessness. coping skills: Garland (93) risk. poor problem-solving skills. Punamaki (87) coping environments. Sakinowsky (90) (Britain) parasuicide cope poorly with psychosocial problems - also sense of powerlessness and internally directed hostility. Many - previous attempts.

family history of mental illness, parasuicide, suicide: Fridell (95) risk. parents received treatment for psychiatric disorder. Ndosi (97) risk parasuicide. family history of mental illness.

friends/acquaintances history of mental illness, parasuicide, suicide: heard of other people attempting suicide (?clustering, ?ideation)

suicidal intentions: Ndosi (97) attempters 40% demonstrative, 30% genuine

religiosity: Barber (97) protective - integration into religious institutions. Braam (97) (Netherlands) Religiosity increased improvement of depression. Williams (91) Religious affiliation unrelated to mental health status. In contrast, although religious attendance does not directly reduce psychological distress, it buffers deleterious effects of stress on mental health i.e. in the face of stressful events and physical health problems, religious attendance and reduce adverse consequences of these stressors on psychological well-being.

haki an-naas: from previous experience in hospitals

childhood experiences: Garland (93) risk. childhood physical/sexual abuse.

political violence/intifada: Baker (90) ?protective nature of involvement. Barber(97) problems more related to social/economic depression rather than involvement, but also protective ideological commitment. Mansour (96) active/passive involvement. Quota (93) collective punishment - curfew increased anxiety & house demolitions increased depression. Quota (92) rise in levels of anxiety amongst citizens (not refugees) between 84 and 91. Apparently gone up since end of intifada. Quota (95) increased exposure, increased neuroticism post-intifada, but participation in flag-raising ceremonies increase self-esteem. Quota (95) more traumatic experiences in intifada, more difficulties in concentrating, attention and memory. Sarraj (88) beginning intifada - decrease intra-communal violence, less drug addiction, decreased admissions. children, increased anxiety, phobias, behaviour changes (particularly seeing parents beaten).
future aspirations: To get an idea about sense of hopelessness - do they have anything to look forward to?

referral to Dr Mansour: Sylvie has offered to see any interviewees who would like psychological therapy. This is to be offered to all interviewees.

In hospital: medical notes: want to see how recorded. staff attitudes: affect treatment. Pelto (97) attitude/beliefs affect health care system. Schnyder (97) work stress means employees likely to be less sympathetic. time: parasuicide more often late afternoon and evening, and (Daradkeh) in Jordan decreased during Ramadan. police: Khan, Daradkeh (Pakistan, Saudi) being illegal affected results. Neeleman (96) legal history/status affects recording and treatment.
The family and social setting (as noted above) is thought to be crucial in understanding why people should harm themselves/attempt or commit suicide. For this reason, it is also hoped that family and friends can be interviewed and spoken to at the time of admission and - if possible - afterwards outside the hospital.

This case study hopes to not only look at who and why people harm themselves/attempt suicide/commit suicide but also to look at services provided in hospitals so that perhaps improvements in care can be suggested.

If the sample size and the quality of the data seems appropriate it may be thought reasonable to administer part of the questionnaire (i.e.those parts not dealing with the actual event itself) to a suitable control group. This may provide some insight into what distinguishes this group from the rest of the population.

In a more general way, this case study as perhaps part of a larger study hopes to provide a kind of 'window' into Palestinian society during these particular times and circumstances. As seen above, larger political, social and economic circumstances seem to play roles in levels of attempted/completed suicide.
Dear Doctor,

The Institute of Public and Community Health of Birzeit University is currently carrying out research into the topic of suicide and attempted suicide in Ramallah. In order to understand this public health issue we need to have a general idea of the size and nature of the problem. This can only be obtained through the help and cooperation of health professionals working here.

The Institute would be very grateful for your assistance by taking a few minutes of your time to complete the following forms.

If you have any enquiries about the study please contact Nadia Dabbagh on:

2982972/2 (office)
or
052 529909 (mobile)

Thank you very much for your kind assistance.

All personal information gained is strictly confidential. All information is for use in the study only.

If you are interested in the results of this research then a report should be available from the Institute of Public and Community Health, Birzeit University after completion.

Yours sincerely,

Dr Rita Giacaman.
Doctor's name:  

Date:  

Type of clinic:  

No. of years practicing in Ramallah:  

Q1. Have you ever seen any cases of suicide or attempted suicide in Ramallah?

   yes/no

If no, please go to Q3.

If yes, please answer Q2 and Q3 and fill out a CASE FORM. Try to remember as many details as possible, but if even if you cannot fill in the form completely, please return the form with as much as you can remember.

Q2. In which period did you see more cases of suicide and/or attempted suicide?

   - before the Intifada (up to 1987)
   - during the Intifada (1987-93)
   - after the Intifada (after 1993)

Q3. In your opinion as a practising doctor in Ramallah, has the number of cases of suicide or attempted suicide or self-harm increased during the last few years?

   yes/no

any comments:  

Appendices - page 9
CASE FORM NO.1
Date of suicide/at tempted suicide: (particularly the YEAR)

About the patient (name NOT required)
age:
sex: male/female
marital status: single/married/divorced
place of residence: town/village/camp
level of education: primary/junior/secondary/tawjihi/university
employment: housewife/unemployed/worker/employee/professional/other

About the suicide:
suicide: actual or attempt
means:
- drugs which ones? amount?
- poison which one? amount?
- hanging
- shooting
- lacerations where?
- other

reasons given:

What happened to the patient?
Was any treatment given? what?
Did he/she go home?
Was he/she transferred to hospital?
If so, was it a private or public hospital?

Additional comments:

(10 case forms included in questionnaire)
النهاية: تشرين الثاني 1998

حضرة الطبيب المحترم:

يقوم معهد الصحة العامة والمجتمعية في جامعة بيرزيت بدراسة حول موضوع الانتحار (suicide) ومحاولة الانتحار (attempted suicide) في منطقة رام الله.

ولذلك نرجو مساعدتكم في فهم هذا الموضوع، من أجل تكوين فكرة عامّة عن حجمه وطبيعته.

