

In the Face of Socio-Political Conflict:
Mothers' Experiences of Hope Alongside Adult Children with Mental Illnesses

By
Dorit Redlich Amirav

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Abstract

This study aimed to explore hope experiences among mothers living alongside adult children with mental illnesses in a socio-political conflict area.

Hope is increasingly recognized as an important factor for people facing difficult situations. Mothers whose adult children struggle with mental illness carry heavy burdens which are especially challenging to hope. Those burdens may be exaggerated in socio-political conflict areas. To date, the mothers' experiences of hope have been, for the most part, unexplored, not understood, and largely unknown.

A qualitative methodology, based on Polkinghorne's (1995) framework of narrative inquiry, guided the study. Two Palestinian and two Israeli mothers were recruited from community mental health centers and hostels in Jerusalem. Tape-recorded conversations, hope collages, and field notes were used as the main sources of data for each mother and were gathered over the course of 4 months. To ensure credibility, narratives were negotiated through ongoing conversations and in follow-up meetings with each mother. Common themes were then constructed within and across the mothers' accounts.

Five themes were identified: (1) socio-political conflict markedly threatened experiences of hope, (2) mental illness in a family member challenged hope, (3) hope was a process in motion, (4) hope reverberated through generations, and (5) hope was experienced by doing occupations in a spiritual way.

Living in a conflict area threatened hope for the mothers. What inspired them to continue hoping was doing occupations in a spiritual way and recalling past hope experiences that were

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then transmitted to their children. The mothers expressed experiences of hope in implicit and explicit ways that allowed them to move forward and gave them a sense of possibility amidst the uncertainty of their lives.

The thesis includes discussions about implications for future hope research and practice in occupational therapy, mental health, and rehabilitation in conflict areas.

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Preface

This thesis is an original work by Dorit Redlich Amirav. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board, Project Name “Composing Lives in the midst of the Palestinian-Israeli Conflict: A Narrative Inquiry into Mothers’ Experiences of Hope alongside Adult Children Struggling with Mental Illness,” No. Pro00056883, July 7, 2015.

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Dedication

This dissertation is dedicated to my parents. You both taught me what hope is. With wisdom, spirit, and hope, you paved the way for me, providing me with endless opportunities. Through your different ways of living, I became humble, generous, and a lifelong learner. I am thankful for you and will miss you both forever.

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Fourth, I would like to thank my husband, my friend, Israel, who generously, kindly, and patiently supported me during this long process. Thank you, my love, for the opportunity you opened for me in seeing my future and, more importantly, sharing it with me and walking gently beside me. I also want to thank your children and their spouses Noa and Guy, Eden and Liat, Lia and Erez, and your two lovely grandchildren Nadav and Ayala for their love, support, and understanding throughout this process.

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Chapter One: Introduction

Hope is increasingly recognized as an important factor for people facing difficult situations (Elliott, 2005). Living alongside adult children who struggle with mental illness is associated with a heavy burden, particularly on mothers (Wancata et al., 2008). This burden may become exaggerated in socio-political conflict areas, yet little is known about these mothers' experiences of hope.

The purpose of this study was to explore the experiences of hope in Palestinian and Israeli mothers whose adult children were living with mental illnesses.

In this chapter I explore my personal hope journey and explain how I came to my research question.

Mothering a child with a mental illness represents a unique parenting experience. Mothering a child with a mental illness in the midst of violent political conflict may be especially difficult. These are experiences that I have lived as an occupational therapist and Jewish Israeli. Over the course of my career I have come to wonder more and more about how mothers of adult children with mental illness find hope even in the face of the persistent political conflict that surrounds them in Israel.

I used to wonder, what is hope? Early in my career as a graduate student, I found myself puzzling over my memories, research journals, thoughts about hope, and my growing desire to study it. Working towards my master's degree I studied hope in family members who had a relative with a serious mental illness. I measured hope before and after a 6-month cognitive educational intervention (called Keshet) for these family members. Keshet was based on a Dynamic Cognitive Intervention (DCI) program (Hadas-Lidor & Weiss, 2005) which is used to view real-life situations from different perspectives. This program aimed to promote positive

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communication within the family (Weiss, Hadas-Lidor, & Sachs, 2011). The results of my master's degree quantitative study showed that the family members' hope for their ill child increased after the intervention. I sensed that hope was a deep and complex concept that deserved a qualitative approach. By its nature, a qualitative approach is a long-term in-depth endeavor aiming to capture lived experience and takes place in the contexts of people's lives (Denzin & Lincoln, 2005).

The position of the researcher in this approach may, in different ways, impact the way the study is conducted. The background and the world perspectives of the qualitative researcher may shape the way that the researcher views the world, poses the questions, and makes meaning of the data. This can shape the researcher's relationship with future participants who may be more open to sharing their own experiences when they feel or think the researcher is coming from a similar background and perspectives. As suggested by Hertz (as cited in Gergen & Gergen, 2000):

I want a reader to understand that . . . I bring to the topic my own history and perspective.

I still believe that my primary obligation as a social scientist is to tell the stories of the people I have studied. But I also find that the accounts they tell have been constructed through the dialogue that my respondents created in conjunction with me. (Gergen & Gergen, 2000, p. 1027)

With regard to my study to explore mothers' experiences of hope, I felt that having a "shared experience" would put me in a perceived "insider" position, enabling me to understand their stories in nuanced and multilevel ways (Valentine, 2007). Three examples of me as a

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researcher having “shared experiences” with the mother participants of this study are: I come from a place where both Palestinian and Israeli families shared everyday life experiences, I lived with mental illness in my own family, and I have lived in a conflict area. I begin this work with a reflection on my own lived experiences as presented in the following three stories. The first story is a childhood memory of respectful and trustful relationships between Palestinian and Israeli women. The second story is associated with the Palestinian and Israeli conflict, and the third one is about the experience of having a mother with mental illness.

Remembering a Childhood Kitchen Shared by Palestinian and Israeli Women

It is summer 1964 in Metula, a small village in the North of Israel.

The smell of cakes and cookies spreads from the kitchen to the lobby of my grandparents' hotel. There are so many guests at this time of year. Everything is big. The pots and baking pans on the table are evidence of the many dishes made by Palestinian and Israeli women who work here during weekends and holidays. Um-Saliba¹ is a large, experienced 65-year-old Palestinian woman. She lives with her extended family in Lebanon, just 500 meters north of the hotel. Every morning she crosses the border to come and work with my family at the hotel. She is always here with my grandmother. These two are running the kitchen, instructing all the Palestinian and Israeli workers. There are so many guests to feed. Sitting quietly in a kitchen corner, I see and smell the food. Here are the stuffed cabbage, stuffed grape leaves, and an Arabic

¹ All names used throughout this dissertation, except that of the author, are pseudonyms.

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kubbeh dish.² I want to grab one kubbeh but I am afraid, because if they see me, a 4-year-old girl, they will tell me to stop interrupting, to go away and play with my cousins. But I want to stay here. I am fascinated by the smells, the voices, and the activity. I stay silent; high above the oven, I can see the cookies cooling. Maybe I can sneak in there and grab one? No one sees me. I grab one cookie and hide safely under the table. I am invisible but I can smell and hear everything. All the kids are trying to steal cookies from the big pile. Every day Um-Saliba and my grandmother are making new cookies and new cakes. Delicious smells come out of the kitchen. There are noises from the pots and baking pans and other kitchenware; the women are talking to each other, sometimes loudly and sometimes in whispers.

Today, as I think of this storied experience, I understand the place and relationships I have learned to love over the years and I recognize how they have influenced me. I loved the gathering, planning, talking, and working which often took place in our family hotel. I could spend many hours just watching those women cooking under the direction of Um-Saliba; Um-Saliba who was like another grandmother to me.

I had not realized until recently how much Um-Saliba influenced me. During my time with her, I was exposed to the language of our relationship: the language of acceptance, caring, and nurturing in a safe place. This is one of the relationships which, over time, formed my understanding of community. The kitchen and the big white table I loved to hide under represent a safe environment. Perhaps this was because I could stay silent under the table while around the

² A fried *kubbeh raas* with peppermint.

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table there were women—mothers and grandmothers—who were busy. Under the table I found a sense of security. With Um-Saliba I felt even more safe and secure than I did with my real grandmother, my grandmother by birth. My birth grandmother was always busy and did not pay much attention to me. The trust that developed with my “second grandmother” nurtured my soul and my mind with a belief in togetherness and in a multi-cultural community.

I used to be shy and silent and I did not talk much. Talking in my family was not a trivial activity, especially for girls or women. Yet women used to talk around the same white kitchen table that I would hide under. Thus this “white kitchen table” in my family hotel became a symbol of hope for me. I think of how Um-Saliba cared for and loved me. Even when she saw me under the table, she never talked about it out loud. Once, when I was hiding, a cookie “fell” just in front of me. I grabbed it. I thought it had fallen by accident but later that day Um-Saliba told me that she had dropped the cookie on purpose after seeing how longingly I had looked at the cooling cookies before I had disappeared under the table. Remembering her now fills me with warm and cozy sensations, the feelings of care, love, and trust. Frankl (1959) noted “that love is the ultimate and highest goal to which man can aspire” (p. 37). Um-Saliba understood me without words. She did not judge me and did not compare me to my mother who struggled with mental illness. She built trust between us in a respectful way.

Things have changed over the past 50 years since my childhood with Um-Saliba and my grandmother in the hotel’s kitchen. The Lebanese border is no longer open and Um-Saliba’s children are not allowed to cross it anymore. My family still comes to my grandparents’ hotel every holiday, even though there were, and still are, times of insecurity and war. Traveling into

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my memories, I remember a story of such a time—another story that has filled me with a sense of both hope and hopelessness for the future.

Growing Up With Conflict

My cousin and I were almost the same age and used to sleep in the same room in our family hotel. One Saturday night when we were already in bed we heard the whistling of rockets and bombs. "I am scared!" I said to my cousin. She looked at me with her big brown eyes, and said, "Don't be afraid; it is always like that here. It is okay." I was terrified and jumped onto her bed. From far above we heard my aunt calling us: "Hey girls, hurry into the security room." Every house in the village had a concrete security room. "But we don't want to get out of bed!" we both shouted. "We are afraid." My aunt came to our room and began to pull off our blankets. "Come with the blankets," she said loudly. "Hurry, we must go down! It is dangerous." Wrapping our blankets around us we ran into the security room. Are Um-Saliba and her children doing the same thing, I wondered.

Living in a war and conflict area means that there is no routine. It also means that every activity has to be planned with the thought of access to a concrete security room.

The Palestinian-Israeli conflict that surrounded my life was amongst the most complicated and unique conflicts worldwide. Its uniqueness stems not only from its history and global impact, but also from perceived and real inequalities associated with a severe lack of hope for the future (Madianos, Sarhan, & Koukia, 2012). Indeed, there are significant differences between the parties in this conflict. Different perceptions of asymmetry between the parties

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create different realities (Rouhana & Bar-Tal, 1998). While Israelis see themselves as a small state surrounded by hostile Arab and Islamic regimes, the Palestinians perceive themselves as victims, focusing on the prevailing inequality between the occupied (Palestinian) and the occupier (Israel).

Being the Daughter of a Mother with Mental Illness

It is 1967. We are living in the city of Haifa. My older brother, who is 14, is in boarding school. I am 7 years old. I am standing in our kitchen in front of our light green breadbox. The kitchen is the most illuminated room in our apartment. All the other rooms are so dark. There are tall trees in our backyard which prevent the sunbeams from reaching our apartment on the second floor of our building on Mount Carmel. From the kitchen window I can watch the sea to the west, and on days with good visibility we can see Mount Hermon (the highest mountain in Israel) to the north. Every morning I make myself a sandwich to take to school. But this morning is different. I look at the distant sea and ask myself, "How come in other homes mothers prepare their children's sandwiches and in my house I make them?" I open the breadbox, take out the loaf of bread, and cut two thick slices. Glancing out the window and hearing the distant sea and the sound of cars on the road below, my thoughts pull me away from my task. I wish my mother was like all those mothers. I wish she were healthy. Because if she were healthy I would be the one who was still in bed and she would be the one standing in front of the breadbox making my sandwiches to take to school. At the same time another thought weaves into my mind: I want to find a cure for my mother's illness. "That is what I will

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do when I grow up,” I think as I spread chocolate on the sliced bread. I finish making the sandwich and quietly leave the house without saying goodbye. I am much occupied with these ideas: “I want and I hope to help my mother to recover. Shall I become a doctor? A nurse? A teacher?”

Nobody ever used the words “mental illness” when describing my mother when I was a child, but I knew she was different from the other mothers. She spent most of her time in bed but she never seemed sick; she did not cough or blow her nose. She was not crippled. There was no reason that I could see that she could not get out of bed. But she did not and I knew not to question it.

Despite her illness we had good times together. My mother was warm, gentle, and kind. I would climb into her bed and cuddle. She taught me how to knit. She loved fashion. We went shopping and we also went to the dressmakers together whenever there was a special occasion. She loved to have clothes made for herself and for me. When I think of her my heart fills with love, but I cannot help wondering how the experience of this kind of a mother, one who was so obviously depressed, has shaped me. I wonder what it was about our relationship that taught me not to judge or to blame people—in particular, those whose lives are shaped by mental illness.³ These three personal stories provide a glimpse into the major contexts of my study. In the next sections, I refer to my recent professional background and describe the rationale for my research question.

³ One of the central foundations to the recovery of mental illness is having hope and the belief of others that recovery is possible (Deegan, 1988; Jacobson & Greenley, 2001).

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Becoming an Occupational Therapist⁴ (OT)

As an occupational therapist, I have learned about human dignity. I have realized that occupational therapy, as a profession, acknowledges and respects anyone's world.

Occupational therapy includes the humanistic concepts of "being," and "doing" which are shaped by continuities of interaction over time and space between the person, the environment, and occupations (Law et al., 1996). There is no single definition of occupation that is agreed upon in the occupational therapy field (Canadian Association of Occupational Therapists [CAOT], 2002). Law et al. (1996) defined occupations as follows:

Occupations are defined as those clusters of activities and tasks in which the person engages in order to meet his/her intrinsic needs for self-maintenance, expression, and fulfillment. These are carried out within the context of individual roles and multiple environments. (p. 16)

Recently, Townsend and Polatajko (2013), who developed official practice guidelines for the Canadian Association of Occupational Therapists, defined occupation as "an activity or set of activities that is performed with some consistency and regularity, that brings structure, and is given value and meaning by individuals and a culture" (p. 19).

So far I have reflected on my own life. I recognized that it was not only my professional life as an occupational therapist in Israel that informed my research question. There were aspects of my personal life and my childhood that intersected in meaningful ways with my research

⁴ Occupational therapy is the art and science of enabling engagement in everyday living, through occupation; of enabling people to perform the occupations that foster health and well-being; and of enabling a just and inclusive society so that all people may participate to their potential in the daily occupations of life (Townsend & Polatajko, 2013, p. 2).

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question, i.e., with mothers, socio-political conflict, mental illness, and hope. My experiences also informed my desire to conduct a qualitative research study that permitted a deeper investigation of experience. I shared some of my stories here hoping to offer the reader insight into my experiences on topics related to this research and how they may have shaped my research question.

Coming to My Research Question

Hope is a vital and fundamental force of the human condition (Farran, Herth, & Popovich, 1995). It is both a process and an outcome grounded in present and future orientations (Dufault & Martocchio, 1985; Farran et al., 1995). There are many definitions of hope, most of which overlap at least to some extent. In a systematic review Stephenson (1991), a registered nurse, suggested that “Hope can be defined as a process of anticipation that involves the interaction of thinking, acting, feeling, and relating, and is directed toward a future fulfillment that is personally meaningful” (p. 1459). This definition is commonly used in health literature (Antonucci, 2014; Flesaker & Larsen, 2012; Larsen, Edey, & LeMay, 2007) and aligns with my understanding of the multidimensional nature of hope.

There is significant support in literature that hope is beneficial both to health (Carifo & Rhodes, 2002; Onwuegbuzie & Snyder, 2000) and in living with the disease. Many studies support the notion of hope for individuals experiencing difficult situations such as loss, uncertainty, and suffering (Bright, Kayes, McCann, & McPherson, 2013; Dorsett, 2010), as well as in many areas of mental illness (Resnick, Fontana, Lehman, & Rosenheck, 2005; Roe, Chopra, & Rudnick, 2004; Russinova, Rogers, Ellison, & Lyass, 2011), especially in the

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recovery journey of patients and their families (Bland & Darlington, 2002). Only a few studies exist about hope in the context of socio-political conflicts (Cohen-Chen, Halperin, Crisp, & Gross, 2014; Cohen-Chen, van Zomeren, & Halperin, 2015). Unfortunately, these studies are quantitative in design and have not inquired into experiences of hope.

