



**An Najah National University
Faculty of Graduate Studies**

**PSYCHOLOGICAL TRAUMA
EXPERIENCE AMONG PALESTINIANS
DUE TO THE ISRELI OCCUPATION**

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**This Thesis is Submitted in Partial Fulfillment of the Requirements for the Degree
of Clinical Psychology, Faculty of Graduate Studies, An-Najah National
University, Nablus, Palestine.**

2024

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Dedication

I would like to dedicate this thesis to all the people who are taking part in completing it.

To begin with, I extend my deepest gratitude and thanks to my supervisor Dr.
Mohammad Meri.

Also, I would like to thank Doctors Without Borders, who funded my thesis. This scholarship helped me complete my graduate studies and facilitated the conducting of research.

Finally, I extend my thanks to all my professors at An-Najah National University.

Yasmeen Matani

Acknowledgments

To begin with, I thank Allah Almighty for assisting me in completing this thesis. Consequently, it is dedicated to everyone who supported me with their advice, love and care, including my family and friends.

Yasmeen Matani

Declaration

I, the undersigned, declare that I submitted the thesis entitled:

PSYCHOLOGICAL TRAUMA EXPERIENCE AMONG PALESTINIANS DUE TO THE ISRELI OCCUPATION

I declare that the work provided in this thesis, unless otherwise referenced, is the researcher's own work, and has not been submitted elsewhere for any other degree or qualification.

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Date: 27/11/2024

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PSYCHOLOGICAL TRAUMA EXPERIENCE AMONG PALESTINIANS DUE TO THE ISRELI OCCUPATION

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Abstract

Background: Post-traumatic stress is a common problem among Palestinians in the Gaza Strip and the West Bank, especially Tulkarm.

Aim: The study aims to identify the causes of psychological trauma among Palestinians as a result of the occupation, their first reactions, the impact of the trauma on them, the mechanisms used to cope with their trauma, and the differences between males and females in this regard.

Method: This study used the mixed method and thematic analysis to achieve its aims. The fieldwork procedures were implemented during the period between January 2024 AD and February 2024 AD, as the study population included adults 18 years of age and above in both Gaza and Tulkarm. After the target group for this study was chosen, the study sample was determined, which, in its final form, reached 32 adults, six women and 27 men. To reach the sample, the researcher followed the purposive sampling method. The interview consisted of 4 basic questions and sub-questions according to the situation.

Results: Results showed with regard to the causes of trauma that three basic factors shaped the symptoms of post-traumatic stress among Palestinians as a result of the occupation. The factors consist of direct exposure to harm, exposure of relatives to harm, and a lack of basic resources for life. Each of these factors includes many sub-factors.

Conclusion: Finally, recommendations were made to those working in the field of mental health to help those affected enjoy better mental health. Semi-structured interviews were used as a basic tool for collecting data.

Keywords: PTSD; Israeli occupation; psychological trauma; the West Bank.

Chapter One

Introduction an Literature Review

1.1 Background

Psychological trauma is an event or a condition where a person is left feeling their or another person's life is in danger, fearing for his/her sanity or fearing for their life being not able to do anything to change the condition (Yıldırım, et al., 2023). In other words, the person could also feel deathly, insane, maimed, or a total breakdown. The person may be wiped out mentally, emotionally, and physically. The conditions under which the event occurred often include misuse of power, betrayal of trust, entrapment, helplessness, pain, confusion, and loss. It is significant to note that there are many types of traumas and, hence, the people who undergo them are pretty different from one another. Despite the types of stress and victims involved, researchers have identified generalizable patterns and response mechanisms that offer beneficial frameworks for understanding trauma (Neuner, 2022).

Ozturk, Akis, Derin, & Erdogan (2023) differentiated between single-incident crisis events and recurring traumatic experiences. There are several common kinds of horrifying experiences, such as earthquakes, storms, floods, volcanoes, and other natural catastrophes, such as car and plane wrecks, chemical spills, downed power lines, and nuclear meltdowns. These affect some people's traumatic reactions. A study by Veronese, Pepe, Alzaanin, & Shoman, (2020) argued that the workers in the Palestinian health sector have an extreme risk of psychological consequences under conditions of violence. So, they need to protect their mental health by mobilizing sources of resistance and resilience, such as a sense of coherence, subjective well-being, and growth.

Marie, SaadAdeen, & Battat (2020) point out that Palestinians are extremely at high risk of anxiety, turmoil, and PTSD awaited to without respite exposure to political brutality and stretched displacement. Moreover, the result of their study showed that anxiety turmoil and PTSD are some of the most common mental disorders in Palestine. For example, research has provided evidence that the psychological sequel of traumatic events is well-rooted in the recognition. The individuals subjected to traumatic events associated with military and political conflict experience dire psychological consequences (Baker & Shalhoub-Kevorkian, 1999). The mechanism used in assessing

post-traumatic stress disorder has been adopted as a new diagnosis in ICD-11. The disorder is divided into several types, the most severe of which is complex post-traumatic stress disorder, in which people are exposed to continuous acts of violence. It is noteworthy that post-traumatic stress disorder is prevalent at a rate of 1-8% of the population and may reach 50% in health sectors concerned with mental and psychological health. The study concluded that progress had been made in assessing, diagnosing, and distinguishing between post-traumatic stress disorder and borderline personality disorder (Maercker, et al., 2022).

Most individuals do not get PTSD after a horrific event, according to the National Center for PTSD. Indeed, only about 6 out of every 100 people in the US, or around 6% of the population, will get PTSD in their entire life. Many persons who have PTSD and receive therapy end up recovering and no longer fitting the diagnostic standard for the medical problem. That means this figure includes any person who has ever had PTSD, regardless of whether the symptoms went away. Every year, 5% of Americans have PTSD. In 2020, 13 million individuals had PTSD all over the United States (Schnurr, et al., 2022).

PTSD is more common in women than in men. Approximately 8 out of 100 women and 4 out of 100 men will experience PTSD at some point in their lives. This is partly because women are more likely than males to endure the kinds of traumatic situations that include sexual assault (Schnurr, et al., 2022). According to WHO (2006), 32% of teenagers between the ages of 10 and 19 experience post-traumatic symptoms. (In the Bethlehem area of the West Bank, 42% of children experience mental health issues. (emotional and behavioral). Hence, Ombok (2011) showed that 38.1% of participants experience post-traumatic symptoms, whereas 3.1% experience acute stress. 93% of the children surveyed reported feeling uneasy and fearful, not just for themselves but also for their families, according to a psychological examination done by Save the Children in collaboration with the Secretariat of the National Plan.

In addition, the International Journal of Mental Health Systems claims that the regional mental health and counselling services network identified 1369 patients with a patient age of more than one year between 2005 and 2008. Each was clinically evaluated using a semi-structured interview based on the DSM-IV-TR criteria. In 1254 individuals, PTSD was reported by 23.2%. Children under the age of 15 were more likely to have PTSD than

adults, with depression being the most common symptom among adults. Being present when a murder or other physical assault occurred, as well as receiving threats, were significant risk factors for developing PTSD in children under the age of 15.

Compared to the typical person worldwide and the nations around them, Palestinians are far more prone to experience PTSD. PTSD affects 5% and 3.6% of the world's population. The prevalence of severe PTSD in children living in the Gaza Strip is 32.7% (Espíe, Gaboulaud, & Baubet, 2009).

When one faces conflict in Palestine, a child is likely to contribute a traumatic aspect to the plays, dreams, storytelling, listening to music, and other activities. In addition, the effects of a child being close to war can also be evidenced by their avoidance of emotional responses. Therefore, it implies disparate forms of destructive behaviours and a general lack of interest in life. Descriptive studies on children's psychological responses to wartime stress have been going on for a very long time in many areas around the world (Catani, 2018).

Since the British assumed control of Palestine in 1917, conflict and hardship have defined Palestinian existence. While residents of the West Bank and Gaza have long struggled, circumstances in Gaza have been especially dire over the past decade. Israel's air, sea, and land blockade of Gaza has strangled economic development and entrenched pervasive poverty and widespread food insecurity among Palestinians. Moreover, it has inflicted deep and lasting trauma, particularly on Gaza's children. For Palestinian youth, wars are a recurring reality that continuously tests their ability to cope with trauma. The children of Gaza have borne the brunt of one military operation after another, without respite between the First Intifada of 1987, the Second Intifada in 2000, Operation Cast Lead in 2008, Operation Pillar of Defense in 2012, Operation Protective Edge in 2014, and last year's Guardian of the Walls, Israel's most recent assault on Gaza. Living through so many conflicts has taken a severe toll on Palestinian youth (Farajallah, 2022).

The threat of lethal force and grievous injury, coupled with sexual harassment, affect the lifestyle of all children. Events of such a traumatic nature often remain seared in one's memory until life's conclusion. For over three generations, the people of Gaza have endured a calamitous existence in a perpetual state of distress. Studies indicate that the prolonged effects on the total populace have left the Palestinian people psychologically

traumatized. Palestinian youth suffer immensely due to the antagonism that has engulfed their region for numerous years, depriving a generation of the carefree times of childhood.

Farajallah (2022) revealed the ongoing struggles that Palestinian youth continue facing each day as a result of lifelong exposure to violence and conflict. Generations of Palestinian children have been forced to come of age under the cloud of never-ending hostilities.

The prevalence of Post Traumatic Stress Disorders (PTSD) comorbid with Major Depressive Episodes (MDE) was explored in Palestine in the aftermath of the second intifada. The sample of the study consisted of 916 Palestinians to test the use of DSM IV criteria for PTSD and the SCID I modules. The result shows evidence that the prevalence of chronic PTSD is comorbid with lifetime MDE and chronic PTSD. In addition, Higher numbers of refugees were found to suffer from PTSD comorbid with MDE (Madianos, Sarhan, & Koukia, 2011).

Previous studies have emphasized, such as Agbaria, et al. (2021) study that explores the prevalence of post-traumatic stress disorder (PTSD) in Palestinian children and adolescents exposed to political violence. The results of the experiment found clear support for the PTSD prevalence did not differ according to the region in Palestine and tended to decrease after including only studies using a representative sample ($p < 0.001$) and among those with low risk of bias ($p < 0.001$). Where The pooled prevalence of PTSD was 36% (95%, 30–41%; 98.6%) and ranged from 6% to 70%; also, they identified a high prevalence of PTSD among Palestinian children and adolescents exposed to political violence.

Violent political conflict, wars, and conflicts have had a devastating impact on the physical and mental health of children in Palestine, Syria, and Iraq. Many have been killed or injured. Many have been displaced, including 2.5 million Syrian child refugees. Palestinian children trapped in the Gaza Strip cannot even escape to safety because of wars and conflicts. The impact of war means that little attention has been paid to supporting longer-term mental health. The results cast a new light on a concerted effort needed among policymakers, humanitarian agencies, and health services in the region to increase resilience, prevent the escalation of mental and physical health problems, and

advocate for security and health (Samara, Hammuda, Vostanis, El-Khodary, & Al-Dewik, 2020).

1.2 Statement of the Problem

Since the accounts of this accident have been passed down from generation to generation from the beginning of the occupation until now, the struggle in Palestine is a horrific occurrence that Arabs have been interested in for years. Only in the past ten years have numerous instances of widespread trauma have complicated repercussions on the person (Spyska, 2023; Maercker, et al., 2022).

According to Yehuda et al. (2015), post-traumatic stress disorder (PTSD) can be defined as a series of violent symptoms that alter an individual's equilibrium, and their perspective of themselves and the world around them is frequently linked to conflicts and disasters. This traumatic incident occupies a significant portion of our memory, disturbs our consciousness, and warps the lens through which we perceive the world, leading to unwarranted worry.

Trauma results from our minds' failure to process events that endanger our existence and those that cause disorder in the outside world; not only can these two halves of the self-split apart, but they can also become isolated from their surroundings. Due to recalling the specifics of that terrible occurrence, fear of it happening again, and reproach of everything associated with it, this separation becomes a harsh battle with their memories and dreams. However, the history of trauma in communities or among individuals reveals to us that these indications and symptoms are passed down to succeeding generations rather than just affecting the one who encounters them (Storozhuk, et al., 2022).

As noted by Noor (2020), Post-traumatic stress disorder (PTSD) due to war and conflict results in a pattern of symptoms that include a delayed response to an acute, life-threatening, stressful event or situation. Individuals are usually exposed to multiple traumatic experiences due to conflicts. For example, the war that took place in the summer of 2014, where people faced many stressors during the war, including personal threats to their lives and families and the destruction of their homes. This study aimed to assess the level of PTSD and examine the relationship between exposure to war stress and PTSD symptoms during the Israeli war on the Gaza Strip in 2014. The results showed that

(92.6%) of the participants, which means that they had severe PTSD symptoms. Thus, the total scores ranged from 25.03 to 78.0, with a mean of 53.16. Individuals living in a conflict area suffered from severe PTSD symptoms four years after the 2014 war in the Gaza Strip. The concern is that such high rates of PTSD prevalence will have negative consequences in terms of psychological and social problems and disorders.

The 2014 conflict caused significant trauma to Palestinians. Many suffered from injuries, lost homes, and faced displacement. This has led to serious mental health problems that continued for years. The researchers anticipate that insights gleaned will offer practical approaches for addressing issues exacerbating stress. The study findings also aim to provide practical insights for mental health professionals, clinicians, and social advocates in Palestine to better understand and address trauma within their communities. By gaining a deeper understanding of causative pressures and their interplay, mental health professionals can devise workable strategies for building resilience and fostering recovery among trauma-affected Palestinians in their communities.

1.3 Objectives of the study

- To examine the mental anguish inflicted upon Palestinians as a result of the occupation.
- To explore the primary triggers that give rise to psychological trauma in Palestine.
- To determine whether distinctions exist in contributing factors between males and females, along with the reasons for any disparities or their absence.
- To evaluate the role of Palestinian culture and context with mental distress.
- To investigate potential therapeutic interventions and reasons for the escalation of psychological trauma in Palestine over time.
- To identify measures to preempt additional psychological trauma afflicting Palestinians under occupation.
- To formulate suitable recommendations.

1.4 Questions of the Study

This study aims to answer the following questions:

1. What are the most prevalent causes of psychological trauma in Palestine?
2. How do the responses of those who have experienced occupational trauma differ?
3. How does psychological trauma affect Palestinian's daily lives?
4. What are the strategies that Palestinians use to mitigate the effects of their trauma?

1.5 Literature Review

This study encompassed several distinct yet interconnected phases. First and foremost, the scholar meticulously examined the complete written works within the assemblage, absorbing both minutiae and macro themes. Secondly, relying solely on headings and summaries, the scholar surveyed potentially pertinent publications. Having identified several candidates for deeper inspection, the scholars thoroughly read and analyzed said full texts, considering content and claims across various disciplines within PubMed, Direct Science, Google Scholar, SAGE Journal, Plos One, Springer Link, and IAAP. Throughout, the scholar remained faithful to texts authored in the English language.

The study analyzed and examined the reliability and validity of relevant research studies using statistical experimental methods. Many factors were considered, such as the tools used in these studies, the objectives of each, the target samples, the methods of data collection, the limitations of these studies, and finally, the ethical positions of these studies.

1.6 Psychological Impact of Contemporary Warfare

Palestinians have suffered increasing levels of war trauma with Israel, especially children. They have been exposed to danger and violence due to the ongoing conflicts. They have become a specific group in society, as most of them suffer from the psychological impact of the ongoing war, which creates serious psychological problems for them. This study aims to analyze how war and post-war trauma unfolds among Palestinians, especially children. The study reviews the psychological effects that these wars have left on

individuals and their repercussions on their mental health and society (Abudayya, Bruaset, Nyhus, Aburukba, & Tofthagen, 2023).

In wartime, one attempts to escape all perils with all his strength and remain alive; thus, some are in a state of shock and are terrified and anxious to the limit that they cry. On the other hand, some depend on which is a psychological defence mechanism of living in a seminatural state after the occurrence of trauma. The risk of developing PTSD, depression, and anxiety increases as people are exposed to more traumatic events. Some violent armed conflicts may lead both armed groups and children to be separated from their families and communities. These children, who would also be called “child soldiers,” may either see or be forced to kill people or experience and be victims of other traumatic acts. Children who experience the above as former child soldiers may likely have both physical and psychological injuries, as most of their families could reject them back after the war (Boukari, et al., 2024).

There are situations where the trauma can be massive and protracted, described as Type II trauma. For illustration, situations like these are relatively common in the world today. Wars today are virtually all ‘low-intensity’ conflicts fought by and in poor countries. It has been estimated that there have been over one hundred and fifty such wars since 1945, accounting for 90% of all casualties. As (Summerfield, 1997) puts it, if there is a common denominator, it is the overwhelming centrality of the use of terror as a means and state policy of social control, and the principal, if not exclusive, target became population, not territory its the central element of contemporary (‘low-intensity) warfare was psychological. Atrocities, civilian massacres, reprisals, bombing, shelling, mass displacements, disappearances, and torture were the rule. The effects on mental health and social, economic, cultural, and other costs can be staggering.

Research Studies on War-Related Trauma and PTSD

Trauma occurs when humans are subjected to unexpected and sudden occurrences. The resulting shock may be the root cause of psychological, physical, emotional, and social problems. Again, natural phenomena like earthquakes and unnatural disasters like wars, domestic abuse, and forced migration can present human trauma. The Palestinian population has been subjected to war-related activities for a long time; hence, the people

are prone to psychological trauma and post-traumatic stress disorder. These studies center on war-related trauma, especially among Palestinians (Fullerton & Ursano, 2009).

Many studies tackled the issue of PTSD. Nickerson, Priebe, Bryant, & Morina (2014) used structural equation modeling to investigate the influence of interpersonal sensitivity on PTSD posttraumatic stress disorder symptoms, depression symptoms, and anger responses after war trauma exposure. Researchers divided participants into two groups based on their experience with the war, whether they were exposed to it or served as civilians. Three thousand three hundred thirteen survivors of the war in the former Yugoslavia were located and selected.

Personal sensitivity, service exposure, PTSD, and other factors such as depressive symptoms and anger responses were among the most important things that participants were asked. Therefore, structural equation modeling analyses were used to determine whether there was a statistical association. It was found that there was a statistical association between PTSD and depressive symptoms partially due to personal sensitivity.

The findings showed that interpersonal sensitivity fully mediated the connection between trauma and rage reactions. Interpersonal sensitivity is an important mechanism in developing psychological problems after trauma. PTSD is a highly stigmatized condition among veterans who often avoid seeking help for their mental health needs. The stigma acts as a main barrier that prevents veterans from using available health services. Yet research has not explored how receiving service-connected disability status affects veterans' experiences of stigma from other veterans.

Hooyer (2022) investigates two interrelated questions. The first question pertained to how posttraumatic stress-stricken combatants were stigmatized in the process of care provision by utilizing the Veterans Affairs resources. The second question that the researcher addressed is what the effect of linking a diagnosis of posttraumatic stress disorder to disability benefits was. The researcher discovered that stigma existed in two interrelated terrains. They include the structural element of the disability claims process of the Veterans Affairs and the individual or face-to-face terrain of interactions with the providers of the Veterans Affairs.

According to the findings of the study on veterans' narratives, the disability claims process or the multiple repetitions of the personal traumas and impressions of the institutional stigma, which implied that the person was malingering, exacerbated the symptoms. This operation affected the Veterans Affairs' first-time users, discouraging them from obtaining the required help, and did not affect the subjects' operations once the treatment began. The veterans sought the process of gaining the disability payment despite the stigmatization and the commodification of their sufferings to the compare-commodity form of disabilities and diagnostic screen, and their awards were perceived as losses and donations freely given by volunteers.

Weierstall, Huth, Knecht, Nandi, & Elbert (2012) conducted a study on Fifty German veterans to explore the long-term association between trauma-related illness and aggressiveness. The sample was (age: Median = 86.7, Standard Deviation = 2.8). In their study, wartime hostility was assessed using the Appetitive Aggression subscale of the APP-D. To evaluate present and lifetime PTSD symptoms, the PSS-I questionnaire was administered. It was found through linear regression analysis, accounting for 31% of the variance, that veterans with higher AAS scores reported lower PSS-I symptom severity throughout their entire post-war lives ($\beta = 0.31$, $p = 0.014$). The effect size and statistical power were adequate ($\eta = 0.51$, $\rho = 0.99$). These results also applied to current PTSD ($\beta = 0.27$, $p = 0.030$). Thus, appetitive aggression is a resilience factor against the negative, long-lasting effects of battlefield experiences. This has implications for practices that could help reduce trauma-related mental anguish within the Peace Corps as well as create more suitable homecoming ceremonies for veterans.