وبناءً على ما تقدم نرجو من حضوركم التكوّن بتعبئة النموذج التالي، وهذه المعلومات ستكون سرية ولغرض الدراسة فقط. وإذا كنت من المعنيين بنتائج هذه الدراسة، فسنوفر تجدون التقرير في معهد الصحة العامة والمجتمعية.

ملحوظة: في حالة وجود أي استفسار حول الدراسة الوجه الاتصال بناءً على الرجاء على تلفون رقم: 2982972/3

بلغ رقم: 052999

وشكراً على تعاونكم،

د. ريمى جفان

مدير دائرة الصحة العامة والمجتمعية
التاريخ:
اسم الطبيب:
tخصص:
عدد سنوات مزاولة المهنة في رام الله:

السؤال رقم 1: هل شاهدت أي حالة من حالات الانتحار أو محاولات الانتحار في منطقة رام الله؟
نعم / لا

إذا لا ، الرجاء الانتقال إلى سؤال رقم 3.
إذا نعم، الرجاء الإجابة على السؤال رقم 2 والسؤال رقم 3، وتعبئة نموذج الحالة. حاول أن تتذكر كل التفاصيل الممكنة ولكن إذا لم تستطيع تعيينه كاملاً الرجاء اعطائي النموذج حتى لو لم يكن مكتملاً.

السؤال رقم 2: في أي فترة شاهدت عددًا أكبر من حالات الانتحار أو محاولات الانتحار؟
أ- قبل الإقامة  
ب- خلال الإقامة (1987-1993)  
ج- بعد الإقامة (1993)  

السؤال رقم 3: في رأيك كطبيب ممارس في منطقة رام الله هل لاحظت أن عدد حالات الانتحار أو محاولات الانتحار أو أي اذاء النفس زادت خلال السنوات القليلة الماضية؟
نعم / لا

أي تعلقات:
نموذج الحالة رقم 1

تاريخ الحالة الانتحارية أو المحاولة الانتحارية (خصوصا السنة):

عن المريض (الاسم ليس مطلوب)

العمر:

الجنس: ذكر / أنثى

الحالة الاجتماعية: أعزب / متزوج / مطلق / ارمل

مكان الإقامة: مدينة / قرية / مخيم واسم مكان الإقامة:

مستوى التعليم: ابتدائي / إعدادي / ثانوي / توجيهي / الجامعة

العمل: ربة بيت / عامل عن العمل / عامل / موظف / أخصائي (professionals) / طالب

عن الحالة:

حالة الانتحار /محاولة الانتحار

الوسيلة: الدواء  
أي نوع؟  
السم  
أي نوع؟  
الدقيقت

الأسلحة النارية

السكين (lacerations)  
أين؟

غيرها

الأسباب التي ذكرها المريض عن محاولة الانتحار

• كيف تم التعامل مع الحالة؟
  1- إعطائه علاج ورجوعه إلى البيت
  2- تحويله إلى المستشفى

• كيف توصلت إلى الحالة؟
  1- هل ذهبت إلى منزل المريض
  2- هل المريض حضر إلى العيادة

في حالة تحويله إلى المستشفى أي مستشفى

1- خاص
2- حكومي

أي تعليقات إضافية:


Appendices - page 13
## Appendix C: Tables on 31 Cases of Parasuicide Seen

### Table A: Details of the cases of parasuicide

<table>
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<tr>
<th>No.</th>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Marital Status</th>
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<th>Origin*</th>
<th>Occupation</th>
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<td>RH</td>
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<td>t</td>
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<td>v</td>
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<td>t</td>
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<td>v(Jenin)</td>
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<td>c(Gaza)</td>
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</table>

**Sex:**
- f = female
- m = married
- s = single
- d = divorced

**Marital Status:**
- v = village
- t = town
- c = camp

**Residence/Origin:**
- RH = Ramallah Hospital
- KH = Khalid Hospital
- JH = Jihan Hospital

*Origin, if different, e.g. if went from one village to another on marriage*
### Table B: Timing of suicide attempts and interviews

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Date of Suicide Attempt</th>
<th>Time of Day</th>
<th>Day of Week</th>
<th>Month</th>
<th>Date of Long Interview</th>
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<td>Wednesday</td>
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<td>Wednesday</td>
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*Interviewed by Dr Mansour
** Patient in a coma
### Table B: Timing of suicide attempts and interviews

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*Interviewed by Dr Mansour

** Patient in a coma
Appendix C: Tables on Cases of Parasuicide seen

Table C: Methods used and ostensible cause(s) of parasuicide

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<td>overdose</td>
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<td>Lina</td>
<td>overdose</td>
<td>divorce, beaten by husband, loss of children</td>
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<td>4</td>
<td>Dana</td>
<td>overdose</td>
<td>break-up of relationship</td>
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<td>Amal</td>
<td>overdose</td>
<td>recently married, argument with husband, lack of attention</td>
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<td>Ranya</td>
<td>vinegar</td>
<td>argument with sister in law</td>
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<tr>
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<td>Saeed</td>
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<td>miserable, wants to marry</td>
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<td>Khaloud</td>
<td>overdose</td>
<td>unhappy, fears husband is unfaithful</td>
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<td>bleach</td>
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<td>overdose</td>
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<td>epilepsy, unemployment</td>
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<td>Rasha</td>
<td>overdose</td>
<td>newly married, unhappy, unable to talk to husband</td>
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<td>Mustapha</td>
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<td>unemployed, penniless, wife recently miscarried</td>
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<tr>
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<td>Mona</td>
<td>overdose</td>
<td>feeling trapped in Gaza</td>
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Reem’s case

18-year old recently married female
Living in refugee camp in Ramallah, from camp in Gaza
Medical notes: drug ingestion (voluntary), 20 acamol (paracetamol) pills

I saw Reem on three occasions, once in the emergency room of Ramallah Hospital immediately after she had taken the overdose, and twice in the camp. As shall be seen, I did not manage to interview Reem properly so I never really found out the background to her overdose. However, I think this case is important and interesting for a number of reasons, in particular because it shows how misleading first impressions can be and how young women can be controlled and imprisoned in very subtle, but secure ways. What happened reminded me very much of the cases of Aida, where her brother decided she was not to talk to me, and Sadeeqa where the father decided she was not to talk to me. In this case Reem’s husband’s eldest brother, who is her cousin, made the decision between my two house visits that she was not to talk to me, so that when I turned up to interview her, an invisible but totally impenetrable barrier had been placed around her. Although the decision was taken by Reem’s uncle, her husband and her aunt carried it out, and she had to passively accept it. It was a fascinating demonstration of the different roles that people assume within a family, and where the power lies.