Living and working as an occupational therapist in the community mental health field and experiencing both the Palestinian-Israeli conflict and mental illness in a lived way has led me to inquire about hope. There is limited knowledge about hope in the mental health field and in the Palestinian-Israeli conflict. Therefore, the question of this study is:

What are the experiences of hope in Palestinian and Israeli mothers alongside adult children with mental illnesses?

This dissertation is organized into 10 chapters and an epilogue. Chapter One provides the introduction and begins with my stories in which I elaborate on my hope journey and the way I came into my research question. Chapter Two begins with an overview of the literature on mental illness and mothers as primary caregivers, continues with an overview of the literature on the Palestinian-Israeli conflict, and finally discusses hope. In Chapter Three I outline the methodology and methods I used to guide data collection and analysis. In Chapter Four I reflect on the research process. Chapters Five, Six, Seven, and Eight describe the first part of the findings, narrative analysis, which is represented by narrative accounts of each mother participant. To emphasize the mothers' voices I created poems for each mother's transcript. I used the Calibri font for those poems. In Chapter Nine I report the second part of the findings, analysis of narrative, which is represented by major themes that emerged from the mothers'

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stories. In Chapter Ten I discuss the findings, describe personal and practical perspectives, highlight the implications of this study, and identify further directions for research.

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Chapter Two: Literature Review

In this chapter I provide the reader with information relevant to framing and contextualizing the research question. I include studies about mental illness and social stigma; occupational therapy literature about mothers' experiences and their occupations⁵; mothers living in conflict zones, specifically, in Israel; and mental health in the Palestinian-Israeli conflict area.

The final section of this chapter includes an overview of hope literature and relevant perspectives from the literature on hope in conflict zones and mental illness.

Mental Illness

Mental illness has become a very recognized health problem, accounting for 11% of the disease burden worldwide (Murray & Lopez, 1996). According to the World Health Organization (WHO), about 450 million people all over the world suffer from some mental disorder or brain condition and it is anticipated that one in four people will meet the criteria for a mental disorder at some time in their lives (World Health Organization, 2003). People of all ages, incomes, educational levels, and cultures may be affected by mental illness.

It is well known that mental illness is treatable and recovery is possible. Many interventions in mental illness are now recovery-oriented. Recovery does not mean that the disability disappears; it means that the individual engages in productive interests and activities or occupations that provide meaning and purpose in her or his life (Anthony, 1993; Brown & Stoffel, 2011). This relatively positive view of mental illness did not always exist. During the

⁵ As previously defined by Townsend and Polatajko (2013): "an activity or set of activities that is performed with some consistency and regularity, that brings structure, and is given value and meaning by individuals and a culture" (p. 19).

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1960s, persons with mental illness were marginalized and health care professionals did not believe that recovery was possible (Anthony, 1993; Corrigan, 2004). Although mental illness is now recognized as a major health problem, its impact on families is poorly understood (Jubb & Shanley, 2002; Milliken & Northcott, 2003). With the trend to deinstitutionalize patients and move them into community care, family members have increasingly become the caregivers for the patients (Milliken & Rodney, 2003; Topor et al., 2006). This has been associated with numerous adverse effects on caregivers' quality of life, such as time lost from work, financial loss, and limited time for leisure and socializing, as well as adverse health effects such as elevated symptoms of distress (Möller-Leimkühler & Wiesheu, 2012). In addition to burdens that are commonly associated with many other chronic illnesses, mental illness carries unique burdens which often cause the family, especially mothers (Elmahdi et al., 2011; Winefield & Burnett, 1996), greater difficulties compared to the families of people with other chronic illnesses (Hastrup, Van Den Berg, & Gyrð-Hansen, 2011).

Social Stigma

Social stigma is one of the major causes of the increased burdens faced by persons with mental illnesses and their families. In many parts of the world, including the developed world, people with mental illnesses are victimized for their illness and become targets of discrimination; as a result, they have little or no access to housing, employment, social welfare, or health insurance. Because of these stigmas, families are often still reluctant to talk about mental illness and in many respects it remains a hidden disease (Connor et al., 2016; Corrigan & Miller, 2004; Muhlbauer, 2002;). Compared to other illnesses, there is much less family support for newly

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diagnosed patients with mental illness and many families' needs remain unmet (Jensen, 2004; Rose, Mallinson, & Walton-Moss, 2004; van der Voort, Goosens, & van der Bijl, 2009). In part, this may be due to the embarrassment felt by the caregivers who respond to the diagnosis with reluctance to admit a mental health problem in their family (Sherbourne, Dwight-Johnson, & Klap, 2001). There are still many prevalent misconceptions and fears about mental illness which are projected not only toward the patients but also toward the families. These fears, which are based on inadequate knowledge, result in social stigma and are a major cause of isolation both for the patients and their families. In the past families, especially mothers, were blamed for their child's illness and this led to feelings of guilt, shame, and avoidance (Winefield & Burnett, 1996). Despite changes in social attitudes over the past few decades, recent studies suggest that feelings of shame are still prevalent in families of people with mental illness (Jönsson, Skärsäter, Wijk, & Danielson, 2011; Schröder, Larsson, & Ahlström, 2007). Furthermore, the occupations of mothers of adult children with mental illness are significantly disrupted and restricted (White & Unruh, 2013).

Mothers' Experiences and Their Occupations

As an occupational therapist, my core concerns focus on occupations as a central resource in everyday life. The term occupation refers to all aspects of human doing including self-care, productivity, or leisure (Townsend & Polatajko, 2013). Mothering occupations consist of the tasks, activities, and routines of daily life that a mother does. These may include nurturing, teaching, and educating a child to become a functioning, independent adult in society (Esdaile, Farrell, & Olson, 2004). It is the entirety of all these activities and their associated meanings

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which makes mothering an occupation.

Becoming a mother is a significant transition for many women in which important personal, social, and sometimes biological changes can coincide (Smith, 1999). Mothers have the power to give their children energy, to hug them, and provide them with feelings of safety and security. A mother can be the vehicle of strength, nourishment, care, love, wisdom, and spirituality for her child. Mothering an adult child with mental illness can add other layers of complexity. As 70% of the main caregivers of children with mental illness are mothers (Wancata et al., 2008), the occupation of mothering carries a heavy burden (White & Unruh, 2013; Yee & Schultz, 2000), and mothers are at high risk for psychiatric illnesses such as depression and anxiety (Yee & Schulz, 2000). Mothers report more burden (Ha, Hong, Seltzer, & Greenberg, 2008; Wancata et al., 2008) and have a poorer quality of life health-wise than fathers (Johansson et al., 2015).

I assumed that the burdens and problems of a mother having a child who struggled with mental illness might be significantly increased in regions of war and armed conflict.

Mothers in Conflict Zones

Armed conflicts (AC) exist in many parts of the world and have major physical and psychological effects on both individuals and societies. It is well known that living in areas of AC impacts families by interrupting everyday life (Merrilees et al., 2011; Robertson & Duckett, 2007). The World Health Organization (2005) suggests that women, children, and youth living in AC zones are especially vulnerable. Quota, Punamäki, and El Sarraj (2005) found that the more Palestinian mothers suffered from post-traumatic stress disorder (PTSD) symptoms, the

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more their children did, and vice versa. In another study, Afifi, Afifi, Robbins, and Nimah (2013) studied Palestinian refugees in Lebanon and found that the support of mothers was a key to reducing hopelessness in adolescents. In addition, it was found that AC cause a high degree of post-traumatic stress (PTS) symptoms in mothers during and many years after conflict (Merrilees et al., 2011; Seino, Takano, Mashal, Hemat, & Nakamura, 2008).

The protracted Palestinian-Israeli conflict disrupts the social and cultural fabric of both societies (Akesson, 2015). The conflict not only results in physical and financial harms, but also seriously threatens mothers' everyday lives and occupations. Many times, when their husbands are not present, mothers are left responsible for home and children. This can further aggravate impoverishment (Robertson & Duckett, 2007). Akesson (2015) found that mothers in areas of conflict struggled to hold everything together, juggling their needs against their families' and children's needs. They struggled with the everyday challenges of taking care of their children as well as maintaining a home. Akesson (2015) highlighted the importance of making the voices of mothers living "under fire" heard and stressed the importance of learning their narratives in their efforts to protect their children and other family members.

Since mothers in these regions may have very unique roles in protecting their children (Quota, Punamäki, & El Sarraj, 2005 ; Robertson & Duckett, 2007), the health and quality of life of mothers during and after AC should be of major concern. As such, more research is needed to determine the experiences of hope in mothers during and after such AC as that between the Palestinians and Israelis. In the next section I elaborate on the Palestinian-Israeli conflict.

The Palestinian-Israeli Conflict

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The Middle East has witnessed controversy and violence for hundreds of years. Arabs and Jews settled the land for countless generations and under many different occupations (Younes, 2007). The roots of the present conflict arose more than 100 years ago with developments in both Zionist and Arab national movements. For the Palestinians these years brought trauma, social exclusion, and eviction, together with related socioeconomic and political problems and military occupation (Jarrar, 2010). For the Jewish people of Israel, the return to the land of their forefathers, intended largely as a solution to the widespread oppression of Jews due to anti-Semitism in Russia and Europe, has not brought safety and security (Younes, 2007). The traumatic impact of violence and war continues to touch every person in the area and has evolved into an AC which sponsors a sense of hopelessness and a lack of trust between and on both sides of the conflict (Zelevnikow, 2014). The Palestinian-populated areas in the Gaza strip and West Bank, including East Jerusalem, came under Israeli rule following the 1967 war between Israel and several Arab countries. Over the years there have been a few unsuccessful attempts to resolve the conflict, resulting in more hopelessness on both sides. Palestinian resistance to Israeli rule has taken the form of violent attacks on Israeli soldiers and civilians which are perceived by Israelis as a daily threat to security. Israel has responded with various measures, including physical barriers; Israelis have, for instance, built a wall to protect themselves from Palestinian suicide attacks and to separate themselves from the Palestinian population. As a result, the daily life of Palestinians in Gaza, the West Bank, and East Jerusalem has become very complicated. Palestinian freedom of movement, the right to work and to receive education, and access to medical treatment are all limited. The ongoing conflict has

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greatly affected the Palestinian quality of life (Canetti et al., 2010; Giacaman, Rabaia, & Nguyen-Gillham, 2010; Khamis, 1993; Shalhoub-Kevorkian, 2003; World Health Organization, 2006). People from both sides of the conflict are affected. Daniel Bar-Tal, a well-known researcher in the area of conflicts and resolutions, developed a conceptual framework to better understand the culture of socio-political conflicts (2007). According to this framework, members of a society living in a conflict area face special challenges regarding their needs and ability to cope with stress. Bar-Tal (2007) suggested that conflicts are associated with special social infrastructures that include “collective memory, ethos of conflict, and collective emotional orientation” (p. 430). Together, these three features function to form, maintain, and build a social identity specific to the conflict. It is through these infrastructures that people construct their individual and collective narratives as well as interpret their life experiences. In this way, socio-political conflicts are sustained and become hard to solve. Bar-Tal (2001) further explained that in places of conflict a collective emotional orientation of fear dominates which helps people to cope with violent, dangerous, and stressful situations. Bar-Tal (2001) contends that while hope requires cognitive, creative, and positive thinking, fear works subconsciously and has a physiological basis, thus overriding hope. These may be important considerations in the context of my research question exploring hope in mothers living in a socio-political conflict area.

Mental Health in the Palestinian Authority

On an individual level, the chronic and severely stressful socio-political circumstances in the Palestinian Authority have led to increased symptoms of anxiety, depression, and PTSD

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(Canetti et al., 2010; Khamis, 1993). On a societal level, there is a significant shortage of mental health services, not only in the community but also in hospitals (Giacaman et al., 2009; Vitullo et al., 2012). There are only two mental health care units in the Palestinian territory: a psychiatric hospital with 320 beds in Bethlehem and a 32-bed unit based in the El Naser Psychiatric Hospital in Gaza (Murad & Gordon, 2002). The two facilities serve a population of around four million people with many physical barriers such as a lack of transportation, families who are living apart, and disruptions to social supports normally available in a collective society. These complex situations may cause difficulties for Palestinians in general, and particularly for those mothers with a child struggling with mental illness. There is not enough mental health support in the Palestinian territories, not only for the patients themselves but also for their mothers (Murad & Gordon, 2002). The situation is bleak with reasons for hope in seemingly short supply. The final section in this chapter provides an overview of hope literature.

What is Hope?

Hope has been studied from many perspectives: psychological (Snyder, 1995), theological (Moltmann, 1975), philosophical (Godfrey, 1987), sociological (Fromm, 1968), and educational (LeMay, 2014; Li, Mitton-Kukner, & Yeom, 2008). There are many definitions, yet no one definition can embrace the complexity of hope.

Scholars offer varied definitions of hope, all of which seem to share common attributes. The following are key perspectives from leaders in the field. Erich Fromm, a psychologist and social philosopher who was interested in the interaction between psychology and society, defined hope as a state of being, a state of a greater aliveness, and a psychic commitment to life and

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growth (Fromm, 1968). The founder of the hope foundation at the University of Alberta, Rona Jevne, pointed out that hope is a sense of what makes life worth living knowing that there is a way out of difficulty. She asserted “Hope involves believing, feeling, and doing—and much more” (Jevne & Miller, 1999 p. 11). Joseph Godfrey (1987), a philosopher of religion, noted that “to hope is to risk” (p. 221), while William Lynch, a scholar and a Jesuit priest (1965), wrote that hope relates to the “sense of the possible” (p. 32). Jevne and Miller (1999) described hope as looking forward with both confidence and uncertainty to something good:

Hope is amazing. You can't touch it but you can definitely feel it. You can't physically see it by itself, but you can hold it and carry it. Hope doesn't weigh anything, but it can ground you and anchor you. (p. 6)

In Erikson's early comprehensive theory of human development (1950), hope was so foundational that it was thought to occur when an infant learns basic trust and thus integrated into the first stage of human development.

In a systematic review, Stephenson (1991), a registered nurse, suggested that “Hope can be defined as a process of anticipation that involves the interaction of thinking, acting, feeling, and relating, and is directed toward a future fulfillment that is personally meaningful” (p. 1459).

Conceptualizations of Hope

Many conceptualizations have been developed to explain and demonstrate the complexity of hope. While some scholars describe hope based on a single or uni-dimensional domain such as a cognitive dimension, others view hope as a more complex construct that includes many dimensions such as emotional, contextual, and relational. In the following sections, I review four

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different but relevant hope theories that offer a deeper understanding and bear reference to this research study.

Snyder's Theory of Hope

By far the most common conceptualization of hope, particularly in the field of psychology, is the one developed by Snyder et al. (1991). Snyder based his early conceptualization of hope on Stotland (1969). Stotland suggested that peoples' levels of hope were most frequently inferred from their behaviors in relation to their goals. Specifically, Stotland's work emphasized the manner in which goal-related outcomes are cognitively analyzed by individuals (Stotland, 1969). Based on this work, Snyder developed his hope theory using observations and interviews conducted over many decades in psychotherapeutic settings (Snyder et al., 1991). He asserted that hope involved both a sense of successful planning of routes (pathway thoughts) to meet one's own goals, and goal-oriented motivation (agency thoughts) to achieve these goals. According to Snyder (1991), people with high levels of hope can use alternative routes and have requisite agency (willpower) to activate their goals. Snyder claimed that in his conceptualization of hope emotions were also involved. The positive emotion was evoked when one perceived success in achieving one's goals, and negative emotion was evoked when one perceived failures. In short, emotion was an outcome of cognition.

Snyder's (1991) conceptualization of hope is uni-dimensional and focuses on goal attainment rather than emotions. Emotions are discussed in Snyder's model only in relation to the negative feelings associated with failing to reach one's goals or the positive feelings related to successful goal achievement (Snyder, 1995). Snyder's (1991) model is a cognitive theory of

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hope and does not address the social connectedness, the spiritual quality, or the context in which hope may appear. In those respects, other hope theories offer deeper and more complex conceptualizations of hope. Although Snyder's (1991) perspective on hope has much to offer, it is important that other scholarly perspectives on hope derived from differing qualitative methodologies and various populations be considered.