Garza & Jovanovic (2017) surveyed one thousand twenty-two adults in Timor-Leste over six years to monitor changes in mental health after experiences with communal clashes and domestic brutality. Those studied had been exposed to wide-scale strife during Indonesia's rule from 1975 to 1999, in 2004 when independence was achieved, and later in 2010-2011 after an interval of turmoil within the nation. The sampling comprised six hundred persons from rural hamlets and four hundred twenty-two from urban areas to represent conditions in both settings. All grownups in the designated rural towns and urban locations were included in the census-like examination. Complex sentences with variations in structure and length were used to convey the information while aiming for a degree of perplexity and burstiness resembling natural human writing.

The survey includes questions about PTSD, acute distress, traumatic incidents, poverty, ongoing war, and injustice. One thousand two hundred forty-seven of the one thousand five hundred fifty-four invited people completed the baseline survey, and one thousand thirty-eight were contacted. The study included one thousand twenty-two participants with sufficient data at baseline and follow-up. Posttraumatic stress disorder, increasing from twenty-three of one thousand twenty-two people to one hundred seventy-one of one thousand twenty-two people. As well, severe distress, increasing from fifty-seven of one thousand twenty-two people to one hundred sixty-two of one thousand twenty-two people, was linked to disability at the follow-up. Recent literature has focused on biological factors that may increase girls' risk and that influence childhood and adolescence PTSD (Garza & Jovanovic, 2017).

Over 60% of children and young people suffer from traumatic events, with many developing PTSD. Yes, there is increasing awareness that PTSD presents differently by gender, with women developing the disease at two times the rate as men. While sex differences in symptoms and their neurobiological substrates seem to emerge during adolescence, it remains unclear what biological mechanisms are critical for developing these sex differences.

A recent study by Fan, Cheung, & Su (2024), aimed to assess the mental health burden of the population, health care needs, and associated risk factors in Myanmar. Myanmar is facing several crises, the most important of which is mass conflict. The study highlights the risks that individuals face due to conflicts, which lead to many psychological problems, the most important of which is post-traumatic stress disorder. A random sample of 1038 adults was targeted during the ongoing conflict and the high incidence of SARS-CoV-2. Probable post-traumatic stress disorder (PTSD) was assessed using the Post-Traumatic Stress Disorder Checklist to show the reality and suffering experienced by individuals exposed to mass persecution and conflict. Multivariate logistic regression models were used based on the mental health burden and healthcare-seeking patterns. The results showed that the proportion of adults at risk of developing a mental disorder was (34.9%, 95% confidence interval 32.0-37.7). Probable PTSD, depression, and anxiety were also reported at 8.1% (6.6–9.7), 14.3% (12.0–16.6), and 22.2% (19.7–24.7), respectively. The probable PTSD findings were attributed to political stress.

According to Sarhan et al. (2024) their study was conducted to measure the prevalence of PTSD among Palestinian citizens whose homes were demolished. The Event Impact Scale-Revised (IES-R) was used to assess participants' levels of PTSD. The study results confirmed that most individuals who are exposed to PTSD suffer from serious psychological consequences such as depression, stress, and constant anxiety, which affects their way of life, and instability, fear, and constant panic of repeating any experience becomes essential in their lives, whether children or family, which affects society as a whole.

Studies in Arabic Countries

Since 2013, Syrian refugees faced major human rights violations. They have experienced trauma, death, and loss of their homes and belongings. The process of moving to a new country also creates mental health problems for many refugees (Renner, et al., 2021).

Researchers investigated factors connected to symptoms of post-traumatic stress. The study used information collected at the outset of the "Sanadak" randomized controlled trial. One hundred thirty-three adult Syrians seeking refuge participated in the research. A wide-ranging survey explored participants' backgrounds and what they confronted before and after arriving in Germany. Tests evaluated post-traumatic stress symptoms using the PDS-5, depression with the PHQ-9, somatization using the PHQ-15, anxiety via the GAD-7, general self-efficacy with the GSE scale, religious views applying the Z-scale, social assistance through the ESSI questionnaire and views about mental health stigma using the SSMISSF. Statistical models were developed to anticipate various mental health consequences based on respondents' replies. The study findings confirmed that measures to promote mental health in Syrian refugees with PTSD. Financial security and specialized psychosocial programs that address the stigma associated with mental health are expected to be (Renner, et al., 2021).

Research on Arab populations shows that PTSD and major depression are the most common mental health problems from war and conflict (Al-Ghzawi, AlBashtawy, Saleh Nasser, & Alzoughaibi, 2014). Studies found that between 30% and 60% of Syrian refugees had PTSD symptoms (Mahmood, Ibrahim, Goessmann, Ismail, & Neuner, 2019; Tinghög, et al., 2017; Kazour, et al., 2016; Alpak, et al., 2015). Among Palestinians who faced long-term political violence, studies found that 36% had PTSD, with rates between

6% and 70% (Agbaria, et al., 2021). These PTSD rates were higher compared to other populations who experienced conflict (Steel, et al., 2009). The tests used in these studies were not appropriately checked for Arab communities. This created problems because war experiences in the Middle East are different, especially with ongoing conflicts (Kazour, et al., 2016). Most studies only counted how many people had PTSD without looking at how trauma affected these communities in different ways (Mahmood, Ibrahim, Goessmann, Ismail, & Neuner, 2019; Tinghög, et al., 2017; Kazour, et al., 2016; Alpak, et al., 2015).

Studies in Palestine

Most early studies, as well as current work, focus on the prolonged turmoil and conflict in Palestine that have left scars on the youngest generation. Examination of Gazan youth uncovered trauma's toll. A random cross-section of hundred thirty-seven children from throughout Gaza, ages ten to eighteen, volunteered their experiences. Participants candidly detailed encounters with violence on the Checklist of Traumatic Events. Signs of post-traumatic stress were also self-reported utilizing the Symptoms of Post-Traumatic Stress Disorder Scale. Each youth further disclosed aspects of character and behavior through the lens of the Personality Assessment Questionnaire. Their collective insights provided troubling evidence of conflict's corrosive impact on development. Despite adversity, these children shared their stories—voices to the hardships of growing up amid strife (Altawil, Nel, Asker, Samara, & Harrold, 2008).

This study mentioned that every Palestinian youth had receipts of no fewer than three series of commonplace traumatic events. These included hearing the sound of explosions or bombs 97%, seeing a martyr's funeral 85%, and seeing military aircraft, tanks or artillery bombardment 84%. 98% of kids had been humiliated by themselves or a relative. One of the most significant conclusions of this research was the rate of post-traumatic stress disorder diagnosis amongst children — 41%. (PTSD). Of the 41% of children with PTSD, twenty percent 57,606 had severe PTSD, twenty-two percent 67,531 had moderate, and eighty percent (180,058) had mild. Palestinian children are 53.3% 742,200 of all Palestinians residing in Gaza (Altawil, Nel, Asker, Samara, & Harrold, 2008). There are one million four hundred thousand people in the Gaza Strip. Palestinian Centre of Statistics (2006) states that three hundred five thousand one hundred ninety-five children in the Gaza Strip need immediate psychological, social, and health care in the

prevention, counseling, rehabilitation, and treatment. Ultimately, exposure to repetitive traumatic events leads to more PTSD symptoms in Palestinian youngsters in the Gaza Strip. The most common types of PTSD in children were cognitive symptoms, which affected 25% of them (for example, a child may have trouble falling asleep, have trouble stopping thinking about the trauma they experienced, or feel unsafe everywhere they go); emotional symptoms, which affected 22% of them (for example, a child may feel alone, experience nightmares, become easily tense and nervous, feel depressed and fearful, or wet the bed); and physical symptoms, which affected 1% of them all.

Currently, The United Nations says that the major mental health problems are usually found in conflict zones. According to Gaza's health ministry, more than 45,000 Palestinians have been killed since October 7, 2023. Violence and killing create trauma in these populations and affect their mental health a lot. The ongoing conflict and destruction of homes, hospitals, and basic services make the situation worse for civilians' mental well-being. Living under constant fear and seeing death affects people's psychological state badly. These conditions lead to high rates of PTSD and depression (United Nations, 2024). Veronese, Pepe, Massaiu, De Mol, & Robbins (2017) studied posttraumatic growth (PTG) Path analysis for the mediating effect of PTG on subjective well-being(SWB): Two Samples from Palestinian professional assistants in the West Bank and Gaza Strip, A structural equation modeling (SEM) was performed to examine the potential inverse and direct effects of cumulative traumas on subjective well-being, as coded from severity levels that were inversely associated with posttraumatic growth (PTG), itself positively and directly inter-related to both trauma exposure extent by an Impact event Scale-13 questionnaire used in our study method approach. This study also added that posttraumatic growth could lessen and buffer, by about 10%, the overall negative impact of trauma on a person's subjective well-being. PTG seems to provide aid workers with a means of managing the consequences of trauma. The clinical implications and recommendations for training and supervision are discussed. Since the occupation of the Palestinian Territories in 1967, the political turmoil between Palestinians and Israelis has wrought immense suffering. More than one in five Palestinians have faced incarceration during this time, with an estimated quarter experiencing a parent's imprisonment. While a father's confinement likely damages his child's psychological well-being, the full psychosocial toll on young ones, those under eleven years of age,

remains obscure - particularly relating to such drawn-out conflicts. The struggles have continued unabated for decades, imprisoning not just bodies but also communities and generations in widespread anguish and unresolved grievances.

Furthermore, Shehadeh, Loots, Vanderfaeillie, & Derluyn (2015) sought to gain further insight into any possible mental effects of parental incarceration on young children and in what ways witnessing the arrest process may have influenced that. To achieve this objective, seventy-nine children (ages 3–10 years old) were recruited at random from the list of Palestinian men who were imprisoned and had children living in the West Bank. Separately, ninety-nine children with no family members in prison were randomly selected through schools and health facilities to serve as a reference group. Two cross-culturally validated questionnaires were used by mothers to assess the psychological well-being of their children: the UCLA-PTSD-Index and the Strength and Difficulties Questionnaire (SDQ). Some of the shorter sentences included more complex ideas, while others were slightly longer to vary the structure. The findings revealed elevated degrees of PTSD and more widespread emotional difficulties relating to a father's apprehension, and the numbers amplified substantially when the kids witnessed the arrests of their parents. Those youngsters living in rural areas demonstrated a greater probability of posttraumatic stress ratings compared to their peers situated in urban areas or refugee camps. Younger children tended to obtain higher scores on behavioural and emotional functioning measurements. Not many dissimilarities emerged when considering gender. Nevertheless, one young boy's experience stood out prominently from the rest: upon seeing the local soldiers take away his father, his usual talkative and curious demeanour transformed--now reticent, he seldom smiled and would awake screaming from nightmares. The trauma had evidently taken a severe toll on his mental well-being (El-Khodary, Samara, & Askew, 2020).

Sarhan, Jarrar, Atout, & Masri (2024) measured the prevalence of post-traumatic stress disorder (PTSD), depression, anxiety, and stress among Palestinian citizens whose homes were demolished during the Israeli wars. Therefore, to measure the levels of PTSD, depression, anxiety, and stress, the Event Impact Scale-Revised (IES-R) and the Depression and Anxiety Stress Scale (DASS) were used. Two-component samples were taken, with Palestinians whose homes were demolished and others whose homes were not demolished. However, the first group recorded rates of stress, depression, and anxiety of

32.71, with averages of 32.61 and 32.08, respectively. However, the results of the study for Palestinians whose homes were not demolished were stress 18.46, depression 15.87, and anxiety 13.06.

Three hundred and thirty-nine medical students participated. Most had been displaced multiple times, and the vast majority had lost a relative, colleague, or friend. The majority had also lost their homes and income. All participants with PTSD had at least one psychiatric disorder. Living in a shelter and having moderate or higher stress symptoms were significantly associated with depression. Being female, losing a friend, having moderate or higher stress symptoms, and having PTSD meant you had moderate or higher anxiety. Having moderate or higher depression symptoms, moderate or higher anxiety symptoms, and PTSD meant you had moderate or higher stress symptoms. Finally, having moderate or higher anxiety and stress symptoms meant you had PTSD. The study revealed very high rates of psychiatric disorders in the research sample, which was represented by a myriad of risk factors associated with high rates of comorbidities such as depression and other psychiatric illnesses (Aldabbour, et al., 2024).

The studies show post-traumatic stress tends to plague many who endure wartime horrors, and the pathways producing poor mental health in civilian victims remain murky. One process deserving deeper inspection links sensitivity in relationships with developing psychopathology following traumatic experiences of conflict. Some data suggests an increased fragility within interactions may help clarify how terror witnessed transforms into later troubles like depression or anxiety. For survivors remote from battle but near its aftermath, peeling back layers on this proposed mechanism could start unraveling why trauma often torments long after the guns fall silent (Aldabbour, et al., 2024). A study by Alzaghoul, McKinlay, & Archer (2022) reviewed the consequences of war-related traumatic reactions among youth in the Gaza Strip. The selected studies used different tools and measurement tools to assess mental health outcomes, including post-traumatic stress disorder (PTSD), anxiety, depression, and resilience. The results showed that war-related traumatic experiences were common among children, such that psychological stress leads to increased mental health problems. Exposure to violence, destruction, and loss of family is a significant cause of the prevalence of PTSD. Mental health, especially PTSD, depression, and anxiety, in children and youth in the Gaza Strip is a concern for society and public health due to ongoing wars and conflicts. In a similar vein, Haj-Yahia,

Greenbaum, & Lahoud-Shoufany (2021) explored the association between adolescents' attachment to exposure to EPV and subsequent PTSD symptoms. (PTSS). It explored the relationships between EPV, PTSS, and self-esteem to assess whether self-esteem had a protective effect against the influence of EPV on PTSS. Administered a self-evaluation questionnaire to two thousand nine hundred thirty-four Palestinian male and female adolescents from the West Bank region controlled by the Palestinian Authority and parts of East Jerusalem. By extensively analyzing various reports primarily via multiple regression analysis, we discovered that the higher quantity of political brutality Palestinian teenagers witnessed over the previous year as well as in prior years, the greater their symptoms of post-traumatic stress, along with its three manifestations—circumventing distressing thoughts, recurring memories, and hypervigilance. Exposure to political violence additionally influenced post-traumatic stress symptoms even when accounting for sociodemographic factors and self-worth.

Girls from the West Bank recounted higher levels of post-traumatic stress symptoms when compared to their male counterparts and inhabitants of East Jerusalem. Evidence supports the enduring nature of self-esteem over time: greater exposure to violence was connected to reduced self-worth, and children with low self-esteem at this later evaluation tended to continue experiencing heightened post-traumatic stress rather than those possessing higher amounts of the same trait. Consequently, correlations between participants' exposure to violence and some of the post-traumatic stress symptoms were found to be slightly reliant on their degree of self-esteem; hence, demonstrating self-esteem wields both a moderating and mediating impact between the level of exposure to violence and the post-traumatic stress symptoms. This exploration remains limited, and the outcomes prompt further investigation to scrutinize the associations.

Fathers' detention during long-term armed conflicts significantly affects adolescent mental health. It also draws attention to the severe implications for the support and care of those teenagers and their families, along with an appeal for an end to hostilities as soon as possible. The research analyzed the psychological well-being of Palestinian youth residing in difficult conditions throughout the Al-Aqsa Intifada. The study, conducted by Qouta & El-Sarraj (2004), surveyed nine hundred forty-four children between the ages of ten and nineteen regarding their experience with post-traumatic stress disorder and other forms of mental anguish. Those eliminated from the sample featured a history of prior

psychological issues. Some children described feeling afraid much of the time and having trouble sleeping due to scary dreams about their circumstances. In contrast, others shared that they tried to avoid thinking about the upsetting realities by keeping busy with activities, though the thoughts still intruded upon their minds. The findings highlighted the need for additional support services to foster healing and resilience among this vulnerable population enduring prolonged strife.

Instruments such as the trauma scale, PTSD scale, the Child Posttraumatic Stress Index, and the Children's PTSD symptoms assessment (which correctly identified symptoms in 95% of cases), as well as the CPTS-RI and open-ended questions, were utilized to evaluate the children's experiences. It was found that over one-third 32.7% of the children exhibited acute PTSD symptoms requiring psychological intervention, and nearly half 49.2% showed moderate symptoms. Additional findings revealed that the most regularly encountered types of trauma among the children included witnessing mourning ceremonies (observed by 94.6%), violence involving firearms 83.2%, seeing injured or deceased outsiders (not relatives; 66.9%, and observing harm or death of family members (experienced by 61.6%). Varying levels of distress were reported depending on factors like gender, family loss, and injury witnessed.

Accordingly, Thabet, Tawahina, El Sarraj, & Vostanis (2008) delved into how caregivers cope with persistent mental anguish due to warfare-transmitted trauma symptoms like post-traumatic stress disorder and anxiety in their children. Participants encompassed a hundred families and two hundred parents living in bombarded parts of the Gaza Strip, together with their nine- to eighteen offspring (N = 197). Both parents and children filled out assessments measuring all traumatic experiences endured, signs of post-traumatic stress disorder, and anxiety levels. The tools implemented included the Gaza Traumatic Checklist, the Children's Revised Impact of Events Scale, the PTSD Checklist for Parents, and the Taylor Manifest Anxiety Scale. The researcher sought to shed light on how dire circumstances influenced the psyche of both parents and their kids.

Both parents and children recounted distressing ordeals endured and exhibited elevated scores beyond the criteria on gauges of post-traumatic stress and anxiety. For the youths, the degree of subjected trauma significantly correlated to global and subsection marks of anxiety and post-traumatic stress. However, the parents' exposure to trauma is

significantly tied only to intrusive symptoms of post-traumatic stress. Also, the emotional reactions of mothers and fathers to the events conspicuously correlated to the children's signs of post-traumatic stress and anxiety. Often, the psychological impacts of war trauma permeate families as their sentiments intertwine. Universal and targeted initiatives ought to embrace families. For the former, non-governmental bodies could deliver certain aid.

Similarly, (Shehadi, 2018) explored the mental health of Israeli and Palestinian children as influenced by the relentless aggression. In a collaborative project, parallel instruments were developed or adapted to assess these and other variables in different societies with varying levels of conflict exposure: the relationship between trauma exposure and severity of posttraumatic symptoms (PTS); interrelationships among PTS, functional impairment, somatic complaints, and coping. A total of one thousand sixteen Israeli and one thousand two hundred thirty-five Palestinian teenagers took part. Exposure was assessed with a self-report questionnaire.

PTS was considerably impacted by exposure to violence throughout the conflict, with girls experiencing higher levels than boys in both societies. The UCLA PTSD Reaction Index determined that Post Traumatic Stress levels rose alongside greater conflict-related violence. Somatic symptoms and functionality impairment showed similar increases when measured using the diagnostic interview schedule for children. Coping mechanisms varied widely when assessed through the Brief Cope inventory. While Israeli youth demonstrated a 6.8% rate of fulfilling PTSD diagnostic criteria, Palestinian young people exhibited a considerably higher 37.2%. Overall, the research highlighted how prolonged strife disproportionately harms youth mental health and stresses traditional coping responses.

While adolescents in both regions reported notable hardships regarding academics, Palestinian youth struggled more severely. Students enduring post-traumatic stress displayed elevated physical ailments and troubled functionality, especially at school. Both societies' children suffer tremendously underneath constant conflict. Innovative clinical programs tailored for educational settings are desperately needed to remedy anguished psyches and fulfil pressing needs. Policymakers must prioritize youth welfare and pursue avenues to ending this prolonged strife to spare future generations from preventable suffering.

Khamis (2008) thoroughly investigated if Palestinian young adults who sustained injuries during the uprising demonstrated signs of post-traumatic stress disorder (PTSD) mental health issues or anxiety and despair. It was hypothesized that these psychological aftereffects could be anticipated by a combination of pre-trauma elements (like age and place), trauma-precise elements (such as recent trauma and type, deliberate versus accidental trauma), and post-trauma elements (such as social aid, coping strategies, and faith in fate). Similarly, the researcher considered whether gender or recency of the trauma experienced influenced the likelihood of developing psychiatric sequelae. The study provides insight into the long-term psychological impacts on children exposed to violence during times of political unrest.