In the emergency room
I arrived in the emergency room at 8:30am, about an hour after Reem had come in. A nurse told me that she had taken 20 acamol pills, but otherwise there was no history. I went in to see her. She was lying on the bed and her mother was at her side. Reem looked very young. She is plump with fresh peachy skin. She was wearing jeans and a shirt under a jilbab which was undone and a silky mindel which lay on one side.

I introduced myself to her mother, also a big woman, who was dressed in a tobe. She seemed a little disconcerted by my appearance but otherwise undisturbed. She left and a young man came in. I asked if I could talk to her alone. He said, ‘I am her husband’ (anajowzha), and that seemed to set out clearly that there was no reason why he should leave. He wanted to know if I was with the police. I reassured him I wasn’t.

The husband was also very young looking. Smallish, good-looking, clean shaven, shabab type. He was dressed in jeans and a t-shirt looking quite tidy but he seemed somewhat shocked by the whole thing and unsure quite what to do. When the doctor came in to put medicine in her I.V. drip he stared at her intensely. It did not seem to be in a harsh way, more like, ‘Oh! How could you do this?’

After introducing myself and explaining why I wanted to talk to her, I asked her what had happened and why.

‘It’s normal’ (aadi), she said almost carelessly. She appeared to not really want to talk to me. It was almost as if she could not be bothered to talk to me.

The husband was fussing over her a bit, trying to put the sheet on to cover her or to pull the curtain round after the doctor or a nurse came in.

At first, all Reem could say to all my questions was ‘aadi’. After a while, however, she started to respond and told me a little bit about herself.

It seems that Reem grew up in Jabaliya Camp in Gaza and came to the West Bank five or six months ago with her father, mother and sisters. She married two months ago. Reem reached the second year of high school (thani thanawi). Although she did not get her high school diploma, she said that she

1A friend from the hostel (sakin) where I stayed had just advised me that it was better to ask this of the people that I wanted to leave rather than of the woman patient herself as she would probably not be able to request it.
was educated (bas anumutaalima), whereas her husband only reached the first year of high school. He seemed to want to justify this by saying, 'It's not the same with us as it is with you (adna mish zaykoo)'.

Reem's husband works in a shop in the camp. It seems that they are doing all right financially and he has relatively good prospects. Reem and her husband are first cousins (awlad khal) and her mother and his mother are sisters. Reem lives with her husband and her family above the shop. She said it's only her father, mother and sisters. The rest of her family are all in Gaza.

The only time Reem lit up or showed any interest in my questions was when I asked if there had been many changes since she had got married. 'But of course! Haven't there been!' (willal), she said.'Everything (kul shi). 'She said that the marriage had been nice but that there had been lots of changes.

The husband said that Reem had problems with the wives of the sons (kanaayin) over household chores such as washing up and washing clothes (bitarifi... al-jalli wa al-ghaseel). He obviously thought these problems rather trivial. She got upset and went and drank the medicine ('ziillt wa rihhit shirbit ad-dowa'). This to him seemed to be the end of the story. Reem just said that she regretted doing it.

Reem complained almost constantly throughout the interview. She kept getting up, complaining that her head really hurt, (raasi!) She complained about everything. The husband almost looked embarrassed as he fussed over her, putting her scarf under her head to prop it up. When I wrote down my and Sylvie Mansour's name and phone number, she complained that she could not read my handwriting and almost threw it back at me. The husband said he could read it. She wanted to write it again. It felt more as if she wanted to show off to me. When she read the name 'Sylvie' she just laughed out loud at such a name. She asked if I was married and how old I was. I felt she looked at me with some pity when I said I was neither married nor engaged. I asked if I could come and visit them in a month or so to check that everything was all right and I said that she could phone any time if she wanted to talk to me or Sylvie.

In my notes that night, I wrote:

'I don't really feel that this was a very serious case. She is undergoing a lot of changes, marriage isn't what she thought it would be. The added stress is perhaps that she has left Gaza and it is difficult to go back: (She said how there were no permits.) to see other family members and friends. I would imagine she has no friends here. Her whole environment basically consists of her husband's family and she is entering a new camp environment. She did seem very spoilt and her husband rather shocked and I almost felt that she had achieved the required effect... as he fussed around her obviously quite embarrassed as well by the whole thing... My gut reaction after leaving her was that she was very spoilt (dalooa).'

House visit number one, 9th March 1999
I did not get round to seeing Reem until some six months later, just before I left the West Bank. In a way I thought that her case was rather similar to several other cases I had seen and so not particularly interesting: a young, recently married woman who had grown up in one area, got married and moved to another area. Her overdose was an expression of her distress at being forced to deal with so many changes brought about by her transition from unmarried girl (binit) to a married woman (maraa) with little of her usual support. I also had not thought it to have been a particularly serious suicide attempt.

The house where Reem lives is up at the top of the camp. Going through a metal gate there is a dusty courtyard. To the right there are a number of different animals: a turkey, some chickens, a goat. I walked up some steps to a small veranda where three or four people were sitting around on plastic chairs.

I asked if Reem lived here. They said she did. I started introducing myself when Reem appeared and she recognised me from the hospital. I said that I was from the university and would very much like to talk to Reem for a bit if she did not mind. Reem looked a little anxious but she took me into her room. The people outside I think were a bit too taken a back to object or say anything.
In Reem's bedroom she asked me some more questions. I said that really I just wanted to ask her about why she took the medicine and to see how she was. She said she was fine. She was now pregnant and was due in June. She asked if I liked Um Kalthoum. I said I did, and she started showing me her tapes. She got quite excited that my favourite Um Kalthoum song, 'The ruins' (Al-atlal), was also one of her favourites. She was much more engaging and friendly and bubbly than she had been in the hospital and seemed very eager to talk to me.

I then looked in my bag and found that I did not have my tape recorder with me. I asked if I could come and interview her the next day. She said that she thought that would be all right. So, I agreed a time and said goodbye to her and her family and said that I would see them then.

