

**‘When the doors of Hell close’:Dimensions of well-being and positive adjustment in a group of
Palestinian children living amidst military and political violence**

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Abstract

Palestinian children living amidst political and military violence are often labeled as affected by post-traumatic stress syndromes. Some researchers report that a majority of Palestinian children suffer from post-traumatic stress disorder and other stress-related psychiatric impairments in the wake of military incursions and bombings. On the other hand, data from field research and clinical experience show that these children continue to display positive functioning in terms of adjustment to trauma, despite the adverse environmental conditions. This article reports on qualitative research with children from two refugee camps in the West Bank, Occupied Palestinian Territories: Nur Shams and Tulkarm. Thematic content analysis was applied to narratives and written materials produced by 74 school-age children during two summer camps held in the Tulkarm region in 2010 and 2011. The aims of the study were: (a) to explore the domains of well-being that help children cope with violence and insecurity and (b) to investigate whether experiential activities focused on emotional and relational competences influenced children’s self- perceived well-being. Personal, environmental, micro- and macro-social factors were identified as playing a role in well-being. The article discusses the limitations of the study and its implications for clinical and community work with children exposed to political and military threat.

Keywords

Children’s well-being, functioning factors, military violence, narratives, political violence

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Introduction

The scientific mainstream reports severe psychological sequelae in children exposed to military and political violence (Thabet et al., 2008). Research has shown that children growing up in war-like conditions are at increased risk of post-traumatic stress (PTSD) syndromes (Elbedour et al., 2007; Khamis, 1998, 2005, 2008, 2012; Thabet et al., 2002, 2004). Researchers investigating the effect of longstanding armed conflict in the 1990s (Thabet and Vostanis, 1999) found that many Palestinian children reported moderate to severe post-traumatic stress reactions (41%) as well as high rates of anxiety and behavioral problems (27%). In relation to the same period of political and military violence, Baker (1990) claimed that children were also commonly affected by psychological impairments such as fear of leaving home (28%), fear of soldiers (47%) and nightmares (7%). Such exposure has been described as having a deleterious impact on youth (Betancourt et al., 2010; Cummings et al., 2010; Qouta et al., 2008). On the other hand, other studies have shown that children exposed to ethnic-political violence may be defined as resilient (Cairns and Dawes, 1996; Garbarino and Kostelny, 1996; Punamäki et al., 1997) and have attempted to identify protective factors that may moderate the negative effects of exposure to violence.

Resilience is part of a dynamic process enabling positive development despite major adversities such as war and military violence (Luthar et al., 2000; Masten and Obradovic, 2006; Ungar, 2011). Bonanno (2004) defines resilience as a trajectory along which the individual maintains a stable equilibrium following adversity, while Boyden (2005) and Roisman (2005) view it as a process of adaptation following on a period of maladaptation. It is widely acknowledged in the literature that the resilience construct is somewhat ambiguous and difficult to pin down; in the next section we discuss the limitations of the resilience concept and its implications (Barber and Doty, 2013) in greater detail.

First, to unravel the complexity of resilience, an in-depth understanding of the

environmental factors contributing to children's well-being at both the social and cultural levels is required; such understanding may best be achieved by conducting investigations within an ecological framework (Ungar, 2011).

Our two-stage longitudinal study adopted such a socio-ecological perspective (Bronfenbrenner, 1979) with the aim of identifying the ecological dimensions protecting a group of Palestinian children from the consequences of exposure to political violence. We expected that these factors would mitigate trauma by promoting well-being and facilitating adjustment to trauma.