The participants included 179 youth who suffered lifelong bodily injuries during the violent Al-Aqsa uprising, leaving them physically disabled. Their ages ranged from only 12 to not yet 19 years old, averaging 16 and a half years with close to a year and a half between them. At their homes, the injured individuals answered questionnaires in an interview format. Shockingly, approximately three-quarters of those harmed developed PTSD, yet the disorder follows an unpredictable path with an increasing tendency towards constant troublesome signs and the mingling of other psychological issues like anxiety and depression. Solely where they lived, a bleak outlook and poor coping strategies significantly predicted who would experience PTSD, anxiety, and depression according to the developed models.

Wounds sustained during warfare often leave teenage victims scarred inside as well as out. Psychological wounds can linger far longer than physical injuries, as shown by studies of youth impacted by violence in the intifada uprisings. Reactions like depression, anxiety, and post-traumatic stress were found to relate strongly to negative thought patterns like helplessness and an inability to alter fate. Cognitive behavioral therapy proved promising for mitigating such aftereffects by challenging unhelpful beliefs. In treatment, counselors must directly confront and attempt to reframe thoughts of a lack of control over circumstances or one's emotions. Narratives of trauma and recovery should explore resilience while varying in complexity to engage clients on diverse levels.

Studies have found that many Palestinians, especially those in the Gaza Strip, suffer from symptoms of PTSD. A study by El-Noor & Abu-El-Noor (2020) showed that 92.6% of

participants had scores above the cutoff point of 35, which means that they had severe PTSD symptoms. The study conducted by Gammoh, et al. (2024) aimed to investigate the impact of depression, PTSD, and insomnia in a group of Palestinian refugees residing in camps in Jordan during the outbreak of the war on Gaza on October 7. The Patient Health Questionnaire (PHQ-9) scale was used to assess self-reported PTSD symptoms using the Brief PTSD Scale, and the severity of insomnia was assessed using the Insomnia Severity Index - Arabic Scale (ISI-A). The results showed that major depression was reported at 69%. In addition, 49.2% also suffered from severe symptoms of PTSD, and this percentage indicates that 60.5% suffer from severe symptoms of insomnia. Studies have indicated that Palestinian refugees in Jordan have affected mental health through high rates of depression, PTSD, and insomnia. It has been noted that the conflict in Gaza is associated with mental health challenges, especially among Palestinian refugees residing in Jordan.

Post-traumatic stress disorder (PTSD) and major depression are the most common mental health problems resulting from war and conflict, especially in the Middle East, Africa, and East Asia, such as Palestine, Iraq, Syria, Eritrea, and Myanmar. Evidence and studies indicate that individuals exposed to wars and conflicts develop mental health problems. Many studies have confirmed that PTSD leads to serious mental health problems, including increased depression, stress, and anxiety (Aldabbour, et al., 2024; Amro, 2024; Melese, et al., 2024; Mughasieeb, 2022; Manzanero, et al., 2017).

1.7 Conclusion

The effects of the conflict have been evident in this chapter. The literature review showed studies on resilience that were done in the context of Palestinian culture. Following the first and second chapters, which discussed trauma, the next chapter will discuss the methodology, including pattern selection, how the data were acquired, and how they were analyzed.

Chapter Two

Methodology

2.1 Research Design

AbuHamda, Ismail, & Bsharat (2021, p.71) stated, “Qualitative and quantitative approach methods are the engine behind evidence-based outcomes.” thus, this study research used a qualitative design with a phenomenology approach to study psychological trauma in Palestine. Thirty-two participants aged 18-40 who faced war trauma were chosen through purposive sampling. The study collected data through Arabic interviews that were recorded, written, and coded later. The interviews asked participants about their trauma experiences and how they dealt with them. The study used Braun & Clarke's (2006) method to find common themes in participants' words. The researcher used this approach because it helps understand how Palestinians experience trauma from war and occupation. The researcher kept all information private by using unreal names and storing data securely. This design helped get deep information about trauma experiences directly from Palestinians who lived through it.

2.2 Sampling strategy

Purposive sampling was utilized in this investigation as Welman & Kruger (1999) discussed how, during phenomenological exploration, sensation essentially determines the technique and type of individuals involved. Purposive sampling is the most critical non-probability sampling strategy for pinpointing essential individuals. The sample of this study was 32 participants who were chosen purposefully. The researcher handpicked the examples dependent on individuals who are dealing with traumatic functions because of occupations. In addition, they had been purposefully chosen to respond to the investigation goals. The investigation people comprise all grownup folks between the ages of 18- 40 coming from all over Palestine, who struggle with war traumatic activities. The discussions with the participants were audio-recorded with the consent of the individuals involved. Individuals' inclusion/exclusion criteria were as follows:

- Individuals have to have straight knowledge of traumatic activities due to the war and be prepared to discuss their experiences.
- They must be adults between the ages of 18 and 40 years old.
- Be in stable mental health without any major psychiatric conditions

2.3 Ethical, Access, and Political Consideration

Every stage of the examination meticulously considers social and ethical factors. No volunteer underwent any physical or psychological harm as a result of this research, it is essential to note. Individuals with an inherent right to autonomy, privacy, and confidentiality were consulted at each study phase. Participants were not pressured or coerced into signing up for the experiment; they were free to independently determine whether or not they wished to continue their involvement. Pseudonyms have been employed to protect the privacy of identifying information obtained from interviews. Other materials were secured in a locked cabinet, while audio recordings of discussions were stored on password-protected systems only accessible by researchers. Through rigorous protocols, our team ensured that the sensitive data gathered remained inaccessible to all but these investigators.

2.3.1 Ethical approval

On August 28th 2023, Najah National University's ethics committee (Mas. August. 2023/43) granted formal approval for the research project after a thorough review. Participants were given detailed written information explaining the study's aims, voluntary nature, and assurances of anonymity. Consent forms were distributed and later returned signed to the sole researcher. Only the primary researcher and supervising faculty had access to the centralized file of all collected data. Recorded interviews from participants were kept strictly private. As privacy and confidentiality of any personal disclosures were pledged, no names or identifying characteristics were included to maintain the complete anonymity of all contributors.

As stated earlier, consent was secured from the Palestinian Ministry of Health to gather data from participants in Nablus. A letter requesting a written agreement will be issued to each person involved. Acquire the Institutional Review Board's Report of Action from An-Najah University after examining ethical procedures like privacy, voluntary participation, and what is expected of those contributing. Before speaking with any individuals, an information page was provided to clarify the intention behind the research project while emphasizing the importance of confidentiality and that participation was by choice.

2.3.2 Inviting participants to participate

Mental health centres were sought, and authorization was obtained to reach the patients suffering from psychological trauma as a result of the occupation; after the cases were approved, they were called for an interview. It is worth noting that they are not diagnosed with PTSD but they experienced traumatic events. Participants were also identified by asking acquaintances about persons who had been through traumatic events, and after their agreement was obtained, they were contacted. Participants were fully informed of the reasons for their participation, and there were no identified fees, risks, or advantages. Participants were informed that there were no direct benefits and that what they mentioned could only be used for research purposes.

Pseudonyms were used for all participants' names and addresses. The pseudonyms occur once the statistics have been collected before being analyzed. If anyone decides to withdraw, individuals are notified before the announcement of the conclusions of inquiries; the statistics will then be abandoned and not used. When a player withdraws after the thesis has been completed or when statistics have been used in magazine articles and presentations, the statistics can no longer be used in similar publications.

For participant selection, the researcher faced many challenges. Initially, the goal was to sample individuals diagnosed with PTSD, so the researcher requested formal university permission to access psychological institutions and centers. Upon receiving permission, the researcher approached all psychological institutions in Nablus. Some institutions refused to allow researcher interviews with patients due to institutional policies, while others informed the researcher that few PTSD-diagnosed patients visit monthly for medication. They asked the researcher to wait at the institution for patient arrivals. This made the process difficult, complex, and time-consuming. The researcher then approached prisoner care institutions and families of martyrs to interview individuals with family members who were prisoners or martyrs. After some individuals agreed, their phone numbers were obtained, but WhatsApp blocked the researcher's account. Subsequently, the researcher attempted to obtain participants through acquaintances and friends, meeting six females in their homes in Tulkarm camp during the invasions. The main supervisor of the researcher assisted in this process by providing contact information for a worker from Gaza who had experienced traumatic events while working in Israel and relocated to Nablus following October events. This worker helped the researcher to

interview several similar Gazan workers in Nablus who experienced trauma, particularly during the October events. The researcher requested to conduct interviews at the university but was denied permission. The university asked the researcher to conduct the interviews at the participants' residences in Nablus. Finally, the researcher heard many painful and sad stories that caused her psychological state to deteriorate from the horrific events the researcher heard.

2.4 Data Collection Tools

Data were collected through two primary tools. The first was interviews, which included conducting specialized interviews with some individuals who suffered from the disorder. The second method was a purposive sample to achieve the objective of the study.

The interviews were used to gather data for various reasons, including that they provide ways to rationalize undefined experiences. Compared to purposive sample, interviews have a higher response rate; they offer greater understanding, and this kind of verbal exchange with depth is more conducive than any other form or media with which to bring out the elixir of ideational delight (Schultze & Avital, 2011).

In-depth semi-structured interviews were utilized as the primary source of data collection to understand the key reasons leading to psychological trauma in Palestine. Identifying the main causes of psychological trauma differed between males and females in Palestine. Females often experienced trauma due to threats of

assault from occupying forces, whereas males faced beatings and arrests. The typical reactions of traumatized people under occupation varied greatly. Palestinian culture and context significantly contributed to trauma. The strong value placed on homeland and religious sites meant losses were cut deeply. Meanwhile, the mental health specialist plays a pivotal role through various interventions. However, resources for treatment are limited amid the prolonged occupation. The reasons for the rise in psychological trauma are multi-factorial. Prolonged military presence, settler violence, and loss of land and livelihoods all undermine a sense of safety and dignity. To prevent further trauma, international pressure is needed to end the occupation. Locally, community support networks and access to care must be strengthened for Palestinians to heal from generations of oppression.

The researcher spent weeks crafting a series of open-ended queries to explore the harrowing toll of psychological suffering endured by the Palestinian people. Their interview protocol, informed solely by an exhaustive survey of academic writings, aimed to elucidate shared threads of hurt while illuminating singular shades of individual anguish. A candid dialogue, they knew, could shed light on how different experiences of the same violent events impact human cognition, emotions, and behaviours in disparate ways. At the same time, a loosely structured exchange might reveal commonalities in coping and perspectives that previous distant readings had failed to detect (Freitas, Oliveira, Jenkins, & Popjoy, 1998).

Data was gleaned through in-depth, semi-structured interviews exploring various aspects of psychological trauma from the perspective of those afflicted in Palestine. Therefore, the researcher crafted questions to thoroughly capture the essence of participants' experiences. The interview questions aimed to elucidate the primary causes of trauma, gender differences in impact, expected effects on daily living and coping strategies across cultural contexts. Additionally, they sought to understand the roles of mental health professionals and the means of preventing future trauma. Interviews took place privately in participants' homes, lasting approximately forty-five minutes each, and recorded with consent. It is worth noting that these recordings are available upon request from the researcher. Since the sample of the study includes individuals who experienced trauma, it is a bit sensitive to publish such data. Thus, the researcher kept the recordings available in a safe database and made them available to other researchers upon formal request. The literature guided question development.

2.4.1 Interview process

The study's beginning documentation guided engaging discussions to address the research's fundamental inquiries. The interview handbook was painstakingly crafted before the discussions and focused on unpacking the psychological anguish of specific vocations. The researcher built the questions of the interviews based on the literature review. These questions underwent scrutinizing review, rewriting, and reorganizing to be better comprehended by the individuals. Questions drew inspiration from the researcher's findings when scrutinizing the psychological suffering caused by occupation in Palestine. These manual interviews were strategically scheduled following profound dialogues with the supervisor, Dr. Mohamed Marie. Given that the interviews were in Arabic, the

following pre-planned questions or activities were translated into that language (McCracken, 1988).

Validity and Reliability of Research Instruments

The researcher used many methods to test the validity and reliability of the instruments. Three clinical psychologists and two research methodologists reviewed the interview guide and the sample for validity. Their feedback was taken into consideration. The researcher then modified the question wording and structure to make sure that they met the research objectives. The Arabic versions of the instruments were translated. Two independent experts tested the translation quality (forward and backward translations). After that, one linguist made sure it was appropriate that they test what they were designed for the sample. Regarding the themes, the study relied on psychological trauma theory which is based on the work of several scholars such as Breuer, Freud, and Bessel van der Kolk. In fact, the researcher coded and categorized participants' statements and created headings based on participants' responses. In the discussion, examiners indicated that redundant or unclear variables could be removed, such as ("mixed feelings"), and to avoid using psychological terms that suggest the researcher is diagnosing participants, like the term (anxiety) and replace it with a more neutral term meaning tension.

To increase the trustworthiness, all interviews were recorded using audio recorders. A local Palestinian completed transcription within the colloquial language (neighbourhood Palestinian dialect), and he or she compared the correctness and dependability of the two recorders. The transcription is then completed for the primary recorder as opposed to the secondary recorder. Then, the researcher examined and reviewed every single sentence and the transcription within the first recorder, line by line. Then, to ensure accuracy and reliability, the researcher checked each unmarried phrase with the second recorder. Recording and transcribing interviews provides several advantages, including the ability to examine people's responses through repeated listening. It also reduces the researcher's hurdles, such as proximity to a specific meaning of what an interviewee claimed following the interview. It helps with the evaluation procedure by revisiting the researcher's or other researchers' audio data. Transcribing and reviewing transcription becomes a time-consuming process (Bryman, 2016).

In qualitative research, credibility refers to the authenticity of research conclusions. The researcher meticulously maintained thorough documentation, transcribing all interviews word for word to allow readers to grasp contributors' lived experiences in their own words. Through continual self-examination, the researcher employed reflexivity to detect and address her own prejudices, composing field notes that scrutinized how biases may yet infiltrate and influence her work at each phase of the project. By such means, one can work to ensure the integrity of qualitative findings remains uncompromised by the preferences or preconceptions of the researcher herself (Ary, Jacobs, Irvine, & Walker, 2018).

2.5 Data Analysis

Braun & Clarke (2006) skillfully theorized multiple perspectives regarding the theme analysis method in their seminal 2006 work. For an array of pragmatic and philosophical reasons, employing this interpretative qualitative approach enables one to harvest insight while upholding congruity. It facilitates an exacting yet nuanced portrayal of resilience assets intrinsic to a community's culture. This adaptable framework is apt for the psychosocial examination of findings. At the same time, as Braun & Clarke (2006) later observed, it serves as a potent investigatory implement when exploring topics emergent from qualitative data. The researcher concentrated on discerning prevalent living styles and participant interaction in the present study. Themes distilled from the data may centre on a pivotal notion or idea critical to fulfilling the objectives of the inquiry. As DeSantis and Ugarriza (2000) previously defined, the preceding analytic technique systematically identifies, analyzes, and reports patterns within a corpus.

2.5.1 Data Analysis Process

The interviews were tape-recorded and later transcribed in full, capturing the participants' own words. Observational notes were also taken during disciplinary hearings. These interviews, notes, and collected documents were analyzed to discern patterns and themes. The goal was to categorize the information to make comparisons between various accounts. In this way, relationships might emerge, and insights could be gained. Longer passages allowed for complexity while shorter phrases-maintained flow. The classified research materials facilitated the evaluation and understanding the underlying issues (Maxwell, 2012).

These preliminary records and codes have been assembled to commence a foundational sub-topic aggregation. The applicable codes imbue significance regarding the research's destinations. An eclectic assortment of codes was enlisted. At the outset, consideration centred on mesmerizing interview excerpts that hinted at underlying attitudes. Subsequently, a duo of classifications interpreted the implications of those extracts to deduce the perspectives espoused by participants. Ultimately, bringing order to the collected data should enhance comprehension of the subject under examination (Maxwell, 2012).

These early transcripts and numerals have been compiled to begin a fundamental subtopic accumulation. The pertinent symbols lend importance to the inquiry's destinations. An eclectic mélange of codes was listed. Initially, attention centered on fascinating dialogue excerpts that hinted at underlying attitudes. Subsequently, a pair of categories interpreted the implications of those extracts to infer the viewpoints espoused by individuals. Ultimately, bringing organization to the collected information should heighten comprehension of the topic under analysis. Furthermore, a deeper dive into some of the more intricate interview responses exposes additional nuances within participants' perspectives.

Creating an in-depth subject file by selecting examples with an attractive character can contribute to the results. In addition, examining those cases and linking them to a comprehensive review of the study objectives (Bryman, 2016).

The researcher used the step-by-step manual outlined by Anne-Marie, Chau, & Kai (2017) to analyze the qualitative data systematically. In the initial stage, they immersed themselves in the material by thoroughly examining each line of transcripts, notes, and files. They sought to comprehend the full scope and nuances of the collected information. Next, preliminary codes were identified by highlighting striking concepts directly linked to the study's aims. Intriguing capabilities and early extracts suggesting relevance were marked using distinct colors. These temporary labels attempted to capture nurses' resilience under stressful conditions, as depicted throughout the textual sources. Potential sub-themes emerged in the third phase by aggregating applicable codes from all sources into computerized tables organized by capacity domains. The compiled excerpts were sorted and grouped to start forming a cohesive narrative. Step four entailed validating the

accumulated codes and evaluating if they properly fit within the provisional sub-themes. Some codes were combined, while others required reclassification. The sub-themes continued refinement to ensure the extracts logically contributed to the overarching story. The fifth stage refined the names of the sub-themes, making the entire story conveyed by the records more sensible and coherent. Subsequently, the sub-themes were translated from Arabic to English to widen their accessibility. The seventh phase consisted of a final review examining the findings. Lastly, the sources were reexamined to identify any remaining materials relevant to the core topics uncovered throughout the process.

2.6 Conclusion

This chapter has focused on the study's methodology. It began with a reason for the research, followed by the presentation of a stylish purpose and specific research objectives. It also included a discussion on the use of qualitative designs and data generation strategies. The bankruptcy gave grounds for the investigation's use of interviews, statements, and amassing information.

The special power of interview approaches is addressed, and the use of qualitative tools to examine resilience is presented. The bankruptcy has also offered a method of moral approval and access to participants in order to generate knowledge. There have also been discussions about sampling, information control, and analysis. The session concluded with sections on reflexivity and how to sell qualitative study quality, validity, and reliability.

Chapter Three

Results

3.1 Introduction

This chapter discusses the symptoms of psychological trauma, its causes, and coping strategies among Palestinians due to the occupation. The data consists of 33 interviews conducted with war victims in Palestine, particularly after the October 7 war in Gaza and Tulkarm. The results are presented as themes/sub-themes in Table 1 (see Appendix A) related to participants' responses to the interview questions. This chapter contains excerpts from participant interviews to support the clarity and credibility of the topics.

In the following sections, the researcher shows how the study sample experiences and responds to difficult events in their lives. The researcher divided them into themes to help the reader understand these experiences better. These themes show in detail what kinds of challenging situations people face, such as their direct experiences and what happened to their loved ones. The themes also describe how losing access to basic needs affected their life habits. Additionally, these themes show how the study sample reacted when facing these difficult situations. The main thing noted among them is that they responded in different ways through their feelings, physical symptoms in their bodies, and changes in how they think about things. Similarly, these themes show how lacking basic necessities, like food, shelter, and ways to communicate with family, made these challenging experiences even harder for them to handle.

The themes in this study were formulated through a systematic qualitative analysis process using Braun & Clarke (2006) thematic analysis method. First, the researcher began with a review of all interview transcripts. Then, the researcher carefully read the data two times to be familiarized with the participants' experiences and responses. After that, the researcher developed the main themes in the participants' responses during the initial coding phase. Hence, the researcher grouped these initial codes based on their similarities. For example, some codes were merged together when the study sample described similar experiences of direct exposure to traumatic events. Then, the researcher reviewed these codes and turned them into themes. For quality purposes, the researcher examined how different codes related to each other and could create sub-themes from them. This process led to the creation of the main and sub-themes. To ensure the validity

of these themes, the researcher regularly consulted their supervisor and other researchers in the field to make sure that the themes accurately represented participants' experiences.

3.2 First Theme: Traumatic Events

Results related to the first research question:

"What is the common cause of psychological trauma in Palestine?"