Dufault and Martocchio's Model of Hope

Dufault and Martocchio (1985) united the findings from their individual doctoral dissertations to develop an early and highly influential multi-dimensional conceptualization of hope in the medical sciences and other disciplines (Elliott, 2005; Farran et al., 1995). While Dufault's work focused specifically on the hope experienced by elderly cancer patients, Martocchio's research focused on how dying individuals negotiated their social worlds (Dufault & Martocchio, 1985). Together, Dufault and Martocchio developed a model with two spheres and six dimensions. They identified the spheres as general and particular hope, and the six dimensions of hope as affective, cognitive, behavioral, temporal, affiliative, and contextual. Dufault and Martocchio (1985) generalized that hope has no specific outcome; it serves to protect and preserve the general meaningfulness of life. Generalized hope offers a "broad perspective for life" (Dufault & Martocchio, 1985, p. 380) and promotes one's ability to face life's challenges with "flexibility and openness" (Dufault & Martocchio, 1985, p. 380). Particularized hope must be meaningful and valuable to the hoping person. Unlike generalized hope, it has specific outcomes. Dufault and Martocchio (1985) claim that both generalized hope and particularized hope preserve and maintain the meaningfulness and significance of life.

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With respect to the dimensions of hope, the affective dimension of hope relates to sensations and emotions. Specifically, it relates to how someone feels about desirable outcomes, e.g., a feeling of confidence (happy, uplifted) or uncertainty (anxiety, sadness). The cognitive dimension relates to the processes by which the person wishes, imagines, wonders, perceives, thinks, remembers, interprets, and judges in relation to hope. The behavioral dimension relates to actions undertaken to achieve hope (active thinking, waiting, and meditation). The affiliative dimension relates to relationships with others, such as higher powers, social interactions, mutuality, attachments, and intimacy. The temporal dimension relates to the experience of time and how one can convey hopes from the past to the present. The contextual dimension relates to life situations that surround and influence a person's hope, physical environment, and resources. As this study explored experiences of hope in mothers living in difficult contexts, hope can be expected to be expressed through any of these dimensions.

Farran, Herth, and Popovich's Dialectical Experiences of Hope

Farran et al. (1995) developed a multi-dimensional model of hope based on a thorough review of hope in relation to philosophy, theology, psychology, and sociology. According to their model there are two major constructs, hope and hopelessness, which are not the opposite of each other; rather they are on a continuum and create a dialectical perspective. The more a person learns about hope, the more he or she understands hopelessness and vice versa. Farran et al. (1995) noted that hope can behave fluidly which means that if one's expectations do not occur, hope still exists. Hopelessness functions through feelings of despair and thoughts without any future expectations and may lead a person to take inappropriate action. Both hope and

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hopelessness have their roots in intrapersonal, interpersonal, and contextual elements. In the conceptualization of hope developed by Farran et al. (1995), both hope and hopelessness share four attributes: an experiential process (*pain of hope*), a rational thought process (*mind of hope*), a spiritual process (*soul of hope*), and a relational process (*heart of hope*).

The attribute that reflects the dialectical nature of hope and hopelessness is the experiential process—*the pain of hope*. The pain of hope can be revealed in extreme situations such as a severe life-threatening illness, becoming a prisoner of war, or when a person has no control over a situation and cannot change it. This experiential process of hope occurs when individuals can accept these trials as part of who they are and yet imagine future possibilities that extend beyond what may initially seem feasible (Farran et al., 1995).

The *mind of hope* is the rational thought process which is the cognitive component. Farran et al. (1995) relate this component to conscious thought and use the acronym GRACT (Goals, Resources, Action, Control, and Time) to describe the attribute. Goals (G) are the combination of subjective desire and some realistic expectation. Resources (R) can be physical, emotional, or social factors that influence hope. In order to achieve a goal, the person who hopes needs to take an action (A). The person has to have some sense of control (C) over his or her future. Finally, this cognitive aspect of hope is a dynamic process and can be learned based on many past experiences (Time). The third attribute is the spiritual process—*the soul of hope*—which allows people to have the opportunity to alter their present reality to a greater aliveness. Some persons may link this attribute to religion and faith. The fourth attribute is the relational process—*the heart of hope*—which enables people to give hope to each other. As stated earlier,

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the ability to experience hope begins in infancy, according to Erikson (1950), who claimed that hope is a developmental relational process of trust. These four attributes reside in the same person at the same time. Finally, the roots of hope are considered to exist in people's intra-personal and interpersonal relationships which are experienced in community, environment, and society (Farran et al., 1995). These relationships between the person, community, and environment may have considerable effects on hope experiences in the current study.

In contrast to the previously described models and definitions, I would like to draw the reader's attention to one last perspective of hope proposed by Elliott and Olver (2002). These authors called for a more flexible approach to understand the concept of hope rather than to limit it by defining it within a model or a framework. Elliott and Olver (2002) take a discursive perspective on hope.

Elliott and Olver's Concept of Hope

Elliott and Olver (2002), hope researchers in the health field, conducted one-on-one interviews with 23 cancer patients about end-of-life decisions with particular reference to "do-not-resuscitate" decision making. They analyzed interview transcripts using grounded theory and discursive analytical methodologies. Their findings suggested that hope should not be explained using models or definitions, but rather be left to the individuals themselves to determine its meaning. The authors went further and highlighted the importance of differences in the discursive use of hope. The patients in the study used different grammatical forms of the word. For example, patients offered different meanings of hope depending on whether they used the word as a verb or a noun.

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When hope was used as a verb (hoping, hoped), patients held a subjective claim to hope and their perception of hope became future-oriented with positive expectations. Delia offers an example: “What I do hope most sincerely is that the path leading up to [my death] is one of dignity” (Delia, as cited in Elliott & Olver, 2002, p. 184). The use of the word hope as a verb reflected a positive moment for the patient. When hope was determined by the individual (not by others), it was expressed as active desiring, engaging in positive future-oriented thoughts of something personally meaningful.

When hope was used as a noun (hope, hopelessness), it appeared that the patients allowed the doctor to decree their outcome, assess their future, and confer hope as the doctor saw fit. Consider this quote from one of the patients in the Elliott and Olver (2002) study: “If there is hope . . . [it] is an open question which could be answered better by medical professions than the patient” (Alex, as cited in Elliott & Olver, 2002, p. 179).

Hope and Mental Illness

A growing body of research highlights that hope is important for individuals experiencing difficult situations such as mental illness (Resnick et al., 2005; Roe et al., 2004; Russinova et al., 2011). In mental illness research there is increasing evidence that hope is crucial in the recovery process (Bonney & Stickley, 2008; Whitley & Drake, 2010). Hope has been positively associated with self-esteem, spirituality, and quality of life, and with the social support of patients with mental illness (Schrang, Bird, Rudnick, & Slade, 2012). A systematic review of hope in mental health found five implicit essential components to increase hope in mental health interventions: (1) collaborative plans for illness management; (2) attention to relationships with

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professionals; (3) attention to relationships with people outside the mental health system; (4) encouraging connections with other patients, especially peer support; and (5) finding ways to let clients undertake control and plan for and follow realistic goals (Schrack et al., 2012). Studies have shown the benefits of maintaining a sense of hopefulness in the face of mental health issues. In a qualitative study of 47 mentally ill persons, Roe et al. (2004) found that hope was a central theme in adaptation and recovery processes. Likewise, Russinova et al. (2011) found a strong correlation between recovery and hope-oriented attitudes and approaches. Finally, Resnick et al. (2005) studied approximately 1,000 patients with mental illnesses and found that hope was also crucial in the recovery processes examined in their study.

Hope also appears to not only directly influence the patients but also their families (Liberman & Kopelowicz, 2002). Hope was found to be a major element in the family's ability to cope with mental illness (Bland & Darlington, 2002; Redlich, Hadas-Lidor, Weiss, & Amirav, 2010).

Hope and Socio-Political Conflict

Hope is a multidimensional life force (Dufault & Martocchio, 1985) involving psychological, emotional, and cognitive actions directed toward a better future (Jarymowicz & Bar-Tal, 2006). Most of the literature about hope in the face of conflict (particularly the Israel-Palestine one) relates to hope as a path to resolve conflicts. Various methodologies have been suggested to change people's attitudes to make them open to the possibility of hope for future peace (Cohen-Chen, Crisp, & Halperin, 2017a, 2017b). In that respect hope is discussed not as a personal experience, but rather as a societal and public issue. For example, Cohen-Chen et al.

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(2017a, 2017b) used hope as a vehicle or a cognitive tool to develop methods for reconciliation.

To summarize, in this chapter of literature review, I provided the reader with background information about mental illness, social stigma, and mothers as primary caregivers of mentally ill adult children. I have reviewed the literature about mothers living in conflict zones, specifically in Israel, and reviewed the mental health literature in the Palestinian-Israeli conflict area. The final section in this chapter included an overview of hope literature and some literature on hope in mental illness and hope and socio-political conflict.

This literature review identified the lack of information on the experiences of hope in Palestinian and Israeli mothers alongside adult children with mental illnesses, a gap which this study tried to fill.

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Chapter Three: Methodology

Qualitative research is a situated activity that locates the observer in the world . . . qualitative researchers study things in their natural settings attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them. (Denzin & Lincoln, 2005, p. 3)

Introduction

This study examined the experiences of hope in Palestinian and Israeli mothers living in their natural settings alongside their adult children who were struggling with mental illnesses. Given the complexity of these layered contexts, I drew on the above quote by Denzin and Lincoln (2005) which highlights the advantage of using qualitative research in “studying things in their natural settings” (p. 3).

This chapter begins by describing the research methodology which is based on Polkinghorne's (1995) framework of narrative inquiry. In Polkinghorne's framework, there are two types of inquiry which produce different forms of knowledge: one is narrative analysis, the other is analysis of narrative. Later in this chapter I highlight the two methodologies, their theoretical underpinnings, applications to my research, and integration using the bricolage construct.

Drawing upon narrative inquiry methodology (Clandinin & Connelly, 2000), arts-based approaches helped to capture experiences creatively and evocatively and to trigger additional stories during the data collection. In addition, arts-based approaches are very well established in occupational therapy practice (Blanche, 2007; Breines, 1995). Given the potential complex and

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multidimensional data from narratives, I also included an arts-based approach. The chapter then describes the analysis and concludes with a discussion regarding assessing the quality of the research.

Polkinghorne (1995) eloquently distinguished between narrative analysis, which “moves from elements to stories” and analysis of narrative which “moves from stories to common elements” (p. 12). Briefly, in narrative analysis data entails events, actions, and lived experiences as happening in the daily lives of people. The individual daily elements are composed into a story or stories. The term “narrative analysis” which I use throughout this dissertation is specifically limited to Clandinin and Connelly’s (2000) understanding of narrative inquiry. I use Polkinghorne’s term of “narrative analysis” interchangeably with that of Clandinin and Connelly’s acknowledging that my influences in this study are specifically informed by what Clandinin and Connelly call “narrative inquiry”. Clandinin and Connelly (2000) based their methodology on Dewey’s theory of experience (1938) which states that experiences grow out of and lead to further experiences in different contexts. Daily life experiences are told through stories and are shared in relationships that develop with participants over time (Clandinin & Connelly, 2000). This understanding informed my data collection and the consequent mothers’ accounts.

In order to interact meaningfully and honestly with the mother participants and with my field, I chose to adhere to the second approach of Polkinghorne to the narrative in qualitative research, analysis of narrative. This type of analysis, also called paradigmatic analysis, is the way in which the stories as data are systematically analyzed by the researcher in order to find

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common themes or notions across the collected stories. Following this line of thought Braun and Clarke (2006) developed a systematic approach, named thematic analysis, to analyze and report overarching themes across individual participant datasets. These two perspectives of Polkinghorne approach narrative differently (Antonucci, 2014; Emden, 1988) and yet when taken in tandem they provide a useful approach to respond to my research question.

In the following section I explain how I sought to blend these two perspectives to effectively address the research question. The first part of my findings (Chapters Five, Six, Seven, and Eight) represent a narrative analysis by which particular meanings embedded in personal, cultural heritage, social environments, and time were developed through the process of telling and retelling the participants' stories. The second part of my findings (Chapter Nine) is based on an analysis of narrative and offers a thematic response to the focus of my research.

To move from one type of narrative to the other, I drew on the concept of bricolage which involved moving beyond disciplines as needed in the unfolding research situation into a new world of research and knowledge production (Denzin & Lincoln, 2005). The Oxford dictionary defines bricolage as something created from different things. The concept has been used in qualitative research and means methodological practices which are "based on notions of eclecticism, emergent design, flexibility and plurality" (Rogers, 2012, p. 1) and has been used in various studies (Antonucci, 2014; Rayner & Warne, 2016). Kincheloe, a qualitative researcher, says that bricolage "describes a handyman or handywoman who makes use of the tools available to complete a task" (2004, p. 1). Social anthropologist Claude Levi-Strauss is credited as the first person to use social bricolage as a construct (Levi-Strauss, as cited in Johnson, 2012). He

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was interested in finding new ways to better understand the distinction between the science of concrete activities, such as narrative and storytelling, and the science of the abstract which uses schemas as ways of knowledge (Johnson, 2012). Moving between these different philosophical systems was not easy. Bricolage enables a researcher to move between and within different perspectives. As I conducted my study, I came to understand that a hybrid research approach would most capably answer my research question. Hence, I sought to find a way to combine two complementary approaches. Consequently, the mothers' stories were presented using narrative analysis whereas the emergent themes were based on the thematic analysis. The exercise of bricolage allowed me to bridge the two.

Narrative Inquiry

Narrative inquiry is about studying experience:

People shape their daily lives by stories of who they and others are and as they interpret their past in terms of these stories. Story, in the current idiom, is a portal through which a person enters the world and by which their experience of the world is interpreted and made personally meaningful. Narrative inquiry, the study of experience as story, then, is first and foremost a way of thinking about experience. (Connelly & Clandinin, 2006, p. 477)

Narrative inquiry begins with the everyday lived experience and focuses on listening, observing, sharing, and developing close relationships with others over time and place (Clandinin & Rosiek, 2007). Narrative inquiry is grounded in Dewey's understanding of experience (1938) which is based on the criteria of continuity and interaction. Continuity means

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“the notion that experiences grow out of other experiences, and experiences lead to further experiences” (Clandinin & Connelly, 2000, p. 2) that are always on a continuum; they relate to past experiences and contribute to present and future experiences. Interaction means that experiences are always changing in relation to other experiences and relationships. To study the complexity and layers of people’s lived experiences, narrative inquirers use the three-dimensional space (temporality, sociality, and place) simultaneously throughout the inquiry (Clandinin & Huber 2010). The three-dimensional space of narrative inquiry helps to make sense of the personal/social, temporal, and multilayered contexts (Clandinin & Caine, 2013) of storied lives. The first of these—*sociality*—attends “inward,” that is to feelings, hopes, aesthetic responses, and moral reactions and “outward,” that is to the physical environment, events, and relationships with others. The second dimension embraces *temporality* by looking backward and forward (past, present, and future), and the third dimension narratively focuses on the *place* or places (Clandinin, 2013). Narrative inquirers are committed to living alongside participants in collaborative and respectful ways, ways that enable the researchers to negotiate, compose, and re-compose stories (Clandinin, 2013). In the region of conflict of my study, I assumed that the Palestinian mothers I studied might feel vulnerable and at a high risk in meeting with me. Therefore, I needed to establish an ongoing, trusting relationship with them; one or two interviews would not have been sufficient to allow me to understand the world from their vantage point. In this respect, the narrative inquiry was advantageous as it allowed time for a relationship to develop and grow, which was important in my study.

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Research Process

The narrative inquiry approach was most influential at the outset of my study as I negotiated relationships and entry to the field. Narrative inquirers usually start a research project with *narrative beginnings*. This allows them to explore their own experiences in relation to their topic of interest. During the narrative inquiry course that I took in winter 2014 as part of my PhD studies, I started writing about my own experiences with hope. This allowed me to reflect on my motivation for and what I hoped to learn by conducting this study. Looking back now, I believe that writing about my experiences helped me to understand how the mothers felt as they shared their stories.

Entering the Field

Clandinin (2006) suggests that narrative inquirers always enter in the midst of people's stories. Clandinin and Connelly (2000) further explain that participants'

lives do not begin the day we arrive, nor do they end as we leave. Their lives continue.