The western stereotype of child vulnerability: Going beyond the construct of resilience

Despite evidence that children are able to cope with political violence and military threat, the contemporary western psychiatric and psychological mainstream still tends to encourage the view that agency and activism in children are not important factors in ensuring child well-being, and indeed are sometimes dangerous (Barber, 2009; Gilligan, 2006, 2009a, 2009b; Veronese et al., 2011). The most common consequence of this prejudice is the claim that war children are traumatized and incontrovertibly in need of treatment (Gilligan, 2009a). As Gilligan argues: 'the conventional understanding assumes: a dichotomous view of war and peace; a traumatic event is the cause of traumatic symptoms; the growth in referrals is primarily a response to "patient"-led demand for mental health interventions; treatment of trauma is necessary and worthwhile; the growth in referrals is specific to the end of the conflict' (Gilligan, 2006: 327).

However, the conventional therapeutic setting fails to capture the complexity of the phenomenon, systematically underestimating the dimensions of human rights and human security, aspects which become more accessible if we go outside of psychopathological frameworks to explore political and moral domains (Gilligan, 2009b; Veronese et al., 2012b, 2012c; Ziadni et al., 2011). One of the key themes discussed by Gilligan (2006, 2009a, 2009b) is that children actively strive to make sense of their experiences of political violence. Research and mental health

interventions do not adequately recognize children's active involvement in the process of recovery from trauma; thus, children are stigmatized as passive actors, victims of their own experiences.

The concept of resilience falls within a broader western paradigm that views human health in terms of one-way and linear medical interest (Ziadni et al., 2011). In a recent paper, Barber and Doty (2013) argue that the construct of resilience is problematic, identifying at least eight different definitions of resilience used in the trauma literature and pointing out that these varying definitions are not underpinned by a clear common understanding (Layne et al., 2007). They question the usefulness of the resilience construct in informing our understanding of youth living in contexts of chronic conflict. Part of the literature defines resilience as an unexpected ability to maintain positive functioning in adverse conditions, implying that it would mainly be displayed by a small minority of the youth population in war contexts. However, there is also evidence to show that the majority of children and youth growing up in war-like conditions maintain effective adaptation and high levels of functioning. In practice, individual differences interact with contextual factors (see e.g., Dumont et al., 2007; Hobfoll, 2001) to provide the social, economic, educational, cultural and political resources that children need to deal with the negative conditions affecting their lives (Betancourt and Khan, 2008; Giacaman et al., 2004; Hobfoll, 2001; Masten, 2001; Panter-Brick, 2010; Ungar, 2004). Resilience in this sense does not necessarily imply that people who are impacted by severely adverse circumstances do not show distress. Rather, this approach envisages that resilience enhances coping in the short and medium terms. Furthermore, Ungar (2008, 2011) has recently challenged westernized conceptual models focusing on the outcomes of resilience at the individual level (e.g., continuing schooling, delaying sexual initiation, maintaining attachment to a primary caregiver), arguing instead for a multisystemic understanding of the phenomenon, and concluding that: 'In the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their wellbeing, and

their capacity individually and collectively to negotiate for these resources to be provided and experienced in culturally meaningful ways' (Ungar, 2008: 225). This definition emphasizes the contextual and ecological processes helping individuals, families and communities to access and deploy those personal, social and physical resources that promote human development in contexts of adversity (Ungar et al., 2013).

Despite the growing interest of scholars operating within socio-ecological perspectives in resilience as 'ordinary magic', based on normative functioning in terms of the drawing on individual and social competencies (Masten, 2001), many concerns remain to be addressed in order to clarify the construct and guide future inquiry (Barber, 2013). While ecological perspectives critique the definition of resilience as uncommon and unexpected, much contemporary research on resilience still risks underestimating children's competence in adjusting to trauma and the natural self-orientation of the human being to 'ease-' rather than 'disease'-oriented responses to extreme adversities such as war and political violence (Barber and Doty, 2013). In other words, the construct of resilience may still represent a strong reaction to 'high risk' and severe threat that is differentiated from normative well-being and competent positive adjustment (Barber, 2013; Fergusson and Zimmerman, 2005). In reference to this issue, Barber (2013: 469) argues that the 'view of resilience as ordinary problematizes the distinction between resilience and normative functioning', concluding that resilience 'is not a unique construct but is fully compatible (indeed sometimes synonymous) with constructs such as competence, adaptation, adjustment, coping and positive functioning.