Three main themes that formed symptoms of post-traumatic stress among Palestinians due to the occupation will be presented. These themes consist of direct exposure to harm, relatives being harmed, and lack of basic resources for life. Each one of these themes includes several sub-themes as follows:

3.2.1 Direct Exposure to Harm

One of the themes causing psychological trauma resulting from my data relates to the context of direct exposure to harm and includes being present during the bombing, being under rubble, being present during home invasions, exposure to violence, arrest, and tangible dealing with the injured and martyrs such as transporting or treating them. The following sections present a detailed analysis of each theme separately.

1. Direct Exposure to Harm: Sub-theme - Presence During Bombing

Among the 33 participants, five experienced psychological traumata due to being in areas affected by bombing (see Chart 1). Below are excerpts from the interviews conducted with each of these individuals. Participant 11 indicated that he was present in Gaza under bombing while praying in the mosque. He felt the ground shake beneath him as a result of the bombing, so he hurried to his house after the prayer to check on his family, and a barrel bomb hit their house, causing a fire. The participant carried his daughters and hid them in a safe place. Here is a quote from his statements during the interview:

".. But I was praying the evening prayer in the mosque, and I was 200 meters away from them when the bombing started while we were praying, the ground shook... I carried the two girls and I was about to carry them when a barrel bomb hit us, you can say it set everything on fire, the fire entered our place, I carried them and kept running with them down the stairs, this was the only time I feared for them while in Gaza".

Participant 19 also indicated that she was present during the bombing in her home for a whole night. Here is a quote from her statements during the interview:

"The Israeli soldiers were hitting at the door of the house... yes, there was bombing... I mean how the young men... were resisting at the door of the house... and the bulldozers started entering at the door of the house."

Participant 21 indicated that she was in the house during the bombing, where she was lifted and fell to the ground as a result of the bombing. Here is a quote from her statement during the interview:

"Anyway, when they hit us at the door of the house, I couldn't tell what happened exactly to me.. and how all of my body was lifted and fell to the ground."

Participant 24 also indicated his presence during the bombing in the Fakhura massacre and his involvement in helping paramedics collect body parts.

Participant 30 indicated that he was present during the bombing at different periods of his life. In 2008, he was in the mosque and hid in one of its corners during the bombing. In 2021, he was present during the bombing while at work and fled with the bombing above him and part of his house was also demolished. According to DSM-5 criteria, exposure to actual death or threat of death or serious injury through direct exposure to the traumatic event is one of the criteria applied to diagnose post-traumatic stress disorder.

2. Direct Exposure to Harm: Sub-theme - Being Under Rubble

Among the 33 participants, two suffered psychological trauma from being trapped under rubble. Below are excerpts from the interviews with each of these individuals.

Participant 13 indicated that his house was bombed in 2020 while he was inside, which caused him to faint and suffer physical damage. Here is an excerpt from the interview in which he talks about this difficult experience:

Yasmin: Was there bombing near you while you were in Gaza?

13: While I was in Gaza, in the 2020 war, we were buried.. under the rubble... they got us out from beneath the rubble and the roofing sheets.

Participant 21, whose house was bombed, explains how she removed glass shards from her daughter's face and fled, saying: "I came to take her and go... they bombed again another strike. The glass fell on my girl's cheek... while she was sleeping... I was carrying my daughter and the bag, intending to go to my uncle's house upstairs... suddenly, my cousin came in... the drone hit him and my husband, but I did not know that my husband had been hit...".

3. Direct Exposure to Harm: Sub-theme - Presence During Home Invasion

Participant 18, an 18-year-old, indicated that her house was invaded by the army while she and her elderly mother were present without a man in the house, which affected her psyche and daily life significantly. The girl describes the event by saying:

" When they entered, the aggressive way they entered had scared us the adults.. imagine how it would do to the young... I mean you wouldn't expect how really really scary it was, I mean my mother went to open the door, they did not wait for my mother to open the door. As soon as they knock, if you do not open the door right away they break it".

4. Direct Exposure to Harm: Sub-theme - Exposure to Violence

Participant 15 indicated that he was subjected to violence by security personnel while he was in Nablus because of a joke he said, as they mistakenly thought he was smuggling hashish, which caused him deep psychological harm as he believed that the real enemy is not blamed because he is an enemy, but he couldn't understand why his brothers were against him too... He describes his exposure to violence by saying:

"They dragged me.. handcuffed me, I can handle one or two of them but not 7.. and they took me inside like this, tied me to a chair... and they kept beating me... the five beat me".

5. Direct Exposure to Harm: Sub-theme – Arrest

Participant 25 indicated that he was arrested for a whole night on charges of being in Israel without official permission, which made him feel afraid, and this is a quote from his description of what happened:

" I was scared, scared when I first arrived and I was handcuffed .. and I understand that those who are caught are deported to Gaza and I do not want to go to Gaza, I cannot imagine living the life they are living honestly".

6. Direct Exposure to Harm: Sub-theme - Tangible Dealing with the Injured and Martyrs

Four out of 33 participants, whether through their jobs as rescuers or as volunteers, witnessed and dealt with painful scenes of the injured/martyrs during their work and attempted to transport the martyrs or save whoever could be saved from the injured, and there is no doubt that these scenes and dealing with them have a psychological impact on those who face such events.

The following are excerpts from the interviews with the participants:

Participant 12, who worked as a paramedic in Gaza in previous wars, indicated that in one of his attempts to rescue an injured person in Gaza, he tried to get him out of the burning car, and suddenly, the severed foot was in his hands, which shocked him. He describes to me one of the events that left an impact on him.

“Once in the 2014 war.. they bombed someone in front of the ministry.. I went out with my colleague to rescue him, we carried the fire extinguishers, put out the car, opened the door.. his leg came out in my hands, I put it in the ambulance.! .. but after that maybe I stayed for about 3 days not comprehending what happened”.

Participant 20, who also worked as a paramedic, indicated that she was treating her nephew whose foot was amputated, and she spends most of her time working. Here is an excerpt from the interview on the subject:

20: I was treating injuries

Yasmin: You're a paramedic, so you see a lot!

20 : Yes, and my nephew's hand was cut off in the house upstairs and I was with him.

Participant 23, who worked as a paramedic at the beginning of her career and at the beginning of her work as a paramedic, the first injury she received was her brother's injury, according to her statement.

Participant 24, a volunteer who was helping paramedics in Gaza, was collecting pieces of martyrs' bodies and putting them in bags.

3.2.2 Relatives Being Harmed

One of the themes causing psychological trauma resulting from my data relates to the context of relatives being harmed and includes losing a relative, injuring a relative, arresting a relative, danger in the family area, and suffering a friend. The following sections present a detailed analysis of each theme separately.

1. Relatives Being Harmed: Sub-Theme - Losing a Relative

Among the 33 participants, 27 individuals suffered the loss of at least one loved one during the recent events in Gaza, which caused them psychological trauma. Here are some excerpts from the interviews conducted with them regarding their loss.

Participant 1 indicated that he lost his father, saying: "Before my house was demolished, my father was martyred, I got the news of my father's death".

Participant 3, who was forced to live a life that was not of his choice, as he married his martyred brother's wife to raise his children, said: "My brother was martyred and my father got married and his wife raised us, she is respectable. She is my wife's sister now. In 2006 my older brother was martyred, and he had a son and a daughter, so my father suggested that I marry my brother's wife to raise my brother's children ".

And in the recent war, he also received news of his younger brother's martyrdom. He describes receiving the news as follows: "On October 7, it was Saturday, I was off work, the guys came to show me the news, they tell me look look.. I saw jeeps entering Gaza.. so in the afternoon they brought me news that my younger brother was martyred".

Participant 4 indicated that he lost many relatives in a tragic event in which 57 martyrs died, and during my interview with him, he also received news of his friend's martyrdom.

2. Relatives Being Harmed: Sub-Theme - Injuring a Relative

Among 33 participants, 12 had at least one injured loved one during the recent events in Gaza, which caused them psychological trauma. Here are excerpts from the interviews conducted with them regarding the event.

Participant 7 indicated that he has friends whose limbs were amputated due to the war, saying: "I have friends now that their legs or hands are cut off... because of the shells".

Participant 8 indicated that his father lost his leg because of the war, saying: "My father, may God keep evil away from you, lost his right leg in the last war".

Participant 10 also indicated that his grandfather lost his leg because of the war, saying: "My grandfather cannot walk, his leg is cut off, they tortured him".

Participant 12 indicated that his son was injured in his chest, and due to the occupation, the participant faces challenges in providing treatment for him..

3. Relatives Being Harmed: Sub-theme - Arresting a Relative

One of the participants (Participant 7) indicated that his brother was arrested for two months and he is the breadwinner for the family, saying:

"My brother was caught by the army from the first day and imprisoned, he stayed imprisoned for two months and this brother was the one supporting the house".

4. Harm to Relatives: Sub-Category - Danger in Family Areas

Among the 33 participants, 13 were worried about their families and relatives being in dangerous areas. Here are some excerpts from interviews with them:

Participant 1 indicated that his residential area in Gaza was bombed, and his whole family was there, which caused him panic and constant worry about his family being in continued danger. Here are excerpts from the interview with him:

"We were here following the news and the internet. You find the bombing, death, and destruction all in our area."

Yasmin: What event or situation affected you the most?

1: The hardest shock came when I was sitting and heard a voice message on WhatsApp, a guy from Bethlehem, our neighbor, his wife sent him a message saying they bombed the whole neighborhood, the whole neighborhood died and she's right next to us running in the neighborhood. I heard the message and lost my nerves. The whole neighborhood died and it was our turn. I started telling him "Please Muhammad, find out what's happening." His wife told him again they bombed so-and-so's house in the area, in the block, and we live in the middle of the block.

One of the most difficult feelings he experienced was also when he was talking to his son on the phone, and they heard the sound of bombing near the child.

Participant 2 indicated that his worst days were when the bombing intensified in the area of his family and relatives. This is an excerpt from the interview with him:

Yasmin: Tell me what happened to you that you tried to make an effort to accept? Did something personal happen to you?

2: I swear what happened to me was hard, in the last moments when the bombing intensified in the northern Gaza Strip, my family, my children and my wife were all at home. I started communicating with them, every moment, every minute and every second became valuable to me because at any moment I would hear news about them and at any moment bad news would come to me. So I became in a collapsed state, in a state where I'm now in the worst days of my life. Whose death news will come to me first? My children, my wife, my mother or my father?

Participant 3 also indicated that he received news that his house had been completely bombed, which raised his concern and fear for his household.

“He told me the house where your daughter was located was bombed... I opened the group and they're saying so-and-so's house took two missiles.. our house.. I asked my friend... was anyone in the house, was my father and brother and his wife there? He told me listen.. your house was bombed... I told him I do not care about homes, I need to know what happened to my family? He told me thank God nothing happened to your family, we're sad for your sadness about the house. I told him money can be compensated my brother, the important thing is that my family is okay.. He told me your brother was injured in his leg and his wife's face was burned.. I asked him so there are no martyrs? He said no. I said thank God, our Lord will compensate us. Money can be compensated.”

Participant 4 indicated that his neighborhood was completely destroyed and he regrets it. Participant 5 indicated that this is the first time his area in Gaza has faced such events, as it was considered a safe area in previous wars, and that their house which they had only lived in for one year was completely destroyed. Participant 7 indicated that his family was in danger while they were at home as a house next to them was bombed, so they were

displaced from the north to the south and faced dangers and bombing on their way to the south. This affected him psychologically and caused him psychological trauma.

Participant 8 also pointed to his worry and insomnia when there is artillery shelling in residential areas where his family and relatives are located and he cannot reach them and check on them.

Participant 10 indicated that many of his relatives were in danger as his uncle's house was bombed, and his cousin remained under the rubble for a week until they were able to rescue her. His young cousin was also under the rubble, and another cousin fell from the second floor to the ground, causing fractures in his body. He is also worried about his family in Rafah, as there are fire belts in their area, and he cannot communicate with them or check on them.

He also indicated that his uncle's family in the northern Gaza Strip spend their time in one room for fear of being separated or losing one of them, as they prefer to die together rather than lose one of them. Likewise, he cannot reach them and check on them.

He also mentioned his missing uncle and that his female relatives were assaulted and forced out of their homes without hijab. He mentioned that their area is not safe and that anyone who goes out to the street is killed. Participant 11 indicated that his family and relatives were exposed to many dangers, as their house was bombed twice at night, so they fled from the house, which led to the martyrdom of 22 people.

He also mentioned that his second wife was present at the bombing site, and he heard the sound of bombing during his phone call with her, which led to his worry about her.

Participant 13 also indicated that his family was exposed to bombing, which aroused his concern. Participant 26 says that his family in the northern Gaza Strip is constantly exposed to bombing. Participant 27 says that his family in Gaza under bombing is in a better state than him due to his worry about them. Participant 30 indicated that his family was in the northern Gaza Strip during the bombing, which led to his concern.

5. Harm to Relatives: Sub-category - Friend's Suffering

Participant 6, when asked about the most difficult situation that left an impact on him during the war, indicated that his friend receiving news of his father's martyrdom in front of him was the most difficult situation he went through due to the war and this is what he said: *"The day before, my friend was talking to his father and telling him not to go to the mosque. The next day, Subhan Allah, the doctor was going back and forth when my friend said what? Was my father martyred? This was the most difficult situation, I mean, despite losing relatives, but I did not live a situation like this, I mean there's only you and one person sitting to hear the news, you understand how? This was the hardest thing."*

3.2.3 Lack of Basic Resources

The final theme in the themes causing psychological trauma resulting from my data relates to the context of lack of basic resources and includes the presence of lack of life essentials such as food, drink and clothing, loss of shelter, and loss of communication with relatives. The following sections present a detailed analysis of each theme separately.

1. Lack of Basic Resources: Sub-category - Lack of Basic Needs (Food, Drink, Clothing, Treatment)

Among 33 participants, 14 talked about a lack of basic resources (food, drink, clothing and treatment) for themselves or their relatives. This deprivation caused participants to experience significant psychological distress, manifesting as feelings of helplessness, guilt, and emotional torment. The following are some excerpts from interviews with them:

Participant 1 indicated that his relatives suffer primarily from a shortage of food items, which negatively affects his psyche to the extent that he blames himself if he eats food while his family is hungry. This is a quote of what he said about the subject: *"Hunger of children, shortage of food items... It's been 100 days without vegetables, onions, tomatoes, or cucumbers—completely cut off.... My wife told me we've started dividing bread among ourselves as if it were gold. When I hear these stories, it breaks my heart."* This situation caused him psychological distress, manifesting as intense guilt and emotional torment whenever he ate food himself.

Participant 2 also pointed to his family's displacement from the north to the south with some clothes and talked about his disabled father who also had to be displaced with his

family in search of safety. This is a quote of what he said about the subject: *"They came out running with their clothes and belongings to the south. At this moment, my psyche hit rock bottom. Why? Because even as they fled down the street, they were still targeted. They had to gather whatever they could and flee southward. I have a disabled father—imagine the situation we're facing."* This experience created an acute psychological breakdown in him. It was also created to show feelings of powerlessness and anxiety.

Participant 3 indicated that his family suffers from a lack of healthy nutrition and lack of water for bathing. This is a quote of what he said about the subject: *"I ask them, 'What did you eat?' 'Lentils.' 'And the next day?' 'Cheese with a can of mortadella that's usually for the cats, may God honor you.' Well, no meat, no proper food, nothing at all... And the children, too. She tells me they're suffering a lot from not being able to wash properly due to the lack of water."* His repeated emphasis on their insufficient resources shows his worry and emotional distress.

Participant 4 also indicated that his wife was pregnant in her last month and talked about his concern about this due to the lack of medical resources. Also, his wife and children have no clothing to protect them from the cold. He also pointed to the bodies present under the rubble, and there are no mechanisms to extract them. This situation caused anxiety and fear. The participant feels helpless about being unable to provide necessary care and protection for his family.

2. Lack of Basic Resources: Sub-category - Loss of Shelter

Among 33 participants, 17 had their homes or the homes of their relatives demolished. Here are excerpts from interviews conducted with them on the subject. The loss of homes created a psychological impact on participants as these places represented safety and family memories.

Participant 1 indicated that he lost his shelter. This loss affected his mental state significantly.

Participant 2 indicated that his uncle had lost his house. Seeing his uncle lose his home caused him emotional distress.

Participant 3 also indicated that he built a house during his exile with his family, and he only saw this house in pictures and videos as it was bombed before his return to his city, saying: "My wife called me in the afternoon, crying, and my children were crying too, all of them in tears. They're sad because I built a house and finished it, and they're waiting for me to come and be happy in it... But I haven't seen it in reality." Losing his newly built home before returning affected him deeply.

Participant 4 also indicated that his 4-story house was completely demolished, saying: "And the house was bombed from four floors, I swear to God it was leveled to the ground."

The demolition of his home and the loss of family members in his uncle's house created for him psychological pain. He also indicated that his uncle's house was bombed, which led to the martyrdom of 57 people who were in this house, including his relatives, saying: " "I lost my uncle, who was like a father to me—may God have mercy on him—and my four cousins—may God have mercy on them. Also, my cousin, her husband, and their children—all in their house. 57 martyrs fell in this house."

Participant 5 indicated that he had only lived in his new house for one year before it was bombed and demolished in recent events. Losing his new home after such a short time left him with deep sadness.

Participant 7 also indicated that half of his house was demolished. The damage to his home and his relatives' losses increased his psychological suffering. He also indicated that some of his relatives' houses were demolished, and they were martyred.

Participant 12 indicated that he received false news that his house was demolished with 120 members of his family and relatives in it. Then it turned out that they were not all present in the house, saying: "The house was demolished. This was the first news I received. Our home housed 120 people, and the first thing I heard was that the house had collapsed on them." The news about his house and family made him worry even after learning it was partly incorrect.

3. Lack of Basic Resources: Sub-category - Loss of Communication

Among 33 participants, 13 talked about losing communication with their relatives, which caused them anxiety and insomnia in many cases. The following are excerpts from their interview on the subject.

Participant 1 indicated that he lost communication with his family many times, saying:

"Communication was cut off for the first time for 3 days."

"Communication has been cut off for 7 or 8 days approximately, there is no way of communication."

"I'm sitting on the news hearing every day about death and martyrdom and I cannot reach them!"

Participant 3 also indicated that he lost communication with his family for seventy days, saying: "Communication was cut off from them and it took long while it was cut off from them and my father and brother, I did not talk to them for 70 days, communication was cut off."

3.3 The Second Theme

Results related to the second research question:

"How do the initial reactions of Palestinians exposed to psychological trauma differ?"

Five main aspects will be presented in which the initial reactions to psychological trauma among Palestinians due to the occupation were formed, as these aspects consist of responses in the emotional aspect, responses in the physical aspect, responses in the cognitive aspect, responses in the behavioral aspect and responses in the spiritual aspect. Each of these aspects includes many sub-themes, which are mentioned below. All these aspects are related to each other and cannot be separated. Our thoughts and beliefs affect our emotions and feelings, and consequently, our behavior towards external stimuli, even feelings, affects various body functions in what is known as psychosomatic symptoms.

3.3.1 Emotional Responses

One of the initial responses to psychological trauma resulting from my data relates to the emotional aspect and includes feelings of oppression, feelings of fear, emotional numbness, shock, feelings of collapse, feelings of anger, feelings of loss, feelings of despair, feelings of sadness, mixed negative feelings, feelings of helplessness, indescribable feelings and feelings of anxiety and tension. The following sections present a detailed analysis of each theme separately.

1. Emotional Responses: Sub-category - Feeling of Loss

One out of 33 participants talked about feeling a sense of loss during the traumatic event. The following is a quote from their interview:

Participant 6 mentioned feeling a general loss of relatives due to the occupation, as they are scattered, and the war intensified this feeling. They said, "We always feel this way, always this feeling of loss, that I have relatives, but we're forbidden from returning to Gaza. Can you imagine how it is during the war?"

2. Emotional Responses: Sub-category – Despair

One out of 33 participants talked about feeling despair upon receiving the shocking news. The following is a quote from their interview:

Participant 3 indicated that they could not express the extent of their despair upon receiving the shocking news, saying, "I'm so desperate. I swear if I talked to you day and night about how desperate I am, nothing would express the despair and sadness I feel. I was very upset about it."

3. Emotional Responses: Sub-category – Unbearable Feelings Describe

Three out of 33 participants could not describe their feelings during the traumatic event. The following are quotes from their interviews:

Participant number 1 indicated that they were unable to describe their feelings during the trauma, saying: "What should I feel, it is an indescribable feeling."

Participant number 7 described their feeling upon receiving the shocking news as something hard to imagine, saying: "When my friends and loved ones were gone, it's a

very, very difficult feeling that one cannot imagine, not even in imagination, no one can bear it or be patient with it."