House visit number two, 10th March 1999
I turned up at the agreed time, expecting a fairly friendly welcome and to be able to go and carry out a short interview with Reem in her bedroom, where we had been sitting together the previous day.

However, things did not go according to plan. Indeed, I was welcomed in a friendly enough way, but I was sat in a side room with the aunt (al-khaala) - also Reem’s mother-in-law (hamaatha) - who chatted with me. They brought me coffee and water but when I asked where Reem was they said that she was busy and would come soon.

Her aunt (khalith) asked me about England, about studying, about working, about marriage. Indeed she chatted away for some time. She showed me pictures of Reem’s marriage from last summer and pictures of her engagement. Reem was very dressed up indeed in the pictures. Khalitha told me how good her son - Reem’s husband - was at karate and showed me how many of his friends in the wedding pictures were friends from karate.

When I asked if I could talk to Reem, I was told to wait until her husband came in. Then the aunt/mother-in-law said,

'Why anyway do you have to talk to her? There are no problems. No problems... she just had an argument and drank some medicine. There are no problems now.'

The eldest son of Reem’s aunt is called Aymen, so she was referred to as Um Aymen. He seems to run the family in many ways. There was big picture up of him over the door. He had a Palestinian scarf (keffeya) wrapped around his shoulders and a machine gun. I expressed some surprise at what he was holding. 'Oh! People did not used to ask before,' they explained. They then told me that he had killed a collaborator. He had also been imprisoned a number of times.

Aymen’s wife came in from time to time, as did her children: two small girls and a boy. Um Aymen told me that he wanted to get married to a young foreign woman. They all were disapproving; it seems his wife was quite distraught, but Um Aymen gave the impression that nothing could be done to stop him. From how she put it, it seems that they were already in a close relationship and marriage was imminent.

Reem came in and greeted me but otherwise hardly said a word. Her husband came in and sat on one of the mattresses eying me suspiciously. After a while I thought I would have to say something. When I did, Reem’s husband explained that I could not interview Reem as Aymen had forbidden it. I asked why. Reem’s husband at first gave no reason and then he said that it was because he thought I was a journalist. I showed him papers from the university and offered to sign one of them that stated I was not a journalist. I said, ‘But you saw me in the hospital! I was in white coat and all the doctors and nurses knew me.’ He said that I could not talk to Reem, Aymen had forbidden it. It seems that he had come home the night before and heard about my coming over and had got very angry and said that Reem was not to talk to me.

I must have stayed there over an hour trying to convince them to let me talk to Reem. However, it was impossible. I decided to go. When I got up to leave, Um Aymen got up with me to see me out. Then she pulled me into another side room which was Reem and her husband’s bedroom - where I had sat the day before. She said to me,

'Please don’t be upset (ma tizaali). If only you came earlier! I could have told you about 28 years of problems with Abu Aymen. He is a very difficult man - particularly since an accident.
Um Aymen said she was really very sorry. Reem came in and just looked at me, as if she wanted to say something. She said that she wanted to talk to me but that if she did talk to me, they will make problems for me (*biyamaluli mushakil*). Then she went over and got one of the Um Kalthoum tapes and gave it to me and kissed me.

I left feeling disappointed and a little frustrated not to have been able to interview Reem.

**Comments on Reem's case**

So, I do not know fully the reasons why Reem took the overdose in August. It appears that she is having difficulties adjusting to marriage and her new environment. She is very young and, as she said, 'everything' (*kul shi*) is different. It could also be because she is in an environment which can be quite controlling, as was seen by the events of the afternoon. Perhaps, as a new addition to the household, she felt herself to be at the 'bottom of the heap' and thought by taking the overdose she would make herself heard.

It was interesting how a decision made by the eldest son made it absolutely impossible for me to talk to Reem. An impenetrable barrier was put up around her and, whatever I said, I was politely and firmly told that I could not talk to her.

It was also interesting how the different contexts shed a completely different light on the roles, positions, behaviour and personalities of the various actors. Whereas in the hospital Reem had seemed spoilt and complaining, in her house she seemed passive and accepting. The husband, on the other hand, was more accepting of me in the hospital, I think because he was uncomfortable in that setting and a bit shocked by the whole situation, while on his home territory he was much more self-assured and insisted that there was no way I could talk to his wife.

I might never have known about the power structures in the household, which were revealed to me that afternoon, if I had remembered the tape recorder the previous day and carried out the interview with Reem.
Appendix D

Aisha’s Case

28-year old divorced woman from refugee camp in Ramallah governorate

I met Aisha through Watan who told me that if I was interested in suicide attempts and women in terrible situations then I should talk to Aisha and we arranged the interview which we carried out in her house on the 4th March 1999.

Aisha was born in 1971. She is Muslim and has only finished elementary school. She married at the age of 15, again at 20, and is now divorced. She was imprisoned for stabbing an Israeli soldier when she was about 23. For the last four years she has been living at home in Al-Amary refugee camp where she is very unhappy.

Aisha is painfully thin. Her long limbs are constantly on the move, fidgeting or holding herself curled up. She chain smokes heavy Imperial cigarettes, drawing each drag in deeply. Her hair is short - the curls just frame her scalp. She is fair skinned with freckles and a little snub nose. Her nails are bitten right down to the nail bed. She says when she finishes those, she bites the nails on her toes. A picture of agitation and distress. However, her eyes are bright and direct and when she breaks into the odd smile it is a brilliant, almost childish smile - devastatingly charming.

Aisha’s story is disturbing. Aisha started by telling me that at the age of 10 or 11 the younger of her two brothers, who was 15 or 16 at the time, started to come and sleep with her.

When I was small, my younger brother used to sleep with me. He used to try and sleep with me.
... I was 10 or 11 years old. I would tell him, my brother, 'I don't want this, not at all!'
Every night... before he would come and sleep with me he would come and say to me, 'Yes?' 'I don't want it.' I couldn't bear it. 'You are my brother! I can't...'

Aisha was so distressed by what her brother was doing to her, that at the age of 12 she attempted suicide by taking an overdose. She said that no one tried to help her.

I was twelve years old. I was still young. He destroyed me. I couldn't stand it. I committed suicide. I drank pills like a mad person (shiribt haboob zay wahid majnoon).