Well-being in Palestinian children living under occupation

In light of the background just outlined, we did not draw on the construct of resilience in the present study but focused on positive functioning and well-being, which we consider to be more comprehensive and clearly defined constructs (Barber, 2009; Veronese et al., 2010). Little is known

about the well-being of children and youths living in war contexts or the factors affecting it.

Subjective well-being broadly refers to people's evaluations of their lives (Diener, 1984, 1994) and is made up of three distinct but related components: positive affect, negative affect and general life satisfaction (Diener, 1984; Huebner and Dew, 1996). Positive affect is assessed in terms of frequency of positive emotions such as happiness or tenderness, and negative affect in terms of frequency of negative feelings such as sadness or anxiety. Finally, general life satisfaction is understood as a 'cognitive judgmental evaluation of one's life' (Diener, 1984: 550).

Research on war and political violence has shown that children's well-being is impacted by traumatic experiences but also that they can learn to cope with political violence (Tol et al., 2010). Some studies indicate that contextual variables shape the relationship between war and psychosocial well-being (Boothby et al., 2006; De Jong, 2002; Miller and Rasco, 2004). For example, Israeli children with strong ideological commitment have been found to have higher levels of self-perceived well-being than children without ideological commitment (Punamäki, 1996). With regard to the Palestinian context, a recent study by Veronese et al. (2012b) found Palestinian children in a refugee camp to display greater optimism, life satisfaction and perceived quality of life than Palestinian children living in Israel. The study showed that environmental factors such as freedom of movement and safety at home as well as individual factors such as positive emotions, a feeling of competence and life satisfaction, can help children cope with extreme trauma. Finally, Veronese et al. (2012a), found that positive emotions contribute to children's well-being and life satisfaction, acting as protective factors in dealing with daily violence (Johnson and Cronister, 2010; Veronese et al., 2012a).

Children living in West Bank refugee camps display substantial personal resources facilitated above all by the functioning community structure supporting them.

The study

Background

We chose to conduct our study in a particularly disadvantaged and disrupted area of the Occupied Palestinian Territories (oPt): the Tulkarm region in the West Bank, in the vicinity of the Israeli border and separation wall.

The Governorate of Tulkarm is situated to the northwest of the West Bank. Its population of 168,973 is distributed across 35 communities (MoH, 2011). Tulkarm City is near the Green Line marking the border with Israel and in recent years has been adversely affected by ongoing military closures. Tulkarm has two refugee camps (Tulkarm City and Nur Shams) hosting around 27,000 'internal refugees' most of whom originally came from rural and urban districts in the Haifa, Jaffa and Kissaria areas. The two camps together are classified by the *United Nations Relief and Works Agency* for Palestine Refugees in the Near East (UNRWA) as the second largest camp in the West Bank; over one-third of the population is unemployed (UNRWA, 2012). These precarious environmental conditions weigh heavily on the quality of life enjoyed by the children of Tulkarm, whose freedom of movement, safety and general well-being suffer the negative impact of territorial discontinuity, the separation barrier, fixed and mobile checkpoints, and shortages of basic resources. Furthermore, ongoing low-intensity conflict (night time incursions, imprisonment, targeted murders, surprise curfews) has fueled a climate of uncertainty and fear amongst civilians (Veronese et al., 2010).