Furthermore, the places in which they live and work . . . and their communities, are also in the midst when we researchers arrive. (p. 64)

Entering the field of narrative inquiry is to attend to a person's experience as nested in their social, cultural, and institutional narratives (Clandinin & Caine, 2013). My inquiry unfolded in the midst of the ongoing lives of mothers living in Jerusalem.

Participants

Selection criteria. My selection criteria were: (1) Palestinian and Israeli mothers (no age limitation) of mentally ill adult children medically diagnosed with a serious mental illness (SMI);

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(2) the adult children lived, were living, or worked in a community hostel/centre for adults; (3) the mothers lived in a conflict zone; (4) the mothers could articulate their feelings and thoughts; and (5) the mothers were willing to talk about hope.

The reason for recruiting mothers of adult children who are (or were) residents of community hostels/centers in Jerusalem was because this was the only practical way under the Israeli circumstances to do it. Directors of community hostels/centers were asked to invite these mothers to consider participating in the study (See Appendices 1 and 2). One community hostel/center was in East Jerusalem (the Palestinian side) and the other community hostel/center was in the west side of the city (the Israeli side).

In December 2013 I met with the directors of both the eastern and western Jerusalem community hostels and introduced the study to them. They were very interested in this topic and expressed a willingness to invite mothers to participate in the study.

Recruitment. My first step when I visited Israel in December 2013 was to contact the appropriate department of the Israeli Ministry of Health to obtain direction to find mothers in Jerusalem who could participate in my study. I was familiar with the facilities in the north, but not in Jerusalem where I needed to ground my study. The government contact put me in touch with the directors of two mental health hostels, one in East Jerusalem and one in West Jerusalem, as well as the director of an East Jerusalem mental health center that provided work opportunities for adults with mental illness. I phoned all three directors, told them about the study, and asked for their input and whether they thought that mothers would be willing to participate in such a study about hope.

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I had been in email contact with the three directors since our first meeting to keep them apprised of my progress. After securing the Ethics approval (See Ethical Considerations section of this chapter), I sent the mental health centers' directors information sheets about the study (See Appendices 1 and 2) and asked them to find mothers at their locations who fulfilled the inclusion criteria and were voluntarily willing to participate in conversations about hope. In June 2015 I traveled to Israel and met with the directors who provided me with contact details for potential participants.

The first participant enrolled was a Palestinian mother. However, after our first meeting she claimed that her adult children would not allow her to be part of this project because they did not want her to talk to a Jewish Canadian student about hope. I managed to recruit an additional four participants who signed the informed consent (See Appendix 3), participated in conversations with me, and completed the study. The four participants were two Palestinian mothers (ages 41 and 45 years) and two Israeli mothers (ages 68 and 72 years). One mother (Israeli) was single. The other three were married. The Israeli adult children lived in a community mental health hostel in West Jerusalem, while the Palestinian adult children lived at their parents' homes and were engaged in community mental health day center activities in East Jerusalem.

Being in the Field: Data Collection

Conversations. To develop trust in the relationship over time, I engaged the mothers in repeated individual conversations specifically informed by narrative inquiry. In narrative inquiry “conversation is a far more common method of co-composing field texts . . . to create a space for

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the voices and stories of both participants and researchers to be heard and composed” (Clandinin & Caine, 2013, p. 167). In this study, each participant selected the place and time for these conversations. As the first conversation with each mother participant was very important for developing trust, I took this opportunity to introduce myself and shared that in addition to being a researcher, I was a daughter of a mother who lived with mental illness. I felt it was an honest way of somewhat equalizing our positions. The mothers seemed to appreciate that I was sharing part of my story. Their responses were variations on, “Oh, you understand what our lives are like.” After explaining the research project as well as my intentions, we discussed our roles and responsibilities, including designating a specific person (such as mental health professional support) whom each participant could approach when bringing up painful issues. However, the mothers never used this help during our study.

I planned to have eight to 10 meetings with each mother. Unfortunately, because of intensified socio-political conflict during my data collection, I met only six times with each Palestinian mother and 10 times with each Israeli mother. The following chart lists the dates of each meeting:

Table 1 List of conversations dates with the four mothers

Name	#	Date
Anna	1	July 13, 2015
	2	July 19, 2015
	3	July 26, 2015
	4	August 3, 2015
	5	August 17, 2015
	6	August 23, 2015
	7	September 2, 2015

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	8	September 19, 2015
	9	September 29, 2015
	10	October 12, 2015
Neta	1	July 19, 2015
	2	July 27, 2015
	3	August 10, 2015
	4	August 17, 2015
	5	September 2, 2015
	6	September 10, 2015
	7	September 17, 2015
	8	September 24, 2015
	9	September 30, 2015
	10	October 13, 2015
Hob	1	August 4, 2015
	2	August 12, 2015
	3	August 30, 2015
	4	September 28, 2015
	5	October 17, 2015
	6	October 19, 2015
Amal	1	August 12, 2015
	2	August 18, 2015
	3	August 23, 2015
	4	August 30, 2015
	5	September 9, 2015
	6	October 12, 2015

Note: All names are pseudonyms. Anna and Neta are the Israeli mothers. Hob and Amal are the Palestinian mothers.

Each conversation lasted 1.5 to 2.5 hours. Conversations with the Palestinian mothers were conducted in the presence of a translator who translated from Arabic to Hebrew. All conversations were audio-recorded using both a smartphone and laptop software. I wrote summaries of each meeting. After every couple of meetings, I read the summaries of our

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conversations to each mother to confirm that I had understood their meaning.

Given the complexity and multidimensionality of the data obtained in these conversations and coming from the occupational therapy field, I added an arts-based approach to my data collection methods.

Arts-based research methods. Using arts as a research method offers an opportunity to explore thoughts and feelings that are hard to talk about (Edgar, 1999). Frith, Riley, Archer, and Gleeson (2005) suggested that, “because art is not limited by words, it is capable of generating original and unique thought in a way that language is not” (p. 190). The arts-based method encourages collaborative meaning making and exploration of both multiple and complex human experiences (Horne, Masley, & Allison-Love, 2017). As such, including arts as an additional research method can serve as a confirmatory piece of other data obtained through research conversations (Kearney & Hyle, 2004). Regarding hope, in a qualitative study about the meaning of art with occupational therapists, Harris (2008) found that engaging in arts was an important activity that enabled people to bring their inner experience out and elicit a sense of hope in a non-verbal way.

There are many types of imagery and media which were employed for research data collection such as drawings, postcards, films, and photographs. Photographs, for example, were used to explore hope in various studies such as those by Turner (2005), Yohani (2008), and King (2014). In these studies, the researchers provided cameras to their participants and asked them to take pictures that reflected hope for them. Another arts-based research method is collage making. Collages are made by selecting various elements such as magazine images, textured

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papers, or texts. These elements are then cut, arranged, and then attached to a support such as cardboard or paper. Collage making as a hope exploring method was included in the studies of Yohani and Larsen (2009) as well as in the study of Cherrington (2015). Given the complexity and multiplicity of the hope experiences in the mothers who participated in my study, I chose to complement the conversation data gathering with an arts-based method such as a collage making. During one of the meetings with each mother in this study, we engaged in a hope collage activity as a means to further explore their hope.

Moving From the Field to Analysis

According to Polkinghorne (1995), narrative analysis provides researchers with a way to describe particular events, actions, and different episodes and compose them into stories as a way to present the outcome of a study. Composing the narrative accounts of this study, I focused on the mothers' experiences and meanings of hope as they were expressed in their daily lives. In this process, specifically, I used the three-dimensional space—the social, temporal, and contextual dimensions—hallmarks of Clandinin and Connelly's narrative approach (2000). I immersed myself in listening and re-listening and re-reading my texts from the field which included anything that the mothers used to tell their stories, that is, recorded conversations, transcripts, hope collages, and my field notes. I attended to the mothers' past, present, and future; their personal and social experiences; their relationships to cultural and social narrative and places; and highlighted headings that allowed thoughts and ideas to emerge. As Clandinin and Connelly (2000) suggest, selectivity is important throughout the research process and through this process some ideas become more apparent. Slowing down the process made it

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possible to concentrate on the silences, tensions, and gaps in the mothers' stories (Clandinin & Connelly, 2000). During this process I was able to attend to the personal and contextual features of the stories and I began to create a new story for each mother by organizing the stories into a coherent account, namely the mothers' accounts (Clandinin & Connelly, 2000) that ultimately appear in this dissertation.

The narrative accounts took the form of letters. I was inspired to do this because writing the accounts in Canada made me think of my childhood, growing up in a conflict zone in Israel and having a father who often traveled abroad. He used to write me letters from peaceful places. I was also inspired by Joy Ruth Mickelson's dissertation (1995), a narrative inquiry which included letters that she wrote to her participants. Using the relational technique of letter-writing helped me to feel that I had closed the geographical space between the mothers and me.

In April 2016 I returned to Israel and shared the accounts with each mother. None of the participants in my study were interested in going over every detail of these initial narrative accounts with me. Their responses to my offer to do so were all variations on "This is my life. I know it." Instead of going word-by-word over each narrative account, I shared with each mother a notebook which consists of notes and poems that I had written (Appendices 4 - 9), summarizing their many and varied experiences of hope. If the participant wanted to review a particular memory, I would find it in the narrative and we would discuss it. In this way we mutually agreed upon both the poems and the narrative accounts.

Wondering How Best to Convey My Findings

As I was approaching the end of this phase of analysis, I looked back and wondered how

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I would communicate these findings to health discipline audiences. I had learned much from my courses and study groups about the use of narrative inquiry in the field of education, a field from which narrative inquiry was generated. While narrative accounts are usually written in a beautiful, compelling, and important way, they lack clear practical health applicability and implications and do not fit easily within journal publications which are important for the occupational therapy field. I sensed that something was missing and I could not figure out how best to convey my findings to my own occupational therapy discipline while still honoring and respecting the mothers' stories. I came to the conclusion that I needed to move from narrative analysis into the analysis of narrative (Polkinghorne, 1995). While there is a theoretical tension between these two approaches, the combination of the two held merit for this study. The following section describes the next phase of analysis that I took, namely, the analysis of narrative.

Analysis of Narrative

In May 2016 I returned to Canada and began to write the research texts, the analysis of narrative. As previously described, Polkinghorne (1995) suggests that analysis of narrative is employed to examine concepts and to find common themes among the dataset overall, employing thematic analysis. My intention was to gain a deeper understanding of the mothers' stories by examining patterns and common themes.

Thematic Analysis

The thematic analysis serves the researcher by providing a pathway to meaning and insights. Boyatzis asserts that this approach "expands the possible audience for the

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communication and dissemination of ideas and results” (1998, p. vii), a consideration which was of key concern to me. In the thematic analysis, knowledge is constructed in an analytic way by which “meaning and experience are socially produced and reproduced” (Braun & Clarke, 2006, p. 85). Going back and forth into the various data (i.e., transcripts, hope collages, and field notes), thematic analysis helped me in a systematic way to organize, identify, analyze, and review repeated patterns (Braun & Clarke, 2006). Furthermore, it helped also to focus “on the understanding, interpretation and explication of *meaning*” (Watts, 2014, p. 4). Braun and Clarke (2006) contend that themes do not simply emerge. Further, as “thematic analysis is not wedded to any pre-existing theoretical framework” (p. 81), it helped me to follow a data-driven model with a “more recursive process, where movement is back and forth as needed, throughout the phases” (p. 86). The thematic analysis developed by Braun and Clarke (2006) comprises six phases which I employed in the analysis of narratives in this research.

Phase 1: Becoming acquainted with the data. The amount of data collected from both Palestinian and Israeli mothers was massive and had to be processed after each conversation. Specifically for the Israeli mothers where no translator was needed, I hired a professional to transcribe, verbatim, the audio data (in Hebrew and, in part, in English). However, as the conversations with the Palestinian mothers involved an oral translator (not written) and in order to better understand the conversations, I did the transcriptions myself. As I typed I could envision the mothers' body language, hear their laughter, and recall my reactions. To ensure accuracy, I read all the transcripts while listening to the recorded conversations, including the transcripts that I had typed.

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Phase 2: Starting to generate initial codes. Initial coding occurred across all research datasets. There were three data subsets: one for the transcripts, one for the collages, and one for the research journals. I first highlighted phrases and sentences in each of the dataset transcripts. Then, on a separate sheet of blank paper, I jotted down words that stood out for me, leaving the right side of the page blank for interpretations (see Appendix 10 for example).

Phase 3: Searching for themes. Getting deeper into the analysis across the data set, I drew graphics that combined different codes (see Appendix 11). Then I began searching for patterns in the mothers' stories. During this process, I read the mothers' stories multiple times and examined the meaning of the coded data. As I tried to make sense of what I was reading, I made various representations in my research journal, actively sketching connections between the ideas I was finding. In this way I identified themes that I united into central organizing concepts (see Appendix 12).

Phase 4: Reviewing themes. I went back to my coded data to examine the themes and make sure that they were coherent (Braun & Clarke, 2013) and answered my research question: *What are the experiences of hope in Palestinian and Israeli mothers alongside adult children with mental illnesses?* This process allowed me to hear the mothers' voices and identify quotes which supported each theme. At this point, I discussed the themes with my supervisors and consequently reviewed, clarified, and shifted different coded data and further organized and refined the themes (see Appendix 13 for example).

Phase 5: Defining and naming themes. Reviewing the themes again I tried to ensure that the names of the themes described the data and that the themes were organized, refined, and

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consistent.

Phase 6: Producing and presenting the themes. As a final step in the analysis process, Braun and Clarke (2006) suggest selecting the most vivid and compelling quotes and anecdotes to support and report the research findings. In the second part of my findings, Chapter Nine, I included extracts from my conversations with the mothers in an attempt to provide vivid descriptions supporting the analysis.

Assessing the Quality of the Research

Because different parameters are assigned to judging the quality of narrative analysis and analysis of narrative, I chose to focus on two different sets of criteria for assessing the quality of this research. For narrative analysis, I used the qualitative touchstones as described by Clandinin and Caine (2013). For the analysis of narrative, I used Creswell and Miller's (2000) framework for assessment. As will become evident, there is some overlap between the two approaches.

Clandinin and Caine (2013) established 12 qualitative touchstones for narrative analysis:

(1) *Relational responsibilities*. This relates to mutual openness, a sense of care, and the vulnerability of participants' and researchers' lives. During data collection, I developed close relationships with each mother. I believe that these relationships were marked by trust, care, and responsibility.

(2) *In the midst*. This means that researchers always enter the field in the middle of their participants' lives and their own unfolding and multiple daily life experiences. When participants and researchers leave the research, they are still in the midst of their lives. This means that I understood the participants' narratives as always partial. Their stories continued

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beyond this research process.

(3) *Negotiation of relationships*. This means that researchers' and participants' relationships change throughout the study. For example, as a result of the political events that were occurring throughout the data collection process (i.e., the conversations between each mother and myself), the mothers and I had to cancel meetings and find different locations for future conversations. The changes in geographical locations required continuous negotiations. In this study, for example, I often made suggestions for meetings that I felt kept my participants safe. At the same time, they sometimes admonished me not to visit them out of concern for my safety.

(4) *Narrative beginnings*. This means to inquire into the researcher's own experiences, to clarify and explicate the contexts that shaped his or her understandings. To better understand the mothers' experiences of hope during this study, I first had to position myself in relation to the complex landscapes of the study. I did this by writing my own stories in Chapter One.

(5) *Negotiating entry to the field*. This is defined as negotiating with participants in an ongoing relational space when entering the research field. During my study, the process of recruiting and enrolling mother participants and obtaining their informed consent was negotiated by working with multiple parties such as gatekeepers and translators and, of course, with the mother participants themselves.

(6) *Moving from field to field texts*. This is the point at which the researcher begins to compose various texts, such as transcripts of conversations, artifacts, and other documents. For this study the conversations, hope collages, and notebooks (the latter of which were composed

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from the transcripts) represent this touchstone and are included in the appendices.

(7) *Moving from field texts to final texts.* This touchstone describes the period when the researcher makes meaning of the various field texts by reading and re-reading, listening and re-listening to multiple field texts and writing a coherent account for each participant. The composed narrative accounts presented in Chapters Five, Six, Seven, and Eight reflect this touchstone.