... They asked what happened. They [the police] questioned me. I told him, 'I want to kill myself. I want to die.' They didn't try, I mean, to help me... There isn't anyone to help me... I was 12 years old and I committed suicide.1

He kept on sleeping with her, until, at the age of 15 Aisha was married to a man from Gaza with whom she had a daughter. She was unhappy during this marriage. Although she says he did not treat her very badly, she said that he started to bring other girls to the house and sleep with them. Also, while she was married to him, one Eid her younger brother visited the house with the other men from the family - as is usual on the Eid. Aisha describes how at night he came and asked her to make some coffee. She went to make coffee and he insisted on her sleeping with him. Disturbed and distressed by what had happened with her brother and by her husband’s unfaithfulness, she left and asked for a divorce.

I got married and then divorced... My husband the first time was a relative [on mother’s side]... from Gaza. We lived in Gaza.

... The problem was he was unfaithful (khanni).

... Then it was the day of the Eid - we have an Eid day - and so my family came to visit me (ayadu andna). My brother and my maternal uncle... They came. At night my brother comes and says, 'I want coffee.' I went to make coffee... He wants to sleep with me... when I am in Gaza... in the house... and my husband.

1 anharit haali - I slaughtered myself
[N: Did your husband know what happened?]

No, he didn’t know.

...Then, there were problems with my husband... He would have affairs and bring women to the house. I couldn’t bear to see it in the house... I see they are oppressed [treated unjustly] just as I am treated unjustly... I can’t bear it... I couldn’t bear the situation, that the husband brings another woman to the house, and sleeps with them.

...I requested a divorce. [He was] Good... but there’s no one [female] that likes her husband to be with other girls... a girl other than her... and he sleeps with them and so on.

Aisha at one point seems to almost regret her action in divorcing him. She says how she was not aware at the time, that she was young, that she was not educated. She said that at the time she simply could not bear to see her husband with other girls or that her brother had come to Gaza to sexually abuse her.

I wasn’t aware/conscious of my state (mish waaiya an haali). What, I was 17 or 18 years old - I was young... I was not educated - in a school.

That’s it. When I saw him with other girls... I was not able.. that’s it, I don’t want him. My brother sleeps with me... My husband sleeps with girls other than me.

Aisha escaped from the house and went to live in Jerusalem. Aisha started to work in a massage parlour. From the age of 17 or 18 she lived in Jerusalem for two or three years. When I was living in Jerusalem... a girl on her own in Jerusalem... you know. I got to know someone, he was married and living with his wife on their own... I just told them that I am living outside of my family... but about my brother, no.

[I was there] perhaps between three years or two...Between 17/18 - 20, that kind of thing.

...Yes, I speak Hebrew.

Aisha spoke fondly of an Iraqi Jewish (Israeli) woman who had helped her out.

Yes... she helped me.... She was loving... She advised me... The last time [I saw her was] four years ago... If I saw her I would give her a big hug... She is the one person who helped me. I don’t know where she is... It would be very difficult to see her now -

During this period Aisha used to see her family regularly. They came to he shop to take money from her - often her sister - and she would go to visit her family in order to see her daughter and to give them money. Aisha is very resentful that all this time the family never told her to come and stay at home, that it would be better for her and her daughter to stay at home rather than work in a massage parlour where, as she said, ‘people laughed at me’ (an-naas dihku allay) and treated her in a humiliating way.

No! I used to see them [my family]. They would come to the massage parlour and take money from me. And I would come here to the house and give them money, see my daughter, and go.

...They didn’t say to me, ‘This won’t do’(ma biseer) ‘Come back’. They didn’t say, ‘Stay in the house, because of your daughter, because of your life...’ They didn’t want to say this talk (ma bidhum hatha al-haki)... No, they didn’t say this.

...No, I was not happy... you know, a girl, far from her daughter, far from her family.. and people come and laugh at her. .. but there was no alternative, that’s it.

...and I wasn’t a big girl who was aware, who understands what is right and what is wrong. I wasn’t aware (waaiya).

...I mean, at that age, you need someone who is older to advise you... to say this is right and this is wrong... That’s it, I lived outside [the home/family]... No one tried to help me.

At around the age of 20 Aisha was married off again. This time to a bedouin man from Bir Seba who was much older than her. Again, she was unhappy in this marriage.
I went home. I requested a divorce. My family didn't agree, they told me, 'No.' ...But I don't want him.

...He's older than me. He didn't want to give me money. If I want to buy cigarettes, he wouldn't give me money... It's different with the bedouin... One night he beat me a lot. I went to my family and told them, 'The situation is like this and that. I don't want him.'

Aisha felt her only way to escape from this situation was to go to prison. She decided that the way to do this was to attack an Israeli soldier. When she was crossing back from Beer Seba she stabbed a female soldier. Immediately she was arrested and imprisoned.

What can I do? I can't go home and I don't want to go to my husband - I've got to be imprisoned... When we were crossing the border from Beer Seba, they took us inside to inspect our things... I stabbed her in her abdomen with a razor... She was a female soldier... I decided before I went... I stabbed the soldier... They all charged at me.

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[N: How did you feel towards the soldier?]

I was not upset with the soldier. It's normal (aadi). Every human being is a human being (bani adma zayi zayha).

I can't get divorced, what can I do? My family refuse; he refuses. What to do? ...I was also thinking, 'Why did this happen to me?' I am like any other girl, why did this happen? ... I won't lie though, I am not the only one [female] that this has happened to.

I want to get divorced from my husband. So I thought, how can I leave?.. I don't want to go back to him and I can't go to my family, I have to go to prison... so I went, and I stabbed her, and I was imprisoned.

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wrong and vice versa. Aisha feels trapped at home, she says he does not allow her to do anything; anything that she wants is forbidden, he interferes in everything.

Now, I can't go out, I can't do what I want...

My big brother... tells me, 'It's wrong' and I tell him, 'It's right.' I want to smoke. That's it, I want to smoke. When I think of anything in particular... they forbid it to me.

...I want to leave the house? It's forbidden. (mamnoo')
I want to go to my sister's house? It's forbidden.
I want to go to Ramallah? It's forbidden.
I am not living in a prison, I am outside. I am imprisoned. I am a human being, I want to go out! Everything is forbidden.