Numerous interventions funded by UN programs for war zones have adopted instruments such as expressive drawing, dramatization and the use of metaphorical stories to help children re-elaborate terrifying traumatic memories by re-experiencing their fears and nightmares in a safe and therapeutic environment (Thabet et al., 2008). Moving beyond such therapeutic frameworks to embrace a more 'ease'-oriented framework, beginning in 2008 an international NGO, Psychologists for Human Rights, and a Palestinian NGO, Society for Social Work Committees, implemented a child/community-oriented program to respond to the needs of Palestinian children

in the Tulkarm region, exposed to prolonged military violence. Although no major armed conflict has taken place there to date, the setting in which our intervention took place is frequently affected by military raids. Our efforts were directed at supporting the well-being of children living in this context, primarily through the use of structured experiential activities (Loughry et al., 2006).

The aims of the program were to:

1. Enhance children's well-being or prevent it from deteriorating by using play as a framework;
2. Support the children's natural process of adjustment to stress by actively engaging them in play;
3. Encourage community involvement with a view to further protecting children's well-being.

In line with research that empirically demonstrates the efficacy of experiential activities and structured play in relieving stress, we believe that relatively low-cost and potentially sustainable actions can have a strong impact on the community and great political significance.

Method

Participants

Seventy-four Palestinian school-age children (age 10.80; SD 2.06; age range: 7–15 years), 43 males (average age 11.23; SD 1.91; age range: 7–14 years) and 31 females (average age 10.19; SD 2.15; age range: 7–15 years) participated in the program in two consecutive years (2010–2011). All the children were resident in disadvantaged areas on the outskirts of Tulkarm, including Tulkarm and Nur Shams refugee camps. Participants were recruited on the basis of meetings with their families and following the recommendations of the local institutions responsible for the

children during the school year (Veronese et al., 2010). Parental consent was obtained verbally. The children were informed that they were free not to take part in the research or to withdraw from it at anytime; similarly they could decline to answer any of the questions they were asked. This procedure was followed on the grounds that written informed consent is often refused in Palestinian cultural contexts and to request it may be viewed as threatening, especially by heads of family (Krogstad et al., 2010; Schultz, 2004). Furthermore, it is a cultural norm for consent for children to participate in research to be provided by summer camp and summer school leaders acting on the parents' behalf. In light of these factors, we feel that researchers must seek methods of applying the universal principle of informed consent that respect the cultural values, traditions and healthcare systems of the country or region under study.

With regard to the decision to engage the children in group work, we feel that in war-like situations, participation in group activities allows children to feel less isolated and to become aware that their suffering is shared with others, all the more so in a collective culture such as that of the oPt. Nonetheless, individual differences between the children must be taken into account. We discussed this aspect of our intervention in-depth with our local partners, concluding that maintaining a focus on the resources available to the children would be key to protecting them from the undue emergence of extreme suffering.

Our research was carried out in line with the Ethics Committee Guidelines of the University of Milano-Bicocca and approved by the Ethics Committee of the MIUR (Italian Ministry of Education, University and Research).

Instruments and procedures

Both prior to and after taking part in the experiential activities, the children were asked to produce a short written account of 'what makes me satisfied and happy'. Children under the age of 12 and/or with poor writing skills were given the opportunity to dictate their account to a research

assistant. The written texts were content analyzed.

In addition, the narratives produced by the children during the experiential activities themselves were videotaped, transcribed and translated from Arabic to English by a bilingual research assistant. The intervention mainly focused on the recognition and expression of emotions, drawing on expressive tools such as storytelling and art therapy (e.g., painting and sculpture). The narratives were collected after drawing, collage and clay modeling sessions (Catterall and Pepler, 2007). Small groups (ranging from six to nine children), balanced in terms of age and gender, participated in workshops conducted by two facilitators, one of whom was also a researcher. Each child was asked to produce a narrative, using their artistic production as a starting point and going on to engage in dialogic conversation with the other participants (Hawes, 1999). The core working themes developed with the children over the two-year program was ‘what is good and what is bad in my city’, ‘what makes me feel good and what makes me feel bad in my family’. Group narration sessions lasted about two hours, with individual speaking time of 15–20 minutes per child.