(8) *Representing narratives of experience in ways that show the three-dimensional space of narrative inquiry: Temporality, sociality, and place.* Temporality means drawing on an experience from the past and changing or modifying it in a way that shapes future experiences. Sociality means attending to both the personal (hopes, feelings, desires, etc.) and social (familial, social, cultural, institutional, etc.) narratives, and the researcher's and participants' evolving relationships. Place relates to a place or several places where experiences occur. Attending to the three-dimensional space of narrative inquiry throughout this study, the participants and I experienced layered and complex situations according to temporality, sociality, and place as presented in Chapters Four, Five, Six, Seven, and Eight.

(9) *Relational response communities.* These communities help the researcher to be aware of the way she shapes the experiences of her participants, herself, and the phenomenon being studied. During this study, the research question and draft texts were shared and discussed within multiple response communities. These communities included my supervisory committee, a narrative inquiry research group (with whom I spent many Tuesday lunch-times at the Research Issues' Table talking about challenges and difficulties), the Hope Research Discussion

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Group (HRDG), and other ad hoc peer groups. This process helped me to become aware of my personal perspectives and avoid imposing them on the participants.

(10) *Justifications – personal, practical, and social.* This is about responding to the “so what” and “who cares” questions about the research. The justification for this study was described in the first chapter of this dissertation where I inquired into my past to understand the way hope was interwoven with the experiences I have lived. Further justification for this study included its contribution to existing literature on hope, in particular experiences of hope in mothers in the contexts of conflict and mental illness.

(11) *Attentiveness to audience.* It is important to present the findings of the research in ways that are clear and most appropriate to the specific target audience. As narrative accounts lack clear practical health applicability and implications and do not fit easily within published journals which are important for occupational therapists, I chose to present my findings through themes (Braun & Clarke, 2006).

(12) *Commitment to understanding lives in motion.* This refers to the need to stay open to lives unfolding in different and unexpected ways, as people are always in the process of becoming. In this study, I was open to unexpected and surprising events which highlighted that our lives and relationships were always in motion. As an example, using WhatsApp to communicate with one of the mothers was a refreshing and unexpected experience that enriched our relationship and is presented in her narrative account (Chapter Six). I am aware that the mothers' lives have continued to change and their stories have continued to grow. Overall, I sustained prolonged relationships with participants, hoping to illustrate the ongoing progression

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of our lives.

These 12 touchstones as presented by Clandinin and Caine (2013) can be used to evaluate the quality of the narrative analysis.

The second part of my findings, the analysis of narrative (Polkinghorne, 1995), is appropriately evaluated using Creswell and Miller's (2000) criteria for evaluating thematic analyses. These criteria entail:

(1) *Prolonged engagement*. This means to stay and develop trusting relationships with participants so that they feel comfortable sharing their experiences. With this criterion in mind, I was fully engaged in developing close and prolonged relationships (over 4 months) with the mother participants, building trust, learning the culture, and making decisions about what was relevant to the study.

(2) *Triangulation*. This refers to using different sources of information to establish and verify themes. At the point of planning and being in the field, I used different sources of information such as transcripts, a research journal, and hope collages to triangulate my thematic findings.

(3) *Peer review or debriefing*. This means engaging someone or a group of people who are familiar with the topic or the research methods and who provide support and challenge the researcher about her interpretations and methodological questions. As I explained in the "Relational Response Communities" section of this chapter, I have continuously been engaged in peer review or debriefing. During the first half of my study I attended a weekly meeting at the Research Issues' Table with a narrative inquiry discussion group and I met separately and

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regularly with three students from that group. Later on, I discussed my work with graduate students from other non-narrative groups who were in the same stage of dissertation writing and who had also conducted qualitative research. Throughout my study I participated in the Hope Research Discussion Group (HRDG) meetings where I felt supported and challenged by responding to different questions related to hope research. The HRDG group consisted of masters and doctoral students from different disciplines who were conducting research about hope.

(4) *Researcher reflexivity*. This criterion refers to reflecting carefully on the researcher's biases, beliefs, and assumptions that could shape the study. At the beginning of this dissertation I began by inquiring into my own stories and experiences related to hope. This process allowed me to become aware of and make explicit my passion for this study. In addition, throughout the study I wrote reflections in my research journal on a regular basis. In the narrative inquiry approach (Clandinin & Connelly, 2000) researcher reflexivity holds a close parallel to narrative beginnings. I wrote about this in the first chapter.

(5) *Member checking*. This practice involves sharing the data with the participants for their validation. Member checking for my study included preparing summaries and preliminary analyses that I shared with each participant during the course of various conversations. In addition, I met with each mother for a follow-up conversation to share her composed narrative account and to make sure that I understood her expressions and meanings. For those meetings I created a "found poem" in a notebook for each mother, extracted from our conversation using mostly the mother's words. I discussed with each mother the accuracy of the various accounts

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that I shared with her.

(6) *Rich, thick descriptions*. Thick and rich descriptions are detailed, deep, and dense accounts. These help the reader to feel what the participants experienced by describing in detail actions and events. I have used detailed descriptions of the settings, actions, and events including emotions and feelings that were associated with my study.

(7) *The audit trail*. This means to provide clear evidence of the researcher's activities over time. A transparent and explicit audit trail of the study process I went through is included in Appendix 14.

Reflecting on each evaluation criteria, I am aware that the various touchstones and criteria overlap and complement each other.

Ethical Considerations

In this section, I consider ethical matters related to the conduct of my study. This consists of the following issues: (1) relational ethics, (2) multiple languages and translation, (3) Research Ethics Board approval.

Relational Ethics

Narrative inquiry is about relationship (Clandinin, 2013). As Clandinin states, "Our stories are always in relation, always composed in between, in those spaces between time and people and generations and places" (Clandinin, 2013, p. 30). The researcher is responsible for creating spaces that "are always marked by ethics and attitudes of openness, mutual vulnerability, reciprocity, and care" (Clandinin & Caine, 2013, p. 169). The participants and I negotiated our unfolding relationships through the entire process of the inquiry. I also felt

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responsible to create spaces where we could safely share experiences of hope. The importance of such spaces became critical during the intensified conflict where we had to find such places within the turmoil of the political environment.

Multiple Languages and Translation

As a responsible researcher, I considered ethical matters in working with multiple languages and translating narratives from one language to another. The issue of translation was indeed a point of tension for me throughout this study. I did not want to risk misunderstanding any of the conversations I had with the Palestinian mothers, which was a legitimate concern given that I had to trust the translator's ability to interpret the participants' words. As I stated earlier, I transcribed the recorded Hebrew conversations myself, attending closely to the translators' words. In this way, I did my utmost to ensure accuracy and understanding.

Research Ethics Board Approval

From more formal ethical perspectives, the study was approved by the University of Alberta Research Ethics Board (REB).⁶ Each participant was provided with both verbal and written information about the nature and purpose of this research study, as well as her rights to confidentiality and anonymity, and each signed a written consent form (see Appendix 3). In working alongside the participants in relational ways, I tried to stay open to the possibility of the participants' desire to withdraw their consent at any time. Further, during and after the unfolding research it was my responsibility to ensure participants' anonymity and confidentiality. I did so by using pseudonyms in all electronic hard copies of research materials and transcripts. To

⁶ Ethics number Pro0005688. Approved (see Appendix 3.13) July 7, 2015.

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ensure privacy and anonymity, any identifiers, such as names or other specifics that could be linked to any participant, were substantially altered. To protect any third parties, such as family members, all identifying information was also changed or excluded altogether. Finally, all stored data were password protected and encrypted.

Summary

This chapter described the two approaches for narrative in qualitative research used in this study: narrative analysis (based on Clandinin & Connelly, 2000) and analysis of narrative (based on Braun & Clarke, 2006). In addition to explaining both approaches in detail, I addressed my rationale for moving between the two and defined the concept of bricolage that made it possible to construct a meaningful path between them. To assess the quality of the research, I chose two different appropriate evaluation approaches: for the narrative analysis, the criteria for evaluation developed by Clandinin and Caine (2013) were used, while for the analysis of narrative, the criteria for evaluation developed by Creswell and Miller (2000) were used. The next chapter focuses on my reflections on the research process.

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Chapter Four: Reflections on Self, Process, and Context

The spirit of the leap into the unknown, that joyful giving of the self's powers, that wisdom of going beyond in order to arrive here—that too is beyond words. (Okri, 1997, p. 75)

Self-reflection is critical in qualitative research where the researcher's personal experiences, beliefs, and biases could influence the research process and outcome. When engaging in research, reflexivity helps to encourage rigor and ethical considerations (Davies & Dodd, 2002; Mruck & Breuer, 2003; Tracy, 2010) and elicit awareness and identify personal and contextual forms that may influence decisions during the process (Berger, 2015). As a qualitative researcher, I used self-reflection as part of an internal dialogue throughout this study. I could not emotionally separate myself from my participants and the context I was studying. Throughout the study, I found myself listening to and reflecting on my own feelings and thoughts which undoubtedly influenced the study. In this chapter, I share some of those reflections.

Negotiating Entry

Flying from Canada to Israel on June 15, 2015, I was excited and happy, anticipating my first experience as a novice inquirer in the field. The last communications I had received from the mental health community hostels and centers in East (Palestinian) and West (Jewish) Jerusalem assured me that everything should be ready for me to begin my study as soon as I landed on June 16. Things were looking promising. But once in Israel, things did not work out as smoothly as expected. It turned out that the political landscape and the cultural differences in

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the region had much more impact on the research negotiations than I could have ever imagined when I planned the study from Canada.

For starters, I had not considered that the Palestinian Muslim mothers celebrate the Ramadan holidays, nor had this notion been drawn to my attention by the hostels as I negotiated dates for my research entry. In 2015, Ramadan took place during the month of July. The Muslim mothers I needed to interview were fasting during the day and having family gatherings for dinner each night. All my previous arrangements with the Arabic translator, Palestinian hostel directors, social workers, and particularly with potential Palestinian mothers had to be postponed because nobody was available. Therefore, in July I started my inquiry meetings with the Jewish mothers. As I am Jewish and speak Hebrew, there was no need for any translators or an intermediary. Nor were there barriers to accessing the Israeli mothers' neighborhoods. When the first week of August arrived, Asa, the director of the East Jerusalem Community Center, contacted a couple of Palestinian mothers who were interested in participating and scheduled appointments for me. I was excited and ready to start but my translator quit with no explanation. Asa found me another translator, Alan. On the morning of Aug. 4, he and I met with a mother who informed us that her children did not want her talking with a Jewish woman. I had not even started and already I was facing the political sensitivity of the area. I wondered how I was going to complete my work.

On the afternoon of Aug. 4, my luck began to change. Alan and I met with Hob, a Palestinian mother who agreed to participate. However, after the first meeting, Alan, my translator, quit, saying he did not have time for the work and his wife was pregnant. I wondered

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if he was uncomfortable listening to women's stories. I wondered if the women had been uncomfortable talking to him. I never asked. I was faced with a cultural sensitivity. In the end I found my own translator, a woman.

Being in the Field

I was in the midst of my research conversations when in mid-September 2015 violent clashes between Israelis and Palestinians erupted in Jerusalem. Clashes were fueled by rumors among Palestinians that Israel attempted to take over one of the most sacred Muslim religious sites called Al-Aqsa. Two Israelis traveling with their four children were shot and killed by Palestinians and soon afterward numerous stabbing attacks began.

On September 20, 2015 I wrote the following note:

Driving my car on my way to the village in Eastern Jerusalem.

7 am Sunday morning

Breaking News on the radio–

“Family, parents and their two children were injured from shooting . . . no clear details yet

The surrounding roads are blocked by the army.

Curfew in all surrounding villages until further notice

Molotov bottles were thrown”

My heart is beating

This is exactly the road leading to the village of my participants!

Will I be able to make it safely?

Will I be able to make it at all?

Amal is waiting for me.

What if I am not able to meet with her?

Will she lose this fragile trust in me–

An Israeli Jewish woman

Am I safe at all?

Pictures from my life float before my eyes–

my children, my husband,

my daughter-in-law who is pregnant

What am I doing here?

I stop the car for a few minutes.

Decide to take a few deep breaths.

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I breathe
Back to my self
This is all about hope
I am telling myself
I will be fine
I need to meet with her. (Research Journal, September 20, 2015)

As I began my work in the field I felt like I was being placed in the *midst of the flames*. This became an important metaphor for me as I continued my fieldwork and had to navigate through the turmoil of this context. I was trying to continue my conversations with Palestinian mothers who were now trapped in their villages in Jerusalem. They were afraid to go out and I was afraid to go to their village.

I tried to take a step back and imagine what stories this environment was telling me. What could I learn about by taking this unpredictable and unsafe journey? What is it in Jerusalem that shaped the everyday lives of people in this landscape and their hope?

Understanding this unique and complex city, Jerusalem, and particularly a small (1x1 square km) spot, the Temple Mount⁷, is crucial for this study. The Temple Mount was the source of the escalating conflict in September 2015.

Since the Six-Day War in 1967, Israel had controlled the Old City in Jerusalem where the Temple Mount is located. Both Israel and the Palestinian Authority⁸ claimed sovereignty over the Temple Mount which had been and continued to be a major focal point of Arab–Israeli

⁷ The Temple Mount is sacred to Christians, Jews, and Muslims who have been contesting control over the site for more than 2,000 years. Christians believe it is where Jesus is buried and Jews believe a number of holy events occurred there, including the creation of Adam, whom they believe to be the first human. Atop the mount are the silver-domed Al-Aqsa prayer Mosque المسجد الأقصى and the golden Dome of the Rock, both of which are the third holiest sites in Islam. Under current Waqf rules, access to the Mount and its holy sites is prohibited to non-Muslims.

⁸ The Palestinian Authority was formed in 1994, pursuant to the Oslo Accords between the Palestine Liberation Organization (PLO) and the government of Israel.

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conflict. The Temple Mount itself is under the control of Waqf, a Jordanian/Palestinian-led Islamic Trust.

During the late summer of 2015, Muslims insisted that Israel planned to divide the Temple Mount compound. The intensifying clashes there among Muslim worshippers, Jewish visitors, and Israeli security forces threatened to ignite a broader war. There were shootings, violent clashes, and stabbing attacks in different cities in Israel and especially in East and West Jerusalem. Palestinian villages in the vicinity of Jerusalem were repeatedly put under curfew.

By mid-September 2015 I was looking forward to my next meetings with Amal and Hob, the two Palestinian mother participants in my study. Coming from the relative peacefulness of northern Israel, where relationships with Arab neighbors ranged from cordial to friendly, I was naïve. I did not believe that a political conflict would get in the way of my study. But we had to cancel a meeting . . . and then another meeting . . . and then another one. The political conflict was bigger and more impactful on my study than I had expected. One September day I was at my aunt's apartment, about an hour's drive from Jerusalem. I received a message on my cell phone from Miriam (the translator). It threatened my hope. Miriam texted that because of the escalating tensions, we could not meet with Hob and Amal. People were throwing stones and Molotov cocktail bottles around the streets and at moving cars. A journal entry describes my feeling:

Everything is closing in upon me. The uncertainty regarding our conversations makes me feel as if this is never going to end: it is like a life sentence. *How can I complete my work with Amal and Hob without a closure meeting? What about my ethical responsibilities?*

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Maybe we can meet at another place. Maybe we can meet at a park. Or at a coffee shop.

Or even at a hotel in Jerusalem, wherever is convenient for them. Do I lose my hope?

(Research Journal, mid-September 2015)

I remember that after writing this entry, I paused. Then I texted Miriam:

Dear Miriam, I have only 1 month left. Please help me to find a solution. I cannot let Amal and Hob down at this point. I don't want to disappoint them; this is not just about ethical responsibilities. It is about our relationships. I wonder what I should do and how to act in this complex situation. Thank you for your help. Dorit. (Notes, mid-September 2015)

My family, friends, and colleagues in Israel were all angry with me for being so determined to drive to East Jerusalem and continue with my work. Even taking the light rail in the city was dangerous, they told me. Only my husband, who was still in Canada, encouraged me to go. (He was as naïve as I.) *Should I start listening to the broadcast news, which until now I have ignored? I understand we are in the midst of the flames, yet I must meet the mothers!* I stayed at my aunt's home near Tel Aviv watching the news to learn more about what was going on. I had no way to reach out to my participants and I wondered if they were as worried as I was.

I have collected a few media images of those days:



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Figure 1 “Turbulent day” (Frenkel, 2015)

Looking at these images brings me back to how overwhelmed I felt.