A recent conflict was over cutting her hair which is presently in very short curls.
For example, I want to cut my hair. I ask him. He says, 'No.'
...I went and cut my hair.

I'd like to go out... he tells me, 'No.'
I'd like to buy something... he tells me, 'No.' So now I just go out and buy the thing and then I tell him.

I want. (ana biddi)

I want to cut my hair... he interferes. (bitdakhil)
I want to drink coffee... he interferes.
I want to buy something... he interferes - It's difficult.
Why am I not able to cut my hair?

She wanted to work but he refused to let her saying that she needs to stay at home to do the housework and to look after her daughter. It seems there are some fears that if Aisha has money then she will go astray.

They don't want me to work, or to go out.

...He tells me, if you work, 'Who wants to work in the house? And your daughter, where do you want to leave your daughter?'

I want to go out.

He says, 'Who wants to cook for them? Who wants to prepare the food for my mother?'

If only I have money... If I don't have money then I can't leave... My brother thinks that I will go astray - (ashrud)

Aisha says that she is haunted by her younger brother's sexual abuse. She says that she thinks of it most of the time. She tries to forget, but is unable to. When she remembers it, she gets complexed/screwed up.

I try to forget...

Often I think - this is what happened to me... I am not living like any girl... It's not natural...

...I try to forget... but when I remember it ... I get complexed/screwed up (aaqid).

Now all I do is sit in the kitchen or in the room.

I don't know, I can't understand... or I can't express myself... Why was I sacrificed? Why am I the victim?... What's wrong with me? I can't go on living like this... I am unable to forget. I can't live with my family.

Aisha's younger brother married and went to live in Hebron with his wife. However, he still comes and goes to the house. Aisha says that the family all know what happened, including his wife, but that they do not care. They have never said anything to him about it.

He comes and goes to us in the house... My brother drinks... He comes over drunk... They know his story; they don't care.

...They know. They all know... His wife knows. It's normal (aad). I told the wife of my brother -
like this and this and this happened to me... He slept with me.
...It doesn't matter... He could marry 10 women...

[N: How is your family with him? Did they ever say anything to him?]
No. [long pause]

Aisha said that it was because of her focus on her younger brother's sexual abuse that she recently attempted suicide twice: once in November 1998 and once in March 1999, a week before I interviewed her.

[In ANGER] When I remember it - I can't - that's it. I put it to myself again, and drank medicine - two months ago and also last week.

I asked her later if she was thinking about what her brother did to her when she drank the medicine.
Yes. I was thinking of my family, 'Why? Why did this happen to me? Why did no one help me?'
... I was only a young girl.

The first suicide attempt:
I took pills - for the heart, for blood pressure, spirto - pills... about 150.

I mean, when I think a thought... If I am right or if I am wrong... If I want to die, then I must die, There's nothing to it (mafish feeha). [almost proudly]

The second suicide attempt:
The same thing, I repeated it. 70 [pills].

I asked about her family's response. Nothing. They didn't ask.

Two months ago and a week ago I drank pills.
[N: And your family didn't ask why?]

. No, they didn't ask.

[N: If they worry about you [that you don't go astray and that you need to work in the house] - why when you drank the medicine twice did they not do anything? Why did they not try to help you?]

They don't want to... This is the thing that I don't understand. This is the thing that I don't understand.

However, they did take her to the hospital where she had a gastric lavage. Also, when she took the overdose two or three months previously she stopped talking for four days. Her brother, first and then her sister, took her to see the psychiatrist Dr Mahmoud Sehweil where she was given electric shock therapy.

And they took me to the hospital... They washed out my stomach. Then I stopped talking for four days so they took me to a psychiatrist, Dr Sehweil. Yes. They did a session of electric shock therapy. He told me, 'Still you need more.' He told me, 'Come again.'

At first I was unable to talk to him - I went with my brother the first time, and the second time with my sister... My brother told me, 'There was one who divorced her' and so on...

But Dr Sehweil tells me 'Without you telling me, you suffer from something sexual' (ishi jinsi). I told him, 'Yes.' He said, 'Come back.' Afterwards I didn't return.

He told me, 'The more that you spoke, the more that you relaxed.' (kul ma hakayti, kul ma rayhti.) I told him, 'If God wills I'll come back.' I wasn't able to go back again. It needs money... 30 shekels each time. But my family didn't help me... I don't have money... They didn't help me.

Aisha said for a little while she felt better having been to see him. He prescribed tranquillisers. However, she soon returned to her agitated state. She says she would like to go back.

I mean for a while I was a bit better... but then it got worse, I just drink coffee... I don't eat...
get nervous (batassib)... I stop eating, I get thin.
...I said to my mother, 'I want to go back to seeing the doctor'.
She said, 'You have to talk to your brother.'
I'd like to go back to the doctor.

Aisha says that there is a man, a neighbour, who has recently asked to marry her. She says that he
knows everything about her and she everything about him. She feels, for the first time in her life, that
she has found someone whom she understands and loves. However, although she managed to get
some support from her family, her eldest brother has flatly refused.

He's from the camp. Our neighbour... He requested me... My brother doesn't want it. I told him,
'I want him' so it's because I want him...
...Me and him are 28.
...It's so difficult to find one that you understand... It's difficult. He knows everything about
me... I told him, 'Go to someone else'... He tells me, 'Whatever you were, forget'...He wants
to provide me with a new life... We understand each other... I am convinced by this person and
I want him...

He knows. [about the overdose]
[pause]

My younger brother... I spoke to my mother, 'it's like this and this'... For the first time in my life
I spoke to them with all honesty.
They say he is good, that his situation is good..

...My brother says, 'No.'
Fine. No. But why? There is a reason?
Either he is right and I am wrong or I am right and he is wrong -
'No.' That's it. 'No.' There's nothing.

[N: It's not possible that your brother change his mind?]

No, I didn't try... That's it. With one word - No. There's no going back. (mafish rijia')

At one point Aisha burst out furiously expressing her anger and frustration with her present situation.
[OUTBURST]
...For example there is a person that I want. I know about him everything, and he knows about
me everything. [Intensely] But because I loved and I want him - for the first time in my life (umr
min umri) I think that I understand him and he understands me - my family refuse. All right.
WHY? There must be a reason. Why do they refuse?
My brother tells me, 'Who wants to look after your mother?'
...Why is it only me who is forced to look after her?
...I also want to have a house, a family, like other people, I want to live like any human being...
not an animal, not just for serving! (mish bas lil-khidme)

Aisha said that she feels discriminated against in the family. She feels that her sisters are treated much
better than she is. She agrees that she has made mistakes, but she feels that this does not make her a
worse person than them.