Data analysis

The children’s written materials and narratives were subjected to thematic qualitative content analysis following Boyatzis (1998) and using Atlas-Ti software. Atlas-Ti® (Release 4.2. Muhr, 1997–2000) is a data management program that facilitates the creation of interpretive codes. Our goal was to explore in all their complexity the dimensions of well-being emerging from the narratives, with a particular focus on the children’s own explanations of their personal life satisfaction. Following constructionist paradigms that emphasize socio-cultural contexts and structural conditions, the analysis was data-driven. ‘Inductive analysis is ... a process of coding the data without trying to fit it into a pre-existing coding frame, or the researcher’s analytic preconceptions. In this sense this form of thematic analysis is data-driven’ (Braun and Clarke,

2006: 83). The encoding process involved selecting phrases, sentences and paragraphs that expressed themes featuring in the texts. Once core thematic nuclei had been identified within the narratives, the next step was to classify these themes into structured categories by means of an inter-judge agreement process. The coding procedure was organized as follows: (a) one researcher carried out open coding analysis of the participants' narratives to facilitate the emergence of critical themes; (b) the themes were coded, and organized into structured categories by two raters working independently; (c) categories and coding were discussed and agreed between the judges and the frequencies of occurrence of the codes (in the form of phrases, adjectives or nouns) were counted via Atlas-Ti (Veronese et al., 2012a).

Findings

In Table 1 we summarize the salient themes and sub-themes emerging from the children's written answers to the question 'what makes me feel good', reporting the percentage of data items assigned to each. The following extracts from the written narratives are representative of the core themes contained in them.

TABLE 1 ABOUT HERE

Susu (female, aged 9) speaks of *religion* as a protective factor:

I like to read the Koran, because I can feel the benefits of religion.

Rahad (male, aged 9) claims his right to have his *basic needs*

fulfilled: *For me it is enough to have good food and fresh water.*

Wassam (male, aged 10):

I am really pleased with myself when I do well, when I win a match and when I am the best on my football team.

Arafat ('the father of the revolution') (male, aged 8) sees his home as a safe place (*safety at home*) where he can express positive affect:

Staying at home and watching TV makes me feel safe and protected, because I'm the baby of the house.

Asheqat Al-Thawra ('the revolution lover') (female, aged 14) places a high value on *sociality*

as a means of giving meaning to her personal experience;

Being loved by others and helping the younger ones, cooperating with everybody without making distinctions. These emotions give me a sense of belonging and allow me to experience real and genuine friendship.

Mohammed (male, aged 15) clearly expresses the value of the *resistance to the occupation* as a source of subjective well-being:

To see the Palestinian people free would make me feel good, because we live under oppression. In fact all the other countries have been freed from colonialism, but our country and Iraq are not free because of occupation.

Iasan (male, aged 11) speaks of *education* as key strategy for overcoming everyday suffering and sustaining hope:

In my opinion studying is the only hope for the future, because I can learn how to become a doctor.

The domains of well-being in Palestinian children appeared to differ as a function of gender. Girls were more inclined than boys to reap the benefits of both social relationships and personal resources. Indeed, the narratives of the female participants indicated that they were strongly satisfied both with their friends and with their lives in general (see the themes reported in Table 1: family, educational, religious and social dimensions). These findings are consistent with cultural perceptions of gender in the oPt (Veronese et al., 2011): Palestinian society tends to provide more protection to girls, while boys come under social pressure to repress negative emotions such as fear and sadness and are expected to take an active part in the struggle against occupation and make an outward show of bravery (Barber, 2008; Veronese et al., 2011).

Below we draw on excerpts from the children's spoken narratives to illustrate the themes that emerged from these accounts, organized into categories. Table 2 shows the key thematic categories and sub-categories emerging from the children's narratives and the percentage of all data items coded to each of these dimensions of the children's well-being: *myself, family and living environment, relationships with peers and adults, sociocultural context*.