Eventually, I gave up on my plans to forge ahead and meet with Amal and Hob because they too were worried for my safety. Miriam had spoken with Amal who feared that because I was Jewish I would be placing myself in a dangerous situation by visiting her. I knew she was right. Many Israeli people had been injured and killed during these clashes.

Days went by and I waited for any sign from Miriam or the hostel director. I kept myself busy by transcribing conversations and reading my research journals and reading and listening to my notes and conversations. All of this made me think about my obligations to the mothers.

A few days after Miriam told me that Amal had been too worried for me to come to East Jerusalem, she texted and suggested that she, Amal, and I meet at the closest mall in West Jerusalem for a coffee. I was excited and hopeful. I pictured us sitting together at a table in a small coffee shop.

My hope did not last long. A few hours later Miriam called to say that she had heard from Amal who was confined to her home. One of the Palestinians who had been stabbing Israelis was from her village. The village was now surrounded by security forces who were preventing anyone from entering or leaving. I knew there was no way we could meet. We could not even plan for the future, but nonetheless I wondered, *would it be possible at all to schedule*

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another meeting? The next day I heard from Miriam. This time it was Hob who said she could not meet with me and that it was unsafe for me to come to the village. Because I was Jewish I could be in danger, she warned. Thinking about the impossible situation in which we were living, I felt smothered by sadness and frustration.

The next time we met was October, but even then nothing was easy. I had hoped to meet with Amal at a hotel in east Jerusalem. She was looking forward to it, but her husband was afraid and said “no”. The best way for the mothers to safely leave their homes was only if they were going to an appointment at the mental health clinic. Viva, the social worker at the clinic in east Jerusalem, set up one meeting for each of the Palestinian mother-participants, Amal and Hob. A couple of days after those meetings, I returned to Canada.

Back in Canada

The fear and uncertainty of meeting with the Palestinian mothers in the midst of the conflict did not leave me, even after I returned to Canada. One of my graduate student colleagues observed that it is one thing to study the concept of hope in a conflict zone and another to live it. It took me months to calm down enough to process what I had experienced. When I finally got around to writing, I took long breaks, leaving my desk to sit on my knitting chair, knitting and thinking about the mothers' experiences. For me, knitting was a meaningful activity and thus helped me to release my tensions (Thompson & Blair, 1998).

To summarize, in this chapter I reflected on my own feelings and thoughts throughout the present study. The following chapters (Five, Six, Seven, and Eight) contain the first part of my findings, that is, narrative accounts which include each mother participant's stories. Much of

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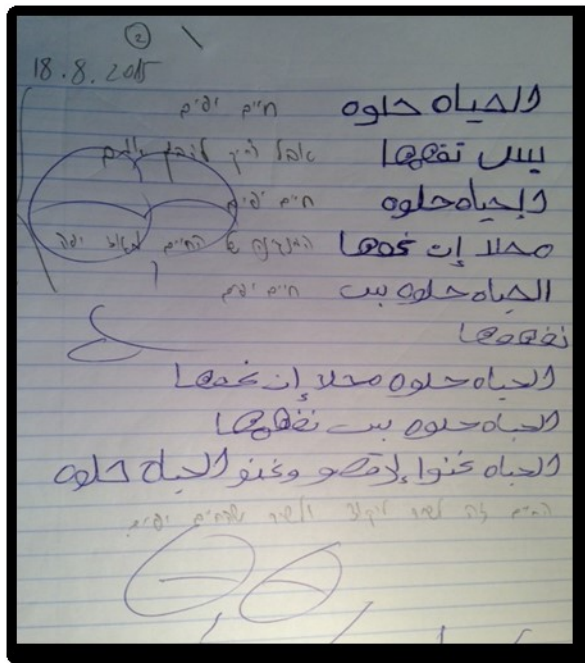
each account is written in the form of a letter to each mother.

Data collection with the Palestinian participants was much more complex and difficult for me compared to the Jewish participants. In part this complexity was associated with me being a Jewish researcher in these political circumstances. I sensed that it would be respectful to honor first the Palestinian participants' voices followed by the Jewish participants' voices. Hence, I start the next chapter with the accounts of the two Palestinian mothers.

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Chapter Five: Narrative Account of Amal

This chapter focuses on Amal's stories as shared during our conversations. After introducing Amal, I continue with four letters that I wrote to Amal summarizing her stories. The stories highlight how hope was incorporated and expressed in various aspects of her life.



*Life is Sweet. Life is Sweet
Yet, it needs to be understood
The Melody of Life is very beautiful
Life means to dance & sing about
life
Life is Sweet
Life is Sweet
(August 18, 2015)*

Figure 2 “Life is Sweet”

I begin this narrative account with an excerpt from a song that Amal and her daughter Tamara shared with me during our conversations. The song “Life is Sweet,” performed originally by the famous singer Farid El-Atrash, reminded Amal of hope and helped her keep going. For Amal, this song symbolized her life. During our conversations⁹, Amal told stories of

⁹ Between August and October 2015, Amal and I had six conversations which took place mostly at her kitchen table. I planned to have approximately 8-10 meetings over 4 months. We started with five weekly meetings. However, due to the political conflict that erupted in mid-September, we could not continue as planned. Fortunately, we

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different hope experiences while living in a conflict area as a woman, wife, daughter, and a mother to an adult child with mental illness.

I came to know Amal in her home.

Although I had arrived in Israel in July 2015, I wasn't able to start my conversations with Amal until the second week of August.

Ramadan is Over

In the morning of August 12, 2015, Asa, a social worker and a community center director, called to inform me that a Palestinian mother, Amal, had expressed interest in my study. I asked Miriam, the translator, to call Amal and arrange a first meeting between the three of us. Miriam and Amal talked and scheduled a meeting for later the same day.

While excited to meet Amal, I had been nervous and upset for days after my first Palestinian participant had withdrawn. I worried, *would I be rejected again? Did I provide Amal with enough notice before our first meeting?*

Later that day, Miriam and I drove to Amal's house in a Palestinian neighborhood village¹⁰ in East Jerusalem. During the drive I studied the landscape. Visiting a village in East Jerusalem is not a common practice for Israelis and Jews. As a Jewish woman I was scared. In fact, since I had arrived back home in Israel to work on my study, many of my friends and relatives had raised their eyebrows when I told them that I planned to go to these villages. *Are you crazy, Dorit? It is dangerous there! Remember they kidnapped and killed three young boys*

managed to have one last meeting on October 12.

¹⁰ Palestinian neighborhood village of ~15,000 residents, on the southeastern outskirts of East Jerusalem. The village, which was once in Jordan, has been occupied by Israel since 1967.

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last year? Don't go there. All of these worries surfaced when I was driving to Amal's village. Entering the village, we noticed that there were hardly any men on the roads. Young female students were coming out of their schools wearing black dresses, their heads covered with white hijabs. Amal guided us by cell phone to her home. Her instructions were clear. She stayed on the phone because it was difficult to find her building. She told us that her son would be waiting for us in the parking lot. As we slowly drove into the parking lot, it occurred to me that Miriam and me, but especially me, looked as if we did not belong here. I wondered, *are neighbors asking "Who are these women? What are they looking for in this neighborhood?"* I could feel the tension building in me. We reached the parking lot and noticed a good-looking young man in his 20s coming toward us. I wondered if he was Amal's son. He came toward us and pointed out the parking. He introduced himself as Abed, Amal's oldest son. We followed him into the building.

The staircase Abed led us to was dark, but I could not help noticing the paint peeling off the walls of the building. We climbed and climbed and finally reached Amal's door. I worried, *will she accept me, a Jewish woman?*

Meeting Amal

As she opened the door Amal smiled and hugged us both. My worries disappeared. Amal was a pretty, 41-year-old woman, average height, slim, with long brown hair tied back. She wore jeans and a T-shirt and looked much younger than her age. She invited us to sit in her living room. The white walls were covered with pencil marks. A small table in front of the three couches was covered with leftover dishes. An Arabic TV movie played loudly in the

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background. We sat on a couch while Abed and his brother Hassan (who also looked to be in his 20s) sat across from us on another couch. Two little boys, who looked about 5 years old, were jumping back and forth around us. A teenage girl popped in from another room and joined us as well. "These are my children," Amal explained. "My sixth one is not here. She is married and lives in another village." I wondered if this level of activity—people constantly coming in and out—was typical everyday life in this house or if the family was acting like this because Miriam and I had shown up with so little notice. I worried that I was intruding. I was not used to being a researcher and here I was facing my participant with her whole family in the same room. The easy solution was to shift back into the more familiar role, that of an occupational therapist with many years of experience. My professional instincts surfaced and automatically I began developing a "rehabilitation plan." I knew what was needed here. And then I caught myself. My professional instincts were pushing me to travel to Amal's world with arrogance instead of empathy (Lugones, 1987).

As easily as I had shifted into the occupational-therapist mode, I stepped back into my role as a researcher and started talking with Amal's children. I was frustrated that I could not speak their language, but Miriam was there to translate and I found other ways to communicate. I played with the boys, who were 4 and 6 years old, and gave them paper and pens so they could draw pictures.

Amal brought us some cold drinks and I started to explain my study and my intention to learn more about hope in her mothering daily life, specifically about her hope experience as a mother in a conflict area to a child with mental illness. I also told her about myself and some of

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my life experiences over the years and then she signed the consent letter. To protect the privacy of my participants, I was not going to use their real names. I asked Amal to choose a name for herself.

“Oh, let me think. Ummm, can I choose?” She paused. “Amal?”
“Well, of course,” I said, “but what does it mean?”
Amal laughed. “It is hope. In Arabic!” (Research conversation, August 12, 2015)

As we started talking I wondered whether she chose the name because she liked it or was trying to satisfy me to help me with my project. I also wondered what hope meant to her. *It is a good start for our future conversations*, I thought.

A few months later (early November), back in Edmonton, I was sitting in front of my computer to begin writing the accounts. I was not sure how to proceed or what was the right way to present our conversations in a way that was respectful and informative. I thought that writing letters might keep our relationship alive inside me and better describe what Amal sensed as her hope experiences.

Letter # 1 Living in This Country

Dear Amal

It was at our first meeting (August 12, 2015) in the living room that I asked you to recall the first memory of hope. This is what you told me:

I was 17 years old when I first married. My first husband's family lived in Hebron, half an hour's drive south of Jerusalem. They don't have an Israeli ID in Hebron which is in the Occupied Territories. Because he married me, he could get an Israeli ID. With this Israeli ID he was then allowed to cross the checkpoints,¹¹ work in West Jerusalem, and

¹¹ A point at which an inspection or investigation is performed (Merriam Webster, n.d.). There are many checkpoints between Israel and the Palestinian villages in the Occupied Territories. There are a couple of

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come back every evening. Initially, we lived in a tent. He always promised me he would work and earn money so we could purchase a house and have a better life. After a couple of years, we had three kids, Abed the eldest (you know, this is my son whom you met in the parking lot this morning), Slima, and Hassan. We all moved to a small one-bedroom house in the village. Everything looked good and promising.

However, one day, on his way back home from work, he was accidentally shot and killed by the Israeli soldiers at a checkpoint. This was a shock to me. However, it was at this moment that I realized that hope was needed. This is my first memory of hope. (Research conversation, August 12, 2015)

You whispered as you told me this story. You also told it very slowly. Your eyes were slightly closed and I noticed they were a bit damp. You moved slightly on the chair. There was silence.

There was something in the way you told this story that made it seem as if it had not happened to you. Later I learned that you had already told this story many times to many other people and I wondered if time had made it easier for you, if that was why you could talk about something so painful as if it had happened to someone else.

Your story was an “aha” moment for me. This is what I wrote in my research journal:

I am on my way back from our first conversation in Jerusalem. I so appreciate that you let me into your home. As I am listening to the recording of your first hope story, I freeze. It is so hard to hear, I cannot even imagine what it would have been like, to have had your husband murdered doing something as ordinary as passing through a checkpoint. Theoretically, what happened to him could have happened to my sons, as they were in the army. The political aspects that shape your life and mine are very central here. Your story made me wonder, what does it mean for you and me to be sitting together and sharing stories of our lives in this broader political landscape? (Research Journal, August 12, 2015)

As I reflected on your experiences, as well as those of the other mothers with whom I had conversations, it became clearer to me how profoundly the conflict shaped our lives and,

checkpoints between East and West Jerusalem.

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consequently, our stories and narratives.

I thought about how Amal chose her name for this study at the moment that she shared her story about hopelessness. I wondered about her and her six children and what it was like to raise children as a single parent. What does it mean in her culture to become a widowed mother? (Research Journal, August 12, 2015)

The more you told me about your life, the more I realized how strongly the political conflict affected you, how it burdened you. Then, after a few meetings in which you told me stories about homemaking, mothering, and spiritual experiences, the political landscape changed suddenly and dramatically and severely interfered with our regular conversations. Violent clashes erupted in Jerusalem in September and we could no longer meet regularly. It was a terrible time.

During the second week of October the situation eased a bit and you were allowed to leave the village. We decided to meet at the mental health clinic in East Jerusalem (October 12, 2015).

As you entered the mental health clinic, sunlight filled the room where we were to meet. You smiled and your smile made me relax a bit, but your stories were not happy. As we sat at a round table with snacks and drinks, you said:

You know, my husband drove yesterday to a checkpoint to cross into the west side of Jerusalem. The soldier at the checkpoint asked for his ID, which is standard procedure. But then he looked into the car and asked him, "Do you have a knife? Are you going to stab me?" The answers, of course, were no, but the soldier provided no explanation for his out-of-the-ordinary questions. I think that something violent must have happened yesterday and the soldiers were on high alert. It is so frustrating. There is no hope. (Research conversation, October 12, 2015)

Then you continued:

There is no hope. We are all afraid to go out of the house. Many times, because of the

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curfew the Israelis are imposing on the village, we cannot move or go anywhere. We hope that things will be okay, that we'll feel safer and that the situation will calm down. However, the reality is that these are hard days and the situation remains the same or worsens. I feel no hope. On the other hand, there is always hope that we will start living together and things will calm down. I can tell you, I have courage. I can go to people on the street and talk to them, but I don't know what they feel and how they might treat me so I should take extra care. There is uncertainty. (Research conversation, October 12, 2015)

It was not easy for you to come to the mental health clinic that October morning, but you were determined and so you took the bus:

When I was at the bus stop, a Jewish man stood on the other side of the road. As I walked back and forth while I waited for the bus, I felt he was scared of me. I saw fear in his eyes . . . I wanted to tell him not to worry. Thoughts were flooding into my mind about people being afraid of each other that was scary. (Research conversation, October 12, 2015)

And yet, in this scary moment you did not give up. Instead of being angry that the Jewish man seemed afraid of you, you felt empathy toward him. The next story you told was another example of that empathy. With this story I felt closer to you. You are such a caring person. I learned that you do not believe in labels. A casualty is a casualty whether the person lost is a Jew or an Arab.

You know, every child that was killed is like my child or your child. It is very sad. We need to have hope. There is no Jewish or Arab mother that would like her children to be killed. You know just the other day a husband and his wife were murdered because the killer thought they cursed the Prophet Muhammad while visiting Al-Aqsa Mosque. However, it turns out this family had never visited there at all. On the other side, a Jewish extreme person killed an Arab family. We all need to act because the conflict here involves all of us. Maybe we should all march together for peace in Jerusalem. (Research conversation, October 12, 2015)

It seems your suggestion for a peace march is such a sign of hope. I wondered if you had always felt that way or if the conflict had changed you. You said:

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I believe there is hope for the sake of my children. I want to hope that they can get ahead in life. Everything that happens now in East Jerusalem interferes with hope. Every day I ask God to give me hope. I tell myself that the situation will calm down and be quiet. I have hope for the children. (Research conversation, October 12, 2015)

Amal, I hope that this letter will resonate with you and with readers about what we went through together during this violent, chaotic conflict. I would like to thank you for sharing your stories with me. Although the conflict was always in the backdrop of our conversations, in the next letter I would like to try and reflect on the conversations we had during less chaotic times.

Dorit

Letter # 2 Home-Making

Dear Amal,

At our second meeting at your home you seemed a bit happier than during our first meeting. I wondered if it was because you had had more time to prepare—our first meeting had been scheduled with almost no notice, but you had known about this one for a week.

“Come in, come in,” you said, greeting me and Miriam, the translator, at the door, “I’ve been waiting for you!”