[N: Do you feel that their behaviour towards you is different?]
F: Yes. [As if to say - exactly].
My one sister, whatever she wants, it comes... She recently got married. She wanted to learn
hairdressing, she learnt hairdressing... My other sisters do as they like.

But me, No! It's been four years since I left prison...I spend on myself - I sew in the house so
as to spend on myself, to buy cigarettes.

...There's nobody that doesn't make mistakes. Everybody makes mistakes... I made
mistakes... but my brother doesn't agree... It's a bit difficult... The situation is a bit difficult.

i am the same as her (ana zayha, zayyi) - She's not better than me. They are now married.

I asked how Aisha's relationship was with her two married sisters. She said it was fine but she was
disappointed that they did not support her or help her more when she was trying to convince her eldest brother to let her marry the man who she wants to.

It's fine... but... well... I am unable to understand them and they are unable to understand me...

They don't help me. When I told them about this man, that he's like this and that... and I asked them

'What's your opinion (about this man)'

They didn't help me.

N: Is your mother more sympathetic towards you?
F: No.

She feels there is no understanding or comprehension between them at all.

I am unable to understand them, or they are unable to understand me.

Now I've found someone whom I want and my brother doesn't want it.
I am unable to comprehend them, or they are unable to comprehend me.

[pleading]

... I want to go out, I want to work, I want to marry the person that I want, not for them to marry me off to who they want...

I asked Aisha how she felt when her brother forbade her from doing something, such as from marrying this man.

I feel that I am not a human being (bani adma). It's not necessary that I live. Why?

Am I just a servant with you? I am unable to go out - Here is this and here is that! Here is your daughter and here is your tiredness!

Aisha has taken to spending all day sitting on her own.

So, I've started to just sit on my own. I turn off the light. I stay sleeping or I pretend that I am asleep...

Aisha says that no one responds to her or asks her why she is always alone.

For example, my mother comes, or my brother. They sit down... they don't ask me, 'Why are you sitting on your own? What's the matter?'

... So all of them don't ask. That it. She sits on her own. Why is she sitting? It's just like this.

...No one asks. I stay sitting on my own all day - from the morning to the sunset (min as-subih lil maghrib). That's it. Each one to himself. (kul wahid wa nafsu).

Aisha frequently said how she longed to die, most frequently because of what her brother had done to her, but also at times out of feelings of imprisonment at home. When she spoke of the future, she said either she had to emigrate with her daughter or she would die. She could see no reason for living.

I wish I would die... I can't live like this... If I die it's better.

Why me? I am a human being... I must die, because of what happened to me. It's not necessary that I live. (laazim amout; mish laazim aayaish).

... Now I think, 'Either I emigrate - outside of the country without my family knowing - or I die' (la ahaajir aw amoot). I mean, one of the two. Either I emigrate or I die. I'll make myself die, I want to rest.

I asked her what would happened to her daughter if she died. Aisha said that she wanted to provide for her, but she said now she had reached a point where she could no longer look after her. If she died, then her daughter would be 'and Allah'(with God).

There was one moment when Aisha came alive and spoke very positively. This was when I asked her about her participation in the Intifada. She said that this is the one thing in her life that she is proud of. She said when she participated in demonstrations or was a member in political organisations she felt like a human being, doing something in the world.

[much enthusiasm] Yes, I participated, by God (walla),... My country (baladi)... I mean, there's no one that doesn't love it .. This is my country, my country.

...Demonstrations and organisations (munathamaat) and festivals (mahrajaan) and so on... I was young - what!
At the end of the interview Aisha reflected on her life. She summarised quite well how she perceived her life. She felt abandoned. She felt that from the time that her brother started to sexually abuse her, until this day that she has been the victim. She constantly asks why they chose her brother over her, why they abandoned her.

"It would be nice for one to talk with his family... [wistfully]
I am wrong? I don't know.
...That's it, something happened. They don't want anyone to know.

[N: Why? Because of the family's reputation?]

There is because of the family's reputation... They took their son, and they left me... No, they chose my brother... and they left me.

I mean, my sister would come to me in the place (in Jerusalem)... and take money from me... I would go to them and they take money from me.

Why? Why did you not help me?
What do I want to do?
Why did you abandon me?

Why?

Notes and comments on Aisha's case

Aisha is haunted by her brother's sexual abuse of her when she was a girl. She is particularly angry with her family for not doing anything about his behaviour. She feels that they chose him and abandoned her. She thinks that they could have stopped it from happening. She is left now feeling damaged [kharabni - he destroyed me].

Throughout Aisha feels victimised and unhelped. Numerous times she said how there is no one that helped her. [After the first suicide attempt age 12 when I asked if anyone helped her, 'There's no one that helps -mafish hadyisaaid'.]

While in the West Bank I heard a number of stories about brothers having sexual intercourse with their sisters. It is a very taboo subject - totally haram religiously and disapproved of socially. A couple of gynaecologists/obstetricians told me cases of girls getting pregnant through their brothers having sexual intercourse with them. I was even told stories about one brother getting the sister pregnant and then another brother killing her to protect the family honour. However, usually it seems the main problem, other than permanent psychological scarring, is that after a brother has slept with his sister the girl is no longer a virgin and this may mean that she is unmarriageable. For Aisha, though this was not the case.

At least two psychologists told me of having seen women who had and attacked Israeli soldiers, particularly during the Intifada, in the hope of either being killed or imprisoned. They often used such small knives or blades that there was little hope of actually really injuring the soldier. Aisha is the only one that I know has actually done this. She seemed to have wanted to be imprisoned more than to be killed, but of course, she could have been.

I think what is interesting here is the recurring theme of the dangerous state of the woman outside the home or family. Even when she went to prison the Arab girls criticised her for doing this. Aisha several times mentioned the scorn and disapproval of people around her for having left her family, of having lived outside (ashit barra). Also, it seems that Aisha herself at times regrets having done this. When she talks of the period in Jerusalem she says, 'I wasn't a big girl... I wasn't aware... I didn't have anyone...
to advise me...' and so on.