Myself

Forty-three percent of the factors making up the overall dimension of well-being fell within the personal domain. Play was the leading personal need reported by the children, followed by agency and self-determination, positive affect and satisfaction of primary needs. Availability of space and freedom of movement were also key, with a lesser role being attributed to education.

Reem (female, aged 9):

I drew flowers, different kinds of flowers. I drew flowers because there is a garden here in Tulkarm where I like to go play without any problems ... danger. When I go play in the garden I feel happy, all bad thoughts go away.

Takee (male, aged 8):

This is Tulkarm, and these are the houses of Tulkarm, seen from an airplane, and this is Tulkarm market. I like the market. I go to the market to buy clothes and all the things we need ... I go to the market on my own to shop for my family, to help my mother with the shopping. I'm really happy when I can help her ... It makes me feel big.

These children displayed high levels of self-esteem and self-perceived competence. Their narratives also indicated that they were actively engaged in attributing meaning to their unstable environment. Fulfillment of basic needs and the right to move freely within safe spaces was a key focus for them.

TABLE 2 ABOUT HERE

Family and living environment

This category accounted for 13.5% of total well-being. The role of the family in providing protection, a safe home environment and economic well-being were the three main sub-dimensions, followed by the right to land and health.

Motassen (male, aged 12):

I drew a fisherman. He lives in a nice home. It's big and very bright, not far from the river. He lives there with his family, and his fishing provides food for his children. He is a good fisherman. Here there is food, and there rubbish. Sometimes he can't fish ... he can't leave home, because of the war. Anyhow he's happy, because he loves fishing. If he can't fish, he's happy too, because all that comes from God is good ... because he's healthy.

Given the importance for children's well-being of family and safety in and around the home, it is to be noted that both families and homes are systematically undermined by the occupation. Lack of employment opportunities for adults, imprisonment of parents, demolition of dwellings and nocturnal military incursions often severely compromise the effectiveness of family and home as protective factors. The fact that the fundamental structures of Palestinian society are consistently under attack may account for the children's tendency to rely primarily on their own personal resources in dealing with highly adverse living conditions.

Relationships with peers and adults

The children's relationships with other children and adults were a source of protection that accounted for 9.3% of their overall well-being.

John Sina (male, aged 9):

Masud has finished sixth class and is now starting seventh. He really loves to spend time with his friends. They ask him to play football with them, but they also help him with his homework. Masud loves reading stories to his friends ... and he's really happy when his big brother reads stories to him, but he spends most of his time alone ...

This dimension of well-being provides further evidence of the children's need to derive protection from significant relationships. However, similarly to family, other grown-ups and peers may not always be a reliable source of protection, due to the imprisonments, murders and injuries that inevitably form part of the life experience and narratives of the children in Tulkarm.

Sociocultural context

This dimension makes up 19.1% of overall well-being and comprises two main sub-dimensions: religion and resistance to occupation, followed by sociality and education.

Sabrina (female, aged 9):

Ramadan is when the doors of the Hell close. We celebrate Ramadan because we can help poorer people who don't have food and water during the year. We feel closer to the families of martyrs and remember their bravery. It is very important to celebrate Ramadan.

Messi (male, aged 11):

Here are people demonstrating, and here is an old man defending his land. All of them are Palestinian ... and here is a child, walking through Tulkarm. Tulkarm is his city. The people are defending themselves, they are defending themselves by going to school, because education is like a weapon ...

As the children saw it, key resources for well-being were available from the social context. The wider community helped them to process negative emotions and threat, through resistance to the occupation and a shared belief in divine protection. Playing an active part in community life gave the children a sense of belonging to a resistance society, foreshadowing future activism and social involvement. Finally, the children referred once more to investment in education as a source of hope for the future, this time in the community context. In general, the children seemed to perceive their society as functioning better at the macro- than at the micro-level, attributing greater power of protection to the community than to the family or peer group. Ultimately, well-being is the most important factor affecting happiness. Thus through their narratives these children

expressed the need for their self-perception of safety and pleasantness to be restored so that they could maintain feelings of happiness, thereby claiming – like all children – the inalienable and universal right to childhood.