Your hair was loose, and you had a big smile. You led us to your kitchen and we sat around the square table. It was quiet inside because your youngest children, the ones whom you had with your third husband, were playing outside with friends. Your older children watched TV in the living room. As soon as we entered the kitchen we felt a refreshing wind coming through the big window. The window had nice white curtains.

“There are simple things that will help me in life,” you said. “For example, if things were refurbished in the house, it would have helped me.”

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“Can you tell me more?” I asked.

You told me that you would like to renovate your apartment. You said, “I think that the reason my current husband is not renovating the house is that he is waiting for broken items to accumulate. Then he would like to fix them together” (Research conversation, August 18, 2015).

I was not sure what to say. I did not know yet that you shared your husband with his two other wives. In fact, at that very moment he was in another village in East Jerusalem with his first wife, the mother of his four other children. He only stayed with you about half the week which was one of the reasons he never seemed to get around to fixing the kitchen. Although I did not ask, I suspected the other reason was that he could not afford it while supporting three wives and six children, plus your four children from your first two husbands. But you did not seem to let the delay bother you. You were always coming up with ideas for a renovation.

I wonder what would happen if we renovated a small part, and then another part and did not wait to do it all at once, you said, as you looked around. Then you laughed as the reality hit you. “You know, probably in the end, I will paint the walls.” (Research conversation, August 18, 2015)

However, there were repairs you could not make, like fixing the faucet. And your husband was not doing it either but you were reluctant to hire someone. “You know, the problem is that if I will dare and phone someone to come and fix it, people here, in this neighborhood, will gossip that I have a new boyfriend. I do not want that to happen” (Research conversation, August 18, 2015).

I liked that you could laugh about this. A lot of women would not find it so amusing to have to keep nagging or waiting for their husbands to fix up the house, especially if the reason was that the husband was with one of his other wives. Nor would they find it amusing that the

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neighbors assumed that if a repairman did show up he was a boyfriend, not a worker. You have a sense of humor.

All your talk about the kitchen and your passion to change that one room in your house made me realize how important homemaking was in your life. It also made me think about how important kitchens are in many women's lives, how this room became a gathering place. It made me think about my childhood in the north of Israel, with my grandmother and Um-Saliba. And then you expressed your desire to live in that part of the country:

I had a hope to live in a house with a garden at the north of the country, to get away from the problems here in Jerusalem and have peace of mind. I told my husband (my current one) about it. He said to me that it is possible, but here in this village we have our apartment and I have a job. We may find a house in the north to rent, but where will we work? And how we will pay the rent there? Here we have an apartment and a job so we cannot leave here until things will change. We should wait till we have something safe. I always say to my husband that the current house is not my dream house. But I want to share with you an Arabic proverb that says it is better to have one bird in hand than picture 10 birds on a tree. If it was in my hands, I would buy a better house, but this is what we have, an apartment. (Research conversation, August 23, 2015)

When you talked about making a home for yourself, you were not talking just about the four walls around you, you were talking about your neighborhood, your village. You felt isolated there, partly because your husband was around only part of the time, and partly, sadly, because you are a beautiful young woman and people, you told me, often other women, found that threatening.

Amal, you went on to tell me,

I am happy you both are coming because no one is visiting us here in this neighborhood. People here perceive us as foreigners. Once I tried to understand their thoughts, culture, and habits in this village but it was too complicated. Now we only say hello, hello from a distance. They have invited us to their events and celebrations and we happily went. But when we invited them to our events, they never showed up, they never came. I will give

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you an example. Once I was walking with grocery bags down the street with my eldest son, Abed. Suddenly, someone stopped his vehicle and asked if we needed help. I said yes! Then the driver kindly helped us and drove us to our house. The next day two women knocked on our front door, that man's mother and his wife. The man's mother asked me, "Were you yesterday with my son in his car"? "Yes," I said, "Your son kindly helped us with our grocery bags and I am very grateful that he helped us." Then the mother looked at her daughter-in-law, and told her, "You see, he was only helping her to get home! You always believe what they are telling you." Quietly, they left. People are talking, people are gossiping, and someone told her that her husband was with me. (Research conversation, August 23, 2015)

You felt isolated, not only socially but also culturally. In your village people who were not part of the "leading" families were much more isolated than others. Finding a way to live in such a place became a challenge, but you figured out how to survive. You saw that when the powerful families bullied others, those who were bullied went to the police. Then the police got involved.

There is one family who is very influential in this neighborhood, and one day they told me to move out of my apartment. They thought that I was a weak woman and I would give in to their demands. However, I had realized that these people are the kind of people who are afraid of the police. So I called the police to help me and that family stopped bothering me. (Research conversation, August 23, 2015)

With a laugh you told me that you did not care anymore about what other people thought of you. You learned in this neighborhood how to become stronger. I did not understand why the family wanted you to leave, but you explained to me that this was how powerful families controlled the village. I was impressed that you resisted their pressure. A couple of weeks later, on September 9, we had another meeting at your home during which I suggested we make a hope collage. I brought with me some different magazines, sheets of paper, markers, and glue. As I showed you the magazines and explained about making a collage, you smiled. I noticed you were sitting at the edge of the chair and moving closer to the table. You started to look at the

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pictures and commented that “there are beautiful things” in the magazine. You said that you liked things related to houses. “I am finding a lot of things here in this picture that reminded me of hope . . . I love the green of the trees and all I hope to have is a house with a garden” (Research conversation, September 9, 2015).

You, Miriam (translator), and I were busy working on the collage and most of the time there was silence. We smiled and laughed, sometimes loudly and sometimes quietly. You and Miriam occasionally spoke in Arabic. Although I did not understand, I could see how calm and relaxed you were as you and Miriam sat comfortably at your kitchen table. I also noticed your smile and how you nodded. I watched the subtle gestures between you and Miriam. You expressed your joy about being at your home together with us. You picked up a picture of a small glass of a black coffee and laughed. “Every morning before the children wake up, I make my coffee, a black coffee. I sit quietly close to the balcony and these moments, I understand now, are hope for me. [laugh] “Want some coffee?” (Research conversation, September 9, 2015)

The time you allow yourself in the morning is your gift to yourself. The way you shared your story I could almost smell the black coffee. Then you started singing. You sang some of the songs you loved so much, “Life is Sweet,” originally performed by Farid El-Atrash (the song that I shared at the beginning of this account). Listening to you singing quietly felt like a spiritual moment. I thanked you for sharing this gift of singing. We laughed and shared more stories about how much we both loved coffee, melodies, and gathering with others.

This intimate time together was one of the rare times that we, the three of us, were alone around your kitchen table. Your two youngest children were in another room. The only noise was our scissors at work. Then loudly, with a smile on your face, you said again, “I am finding many things here and the things I really like are houses and items for the house, as well as a green garden that I love” (Research conversation, September 9, 2015).

As we continued to work, you told me that your husband had not been home for a couple

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of days. He was staying at one of his other homes with his first wife and children in another village. There had been fighting between clans in the village and he was worried about the safety of his first family. Your husband was older than you—perhaps 15 years older, although I did not ask and you did not tell. His first wife, too, was older and he took care of her. This kind of situation seemed unusual to me, but it was clear that while your marriage was important to you, your husband's other marriages were important to you too.

From time to time as we continued creating our collage, you shared stories about different relationships you had with others in your extended family. You kept talking about a cousin who was ill and how you prayed for him to feel better. It was interesting to note that you were bringing up new stories and sharing more about yourself. You chose another picture, this time of a bedroom in a house. You commented:

I love the white bedroom. I love when the room is nice, wide, clean, and white. I love it to be cleaned and beautiful. It motivates me to clean up. I like that everything remains in place and in order. You know, everything has its roots in hope. Hope is embedded in my life. Sometimes my apartment is not clean and it affects me emotionally. When that happens, I do not eat. When my house is clean, I can eat more. As a child I lived in a very small house in another village in Jerusalem. We were many children together in a dark and messy room. My parents slept in the living room. When I see white things for a house it calms me. (Research conversation, September 9, 2015)

When your kingdom—your house—is clean, it gives you strength to think and dream. During our conversations memories from your childhood continued to surface. You realized how that time as a child influenced you as an adult. I began to see that perhaps your love for a house with a garden was a symbol of gathering with family, friends, and children. I noticed that our gathering around your kitchen table made you feel alive and happy.

Towards the end of our meeting on September 9, you told me that sharing your hopes

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allowed you a good way to come closer to your neighbors:

I started talking with the neighbors in our building about hope, about my hope of renovating my apartment, especially the kitchen [laugh]. Since that day, they were happy to meet me occasionally and also offered to help with the renovation. My mood is much better. I feel strong and hopeful. (Research conversation, September 9, 2015)

When you told your stories of home and hope, your eyes shone, you smiled, and the words came quickly. Although I had to wait for the translation, I could feel your enthusiasm as you talked about your children's future. Miriam was smiling too. I sensed that your dream and hope for a house with a garden was not only for you, but also a hope you nurtured all these years for your children.

Thank you for sharing

Sincerely,

Dorit

Letter # 3 Being a Mother

Dear Amal,

In one of our early meetings you reiterated your first memory of hope:

I will always remember my first husband. His death changed my life. However, after his death, I experienced positive changes in my life. Although these positive changes did not bring back my husband, the compensation money I got from the Israeli government enabled me to buy a house in another village. This house will be for my older sons, Abed and Hassan (from my first husband). I want to provide them with confidence to have a place to sleep in the future. A house provides security and confidence which brings hope. (Research conversation, August 18, 2015)

Despite all the experiences that may have scarred you, you never gave up. You never lost your ability to create possibilities for you and your children. Caring for their future was always on your mind. Your son's grandparents in Hebron, the parents of your husband who was killed,

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set aside land and a place for them to live. You told me that the grandparents wanted the children to live in Hebron, but you wanted your children to stay with you in Jerusalem, and you insisted on making your own decisions about your children's future. You did not want them to lose their Israeli identification cards which would have happened if they moved to Hebron. Moreover, you would not have been able to visit them often. I could not help but admire your courage.

Amal, you described finding life again after the death of your first husband. In response, I have created a short poem from the transcript using your words.

I want to have a life again
for my children and for me . . .
There is no life with no hope, and
no hope without life
If your husband died
it does not mean
you bury yourself
(Poem created from transcripts, August 12, 2015).

You said:

After my first husband's death, everyone around me in my family and community felt they needed to control me. Some women feel jealous of other women. That is the reason the neighbors are always watching who is coming or going out of my house, and when I am walking with my son they say that he is my boyfriend. Having a boyfriend means that not only am I a bad woman, I am also a *bad* mother. At one moment, I decided that my community and neighborhood could not help me and would not help me. Then I decided to tell people that only one man will be in control of me, and it will be my next husband. (Research conversation, August 18, 2015)

I asked you if you got support from your family. Your answer made me sad: "In our culture, when a woman is living alone with her children, people put the evil eye on her and people say she is a bad woman, including her family" (Research conversation, August 12, 2015).

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Your loneliness became so clear to me when you shared this. Your story helped me better understand the place, relationships, and cultural narratives that shaped you. It seemed to me that you had a spirit of resistance, a willingness to stand up for yourself.

I listened to you tell Miriam about your willingness to go out and to dress pretty. I did not understand the words. Instead, I tried to figure out what you were saying by watching your body language. Your hands went up and down over your shirt and pants. You moved and wove your hands in the air, always smiling. Your voice became louder. When I listened to the tape recording of the conversation, I slowed the tape and played it over and over. I noticed it was not only about the people in your neighborhood, but also about your family and friends. They all told you not to dress up pretty and not to go out. "Don't forget you are a widow and a mother," they used to tell you. I wondered what your family members wanted from you.

But you said, "I don't care how many husbands I will be married to, I want to have a life again" (Research conversation, August 12, 2015).

Your family and friends did not agree with you when you wanted to marry again but you were determined to take control of your life. When you discussed this, your voice became stronger, determined, and loud. You were not giving up. With laughter you told me that marriage made you feel hopeful.

Most of your relatives were so negative. But your mother supported you and encouraged you. "My mother told me that I should raise my head and get married," you said. "She also helped me to find my (second) husband" (Research conversation, August 12, 2015).

Your second husband, a cousin of yours, came from the Occupied Territories. With him

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you had a daughter and then you were a happy mother of four. Just when it seemed as if your life was settled, adversity shaped your life again:

Our daughter was 2 months old when her father entered a restricted area and he was deported by the Israeli government to Jordan. Shortly after he was deported he wrote me that he will return and take all of us, my three kids and the little baby girl [Tamara] to Jordan. Promises. You know . . . Instead, he traveled to Russia and married there another woman and had children. It was hard for me to believe it. When I learned about it, I divorced him. My daughter, Tamara, is now 13 years old and still cannot see her father. (Research conversation, August 12, 2015)

As you told the story, you became quieter and quieter, whispering. Your hands were on your cheeks and your eyes were wet. I could not believe how sad this story was, but how much worse it must have been to live through it than merely to hear it. When you got married your hope increased, and then your husband was deported and you had to cope with another loss, now as a mother of four children. It took some time for you to recover from that marriage. Yet you did not give up and a couple of years later you married again for the third time. With this husband, you had two sons.

As you finished telling the story of your second husband, your youngest children came into the room crying. You hugged them and then your sadness slowly melted. I watched you, busy with all of your children, and thought about being a mother and keeping life going.

Then you told me about your longing for Slima:

You know Slima, my married daughter, is living in another village with her husband and a 2-year-old daughter. She is pregnant now. I have not seen her for 2 years. Since she got married she has never come here. Her husband did not want me to visit them. Recently he promised to send her over for the coming holiday. I hope she will come soon. (Research conversation, August 18, 2015)

You missed her. She had already given you a granddaughter and soon you would have a

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grandson as well. These grandchildren gave you hope. You were looking forward to your daughter's visit. Your voice became quiet and your eyes closed slightly. You were remembering when your own youngest sons were babies. Amir was 2 years old when his brother Achmed was born. You already had four children at home and now you had two babies. You had not wanted a second baby, but you had become pregnant. You were exhausted and depressed. You told me that you were so weak that you could not even hold the boys: "My babies were falling out of my hands" is how you explained it to me. You were too exhausted to pay attention to them and to care for them properly. You were afraid that if anyone found out how helpless you felt, Social Services would take your sons away. However, hope emerged and made you call Social Services for help. "Please help me," you said when you made that phone call. (Research conversation, August 23, 2015).

Here is another poem that reflected your emerging hope:

Days passed by
I was scared
I was afraid
They will take
My kids away
I told my husband
Please help me
I begged
Help me
I want to be
A mother again

(Poem created from transcripts, August 23, 2015).

Did you ever stop being a mother, I wondered? The moment you asked your husband for help was a moment of change for you. You became aware and you began to look after yourself.

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Your children stayed with you. Your family remained together.

We were sitting at your kitchen table. Your daughter Tamara came in. You then commented:

You see Tamara, she is now 13 years old. Four years ago [when Achmed was born] she was the cook in the kitchen. She was the one that cleaned the house. She was the mother in those days. I could not be a mother. It was her at home and my husband in the evening. If it was not for them, I could not have survived. (Research conversation, August 23, 2015)

I was not sure what you meant. "Can you tell me more?" I asked.

"My daughter and my husband were so supportive," you explained. "My husband came every night to sit beside me and read me the Qur'an. I was very depressed."

Again I asked you to tell more and again you explained. "I was unable to do anything with my kids at home," you said. "I felt so sad and depressed. My husband did not want to hospitalize me. He helped me."

At the time you were so depressed that your husband and your daughter had to help you. However, gradually you regained power and strength. I have created a very short poem from the transcript with your words:

I became strong
I became
I am
A mother.

(Poem created from transcripts, August 23, 2015)

During that difficult time you had faith in your daughter and in your husband. I sensed your gratitude to Tamara. The way you both sang your favorite song, "Life is Sweet," and the soft and kind way you touched her face and looked into her eyes with a smile made your love for

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her very evident.

Amal, your way of gratitude was not only towards your daughter Tamara, you were grateful for what you learned from your own mother. Then you told me this story:

I was born in 1974 in Jerusalem. My parents always lived in Jerusalem. My dad was married first to my mother. I have five siblings, and then he married two additional women at the same time. He had many more children. I was not his major interest so to speak. I know that a mom and dad should be a model for children . . . if no one provides a good example or guidance to a child, then the child gets lost . . . and this is part of what happened to me. My mother was silenced most of the time, yet I was lucky to learn different skills from her. (Research conversation, September 9, 2015)

“You told me that you were lucky to learn different skills from your mother,” I said.