Aisha really feels let down by not having had anyone to advise or guide her. Perhaps this is what she thinks her father would have done had he lived.

However, Aisha has a rebellious streak as well. Many women in her position would simply have stuck it out and accepted it all: the abuse, the bad marriage, the affairs. Aisha rebelled against her family when they made her do things that she did not want to do. This is the constant battle: Aisha feels that in everything from cutting her hair to marriage, her family is criticising and condemning her, forbidding her from doing things and preventing her from making her own choices.

It seems that her family, particularly her eldest brother, feels that she has made so many mistakes in the past (failing in two marriages, living away in Jerusalem, stabbing a soldier and going to prison) that they now want to contain her completely by keeping her in the house to do the housework and look after her mother and daughter. Her brother probably wants to control her economically as well, so that she is not able to do as she likes.

However, although Aisha constantly criticises and argues and speaks out against her family, she realises that at the moment she cannot rebel completely. If her brother refuses to agree to the marriage, she has to accept it because the man she wants to marry is also in the camp. So, as she sees it, she must find a way of completely escaping the net of family control; either she emigrates or she dies.

Aisha's recent suicide attempts appear to have been serious - 150 pills is a huge quantity - but not to have moved her family. When she stopped talking however, they did take notice. However, it seems that once the psychiatrist said that he thought she was suffering 'from something sexual' (min ishi jinsi), they did not give her the money to go on seeing him. Aisha did say that the family did not want the family's history of the brother's sexual abuse to be known to others, or to be talked about.

It is the fact that it is never talked about and that her family never said a word to the younger brother about what he did, that really gets to Aisha more than anything else. She feels that she is 'not normal', 'not natural,' 'different,' that 'because of what happened I must die'. She is filled with rage when she remembers it. However, her family do not acknowledge any wrong doing on their part.

All these things combine to leave Aisha feeling that she is just there to serve her family and that her feelings are of no concern. She often said, 'I am a human being (bani adme)! I want to feel like a human being.'

It was interesting how much Aisha lit up when she spoke of her participation in the Intifada, although one might ask why she cares so much about a country when her time in its society has been so unhappy! However, she is proud of her country ('This is baladi!') and very proud of her participation. It was the only moment in her life when she felt that she was doing something in this world (amiliishi fid-dunya) and that she had feelings of self worth. These is very similar to the feelings of Abdul Hadi, who was so depressed and miserable about his life, his poor economic situation, his bad family situation etc., but so proud of his - and his friends and relatives - activities against the Israeli occupying forces.
I have tried to explain and translate all Arabic words and expressions as they have been used in the thesis.

The transliteration of the Arabic words has been done according to how the words sound to me in English rather than according to any particular formal system of transliteration. It should be clear to anyone familiar with the Palestinian accent.

A few words need extra explanation. The plural, when relevant, is bracketed:

**aad**
Literally 'sitting', but is often used to refer to being unemployed: ‘aad fil-beif’ means ‘sitting in the house’, i.e. unemployed

**balad**
Can refer to village, town or country according to context

**haradda**
Verb referring to when a married woman goes back to her family, usually after an argument with her husband. In the first person singular it becomes ‘bahru’d meaning ‘I go back to my family’s home.’ In general it is acceptable for a woman to have done this a few times during her marriage, but if she does it too often then she may be criticised, as may the husband as well if his wife frequently ‘bituhrud’ (second person singular), i.e. leaves him and goes to her father’s house. (It is different from just visiting her family.)

**haram**
Strongly forbidden by the Islamic religion. However when used as the expression ‘ya haram!’ it can mean a number of things, again depending on the context, e.g. talking about a person in a bad situation it can mean something like ‘Poor thing!’

**kafir (kufaar)**
To be an infidel, to leave Islam. When used as a verb, eg. bakfur it means I act as a kafir, I do things which are against the Islamic religion.

**kilaam an-naas/hakian-naas**
Literally the ‘words’ or the ‘talk’ of people; it refers to gossip, what people say about a person.

**nafs**
The soul, the self (nafsi means myself) see nafseeya

**nafseeya**
I have translated this as ‘psyche’ as it refers to mental state or the mind although it might sound somewhat academic or formal for ordinary conversation. There is no exact translation in English. nafseeyati is my psyche.

**saayi**
This means ‘aimless’ and can be quite insulting if said seriously, although it is often used in a somewhat jokey way. For men it can also mean that the boy or man is ‘worldly’ or ‘streetwise’. For girls it is not good.

**shab (shabab)**
A shab is a young man, usually unmarried. The word ‘shabab’ for boys and men between the ages of about 14 to 30 is commonly used. ‘Youth’ is the closest English translation but it does not translate the full meaning. It can be used in an almost affectionate way at times; calling someone ‘abu ash-shabab’ (the father of shabab) can be complimentary. The group word ‘shabab’ can be used for a mixed group of young girls and boys but usually it refers to males only.

**yaani**
Used throughout Arab speech. It literally means ‘it means’ but it can also mean, ‘well’, ‘er...’, ‘sort of’, ‘a bit...’
Terms for family members:

amm      paternal uncle; *amm* is my paternal uncle
amna     paternal aunt; *amni* is my paternal aunt
hama     mother-in-law; *hamaa* is my mother-in-law

When a woman marries she may refer to her mother-in-law as *amni* and her father-in-law as *amm*.

ibn      son
ibn amm  the son of a paternal uncle, i.e. a cousin
akh      brother,
akhuya   my brother
khala    maternal aunt
khalti   my maternal aunt
zowj     husband
zowji    my husband

Terms for schooling:

ibtidaai primary school
idaadi    elementary school
thanawi   secondary school
tawjih    high school certificate or diploma; this is taken in the final year of secondary school
          and is required for entering university.

Items of clothing:

jilbab    modern Islamic dress worn, with a *mandeel*, over clothing to leave house,
mandeel   Islamic headscarf
tobe      long, embroidered traditional dress, mostly worn by older women
kefeya    Palestinian scarf worn by men
Map 2. The West Bank: Principal Towns and Political Control

Source: The Economist, April 25th, 1998