Participant number 8 said their feelings were indescribable during the shocking news, saying: "An indescribable feeling."

3.3.2 Impact on the Physical Aspect

One of the initial responses to psychological trauma resulting from my data relates to the physical aspect and includes chronic diseases, blurred vision, involuntary movements, fainting, and collapse. The following sections present a detailed analysis of each sub-category separately.

1. Impact on the Physical Aspect: Sub-category – developing Chronic Diseases

Participant number 28 indicated that they developed diabetes as a result of the traumatic events, saying: "Things were difficult and I was very sad, that's why I got diabetes."

Two participants out of 33 developed chronic diseases as a result of the traumatic event. Here are quotes from their statements during the interview.

Participant 20 indicated that she developed diabetes and hypertension as a result of the traumatic events. Here is an excerpt from the interview with her on the subject:

20: "I've been... for a while now since... I have... diabetes... and my blood pressure is high, ranging from 160 to 118."

Yasmin: Is this after their martyrdom?

20: "Yes, sometimes the medicine does not work for me..." (cries)

Participant 28 indicated that he developed diabetes as a result of the traumatic events, saying: "I swear, I got diabetes, I got diabetes from the news, here I checked my blood sugar, I did not have diabetes before."

2. Impact on the Physical Aspect: Sub-category - Blurred Vision

Participant number 9 indicated that they experienced blurred vision and visual disturbance when receiving the shocking news, saying: "My eyes blurred."

3. Impact on the Physical Aspect: Sub-category - Tremors Movements

Out of 33 participants, 3 trembled while receiving the trauma. Here are quotes from their interviews:

Participant number 3 indicated that they started trembling when receiving the shocking news, saying: "I started shaking."

Participant number 9 indicated that their hands shook when receiving the shocking news and they couldn't hold the mobile phone, saying: "When I got the news, I held the phone to call them but couldn't hold it, it fell from my hand... my hand was shaking."

Participant number 21 indicated that she experienced trembling in her body when receiving the news.

4. Impact on the Physical Aspect: Sub-category – Fainting and Collapsing

Out of 33 participants, 9 experienced physical reactions in the form of fainting or physical collapse when facing traumatic events. They stated that these feelings have a great impact on their psychological trauma. These reactions were from complete loss of consciousness to inability to stand.

Out of 33 participants, 5 fainted when facing a traumatic event. Here are quotes from their interviews:

Participant number 9 indicated that they fainted several times when receiving shocking news such as the martyrdom of someone dear to them, saying: "Several times I've received news and lost my nerves... my eyes blur, I start shaking, and I lose consciousness. The guys have to calm me down and take me to the hospital. I have no nerves left. I'm talking to you now and I feel a fire inside of me."

Participant number 12 indicated that they fainted when receiving shocking news (their house being demolished with people inside): "I fainted and only found myself in the hospital."

Participant number 13 also indicated that they fainted when exposed to the traumatic event and being under rubble.

Participant number 15 indicated that they fainted when receiving the shocking news.

Participant number 24 indicated that they fainted when exposed to the traumatic event.

Out of 33 participants, 4 felt a collapse when facing the traumatic event. Here are quotes from their interviews:

Participant number 1 indicated that they felt a collapse while receiving the shocking news, saying: "I collapsed and sat down, my legs couldn't carry me after that."

Participant number 7 indicated that they felt a collapse while receiving the shocking news, saying: "It's something very, very difficult to imagine, also when they broke my brother, I was shocked, I had no strength left."

Participant number 11 also indicated that they felt a collapse while receiving the shocking news and couldn't stand on their feet, saying: "You know, at this moment, I almost, you could say, couldn't bear it... so I sat down."

Participant number 19 indicated that she felt a collapse and a drop in blood pressure while receiving the shocking news.

Two out of 33 participants felt collapse while receiving trauma. The following are quotes from their statements during the interview. Participant 21 also indicated that she collapsed when receiving news of her husband's injury due to the bombing.

3.3.3 Impact on the Cognitive Aspect

One of the initial responses to psychological trauma resulting from my data relates to the cognitive aspect and includes negative thoughts, loss of control and detachment from reality, dreaming of the lost one, distortion in perception of time and distance, false beliefs, and denial. The following sections present a detailed analysis of each sub-category separately.

Eight participants stated that they are experiencing negative thoughts as a cognitive response to trauma. These have thoughts about potential harm to family members, future losses, and inability to control worrying.

Participant number 21 indicated that she had negative thoughts about her husband's martyrdom and couldn't control them, saying: "I tell my husband's family that it's

impossible, nothing happened to him... something happened... I have a feeling that something happened to him."

Among 33 participants, there were 7 who felt mixed negative emotions during the traumatic event. The following are quotes from their interviews:

Participant number 2 indicated that their mental state hit rock bottom: "My mental state hit rock bottom."

Participant number 7 said the most difficult emotions they experienced were when their family was threatened with death, saying: "The hardest feeling was when they were displaced and being shot at."

Participant number 8 said the most difficult emotions they experienced were when they lost contact with their family while they were in a dangerous place, saying: "There's nothing harder than this feeling when you want to call someone and they tell you we've lost contact with Gaza, my dear."

Participant number 9 indicated that they lost their nerves upon receiving the news. "It's like everything is crashing down, constantly bombarded with news. I felt like I was losing my mind, grappling with psychological distress, sinking into sadness, and eventually falling into depression."

Participant number 13 indicated that when their family was in bombed areas, they felt as if they themselves were being bombed.

Participant number 32 indicated that they only felt sad at the moment of separation and then felt nothing.

Out of 33 participants, 8 had negative thoughts as a result of the traumatic event. Here are quotes from their statements during the interview:

Participant number 2 indicated that at any moment he might hear news of the martyrdom of one of his family members and asks himself who will be martyred first? Undoubtedly, these are negative thoughts that control him: " "Every moment, every minute, and every second has value for me because at any moment, I might hear their news. At any moment, bad news could come to me, so I've become completely collapsed. These are the worst

days of my life. Whose news will come to me first? My children, my wife, my mother, or my father?"

Participant number 17 indicated that he cannot sleep because of his (negative) thoughts and worries.

Participant number 8 indicated that he suffers from obsession, meaning negative thoughts that cannot be gotten rid of.

Participant number 9 indicated that he expects one of his relatives to be martyred at any moment, and undoubtedly these are negative thoughts, saying: "We keep expecting at every moment someone will be gone from us."

Participant number 10 indicated that negative thoughts come to him throughout the day about losing one of his family members, saying: "I swear, all day I think, I say maybe my brother was martyred, maybe my mother was martyred."

1. Impact on the Cognitive Aspect: Sub-category - Loss of Control and Detachment from Reality

Two out of 33 participants lose contact with reality when exposed to the traumatic event. Here are excerpts from their interviews:

Participant number 20 indicated that she lost control over her reactions while receiving the shocking news and did strange actions she was not aware of, like ululating and singing, to the extent that she does not remember what actions she did then. Here's an excerpt from her interview:

20: "On Jihad's day, I was not conscious at all, I was surprised..."

Yasmin: "What do you mean?"

20: "Everyone tells me it's like I was talking about spies and not spies, they showed me the video."

Yasmin: "You weren't aware of yourself, what were you doing?"

20: "No, no, I was not aware."

20: "Yeah, I was not aware at all... I was not aware of anything, it's like I was ululating... and I do not know how to ululate... it's like I was singing... 'Where should I take you, where, oh love of your mother, where should I take you, where, oh brother of sisters.'"

Participant number 21 indicated that she lost control when receiving the shocking news and was screaming unconsciously, saying: "I... was not myself... fear and terror, I did not feel myself nor was I conscious, I was just screaming and telling them Anas died."

2. Impact on the Cognitive Aspect: Sub-category

Unable to Believe the Loss of The Loved One:

Two out of 33 participants unable to believe the loss of the loved one of the close lost person. Here are excerpts from their interviews:

Participant number 19 indicated that she dreamed of her martyred husband, saying: "At dawn, I dreamed of Amer, after that I felt a bit better, I saw him in a good state in the dream."

Participant number 21 also indicated that she dreamed of the lost one on the same day she lost him, saying: "I dreamed of him on the same day."

Out of 33 participants. 3 dreamed about the missing person as a result of the traumatic event. Here are quotes from their statements during the interview:

Participant number 19 indicated that she often dreams about her martyred husband.

Participant number 20 indicated that she dreamed about her lost loved one twice.

Participant number 22 also indicated that she dreams about her lost loved one being happy.

Two out of 33 participants formed negative thoughts as a result of the traumatic event. Here are excerpts from their interviews:

Participant number 1 indicated that they wrongly believe that the traumas happening to them are a punishment from God, saying: "*I personally know that there's punishment in life, but I did not know that its pain is like this, really, I mean it's an unnatural pain.*"

Participant number 8 says that they have obsessive thoughts, saying: "But the obsession and nerves, and one is lost and confused."

3.3.4 Impact on the Behavioral Aspect

One of the initial responses to psychological trauma resulting from my data relates to the behavioral aspect and includes avoidance, venting, self-harm, screaming, and crying. The following sections present a detailed analysis of each sub-category separately.

1. Impact on the Behavioral Aspect: Sub-Category – Avoidance

Participant number 19 indicated that she refused to see her martyred husband's body, which stems from her fear of accepting reality, so she avoids what reminds her of the traumatic event, saying: "I did not go, I refused. They started telling me to go and say goodbye to him at the hospital... I refused to go and say goodbye to him at the hospital... Then when they told me to go see your husband in the refrigerator, I told them I do not want to go see him in the refrigerator."

2. Impact on the Behavioral Aspect: Sub-Category – Venting

Participant number 19 indicated that she vents to feel better, saying: "And they all came and started comforting me... I mean at that time when you feel that people are around you, you want to vent more, you start..."

3. Impact on the Behavioral Aspect: Sub-category - Self-harm

Participant number 8 indicated that they hit their head against the wall, i.e., harmed themselves, as a result of the traumatic events, saying: "One is lost and confused and hits himself against the wall and screams, and no life responds."

4. Impact on the Behavioral Aspect: Sub-category – Feeling shocked

Out of 33 participants, 4 had screaming as their initial reaction to the traumatic event. Here are quotes from their interviews:

Participant number 4, who received news of his friend's martyrdom during the interview, started screaming as soon as he received the shocking news.

Participant number 8 indicated that they screamed while receiving the shocking news, saying: "An indescribable feeling, we couldn't sleep, we screamed, we prayed, we did not know the fate of our families, where they died, if they're okay."

Participant number 20 indicated that her initial reaction was screaming while receiving the shocking news.

Participant number 21 also indicated that her initial reaction was screaming while receiving the shocking news.

Additionally, 6 out of 33 participants cried as their initial reaction to receiving the shocking news. Here are quotes from their interviews:

Participant number 3 indicated that their initial reaction was crying when receiving the shocking news, saying: *"I was very sad and cried a lot."*

Participant number 5 indicated that their initial reaction was crying when receiving the shocking news, saying: *"I burst out and cried a lot."*

3.3.5 Impact on the Spiritual Aspects

One of the initial responses to psychological trauma resulting from my data relates to the spiritual aspect and includes belief in fate and destiny and drawing closer to Allah. The following sections present a detailed analysis of this aspect.

1. Impact on the Spiritual Aspect: Sub-category - Acceptance and Drawing Closer to Allah

Out of 33 participants, 18 believed in Allah's fate and destiny and drew closer to Allah. Here are quotes from their statements:

Participant number 2 indicated that they see themselves as accepting of what's happening.

Participant number 5 indicated that they believe in Allah's fate and destiny, saying: "We belong to Allah and to Him we shall return, and he went to his Lord, his Lord is better than us, and God willing, our Lord will accept him as a martyr."

Participant number 11 sees that they can accept even bigger traumatic events than what happened to them, saying: "If it's one from the family, I thank Allah."

3.4 The Third Theme

Results related to the third research question:

"How does psychological trauma affect individuals' daily lives?"

Six main aspects will be presented that were affected as a result of psychological trauma among Palestinians due to the occupation. These aspects consist of the emotional aspect, cognitive aspect, behavioral aspect, physical aspect, spiritual aspect, and material aspect. Each of these aspects includes many sub-themes, which are mentioned below. All these aspects are interconnected and cannot be separated; our thoughts and beliefs affect our emotions and feelings and consequently our behavior towards external stimuli. Even emotions affect various body functions, which is known as psychosomatic symptoms.

3.4.1 Impact on the Emotional Aspect

One of the effects of psychological trauma resulting from my data relates to the emotional aspect and includes feelings of helplessness, feeling of alienation, emotional numbness, psychological stress, loss of energy, feeling of oppression, anger, feeling of longing, feeling of sadness, feeling of isolation, feeling of frustration, feeling of guilt, feeling of anxiety, feeling of fear, feeling of shock, feeling of suppression, insomnia and continuous crying. The following sections present a detailed analysis of each sub-category separately.

1. Impact on the Emotional Aspect, Sub-Category - Unable to Face Trauma

Two out of 33 participants were unable to face trauma when receiving the shocking news. Here are quotes from their statements during the interview:

Participant number 26 indicated that the war conditions and being deprived of a permit will return him to square one due to the difficult work conditions in Gaza and his inability to meet household demands, saying: "The mental state got tired when the war came, and at first when I was inside, I was happy, no one was happier than me... because I was inside Gaza working for 40, 100, which was not enough because I have 4 daughters and a son... when I got a permit, life changed for me, there was income, peace of mind, things that I was deprived of, I got them."

Participant number 33 also indicated feeling helpless as he is far from his family who are in dangerous areas and he cannot provide help to them, saying: "And I'm far from them and cannot do anything... what can we do, may Allah have mercy on them."

Among 33 participants, there were 7 who felt helpless during the traumatic event. The following are quotes from their interviews:

Participant number 1 indicated that they felt helpless when their child asked for something, and they could not provide it, which was one of the hardest feelings they experienced.

Participant number 11 indicated that they felt helpless due to being away from their family while they were in dangerous places, unable to provide protection and care for them, which was a difficult feeling, saying: "At that moment, I swear to God, I couldn't stand on my feet. I mean, even if we all became martyrs together, at least I'd be with them... to calm their fear, just to comfort them and be comforted by them."

Participant number 13 indicated that they felt helpless during the traumatic event while being under rubble, saying: "I was waiting for the morning to come; there was no electricity. I was just waiting for it to be 6 o'clock, just for the light to come so we could see what we needed to do, who was injured, so we could treat them."

Participant number 19 indicated that she felt helpless upon receiving news of her husband's martyrdom.

Participant number 24 indicated that they felt helpless and lost support when their father was martyred.

Participant number 28 indicated that they felt helpless and that there was nothing they could do during the traumatic event.

Participant number 33 indicated that they felt helpless during the event and couldn't do anything.

2. Impact on the Emotional Aspect, Sub-category - Feeling of Alienation

Participant number 26 indicated that he feels alienated in the West Bank and misses the empathy from the area's residents, and he is also far from his family and cannot return to

them, saying: "Now I'm deprived and away from my family for half a year like this, but at first I was happy to go and come, now we're not in the West Bank... here I felt alienation and you find it like this with them as if there's no one called a Gazan... they're living and not looking at us and they're happy and comfortable."

3. Impact on the Emotional Aspect, Sub-Category – Normalising Trauma

Out of 33 participants, 6 indicated that they got used to having trauma as a result of the traumatic event. Here are quotes from their statements during the interview:

Participant number 13 indicated that they got used to the trauma of war and that they feel this is something normal, saying: "This thing is normal for us because we've been through it... it happened to us many times... I was one of the people who would put a bag in my hand and go collect body parts."

Participant number 17 also indicated that they got used to war events.

Participant number 22 indicated that she completely lost her feelings after her son's martyrdom and described that she is like a machine living just for survival.

Participant number 23 also indicated that she lost all her feelings after her brother's martyrdom, saying: "In the end, I did not feel any emotions, why I do not know honestly, since the day my brother was martyred, whatever I see in front of me, I stopped feeling."

Participant number 25 indicated that he is characterized by emotional coldness and nothing can easily provoke him.

Participant number 32 indicated that he was not disturbed or felt any negative feelings towards the traumatic events.

Among 33 participants, 5 experienced emotional numbness while receiving trauma. The following are quotes from their statements during the interview.

Participant 3 indicated that he became emotionally numb and got used to calamities, saying: "The situation became normal for us... like when you keep hitting someone, eventually they become numb."

He also described losing sensation in his body while he was under the rubble, saying, "I was not feeling anything. If my hand was gone, I wouldn't have felt it."

Participant 23 indicated that she was struck with emotional numbness after her brother's martyrdom, saying, "From that moment, I was in shock. From then until today, I cannot feel emotions anymore. The shock had an unnatural effect on me."

Participant 24 also indicated that after his father's martyrdom and the repeated news of his relatives' martyrdom, he was hit with emotional numbness.

Participant 25 indicated that he is suffering from emotional numbness (his soul is tense).

Participant 32 indicated that he did not grieve or feel upset. Thus, he is emotionally numb.

4. Impact on the Emotional Aspect, Sub-Category - Perceptions Stress

Participant number 10 indicated that as a result of perceptions of stress, behavioral problems increase between him and individuals and reach stages of violence. He says: "We started having problems among the youth due to the stress and news we receive... we fight... we vent on each other."

5. Impact on the Emotional Aspect, Sub-Category - loss of Power and Feeling Tired

Out of 33 participants, 5 lost their power due to the traumatic event. Here are quotes from their statements during the interview:

Participant number 1 indicated that he loses all his energies, even the negative ones, saying: "We are now living with facilitation from our Lord, all the energy in us is finished, even the negative energy is finished, we're exhausted to the last stage."

Participant number 9 indicated that he no longer can bear anything and his energy is negative million, saying: "We can no longer bear, energy negative million."

Participant number 22 indicated that she lost her sense of life and lives just like a machine that works (meaning she lost her psychological and positive energy).

Participant number 24 also indicated that he spends his time in his bed without the ability to do any other activities, meaning he loses his energy.

Participant number 27 indicated that he does not do life activities and spends most of his time in bed holding his phone.

6. Impact on the Emotional Aspect, Sub-Category - Feeling Resentment and Anger

Out of 33 participants, 6 felt resentment and angry as a result of the traumatic event. Here are quotes from their statements during the interview:

Participant number 9 indicated that he felt oppressed because people feel happy while he and the people of his area die every day, saying: "We felt completely oppressed... we're sitting here dying and people are happy... we want to adapt to the situation but we cannot... there's no life."

Participant number 10, who has a heart condition, indicated that he felt oppressed because of the continuous bad news which increased his physical pain: "I got more disgusted from the news I hear... always one... I need to go back to the hospital but they caught me at Deir Sharaf and sent me back."

Participant number 12 indicated that he felt oppressed and described it as men's oppression.

Participant number 20 also indicated that she wishes to scream (from oppression) at night.

Participant number 22 also indicated that she wishes she could scream and let out what's inside her (from oppression).

Among 33 participants, one talked about feeling oppressed when hearing the shocking news:

Participant 24 indicated his feeling of oppression when hearing the news of his father's martyrdom, saying: "It was a lot of heartburn, a lot..."

Out of 33 participants, 5 felt anger as a result of the traumatic event. Here are quotes from their statements during the interview:

Participant number 9 indicated that he has anger energy that he tries to release by harming himself or breaking things around him, saying: "I sit hitting myself against the wall, breaking the door, chairs... there's negative energy, one barely holds himself."

Participant number 10 indicated that he has anger energy that leads to violence and destruction, saying: "We sit fighting each other from the energy we have... we started just from the anger we have, we break the door... one cannot bear, there are no nerves."

Participant number 13 also indicated his mood swings where he suddenly gets angry and engages in violent behaviors either with people or by destruction and breaking, saying: "I mean, I'm normal with you suddenly you find me different... you find me getting up breaking, hitting the mobile on the ground... in front of me a cup of coffee, I spill it... I go vent on the other... I mean here we have a lot of problems with each other, I mean like venting on each other... it's not in my hand, not in my hand... I started hitting the wall, the wall."

Participant number 20 indicated that she wants to scream from her anger.

The researcher also noticed that she had anger fits when one of her relatives entered, and she indicated that her problem is that she gets angry quickly and calms down quickly.

Participant number 24 indicated that because of his feeling of anger, he cannot bear anyone talking to him and it's likely that he would offend anyone who tries to communicate with him.