Discussion

Conclusions

In conclusion, our findings seem to corroborate the growing corpus of psychological research on children living in war-affected areas such as Palestine that shifts the focus on mental health from frameworks informed by psychiatry to perspectives emphasizing the need to safeguard children's rights and, more generally, to promote human dignity and universal human rights (Batniji, 2012).

We believe that defining children as fragile and hopeless in the face of the horrors of war is a limited perspective that risks stigmatizing them as psychologically, behaviorally or cognitively impaired in the terms of western 'medicalized' discourse. Another perspective from which to interpret these children's narratives is in relation to the Palestinian master narrative of struggle and resistance (Hammack, 2011): thus playing is not playing *tout court*, but 'the right to play' unimpeded by military brutality; being outdoors does not mean spending time in nice places, but having the right to move about freely in an occupied landscape (Veronese et al., 2011).

A critical reflection on children's health and well-being in war-affected areas has been proposed here in light of the ongoing debate regarding the controversies raised by the construct of resilience and needing to be addressed by scholars and practitioners working on resilience in order to guide future research and interventions (Barber, 2013; Barber and Doty, 2013; Veronese et al., 2012a). Regarding Palestinian children, symptoms-oriented clinical interventions focused on reducing traumatic and stress responses to war and violence may risk undermining the children's

natural competence and ability to adjust, reproducing phenomena such as isolation, stigma and passivity that are associated with the policies and strategies of occupation (Spelling et al., 2012; Veronese et al., 2011, 2012a). Participatory intervention focused on children's 'ease' and well-being may help to offset the downsides of emergency frameworks, promoting the competence and natural abilities involved in adjustment to trauma and positive functioning (Barber, 2013; Veronese et al., 2010). Furthermore, the role of the social dimension in enhancing children's well-being suggests that it would be of value to offer community-oriented interventions and to promote children's active participation in Palestinian society, as eloquently expressed by the participants in this study: *'Ramadan is when the doors of the Hell close. We celebrate Ramadan because we can help poorer people who don't have food and water during the year. We feel closer to the families of martyrs and remember their bravery.'*

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TABLES

Table 1. Children’s answers to the question ‘what make me feel good’, grouped into categories.

Dimensions of well-being	Percentage ^a	
	Females	Males
Friends	14.75	18
Family	13.11	6.56
Play/sport	36.1	41.53
Education	13.11	11.4
Religion	3.28	–
Self-efficacy	–	1.63
Freedom of movement	3.3	11.47
Resistance to the occupation	–	4.9
Primary needs	–	1.63
Sociality	6.55	3.3
Need for space	1.64	3.3
Safety (at home)	–	1.63

^aFrequencies of the data items coded to the categories, expressed as a percentage of total data items.

Table 2. Dimensions of well-being emerging from the children's narratives.

	Code n. ^a	Percentage ^b
<i>Myself</i>		
Fulfillment of primary needs	28	6.9
Agency/self-efficacy	24	4.9
Satisfaction/positive emotions	39	8.0
Play	52	10.6
Freedom of movement	24	4.9
Need for space	26	5.3
Education	12	2.5
<i>Family and living environment</i>		
Family protection	19	3.9
Safety at home	17	3.5
Right to the homeland	11	2.2
Health	3	0.6
Economic well-being	16	3.3
<i>Relationships with peers and adults</i>		
Protection from adults	23	4.7
Protection from friends	22	4.5
<i>Sociocultural context</i>		
Religion	25	5.1
Education	12	2.5
Resistance to the Israeli occupation	35	7.2
Sociality	21	4.3

^aNumber of coded occurrences in the thematic analysis.

^bFrequencies of the occurrences coded to each category, expressed as a percentage of total data items coded.