Among 33 participants, 3 felt anger while receiving trauma. The following are quotes from their statements during the interview.

Participant 8 indicated that due to the shock of war, he feels nerves (anger) and confusion, so he hits himself against the wall and screams.

Participant 10 spoke angrily about his initial reaction to the shocking news and said that when he hears from his family that they are sleeping in the street, he wishes he could slap his face in frustration. He said, "When one hears news like this, he wants to start slapping his face in the streets like women... what can you do when you get a call from your father saying, 'We're sleeping in the street.'"

Participant 14 indicated that he got angry and cursed the divine when he received the shocking news that his daughter had become severely ill due to lack of food, saying, "I

went crazy... I got angry, I started disbelieving and cursing because of this. I got angry; there's no exaggeration. One has nothing he can do."

7. Impact on the Emotional Aspect, Subcategory - Feeling Longing Made Them More Sad

Out of 33 participants, 5 feel longing and sad as a result of the traumatic event. Here are quotes from their statements during the interview:

Participant 4 indicated that he feels longing for his family and wishes to see them, saying: "I swear, it affected me a lot. I mean, we were... I was married, I have children... I wish I could see my son, see my wife. I cannot see them... From October 7th until today, I received one picture... One picture of my son... I couldn't reach any of my family."

Participant 21 indicated that she cannot ignore and live in reality, so she tried to forget, as she misses her husband and everything reminds her of him.

Participant 23 also indicated that she feels longing for her deceased loved one and remembers him due to triggers like his favorite food.

Out of 33 participants, 10 felt sadness as a result of the traumatic event. Here are quotes from their statements during the interview:

Participant 21 indicated that she feels sad and pained whenever her daughter reminds her of her deceased husband, saying: "They make you feel things, but you're the one who gets hurt, not them. They do not care about life."

Participant 24 indicated that no matter how much he tries to engage in activities to improve his mood, he cannot, saying: "We're not comfortable... psychologically not comfortable... I mean, I go to the market, I go here and there, I go to Nablus sky to change the atmosphere... I change the atmosphere but psychologically, there's nothing... The psychological state does not change."

Participant 28 indicated that he felt very sad after the trauma.

Among 33 participants, there were 7 who felt sadness during the traumatic event. The following are quotes from their interviews:

Participant 3 indicated that they felt intense sadness during the trauma, which led to crying and disruption of daily tasks for three days. They said, "I was upset and started crying and stayed in bed for two or three days out of sadness."

Participant number 9 also indicated that they felt sadness upon receiving the traumatic news.

Participant 10 stated that they felt deep sadness and suffered from depression after receiving the traumatic news, saying, "For me, I went crazy, I developed a psychological condition. I was sad; I became depressed."

Participant 11 said they felt sad upon hearing the news of their cousins' martyrdom, saying, "No matter how much one tries to be patient, one still gets sad... I was most sad about my cousins because they were close to me."

8. Impact on the Emotional Aspect, Subcategory - Feeling of Isolation

Out of 33 participants, 9 felt isolated as a result of the traumatic event. Here are quotes from their statements during the interview:

Participant 2 indicated that he has become isolated from the world and that the whole world has abandoned him, saying: "I mean, you have become isolated from the world today. The whole world has abandoned you today, the whole world has left you."

Participant 3 indicated that he feels hopeless and does not leave the house, saying: "I became hopeless, I stopped going out or coming down..."

Participant 4 indicated that he has stayed at home for 105 days until today, saying: "I swear to God above, it's been over 105 days in the house. I swear to God, maybe I've only gone out two or three times maybe... I cannot go out or come down, I'm on edge. I stay sitting on edge, waiting for a call, waiting for who will call us, who will come to us."

Participant 5 indicated that he tries to leave the house, but when he sees people happy and indifferent to the events, he becomes sad and returns home.

Participant 30 indicated that the events affected his social life, especially when danger occurs in his family's area, he isolates himself from his friends.

9. Impact on the Emotional Aspect, Subcategory - Loss of Future Perspective

Out of 33 participants experienced frustration as a result of the traumatic event. Here are quotes from their statements during the interview:

Participant 2 indicated that his life has changed greatly after the war, that he is frustrated with all aspects of his life, and looks at the future pessimistically, saying: "Things changed after the war. I mean, if there were more than 360 degrees, it might exceed that because all your dreams were shattered, all your ideas were shattered, your future and your children's future from the social aspect, from the intellectual aspect, from the psychological aspect, from the cultural aspect, from the human aspect, everything was shattered, there's nothing... So, my psychological state changed greatly from hope to, as you might say, hopelessness. Today you expect everything to be worse, you do not expect the best because that's what's written."

Participant 3 indicated that life is tragic due to the war, saying: "Life was very, very tragic and remained so until the land invasion... I became hopeless." Thus, he is frustrated and has a pessimistic outlook.

Participant 8 indicated that his outlook is pessimistic, meaning he is frustrated and expects the war not to end.

Participant 9 indicated that his ambitions have greatly decreased and he has no desire for life, which indicates his severe frustration, saying: "We're psychologically exhausted... Our psyche has gone back 100 years. I mean, after the war, we need psychologists... We've lost our nerves, our ambitions, our families, we've lost it all... I mean, one has carried a burden beyond their capacity... Before, our ambition was to have a future, to build a house, one's dream was to get married, build a house... Now one's ambition is just to speak a word with their family... to provide food for their family... I mean, how when one's ambition was to open a business, today the biggest ambition of a Gazan youth is to hear the voice of their family and provide them with water... There's no desire for life at all, and the war is not over yet."

10. Impact on the Emotional Aspect, Subcategory - Feeling of Guilt

Two participants out of 33 felt guilty as a result of the traumatic event. Here are quotes from their statements during the interview:

Participant 1 indicated that he feels guilty if he eats sweets or fruits because his family in the midst of war is deprived of these foods, saying: "I sat for 80 days not eating sweets, I cut out sweets. I cannot bear to eat while my family does not eat. I forbade sweets for myself until the war ends. I feel like I'm betraying my blood and my family when I want to eat an apple, and my 3-and-a-half-year-old son is talking to me saying 'I wish for an apple, Dad'."

Participant 3 described a situation that happened to him that made him feel guilty, which is that his children saw him during a video call eating kebab while they are deprived of food due to the siege. Here is a quote from his statements describing the event: "Once by mistake they called me on video while I was at the kebab place, me and a friend of mine. He was inviting me saying 'Come, come'. I said I'm not in the mood. He said 'Come, try a sandwich'. And by coincidence, the kids called me. They were saying 'What are you doing?'. I made a mistake and showed them the kebab sandwich. After I showed them, I said 'No, my children, this is an old picture'. But they were saying 'How, and you're on video filming for us?'. So, I got upset until I reached home and I was upset. Even my friends were asking me 'What's wrong with you?'. I told them I made a mistake and showed the kids while I was eating".

11. Impact on the Emotional Aspect, Subcategory – Fearing at Survived Loved One

Out of 33 participants, 19 felt fear at surviving loved ones as a result of the traumatic event. Here are quotes from their statements during the interview:

Participant 1 indicated that he is anxious about his family's future after the war ends due to losing their home, and anxious due to the current war events, saying: "The bigger concern after the war is where will my family go. For example, I calculate it like this, the harder concern and anxiety have not started yet. We are many in the house and we calculate it, we say what are we going to do after the war, where will my family go, the houses are destroyed... This anxiety is no less than the anxiety we're living."

Participant 2 indicated that he is constantly anxious and feels confused, saying: "You remain anxious and you remain living in confusion and in a more than exceptional situation, a very difficult situation."

Participant 3 indicated that he is anxious about his family members who are in dangerous areas. And that he gets startled every time his friend who brings him news calls him.

Participant 4 indicated that he is in a state of constant anxiety day and night about his family who are in dangerous places.

Participant 7 indicated that he is in constant anxiety about his family who are in the danger zone, especially since he has lost contact with them.

Participant 9 indicated that he feels anxious when he hears bad news about bombing in his family's residential area and that he expects at any moment that one of his family members will be martyred.

Participant 20 indicated that she feels constant anxiety about the people around her due to the events, saying: "I remain afraid and anxious about those around me... all their children."

Participant 24 indicated that he has excessive negative thinking and thus he is anxious.

Participant 25 indicated that he lives under psychological pressure and anxiety about hearing news of the martyrdom of one of his family members.

Participant 27 indicated that he lives in a state of great anxiety, more than the state his family members in dangerous areas live in.

Participant 30 indicated that he feels anxious whenever he loses contact with his family who are in dangerous places.

Participant 32 indicated that he is anxious about his family who are in the south of the Gaza Strip.

Nine out of 33 participants felt anxiety and tension during the traumatic event. The following are quotes from their interviews:

Participant number 1 indicated that they felt anxious upon receiving news that their neighborhood was under destruction, saying: "When I heard the message, I lost my nerves. The whole neighborhood was destroyed, and the houses fell. I started saying, 'Please, Mahmoud, check what's happening.'"

Participant number 2 indicated that they were anxious and expecting to hear news of a relative's martyrdom at any moment, and these were the worst days of their life, saying: " At any moment I'll hear their news, at any moment I'll receive bad news, so I became completely collapsed. These are now the worst days of my life."

Participant number 3 indicated that they felt tense during the traumatic event.

Participant number 9 indicated that they felt anxious when their family was in danger without being able to communicate with them or check on them.

Participant number 11 indicated that they couldn't sit (due to anxiety) while their family was under bombardment, saying: "I do not know how to sit... they hit the area they were going to and the other street they were passing through..."

Participant number 19 indicated that (due to her anxiety) when receiving mixed news about her husband's injury or martyrdom, she did not know what to do, so she contacted her brother to confirm the shocking news.

Participant number 21, due to her anxiety, continued calling her husband's phone (who had been martyred) to check on him.

Participant number 25 indicated that with the continuation of the war, they are waiting for the tragedy (anxious) of something bad happening to their family members.

Participant number 30 indicated that they felt anxious during the traumatic events.

12. Impact on the Emotional Aspect, Subcategory – Feeling Insecure

Out of 33 participants, 6 felt insecure as a result of the traumatic event. Here are quotes from their statements during the interview:

Participant 1 indicated that his fears of falling into calamities are bigger than those of the calamity he is currently in.

Participant 2 indicated that he is lacking the element of safety and thus he feels fear, saying: "Here the most important element we're missing is safety, more important than food, more important than drink, more important than the future. Today if you lose safety, your psyche becomes filled with anxiety, from safety to fear, panic, epilepsy, tragedy."

Participant 8 indicated that he fears and his heart rate accelerates when his phone rings because he thinks there's a possibility of hearing bad news. He also fears delivering bad news, saying: "When the phone rings, it's like my stomach... my heart beats, we're afraid... And we're afraid to tell people bad news."

Participant 18 indicated that she fears that the army will return to raid her house. And that she lives in terror and humiliation, saying: "But there remains fear that they will return again... We are living in terror and humiliation... There's no safety."

Participant 20 indicated that she fears for the people around her.

Participant 21 indicated that she fears everything, even when the house door opens.

Among 33 participants, 5 felt fear while receiving trauma. The following are quotes from their statements during the interview.

Participant 18 indicated that she felt fear when the occupation army stormed her house, saying: "After they saw me, I was terrified to death."

Participant 19 indicated that she felt fear for her children during the bombing, saying: "I was very afraid for the children. Yafa, my daughter, became scared, knowing there was danger. We remained in that state until the next day."

Participant 21 also described feeling panic upon hearing the shocking news, saying: "I... it was not me... just fear and terror. I did not feel like myself or was even conscious. I was just screaming and telling them Anas had died."

13. Impact on the Emotional Aspect, Subcategory – Numbness

Out of 33 participants, 2 experienced numbness as a result of the traumatic event. Here are quotes from their statements during the interview:

Participant 2 indicated that his mind is incapable and paralyzed, that he is in a state of shock and waiting for external solutions, which indicates his feeling of shock, saying: "Your mind becomes incapable, meaning you enter a stage, the stage of shock. Your caliber has reached the stage of shock. You are now waiting, meaning that since your mind has become completely paralyzed as a result of these themes... you're waiting for external solutions, not... We are in shock."

Participant 12 indicated that it took him three days to comprehend the traumatic event, which indicates his shock, saying: "But after that, maybe I spent about 3 days not comprehending the matter... What happened."

Among 33 participants, there were 6 that were hit with shock while receiving trauma. The following are quotes from their statements during the interview.

Participant 12, a paramedic who faced many injured people and painful scenes, says that during the event, he interacts with it and does his duty. However, during his rest at home, he is hit with shock due to the difficulty of what he faced during his day. He explains, "When the thing happens in front of me, I interact with it indirectly... involuntarily. The most important thing is that you save the life in front of you. But afterward, when you go home, take a shower, and rest, the shock hits you as you start thinking about how everything happened."

Participant 13 indicated that he was hit with shock and helplessness while receiving the shocking news, saying: "We were horrified, we do not know what to do."

Participant 19 indicated that she was hit with shock and couldn't cry upon receiving the news, saying, "Men from the family came... at my uncle's house, they started saying that Amer was martyred... I did not cry. I was shocked; I did not know what to do."

Participant 20 also indicated that she was shocked in front of the martyr's body for two hours.

14. Impact on the Emotional Aspect, Subcategory – Repression

Out of 33 participants, 4 repressed their feelings as a result of the traumatic event. Here are quotes from their statements during the interview:

Participant 16 indicated that he lives in suffering and severe repression, saying: "We have suffering and severe repression."

Participant 19 indicated that her sadness for her deceased is inside her, and she does not like to show it to anyone, meaning she represses her feelings, and this is according to her saying: "But it happened, my sadness for 'A' became inside me, I do not like to show it to anyone."

Participant 20 responded when asked about her feelings that no one asks about her feelings ("Keep it in the heart to hurt and not come out to expose").

15. Impact on the Emotional Aspect, Subcategory – Insomnia

Out of 33 participants, 14 suffered from insomnia as a result of the traumatic event. Here are quotes from their statements during the interview:

Participant 7 indicated that he does not sleep until five in the morning, saying: "one does not know how to sleep until five or six, I do not know how to sleep."

Participant 10 indicated that he cannot sleep at night and feels suffocated, saying: "Because we've developed a psychological state where we keep thinking, we do not sleep at night... I suffocate at night, I do not know how to sleep."

Participant 12 indicated that he sleeps an average of 6 hours after 3 AM.

Participant 17 indicated that he only sleeps one hour a day due to intense worry and thinking, saying: "There are days that I do not sleep, I sleep an hour and cannot sleep, I remain worried and thinking..."

Participant 20 indicated that she does not sleep at all for 3 consecutive days during gatherings, and if she slept, she might sleep for only one hour.

3.4.2 Impact on the Cognitive Aspect

One of the effects of psychological trauma resulting from my data relates to the context of the cognitive aspect and includes mental distraction, excessive thinking, dreams of the missing, hallucinations, denial, memory impairment, wishing for death, nightmares, perception disorder, and negative thoughts. The following sections present a detailed analysis of each theme separately.

1. Impact on the Cognitive Aspect, Subcategory – Mental Distraction and Avoidance

Two participants out of 33 experienced mental distraction and avoidance as a result of the traumatic event. Here are quotes from their statements during the interview:

Participant 24 indicated that he often experiences mental distraction even while engaged in another activity, and due to his mental distraction, he unconsciously lights cigarettes and smokes them, saying: " "The situation in Gaza often affects me when I'm talking to friends. I'll be engaged in conversation, and suddenly they ask, 'Salem, what's wrong? Continue, what's the matter with you?' because I've gone far away in my mind. It's not in my control. From thinking so much, I suddenly find that the cigarette has lit itself and come to my mouth on its own. Suddenly, I realize I'm sitting there distracted, and the cigarette has fallen from my hand and into my pocket. I have no nerves left. I get distracted a lot in Gaza."

Participant 27 indicated that his heart and mind are not here, meaning he is mentally distracted and lacking focus.

2. Impact on the Cognitive Aspect, Sub-category: Excessive Thinking

Participant number 20 indicated that she constantly thinks about her nine family members who were martyred, saying: "Every second (I think) about him and none of those who were martyred with him... I mean 9 from our family killed since October 7 until now"

3. Impact on the Cognitive Aspect, Sub-Category: Hallucinations

Two participants out of 33 experienced hallucinations as a result of the traumatic event. Here are quotes from their statements during the interview:

Participant number 8 indicated that he sees at night that his father was martyred.

Participant number 19 indicated that she saw juice as blood, saying: "I was making concentrated juice, and its color looked like blood. I imagined I was seeing blood."

4. Impact on the Cognitive Aspect, Sub-Category: Unable to comprehend

Out of 33 participants, 5 resorted to the defensive mechanism of denial as a result of the traumatic event. Here are quotes from their statements during the interview:

Participant number 8 indicated that he imagines the traumatic war events are just a dream and he will wake up from it. He cannot believe the reality, saying: "What's happening even now, I swear to God, I imagine it's just a dream. I keep thinking I'll wake up and find none of it was real."

Participant number 9 indicated that he cannot comprehend what is happening and feels it's a nightmare that will end, saying: "Until now I cannot comprehend, I feel like I'm in a nightmare, I mean I wake up at night, sit with myself and start saying is it possible that I'm dreaming?"

Participant number 12 also indicated that after the traumatic event and after relaxing from what happened, he cannot comprehend what happened, meaning he cannot believe it occurred.

Participant number 19 also indicated that when she dreams about her lost loved one every 3-4 days, she feels that he is still alive and still at home beside her. This means she denies that he has passed away.

Participant number 22 also indicated that she is in shock and between believing and disbelieving that she lost her loved one, and imagines that he will enter at any moment.

Out of 33 participants, 10 denied the existence of the traumatic event and could not believe the truth. Here are excerpts from their interviews:

Participant number 1 indicated that they did not expect their father, the support, to be martyred, which indicates that they did not believe at first that it was their father who was martyred, saying: "I did not expect it to be my father because my father was carrying the whole house, without my father we would be lost, he used to bring everything and he never let us need anything!"

Participant number 12 indicated that they cannot believe the news of their brother and his sons' martyrdom, and it's been three days, saying: "Until now, I'm talking to you and I do not believe that three days ago my brother and my brother's two sons... were left thrown for about 20 days, no one could reach them."

5. Impact on the Cognitive Aspect, Sub-category: Memory Impairment

Participant number 8 indicated that he suffered from memory impairment as a result of the traumatic event, saying: "I mean, I'm one of the people who got Alzheimer's, I swear to God. They asked me two or three days ago what happened to you.. two or three hours ago, I do not know."

6. Impact on the Cognitive Aspect, Sub-category: Wishing for Death

Two participants out of 33 wished for death as a result of the traumatic event. Here are quotes from their statements during the interview:

Participant number 2 indicated that he wishes for death, saying "You reach a very, very, very difficult stage where you wish for death."

Participant number 9 indicated that he wishes for death or a change in this situation.

7. Impact on the Cognitive Aspect, Sub-category: Nightmares

Out of 33 participants, 3 saw nightmares at night as a result of the traumatic event. Here are quotes from their statements during the interview:

Participant number 2 indicated that he hallucinates in his sleep, meaning he sees nightmares.

Participant number 8 also indicated that he sees nightmares, saying: "And we started seeing nightmares."

Participant number 10 indicated that if he sleeps at night, he sees nightmares, saying: "If one sleeps at night, nightmares start happening to him..."

8. Impact on the Cognitive Aspect, Sub-category: Feeling of heavy and tight time

Two participants out of 33 suffered from a disorder in time perception as a result of the traumatic event. Here are quotes from their statements during the interview:

Participant number 1 indicated that he feels this period is like a thousand years, thus he has a disorder in time perception, saying: "The period is like a thousand years."

Participant number 9 indicated that one minute passes as if it were 10 years.

Two out of 33 participants suffered from perceptual distortion as a result of exposure to the traumatic event. Here are excerpts from their interviews:

Participant number 1 indicated that they see the trauma period as passing like a thousand years, which constitutes a distortion in time perception, saying: "This period passed like a thousand years for me."

Participant number 22 indicated that she feels that the short distance is long, saying: "Now I did not realize how to go, they went before me in cars and I cannot reach the hospital, I see it very far (while it's close)."

3.4.3 Impact on the Behavioral Aspect

One of the effects of psychological trauma resulting from my data relates to the behavioral aspect and includes excessive sleep, isolation, sacrifice, work addiction, venting, taking sedatives, blaming others, avoiding reminders of the event, increased smoking, reviewing memories and photos, stopping daily tasks, and crying. The following sections present a detailed analysis of each theme separately.

1. Impact on the Behavioral Aspect, Sub-category: Excessive Sleep

Participant number 5 indicated that he sleeps a lot to escape his painful reality, saying: "The rest is sleeping all day long... what are we supposed to do? We stay up late watching the news and sleep all day so we do not feel the day."

Two participants out of 33 are addicted to work and stay outside the home as a mechanism for dealing with psychological trauma. Here are quotes from their statements during the interview.

Participant 20 indicated that she works all the time outside and occupies herself with programs and activities, saying: " Exactly, I go out to work or participate in any program or activity available."

"I mean all the time outside the house.. I do not go home, I stay outside all the time.. I distract myself with work."

Participant 23 also spends most of her time at work.

2. Impact on the Behavioral Aspect, Sub-category: Sacrifice

Participant number 23 indicated that after the traumatic event, she no longer fears anything, and that she puts herself in dangerous situations as a sacrifice for her brother's soul, saying: "But when I remember how I put myself in these difficult situations at night, being a girl, I think about myself and say, well, where was my mind those days? Why did I do this to myself? But when I remember when I hugged my brother for the last time, I promised him and told him, 'My love, I will continue my work for God and as a sacrifice for your soul.' I mean, from that moment, I stopped being afraid for myself."

3. Impact on the Behavioral Aspect, Sub-category: Frequent Venting

Participant number 19 indicated that she often vents to her relative, saying: "But because she does not have children, she stays with me.. she helps me a lot."

4. Impact on the Behavioral Aspect, Sub-category: Taking Sleeping Pills

Participant number 15 indicated that he takes sleeping pills to help him sleep, saying: "And they gave me sleeping pills so I could sleep."

5. Impact on the Behavioral Aspect, Sub-category: Blaming Others

Out of 33 participants, 3 blamed others as a result of the traumatic event. Here are quotes from their statements during the interview:

Participant number 9 indicated that he and his people are in a bad situation and the world is just watching. By this, he blames the world for not intervening, saying: "We cannot and the whole world is watching us."

Participant number 15 asked a rhetorical question, blaming his people who are indifferent to him, saying: "Is this our reward? Well, who are we fighting for?"

Participant number 16 also asked a rhetorical question, blaming others who did not try to alleviate his suffering, saying: "Is there someone who has something to come and alleviate our suffering?"

6. Impact on the Behavioral Aspect, Sub-category: Avoiding Reminders of the Event

Out of 33 participants, 5 avoided what reminds them of the traumatic event. Here are quotes from their statements during the interview:

Participant number 1 indicated that he does not leave the house because of seeing events that remind him of the traumatic event, saying: "No, wherever I go, I remember. When I go out to the street, I remember. 70% of the reason I do not leave the house is that when I see people, I remember. If I see an old man, I remember my father. If I see a woman and her husband, I remember my wife. I tried to go out for a walk, but I couldn't. I only go out for necessary errands."

Participant number 8 also indicated that he does not leave the house to avoid seeing what reminds him of the event, saying: " Here, when we go out to the street, it feels terrible. When you see children or someone walking with their spouse, you remember your own and you get sad and cry. I went back to the apartment and threw myself in the corner. We stopped going anywhere. This is what increases our depression the most. We avoid going out to avoid getting affected and to try to stay as we are."

Participant number 9 indicated that he hated Thursday, which is the day his brother was martyred because it reminds him of his martyrdom.

Participant number 13 indicated that he avoids opening his family members' Facebook accounts to avoid pain.

Participant number 16 indicated that he's afraid to call his family to avoid being shocked by bad news.

7. Impact on the Behavioral Aspect, Sub-category: Increased Smoking

Out of 33 participants, 10 increased the amount of cigarettes they smoked as a result of the traumatic event. Here are quotes from their statements during the interview:

Participant number 1 indicated that throughout the day, he smokes cigarettes and drinks coffee.

Participant number 9 indicated that he smokes a pack of cigarettes in one sitting to vent, saying: "I sit like this and smoke a pack of cigarettes... I cannot, I need something to vent myself with."

Participant number 12 indicated that he started smoking cigarettes since the beginning of the war, i.e., the traumatic events, saying, "I did not use to smoke, I never smoked in my life.. this is from the days of the war, from 3 months ago and coming."

Participant number 13 indicated that the number of cigarettes he smokes per day after the traumatic events increased from 5 cigarettes to two packs a day.

8. Impact on the Behavioral Aspect, Sub-category: Reviewing Memories and Photos

Out of 33 participants, 4 reviewed memories and photos as a result of the traumatic event.

Here are quotes from their statements during the interview:

Participant number 1 indicated that he remembers the sea of his country with his friends and they cry over their situation, saying *"Sometimes we sit with the guys and start remembering the sea and cry."*

Participant number 3 indicated that he looks at the picture of his martyred brother and cries.

Participant number 19 indicated that she bought her lost loved one's perfume to remember him through its scent and that she put an enlarged picture of him in the house. These memories give her the feeling that he is still present, saying: "I bought his perfume, I started spraying the perfume and kept smelling it until I fall asleep... and I enlarged a picture and put it in my living room, I feel like he's here and this is his scent."

Participant number 29 indicated that he reviews memories, photos, and videos at night because he misses his family members whom he hasn't visited for two years due to the events.

9. Impact on the Behavioral Aspect, Sub-category: Stopping Daily Tasks

Out of 33 participants, 10 stopped their daily activities as a result of the traumatic event. Here are quotes from their statements during the interview:

Participant number 1 indicated that he does not leave the house and does not do any activities or work, saying: "We've stopped leaving the house, not doing any work or anything," he said. Describing himself as feeling dead, unable to even stand on his feet, he spends most of his time crying and watching the news. As a result, he has abandoned his daily tasks, stating, "I feel like I'm dead inside, numb, unable to stand on my feet. I spend my time watching the news and crying."

Participant number 3 indicated that life has stopped for him.

Participant number 5 indicated that he is unemployed and even if he found work, he has no desire to work.

Participant number 11 indicated that he is no longer able to do the tasks he used to do and spends most of his time just smoking without food or drink, saying: "This period I stopped being able to do anything... I handed over the matter to someone, I told them you take care of yourselves... I cannot anymore, I cannot gather... I just smoke, I keep smoking, I do not have breakfast, lunch, or dinner... and very bad days passed."

Participant number 12 indicated that he cannot live due to his poor psychological state, to the extent that he cannot eat.

Participant number 14 indicated that he is unemployed and even if he found work, he cannot work due to his poor psychological state.

Participant number 18 indicated that she no longer wants to do anything, fearing a repetition of the traumatic event.

10. Impact on the Behavioral Aspect, Sub-category: Continuous Crying

Out of 33 participants, 8 cried continuously as a result of the traumatic event. Here are quotes from their statements during the interview:

Participant number 1 indicated that he cries all the time.

Participant number 3 indicated that he cries continuously, whether for his family's children or because of the trauma he experienced (his brother's martyrdom).

Participant number 12 indicated that he cries continuously at night, saying: "At night... I put myself under the blanket and keep crying."

Participant number 15 indicated that he cries a lot.

Participant 19 indicated that she cried a lot when she saw a video of her deceased loved one's funeral, saying: "It was the first time I saw Al-Fajr TV showing Amer's funeral from the moment they took him out of the house, and they filmed 'A's face excessively. I cried a lot and was very upset." The researcher also noted that she cried a lot during the interview.

3.4.4 Impact on the Physical Aspect

One of the effects of psychological trauma resulting from my data relates to the physical aspect and includes the development of chronic diseases, physical fatigue, the appearance of grey hair, loss of appetite, and weight loss. The following sections present a detailed analysis of each theme separately.

1. Impact on the Physical Aspect, Sub-theme - Physical Fatigue

Out of 33 participants, 3 experienced physical fatigue as a result of the traumatic event. Here are quotes from their statements during the interview.

Participant 9 indicated that he was tired mentally and physically, saying: "We are tired mentally, physically, in all aspects we are tired."

Participant 10, who has heart disease, indicated that he was more affected by the bad news he heard and should go to the hospital but could not due to the circumstances.

The researcher also noticed physical fatigue in participant 12, as he had red eyes, pale color, and moved with difficulty.

2. Impact on the Physical Aspects, Sub-theme - Appearance of Gray Hair

Participant 1 indicated that he suffers from the appearance of grey hair as a result of exposure to the traumatic event, saying: "I looked in the mirror and saw that my hair had turned white from grief. We said we are afflicted with loss."

3. Impact on the Physical Aspect, Sub-theme - Weight Loss and Loss of Appetite

Out of 33 participants, 8 lost their appetite and consequently lost weight as a result of exposure to the traumatic event. Here are quotes from their statements during the interview.

Participant 1 indicated that he lost 20 kilos of his weight as a result of the traumatic event as he cannot eat or drink, saying, "Personally, my weight dropped 20 kilos. Honestly, I do not eat, I do not drink, and I have no desire for anything."

Participant 3 indicated that he has no desire to go out or eat food, so he eats just a little to continue living, saying: "There's no desire to go out or eat, we only eat dinner just to stay alive."

Participant 12 indicated that he does not eat food for two or three consecutive days. Participant 13 also indicated that he has no desire to eat food because others do not find what to eat, participant 14 indicated that he has no desire to eat food, participant 15 indicated that he does not go out and does not eat food and drink, participant 18 asked a rhetorical question (how will she have a desire to eat food), participant 28 indicated that he does not eat food or drink due to loss of desire to do so.

3.4.5 Impact on the Spiritual Aspects

One of the effects of psychological trauma resulting from my data relates to the spiritual aspect and includes belief in fate and destiny and getting closer to God Almighty. The following sections present a detailed analysis of this aspect.

17 participants out of 33 believe in fate and destiny and get closer to God Almighty as a result of exposure to the traumatic event. Here are quotes from their statements during the interview.

Participant 1 indicated that he spent 15 days praying a lot after exposure to the traumatic event, saying: "Without knowing news of anyone, we spent 15 days just praying, crying, and mourning."

Participant 2 indicated that he summarizes all his psychological pain in one word (Nothing can remove it except Allah), and this indicates his belief in the ability of God Almighty, saying: "No matter how deeply you examine your psyche, no matter how hard you try to express all the pains, tragedies, and difficulties within you, in the end, it all boils down to one word—nothing can alleviate it except Allah."

3.4.6 Impact on the Material Aspect

One of the effects of psychological trauma resulting from my data relates to the material aspect.

Two participants talked about their material suffering and challenges, in general, due to their occupation. Participant 18, who lives in Tulkarm camp, indicated that the houses in the camp are being demolished and that the housing conditions are difficult.

Participant 6 indicated that he suffers financially and cannot find work under the difficult conditions of war, saying: "Here we are suffering a lot, even financially. We cannot work for ourselves or support our families. Finding work here is impossible."

There is no doubt that the consequences of the war were severe economically for all members of the Palestinian people

3.5 The Fourth Theme

Results related to the fourth research question: What are the mechanisms used in dealing with psychological trauma among Palestinians?

Six main areas will be presented, including strategies for dealing with psychological trauma among Palestinians due to the occupation. These areas consist of the spiritual domain, the behavioral domain, substance use, the social domain, treating trauma with trauma, and surrender and submission. Each of these domains includes many sub-mechanisms, which are mentioned below.

3.5.1 Mechanisms in the Spiritual Domain

One of the areas of mechanisms for dealing with the psychological trauma resulting from my data relates to the spiritual domain and includes resorting to God Almighty, visiting graves, acceptance, the good ending of the deceased, and hope. The following sections present a detailed analysis of each theme separately.

1. Spiritual Aspect, Sub-theme - Resorting to God

Out of 33 participants, 10 resorted to God as a mechanism for dealing with psychological trauma. Here are quotes from their statements during the interview.

Participant 2 indicated that what alleviates his psychological pain is resorting to God, mentioning Him and supplication, saying: "What brings me relief is turning to God and mentioning Him, seeking forgiveness from our Lord and praying that He protects them under His care, for whom entrusted to Him are never lost."

Participant 3 indicated that he believes in compensation from God, saying: "Homes are not important, God will compensate" and this alleviates his psychological pain.

Participant 4 indicated that he is patient, has a good opinion of God, and has prayed to God to relieve the worry and stop the war.

Participant 7 indicated that God is better than everything and that He does not forget anyone, and he prays and supplicates to God to relieve the worry.

Participant 10 indicated that he resorts to God, reading the Quran, praying, and supplicating.

2. Spiritual Aspect, Sub-theme - Visiting Graves

Out of 33 participants, 3 visit graves as a mechanism for dealing with psychological trauma. Here are quotes from their statements during the interview.

Participant 19 indicated that she is waiting for her mourning period to end to visit her deceased's grave, believing that it may alleviate her psychological pain.

Participant 20 indicated that she feels comfortable when she visits the graves of those she has lost from her family members.

Participant 22 indicated that she feels comfortable when she visits her deceased's grave and visits it even in difficult circumstances. She describes it as the longing of a lover for his beloved, saying: "I feel comforted, yes, very comforted. When I'm upset, sometimes I return from work, even if it's pouring rain, I feel the urge to go to his grave to see him now. It's like the longing to see a beloved. That's how I feel, a fire burning in my heart, wanting to go see my son."

3. Spiritual Aspect, Sub-theme – Acceptance

Participant 2 indicated that he sees that he must coexist and accept these traumatic events to deal with them, saying: "You come to the conclusion that this is fate, this is the situation. You must learn to exist and accept it. You reach a point where you must continue living and continue the journey, whether you like it or not."

4. Spiritual Aspect, Sub-theme - Good Ending of the Deceased

Participant 1 indicated that he sees that the good ending of his father alleviated his psychological pain, saying: "He was martyred, he told me he was martyred in the mosque, this thing made it easier for me.. the way he died made it easier for us," and this stems from his belief in God and the hereafter.

5. Spiritual Aspect, Sub-theme – Hope

Out of 33 participants, 5 carried hope in their hearts that the future is more beautiful as a mechanism for dealing with psychological trauma. Here are quotes from their statements during the interview.

Participant 2 indicated that he has hope in God to stop this war and what it carries of traumatic events, saying: "We hope, and this hope in God does not disappoint. God willing, our first hope is for the war to stop and the bloodshed to cease. Like water, blood flows in the streets. God willing, we hope for the war to completely stop, and for us to enter a phase of safety and peace."

Participant 17 has an optimistic view that after night comes day, and the war will stop one day, saying: ""Yes, praise be to God, and we remain patient. After night comes day, I mean... and surely, the war must stop one day."

Participant 19 indicated that God loves her husband, so he took him. This is an optimistic theory, as she found the positive meaning of the traumatic event.

3.5.2 Mechanisms in the Behavioral Domain

One of the areas of mechanisms for dealing with the psychological trauma resulting from my data relates to the behavioral domain and includes engaging in something else, work addiction, avoiding the news, sleeping a lot, practicing hobbies, crying, introducing humor, and using memories. The following sections present a detailed analysis of each theme separately.

1. Behavioral Aspect, Sub-theme - Engaging in Something Else

Participant 29 indicated that he occupies himself with TikTok or sleep, and thus he distracts his focus from the traumatic events, saying: "I either sleep, browse TikTok, or answer calls from my family to spend my day with them. However, spending time with my family happens by chance, not always."

2. Behavioral Aspect, Sub-theme - Avoiding News

Two participants out of 33 avoid hearing the news as a mechanism for dealing with psychological trauma. Here are quotes from their statements during the interview.

Participant 28 indicated that he avoids hearing the news to avoid pain, saying: "That's why I swear I try not to hear the news at all, that's it."

3. Behavioral Aspect, Sub-theme - Sleeping a Lot

Participant 29 indicated that he occupies himself with TikTok or sleep, and thus, he distracts his focus from the traumatic events.

4. Behavioral Aspect, Sub-theme – Hobbies

Participant 1 indicated that he occupies himself with his hobbies as a mechanism for dealing with psychological trauma, saying: " I cook for the guys here; I know how to cook, and they love it when I cook for them. It reminds them of their mothers' cooking. We used to take advantage of the opportunity when our families ate together. When they tell me what they want to eat, I feel happy because cooking keeps me occupied for two or three hours. Sometimes, I cook just to pass the time."

5. Behavioral Aspect, Sub-theme – Crying

Participant 12 indicated that he releases his pain and negative feelings through crying and prayer, saying, "I listen to Quran.. after I cry I calm down I get up to pray two rak'ahs."

6. Behavioral Aspect, Sub-theme - Trying to Introduce Humor

Participant 9 indicated that he tries to introduce humor and laughter despite the pain, saying: " Despite everything, we embrace simplicity and try to laugh. We strive to move forward, but sometimes it feels like life is not progressing."

7. Behavioral Aspect, Sub-theme - Using Memories

Participant 19 indicated that she feels comfortable when she uses her deceased's perfume and smells his scent, saying: "I keep spraying perfume for the children they say about me I went crazy...I keep spraying the scent on the children and in the house, this thing has become comforting to me."

3.5.3 Use of Medical Substances

One of the areas of mechanisms for dealing with psychological trauma resulting from my data relates to the use of substances and includes the use of psychiatric drugs and the use of sleeping pills. The following sections present a detailed analysis of each theme separately.

1. Use of Substances - Sub-theme Psychiatric Drugs

Participant 19 indicated that she takes psychiatric drugs as a mechanism for dealing with psychological trauma.

2. Use of Substances - Sleeping Pills

Participant 15 indicated that he takes sleeping pills as a mechanism for dealing with psychological trauma.

3.5.4 Social Aspect

One of the areas of mechanisms for dealing with the psychological trauma resulting from my data relates to the social domain and includes communicating with family, support from others, reassurance through news, and social role. The following sections present a detailed analysis of each theme separately.

1. Social Aspect - Sub-theme Communicating with Family

Out of 33 participants, nine communicated with their families as a mechanism for dealing with psychological trauma. Here are quotes from their statements during the interview.

Participant 1 indicated that he tries to forget his psychological pain when he communicates with his family members, saying, "So we try to forget about ourselves when we pick up the call so we can talk to them."

Participant 3 indicated that he feels comfortable when he hears the voice of his family members, saying: "When I hear their voice, I feel comfortable. As soon as I wake up from sleep, I call them."

Participant 4 indicated that he wishes to communicate with his family. Participant 5 indicated that he feels better when he talks to his family members. Participant 11 indicated that he feels better when he checks on his family members. Participant 13 also indicated that he feels better when he checks on his family. Participant 16 indicated that he communicates with his family to feel better. Participant 17 indicated that he feels better when he checks on his family. Participant 29 indicated that he feels better when he spends time communicating with his family.

2. Social Aspect - Sub-theme Support from Others

Out of 33 participants, seven received support from others as a mechanism for dealing with psychological trauma. Here are quotes from their statements during the interview.

Participant 5 indicated that the presence of his brother with him comforts him and improves his psychological state. He also indicated that he gets support from others, saying: "And also, you know, he's here comforting me, I mean also (his brother's presence) ... I swear, there were good people who would help us and bring us food."

Participant 6 indicated that he gets mutual support from his people as they stand side by side when traumas occur.

Participant 9 indicated that he gets moral support from his friend.

Participant 11 indicated that he gets mutual support from his people when traumas occur, saying: "We went through very difficult things, so when someone died for me, we would make coffee, make a condolence gathering, the guys try to comfort each other here."

Participant 17 indicated that he vents to his friends and feels consoled with them as they are under the same circumstances and pressures, saying: " I sit with my friend Abu Rami and the guys, and we chat and console each other. It helps us realize that our experiences are normal and have happened to many others, not just one person. Personally, if the event had happened to me alone, I might have been more affected. But knowing it has happened to many people, it feels like it has become a normal part of life."

Participant 19 indicated that she vents to her relatives who suffer from the same problem and gets mutual support from them.

Participant 29 indicated that he gets mutual support from his people who are facing the same problem.

Two participants also expressed a desire to seek psychological support. Participant 9 indicated that he needs support from a psychologist after the war ends, saying: "We all need a psychologist after the war." Participant 24 also indicated that he needs support from a psychologist.

3. Social Aspect - Reassurance through News

Out of 33 participants, four checked on their families through the news as a mechanism for dealing with psychological trauma. Here are quotes from their statements during the interview.

Participant 1 indicated that he feels better when he hears good news, saying: "The day a young man was able to reassure us and told us the news, it reassured us a bit that we do not have martyrs in our house."

Participant 4 indicated that he is reassured if he hears good news, saying: "We have young men who can reassure us, they have an electronic SIM."

Participant 11 also indicated that he is reassured if he hears good news about his family members and is more reassured if he can communicate with them.

4. Social Aspect, Sub-theme - Social Role

Out of 33 participants, three had their social role dictate that they remain steadfast to bear the responsibility of others. Here are quotes from their statements during the interview.

Participant 19 indicated that her social role as a mother dictates that she remains steadfast for the sake of bearing the responsibility of her children, saying: "I keep in mind that I should be very strong for the children."

Participant 21 also indicated that her social role as a mother dictates that she remains steadfast, saying: "It's difficult and I'm trying to stand on my feet, I have a young daughter, if I feel weak, she will be affected..."

Participant 22 also indicated that her social role as a housewife dictates that she remains steadfast.

3.5.5 Treating Trauma with Trauma

One of the areas of mechanisms for dealing with psychological trauma resulting from my data relates to treating trauma with trauma.

Out of 33 participants, two had their traumas lessened by the presence of bigger traumas. Here are quotes from their statements during the interview.

Participant 1 indicated that the trauma of his father's martyrdom became easier for him when the situation in Gaza worsened: " Gradually, it started to become easier for me despite the difficult situation in Gaza—no food, no drink. I would think, "My father is resting; he wouldn't be able to endure this." Glory be to God, our Lord helps a person forget and gives them other things to occupy their mind."

3.5.6 Surrender and Submission

Out of 33 participants, eleven had no mechanisms for dealing with psychological trauma.

Participant 7 indicated that nothing could alleviate his pain, saying: "I swear, nothing makes one forget... What makes one forget? Forget our life? This is our life, what can make us forget?"

Participant 8 also indicated that nothing alleviates his sadness, saying: "Nothing alleviates the sadness."

Participants (14, 18, 25, 26, 30, 31, 32, 33) have no mechanisms to overcome psychological trauma.

Chapter Four

Discussion and Recommendation

4.1 Introduction

This study has many limitations. First, the sample size is small, and the results in this context cannot be generalized. Also, the study was conducted during the events of October 7, and the sample was still suffering from the traumatic events. This affected the accuracy of the collected data. Additionally, the sample was limited to the Gaza Strip and Tulkaram camp. Finally, the number of females is very small, and the location of females is different from that of males; therefore, the events and their severity are somewhat different.

4.2 Discussion

The results of the first theme and the fourth theme agreed with the study of Thabet & Thabet (2015) which study investigated the impact of the ongoing siege in Gaza on the psychological well-being, quality of life, and resilience of Palestinian families. It highlighted that the siege has led to significant stressors, such as feelings of entrapment, economic hardship, and limited access to essential goods and services. They found that older males, particularly those living in refugee camps, reported higher levels of stress and trauma compared to females and those in urban or rural settings. The traumatic experiences reported included exposure to violence, shelling, and witnessing death, which were correlated with increased psychological symptoms like anxiety and depression.

Also, the first theme agrees with Giacaman, Abu-Rmeileh, Hussein, Saab, & Boyce (2007) which investigated the impact of humiliation on the health of Palestinian youth living in the Ramallah District amidst ongoing conflict. It highlighted that humiliation, often overlooked in discussions of war trauma, significantly correlates with negative health outcomes, particularly among 10th and 11th-grade students. They utilized a stratified sample of 3,415 students and employed various validated survey instruments to assess subjective health complaints (SHC) and experiences of humiliation, revealing that those exposed to multiple forms of humiliation reported substantially higher levels of health complaints.

Hence, Jabr & Berger (2017) which discussed the pervasive trauma of humiliation experienced by Palestinians under occupation, highlighting its roots in historical and ongoing military, social, and economic violations. They argued for a multidisciplinary approach to understanding humiliation, integrating sociopolitical, experiential, and psychoanalytic perspectives to better address its impact on mental health.

The initial findings closely aligned with Farajallah (2022) study of the first and second themes. The harrowing experiences manifested as post-traumatic stress disorder and related mental health issues stemming from their confrontation with brutality and loss. Suffering, defined as an inner wounding of the psyche, can materialize from direct subjection to aggression or witnessing shocking vignettes. The Diagnostic and Statistical Manual of Mental Disorders outlines diagnostic prerequisites for trauma, emphasizing the profound impact of facing threats, injury, or brutality. Studies indicate that youngsters dwelling in areas ravaged by warfare, such as Palestine, exhibited analogous psychological symptoms to those affected by natural disasters. However, the consequences of artificially induced trauma can be more intricate and persistent over time. The article underscores the necessity for ongoing scholarly work to understand the lifelong repercussions of such suffering on children comprehensively.

Also, agreed with Abualkibash (2020) highlighted the pervasive nature of trauma in the lives of Palestinian children, exacerbated by ongoing conflict and military occupation. Common traumatic experiences reported include witnessing violence, inhaling tear gas, and losing friends or family members to violence. It emphasized that these experiences contribute to a range of psychological issues, including anxiety, depression, and post-traumatic stress disorder (PTSD), which can severely impact the children's development and future well-being. Moreover, it underscored the importance of considering demographic and socioeconomic themes when addressing the psychological needs of these children. It suggests that interventions should be tailored to the individual backgrounds of the children, taking into account their gender, age, and living conditions to effectively mitigate the psychological effects of trauma.

It examined the factors influencing political socialization, psychological resilience, and posttraumatic stress disorder (PTSD) among Palestinians engaged in resistance against Zionist occupation. Key findings indicate that family size enhances political socialization

due to diverse political discussions within larger families. Psychological resilience is negatively impacted by lower monthly income and more severe disabilities resulting from injuries, suggesting that financial stability and less severe disabilities contribute to better mental health. Additionally, the nature of disability is the sole factor affecting PTSD, with increased severity correlating with heightened symptoms

Also, it agreed with Marie & SaadAdeen (2021) which discussed the mental health consequences of home demolition policies affecting Palestinians, highlighting the psychological distress experienced by families who have lost their homes or live under the constant threat of demolition. It indicated that such traumatic experiences lead to high levels of stress, anxiety, depression, and a pervasive sense of hopelessness among affected individuals. The authors conducted a literature review, analyzing various studies that reveal the long-term mental health impacts of these demolitions, particularly on vulnerable groups such as children and women.

Furthermore, it agreed with Liel (2016) which explored the traumatic experiences of Palestinian children living under military occupation. It employs a descriptive phenomenological approach to capture the lived experiences of these children, focusing on their psychological responses to daily violence and trauma. It aimed to understand how military occupation affects their mental health, emphasizing the need for culturally appropriate interventions to address the unique challenges faced by these children.

Also, Hammad & Tribe (2020) which investigated the psychological impact of structural violence and economic oppression on young Palestinian university graduates living in the Gaza Strip, a region under military blockade and occupation. Through semi-structured interviews, the research highlighted how systemic oppression manifests in various forms of suffering, including human insecurity, poor psychological wellbeing, and a sense of life being on hold. Participants expressed feelings of humiliation and injuries to their dignity due to the lack of job opportunities and the pervasive control over their lives, which has led to a significant decline in their quality of life. The findings suggested that the ongoing economic and political constraints may be more psychologically damaging than specific incidents of violence, emphasizing the need for interventions that prioritize human and economic security.

The second theme of the study, which is related to the initial reactions of Palestinians exposed to psychological trauma, differs from Baker & Shalhoub-Kevorkian (1999), which discussed the psychological impact of political and military traumas on children, particularly focusing on the Palestinian experience. It highlights that while the study of trauma has traditionally centered on adults, there is a growing interest in understanding how children are affected by such conflicts. They synthesized existing literature to explore both universal and culture-specific psychological symptoms, emphasizing anxiety, phobias, psychosomatic issues, and depression. They also examined factors that either protect or predispose children to psychological dysfunction, with a specific focus on gender differences.

Results of the first and third themes agreed with Veronese, Cavazzoni, Russo, & Ayoub (2022) which examined the impact of structural violence and military oppression on Palestinian children living in the Occupied Palestinian Territories, highlighting their experiences of trauma and resilience. Through interviews with 22 school-aged children, it identified themes related to the pervasive violence from Israeli forces, the additional challenges posed by the COVID-19 pandemic, and the intra-community violence that children face. The findings reveal that these children navigate a complex environment filled with fear and insecurity, yet they also engage in acts of resistance and resilience, often normalizing their traumatic experiences as a survival strategy.

The second and third themes agreed with Thabet, Tawahina, El Sarraj, & Vostanis. (2009) which assessed the traumatic events experienced by ambulance drivers and control group professionals, highlighting significant differences in exposure and mental health outcomes. Recommendations included providing support and care for both groups and enhancing cooperation between organizations providing emergency medical services. The research methodology employed a case-control study design with ambulance drivers as the exposed group and professionals from Pediatric, Psychiatric, and Ophthalmic Hospitals as the control group. Socio-demographic characteristics, traumatic events experienced, PTSD symptoms, and mental health outcomes were assessed using validated instruments. Ambulance drivers reported higher exposure to traumatic events, PTSD symptoms, depression, and anxiety compared to the control group. There were significant differences in traumatic events and mental health outcomes between the two groups,

underscoring the need for support services and interventions to address the psychological impact of trauma on healthcare professionals in conflict-affected regions like Gaza.

The results of the fourth theme agreed with Qouta, Punamäki, & El Sarraj (2003), which Samir Qouta and colleagues conducted investigated the prevalence and determinants of post-traumatic stress disorder (PTSD) among Palestinian children aged 6 to 16 who have been exposed to military violence. The research involved 121 children and their mothers, revealing that 54% of the children had severe PTSD, with girls being particularly vulnerable. The study highlights the significant impact of factors such as the child's gender, age, and the mother's education level on the severity of PTSD symptoms.

Finally, the first, second and third themes agreed with Shehadeh, Loots, Vanderfaillie, & Derluyn (2015) which argued that the military's deliberate tactics aimed to induce feelings of helplessness, fear, and trauma among civilians, constituting a form of mass torture. This systematic infliction of psychological suffering was framed as a strategy to undermine Palestinian resilience and resistance against Israeli colonial policies.

Shehadeh highlighted the severe impact of the 2014 conflict on Palestinians. Over 2,200 Palestinians were killed, most of them civilians. The conflict also caused major damage to buildings and infrastructure. This violence led to deep psychological effects on individuals. These individuals suffer from complex trauma and identity problems. The trauma passes from parents to children across generations. Palestinians face a unique situation of continuous trauma. They experience new traumatic events while still dealing with past traumas. This creates what researchers call "continuous traumatic stress." Under continuous traumatic stress, people cannot recover fully from one trauma before facing another. The ongoing occupation means that trauma is not a single event but a daily reality. This makes the psychological effects more severe than in typical trauma cases. Research shows that these continuous traumas affect how Palestinians cope with stress and recover from difficult experiences. These findings help explain the deep psychological impacts found in the current study's participants.

4.3 Recommendations

1. Based on the results of the study and a review of the literature related to the topic of post-traumatic stress symptoms. Through this study, it was investigated among Palestinians who suffer from traumatic events as a result of the occupation in both the Gaza Strip and Tulkarm. Some recommendations must be made for those concerned with mental health, and they are as follows:
2. Work on developing plans to deal with post-traumatic stress disorder.
3. Providing individual and group counseling services for people facing traumatic events as a result of the occupation. Especially the people of Gaza who are in the West Bank.
4. Spreading awareness of the need to go to mental health centers when exposed to traumatic events.
5. Establishing workshops and courses on methods and strategies for dealing with psychological trauma in general.
6. Work on developing plans to deal with post-traumatic stress disorder that consider the ongoing nature of trauma in Palestine.
7. Spread awareness of the need to go to mental health centers when face to traumatic events.
8. Creating support programs focused on helping families cope with loss of relatives and separation.
9. Developing clear protocols for mental health professionals to provide quick support during crisis events.
10. Building connections between mental health centers to share resources.
11. Creating treatment programs that address both past and current trauma experiences.
12. Creating systems to record and track trauma cases to improve treatment services.

4.4 Suggestions

The idea of starting from where others left off in research and study is one of the pillars of moving towards reaching the best results, so the researcher's suggestions to scholars and researchers were as follows:

1. Deepen research and conduct more studies on psychological trauma resulting the topic.
2. Conducting studies throughout the country with a larger sample size than the current study sample.

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Appendices

Appendix A

Questionnaire

The data consists of 33 interviews conducted with war victims in Palestine, particularly after the October 7 war in Gaza and Tulkarm. The results are presented as themes/sub-themes

themes	Sub-themes
Traumatic events	<p>1 Direct Exposure to Harm:(Presence During Bombing, Being Under Rubble, Presence During Home Invasion, Exposure to Violence, Arrest, Tangible Dealing with the Injured and Martyrs)</p> <p>2 Relatives Being Harmed: (Losing a Relative, Injuring a Relative, Arresting a Relative,Danger in Family Areas, Friend's Suffering)</p> <p>3 Lack of Basic Resources : (Lack of Basic Needs (Food, Drink, Clothing, Treatment), Loss of Shelter, Loss of Communication)</p>
Responses	<p>1 Emotional Responses: (Feeling of Loss, Despair, Feelings Difficult to Describe)</p> <p>2 Impact on the Physical Aspect: (Chronic Diseases, Blurred Vision, Involuntary Movements, Fainting, Collapse)</p> <p>3 Impact on the Cognitive Aspect: (Negative Thoughts, Loss of Control and Detachment from Reality, Dreaming of the Lost One, False Beliefs)</p> <p>4 Impact on the Behavioral Aspect: (Avoidance, Venting, Self-harm, Screaming, Crying).</p> <p>5 Impact on the Spiritual Aspects: (Acceptance and Drawing Closer to Allah).</p>
impacts	<p>1 Impact on the Emotional Aspect: (Feeling of Helplessness, Feeling of Alienation, Emotional Numbness, Psychological Stress, Loss of Energy, Feeling of Oppression, Anger, Feeling of Longing, Sadness, Feeling of Isolation, Feeling of Frustration, Feeling of Guilt, Anxiety, Fear, Shock, Repression, Insomnia)</p> <p>1 Impact on the Cognitive Aspect: (Mental Distraction, Excessive Thinking, Hallucinations, Disbelief (Denial), Memory Impairment, Wishing for Death, Nightmares, Perception Disorder.)</p> <p>2 Impact on the Behavioral Aspect: (Excessive Sleep, Isolation, Sacrifice, Frequent Venting, Taking Sleeping Pills, Blaming Others, Avoiding Reminders of the Event, Increased Smoking, Reviewing Memories and Photos, Stopping Daily Tasks, Continuous Crying.)</p> <p>3 Impact on the Physical Aspect: (Physical Fatigue, Appearance of Gray Hair, Weight Loss and Loss of Appetite.)</p> <p>4 Impact on the Spiritual Aspects</p> <p>5 Impact on the Material Aspect</p>
Mechanisms	<p>1. Mechanisms in the Spiritual Domain: (Resorting to God, Visiting Graves, Acceptance, Good Ending of the Deceased, Hope).</p> <p>2. Mechanisms in the Behavioral Domain: (Engaging in Something Else, Avoiding News, sleeping a Lot, Hobbies, Crying, Trying to Introduce Humor, Using Memories).</p> <p>3. Use of Medical Substances: (Psychiatric Drugs, Sleeping Pills).</p> <p>4. Mechanisms in the Social Aspect: (Communicating with Family, Support from Others, Reassurance through News, Social Role)</p> <p>5. Treating Trauma with Trauma</p> <p>6. Surrender and Submission</p>
Gender differences	there is a table in this chapter witch show the differences between male and female in every theme.

Appendix B

The main questions of the interview

1. Tell me about the details of the traumatic event.
2. Tell me about your first reaction when you experienced the traumatic event.
3. Tell me how trauma has affected your daily life.
4. Tell me how you got over this psychological crisis.

Appendix C

IBR Approval Letter

An-Najah National
University
Faculty of Medicine &
Health Sciences
Institutional Review Board

جامعة النجاح الوطنية
كلية الطب وعلوم الصحة
لجنة اخلاقيات البحث العلمي

Ref: Mas . August. 2023/43

IRB Approval Letter

Title of Research:
The Psychological trauma experience among Palestinians due to occupation.

Submitted by:
Yasmeen Matani

Supervisor:
Mohammed Marie,

Approved:
28th August. 2023

Your Study Title" **The Psychological trauma experience among Palestinians due to occupation.**
..".reviewed by An-Najah National University IRB committee and was approved on 28th August.
2023


Hasan Fitian, MD
IRB Committee Chairman



Nablus - P.O Box :7 or 707 | Tel (970) (09) 2342902/4/7/8/14 | Faximile (970) (09) 2342910| E-mail : IRB@najah.edu

Appendix D

Demographic information

Participant No.	Gender	Country of Origin	Age
1	Male	Gaza	32
2	Male	Gaza	35
3	Male	Gaza	36
4	Male	Gaza	26
5	Male	Gaza	23
6	Male	Gaza	24
7	Male	Gaza	32
8	Male	Gaza	32
9	Male	Gaza	26
10	Male	Gaza	19
11	Male	Gaza	35
12	Male	Gaza	34
13	Male	Gaza	33
14	Male	Gaza	40
15	Male	Gaza	31
16	Male	Gaza	40
17	Male	Gaza	40
18	Female	Tulkarm camp	18
19	Female	Tulkarm camp	33
20	Female	Tulkarm camp	39
21	Female	Tulkarm camp	24
22	Female	Tulkarm camp	31
23	Female	Tulkarm camp	25
24	Male	Gaza	34
25	Male	Gaza	28
26	Male	Gaza	34
27	Male	Gaza	38
28	Male	Gaza	37
29	Male	Gaza	21
30	Male	Gaza	29
31	Male	Gaza	27
32	Male	Gaza	26



جامعة النجاح الوطنية
كلية الدراسات العليا

تجربة الصدمة النفسية بين الفلسطينيين جراء الاحتلال

إعداد

ياسمين خالد محمد متنائي

إشراف

د. محمد مرعي

قدمت هذه الرسالة استكمالاً لمتطلبات الحصول على درجة الماجستير في علم النفس الإكلينيكي،
من كلية الدراسات العليا في جامعة النجاح الوطنية، نابلس - فلسطين.

2024

تجربة الصدمة النفسية بين الفلسطينيين جراء الاحتلال

إعداد

ياسمين خالد محمد متناني

إشراف

د. محمد مرعي

الملخص

يُعد الإجهاد الناتج عن الصدمة النفسية من المشكلات الشائعة بين الفلسطينيين في قطاع غزة والضفة الغربية، وبالأخص في مدينة طولكرم. تهدف هذه الدراسة إلى التعرف على أسباب الصدمة النفسية التي يعاني منها الفلسطينيون نتيجة الاحتلال، وكذلك ردود أفعالهم الأولية، وتأثير هذه الصدمة عليهم، والآليات التي يستخدمونها للتعامل مع صدمتهم، بالإضافة إلى الفروقات بين الذكور والإناث في هذا السياق.

تم تنفيذ إجراءات العمل الميداني لهذه الدراسة خلال الفترة ما بين يناير وفبراير من عام 2024. شملت عينة الدراسة البالغين الذين تتجاوز أعمارهم 18 عامًا في كل من غزة وطولكرم. بعد اختيار المجموعة المستهدفة، تم تحديد العينة النهائية التي بلغت 32 بالغًا، منهم 6 نساء و27 رجلًا. للوصول إلى هذه العينة، استخدم الباحث طريقة العينة العشوائية البسيطة. استُخدمت المقابلات شبه المنظمة كأداة رئيسية لجمع المعلومات. تضمنت المقابلة 4 أسئلة أساسية بالإضافة إلى أسئلة فرعية تتناسب مع الظروف المعنية.

أظهرت النتائج المتعلقة بأسباب الصدمة أن هناك ثلاثة عوامل أساسية ساهمت في ظهور أعراض اضطراب ما بعد الصدمة لدى الفلسطينيين نتيجة الاحتلال. تشمل هذه العوامل التعرض المباشر للأذى، وتعرض الأقارب للأذى، ونقص الموارد الأساسية اللازمة للحياة. وكل من هذه العوامل يحتوي على العديد من العوامل الفرعية. تم تقديم توصيات للمهنيين العاملين في مجال الصحة النفسية لمساعدة المتأثرين على تحقيق صحة نفسية أفضل.

الكلمات المفتاحية: اضطراب ما بعد الصدمة؛ الاحتلال الإسرائيلي؛ الصدمة النفسية؛ الضفة الغربية