“What do you mean?” “I mean that only once I became a mother, I was able to appreciate how lucky I was to learn from my mother,” you said. “Can you tell more?” I asked. And you answered:

My mom was a good cook. I love to cook and I provide my daughters the love to cook as well. Now both of my daughters know how to cook traditional food. When I go into the kitchen, I feel connected to my mother who died years ago. This traditional cooking makes me happy, it is like a dance I do, to make my children happy. Is this hope? (Research conversation, September 9, 2015)

We both laughed.

While we were making our hope collage you mentioned another thing you learned from your mother was sewing.

I love sewing and craft making, especially my ancestors' craft sewing. I want to give you, Dorit, a necklace. It is Palestinian embroidery.¹² In Arabic, we say “Tatreez” which

¹² Tatreez is a traditional Palestinian art of embroidery. This is the art or handicraft of decorating fabric or other materials using needle and thread. Palestinian embroidery uses geometric designs, but also includes designs inspired by Palestinian women's daily surroundings. These patterns symbolize good health, hope, prosperity and protection, and other positive attributes. Retrieved December 15, 2016. <https://hands-across-the-sea-samplers.com/palestinian-embroidery/>

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is a type of embroidery. I used to create things like that a long time ago. I learned it from my mother and my grandmother, but now my eyes are getting weaker and that prevents me from doing it. I want to give you this as a gift. I would like you to engrave my name and also yours in it so it will be permanent. I want to give it to you to remember our relationship. (Research conversation, September 9, 2015)



Figure 3 “Tatreez” a type of embroidery

Embroidering was a way for you to honor your mother and your grandmother.

My grandmother used to sit with her neighbors at her kitchen table. I remember one day I came with my mother; I think I was 7 years old. We entered her kitchen and around my grandmother’s kitchen table were many other women from the neighborhood. On the table there were many kinds of threads and needles. My grandmother was happy to have us. She did not come out of her chair but she greeted us and asked me to come over to her. She hugged me. We laughed together. I miss her. My mother and I sat beside her. The women and both my grandmother and my mother were embroidering clothing. I don’t remember what kind of cloth. I do remember that I was curious to learn how they did it.

I looked closely at my grandmother’s hands. As her hands worked very fast, I turned toward my mother and opened my eyes as wide as I could, to look carefully [laugh]. You know, it was like stitch-by-stitch thread. I don’t remember exactly the way she did it. What I do remember were the many colors of threads, needles, and accessories on the table. I also remember my grandmother, my mother, and many other women laughing and talking. I was shy and curious. (Research conversation, September 9, 2015)

Listening to your story reminded me of my past, of the women who gathered at my grandmother’s kitchen. I did not say anything, though. I just carefully kept listening, thinking about how you were talking about the women who shaped you, but also about gathering and

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community.

The first time you told me about your son with a mental disorder, Abed, was August 23, 2015. We had been meeting for 3 weeks. “My hope for Abed, who struggles with mental illness, is that we would find a good bride for him to marry and take care of him” (Research conversation, August 23, 2015).

You were open to talking about your son’s mental diagnosis. I have created a poem for you from the transcript with your words.

Not
every one of
my children
is the same.
like the fingers of my hand
which are also not the same.
Each of my children is unique
I respect who they are.
I like to do good things for them.
It does not matter if one of them struggles
with mental illness
and the other does not.
I want to do good things
I want to help them to move forward.
I believe that with love and care
they will always have hope and never despair
(Poem created from transcripts, August 30, 2015)

I was learning about your ways of mothering. Abed’s diagnosis did not change how you behaved toward or thought about him as your son. You supported him as you did the others. Even though each of your children were different, you helped all of them to keep going. You wished them hope and not despair.

I asked you to tell me about how you first suspected Abed might have a problem.

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Specifically, I asked you, "Was there hope?" I have written another poem for you from our research conversation. I have used your words.

It was helpless
It was about 4 years ago
Abed was 18 years old
We took him to the hospital
He did not feel well
He did not want to get out of his room
It was terrible
I did not understand
I was afraid
I was scared
I thought they will take him
from me
I thought it was my fault
(Poem created from transcripts, August 30, 2015)

You made a connection between Abed's mental health and the stress you had felt when you feared your children would be taken from you. You were terrified by those memories. The poem I have created from the transcript with your words continues:

It was *helpless*
I went to my sister
I needed so much to talk
I did not really understand what it was
I felt the sky is falling
On me.
My sister told me about
Community mental health centers
I was afraid.
I was totally scared
Do you think I sought out help?
NO!
You know,
At the beginning
I did not recognize it as

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An illness
I thought he had a bad day
I thought he was tired
I prayed to God.
He did not speak coherently.
Most of the time he was in his room
Did not want to eat,
Did not want to talk
I felt *hopeless*
I did not know what we are going through
The sky fell on me
I kept my painful thoughts and feelings
within myself
(Poem created from transcripts, August 30, 2015)

For a long time, you did not speak. I imagined how you must have felt, that Abed's mental health issues threatened to take over your life. I put my hand on your shoulder. You cried. I cried too. I asked you if you had told anyone about Abed's diagnosis. You said that you were not comfortable telling anyone.

A few days later (September 9, 2015) we met again at your kitchen table. After having our drinks and snacks I asked how it felt, telling me your story about Abed. "It is kind of a relief," you said, and I agreed. "The truth is that at first, I did not know what it was all about with Abed," you said. "I did not recognize that it is an illness." You paused a moment and continued:

I did not want to be depressed. I was afraid that I did something wrong, you know? As you know, I have already gone through many crises in my life. The crisis with Abed was different. I did not understand what mental illness was, but I care about my son so I listen to the doctor, the social worker, and the care provider at the mental health clinic.
(Research conversation, September 9, 2015)

I remember a long, long pause here. I did not break the silence. I was with you. I

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wanted to hug you (I did not) and support you. You seemed to be going back to that time of uncertainty and confusion, a time that shaped your feelings of helplessness. That made me wonder about the connection between feeling helpless and feeling hopeless. Then you continued to tell me how you cared for Abed.

My husband helped me too. I prayed every day for a better tomorrow. Then, when Abed was hospitalized, I met with a social worker. She suggested he should go to the community mental health center. I went with him. I liked it. You know I am happy for him now. He is a good boy. He is working there three times a week. (Research conversation, September 9, 2015)

It is more than a year since Abed started working at the community mental health center. Your instincts that this could help him were right. Then you shared a story.

As professionals were helping all of us, I started to get used to and accept his illness. Despite the great difficulties inherent in our daily life, I tried to accept it and listen to the social worker's suggestions. He is my son, you know. Although at that time I did not have much hope. I can tell you now that I do have hope, despite the problems and complexities I went through. So today I have the word for it. It was my strength; it was my hope within me. But then and there I felt lonely, I can tell you. (Research conversation, September 9, 2015)

Amal, you have such care and love for Abed. You treat him with respect and patience. Although it was hard for you to accept his illness in the beginning, you learned to accept him the way he was. I sensed that having a child who struggled with mental illness empowered your way of mothering. Having heard your stories about your own mother, it became clear to me that she was a source of the strength you drew on to deal with such difficult experiences. As I was listening to this story I imagined you in your kitchen. I wondered what your table looked like now. Is the coffee maker still standing on the right side of the table? As I sit in front of my computer at the Hope House at the University of Alberta, I am looking through the window. It is

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winter here. The trees are covered with snow, the roofs of houses are white, and only a few people are walking down the street. I wonder how is winter in your place, your home, far away.

Thank you for sharing,

Sincerely,

Dorit

Letter # 4 Spirituality and Connection to Places

Dear Amal,

It was twilight on August 18, 2015. We were sitting at your kitchen table while the wind was blowing through the window. We were talking about the delicious food you made for my last visit. Suddenly I was startled by the sound coming through the open window, a very loud, very mournful, haunting wail. I froze. "Don't worry!" you assured me. "It is only the prayer of the muezzin¹³ from the mosque." The wailing was so loud we couldn't converse so we waited. After 2 minutes the muezzin finished. "The mosque is just across from my house, on the next street," you explained.

"What was the muezzin saying?" I asked.

"It is an invitation for people to pray," you said, "It happens five times a day." I was not sure if we should continue our conversation. "Do you have to go to the mosque now and pray? Shall we stop and meet another time?"

"Oh no, Dorit," you said, and then you continued:

¹³The Muslim official at a mosque who summons the faithful to prayer from a minaret five times a day. The community depends on him for accurate prayer schedules (Amal, personal conversation, August 18, 2015).

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It is not an invitation to come to the mosque. It is just a reminder to start praying. But I do not do it this way. I do pray but I do it in my own way. I pray when I am going with my kids to the mosque. I pray also every day on my own. I talk to God. (Research conversation, August 18, 2015)

Amal, it seems that you have your own way to connect to God. Can you tell more? You then told me,

Only God knows what kind of life we will have. Nobody knows the future. So I ask God to help me and I pray. I pray for me and for my children every day for a better day. Hope is a prayer. I pray for the future, that the next day will be better. I hope God will send good things to us. When I go out I wear the hijab and go to the mosque for the children and thank God. For me God is always associated with hope. Sometimes I may feel guilty that I do not always do all the religious rituals. But I like to go to the mosque, especially to the Al-Aqsa Mosque. When I'm sitting there and praying, I am talking to God. I tell Him things that I do not want to tell other people and during that moment I feel that He really listens to me. At that moment I feel I have more power. I believe God helps me and He is with me. The Qur'an tells you not to despair for God's mercy, as He will always give you mercy. You know, God is the first one to talk about hope—if you do good things God will reward you with much better things. It is not that it will be granted freely. I have to do good things and then I will be rewarded by God. (Research conversation, August 30, 2015)

You paused then, as if you were realizing something about yourself. “You know, it is not only when I am going to the Al-Aqsa Mosque that I feel hope. I can feel it and sense it in other places as well” (Research conversation, August 30, 2015). I found that interesting and I told you so. Then I asked you what the other places were. “Just a moment,” you said. “I want to show you some pictures.” You went to your living room and came back carrying a big box. Inside were jewelry, scissors, pens, and pencils. At the bottom were pictures which you removed and began to show me:

You see, here we are: Tamara, Abed, Hassan, and the little ones beside me. We are visiting the Bell Park on the west side of the city. Can you see the pink flowers and the green trees and shrubs? Everything is so green and beautiful. Just the way I would love my house to be. It was at this moment with my family at the park that I felt so much

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hope. (Research conversation, August 30, 2015)

You paused and we continued looking at the picture, experiencing the park together. “I am wondering about your hope,” I told you. “Can you tell me about more places you feel hope?”

One of the places that I like the most is the sea. I like strolling in the sand at the beach. I like searching for shells, picking some interesting ones. You know, you can hear the ocean if you put the shell close to your ear. I love it. It is so relaxing and makes me hopeful. This is hope for me, it takes away bad feelings and provides me with a spirit of connection. I can tell you a person needs to have hope in many places, not only one. (Research conversation, September 9, 2015)

Talking with you I learned about the connection between hope and spirit. I sensed that you had a deep understanding of how we connect to our spirituality. I also sensed that praying for yourself and for your children had become a habit for you.

You stated that you felt relaxed, calm, and hopeful when you visited Al-Aqsa. You felt that God listened to you at that holy place. In those moments the problems disappeared and you felt more powerful than before you went there. You taught me about walking slowly, feeling, and experiencing the moments on the beach. You have constructed yourself differently in each world in which you have lived, yet you had a sense of ease in each one. You taught me about being a strong woman despite prevailing problems.

There were times during the conflict when I did not know what was happening to you and times when you were worried about me, but we kept our relationship alive and this created a space of hope between us.

Thank you for your stories and for your songs. I would like to share with you the words from your favorite song, the one at the beginning of your account.

Life is Sweet. This is a song that draws out the tears from the crowd.

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*I'll never lose what matters to me ever again.
Never look back.
You won't find any flowers blooming there.
Life is Sweet.
Well then, see you again, and remember to treat your body well.
Careful when you walk, I see you staggering.
Look over there. The morning sun has already risen.
Life is Sweet.¹⁴*

Dorit

¹⁴ Life is Sweet. Retrieved August 20, 2015 from <https://www.youtube.com/watch?v=Life is Sweet>

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Chapter Six: Narrative Account of Hob

This chapter describes the stories of Hob as shared during our conversations. After introducing Hob, I continue with four letters that I wrote to Hob summarizing the topics that emerged from her stories.

Introducing Hob

Hob was a 46-year-old Palestinian married woman with seven children—four girls and three boys. She lived in the same village as Amal in East Jerusalem. Due to the political conflict that erupted, we were only able to meet six times over 3 months instead of the 10 meetings originally planned. The first five meetings took place at Hob's home, but the political conflict became so intense and created so many difficulties that we had to have our last meeting at the mental health clinic in East Jerusalem.

Letter # 1 Traveling to the World of Hob's Childhood

Dear Hob,

On August 4, 2015 at around noon, I was driving to your village near Jerusalem with my translator. As we approached the village we phoned you for more directions. I drove through many busy streets, passing many shops and cars. You asked us to look for a mosque.

“When you come here, keep driving up between a few buildings. Then you will see a small parking lot, a place where it becomes too narrow to drive. Park your car there and walk up the hill. I will be waiting for you at the top of the hill” (Personal communication, August 4, 2015). We searched for the mosque between the buildings and suddenly came upon a small parking lot.

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As we left the car in the parking lot and started walking uphill, I wondered about you—the mother I was going to meet. I raised my head and saw many people around. They were standing on balconies or walking down the street. I wondered to myself, *is it safe for me to walk in this place? What are these people thinking about me? Do they wonder what I am doing in this neighborhood—a White woman with uncovered blonde hair?* I walked carefully since there were no sidewalks and the streets had become narrow. On the left side of the street I saw a garden with olive trees. I looked into the garden and saw the large green gate of a Jerusalem stone house. The gate was open and I walked through, very excited and anxious. I started to imagine where I was going and what your house would look like. And there you were, waiting for me with a big smile. At that moment I felt welcome.

Slowly I followed you through another big, green, open metal gate. Laundry, most of it white, flapped in the wind. As I looked around I saw high walls surrounding the garden. Following you I became uneasy and wondered where we were going. I hid my anxiety from you but I was thinking, *Is it safe to go around?* I remembered hearing a story about a man who had recently come to one of the East Jerusalem villages and was stabbed with a knife by strangers. *What would happen to me if someone closed the gate behind me,* a voice inside my head whispered. *Don't think like that, please. No, don't forget you are invited. Please don't worry,* another voice inside me assured.

You guided me into your living room, Hob. It was a big room with three brown couches against the walls, a table in the middle, and other small tables around it. You then turned the light on and I could see clearer. The walls were white and empty. There was no carpet on the

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gray floor. It felt like a place that was hardly used, perhaps reserved for guests. I explained the study and you signed the consent form. Then I told you about myself and some of my experiences and I sensed that you relaxed and we both smiled openly for perhaps the first time since I had entered the gates of your garden.

You started by telling me about your childhood. You were born in Kuwait and when you were approximately 3 or 4 years old your family moved to Jordan to live with your father's family. The time there was not easy for you. Your mother had never gone to school and her hope was that you and your siblings would study. She kept telling you that her hope for you was to keep studying and to have a different future. You attended school up to Grade 10.

As you told me your story, you watched me, your eyes so dark the irises were indistinguishable from the pupils. Pouring coffee into cups, you smiled. I asked you about your stories of hope. It was like a water tap had opened. You started with a story about your mother and your father's extended family:

When I was 15 years old my grandfather said I had to quit school. I was very good at school. I was happy to study, but I had an aunt who was the daughter of Grandpa. She was only 1 year older than me. At that time, my grandfather did not want his daughter to continue school. As he did not want her to feel different, my sister and I were dragged into helping with the housework and eventually we all quit school. (Research conversation, August 4, 2015)

It was obvious that you did not want to quit school. Then you shared a story about your mother. I made a poem out of your transcript, out of your words:

My mother wanted to speak
She wanted
To speak out
Wanted to scream

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Out loud
That something was going
Wrong
With stopping school for us
I heard her cry at night
My grandmother used to tell her,
If you say something
Aloud
If you tell it to someone else,
I'll take away your children
I will expel you from home.
It was so sad.

(Poem created from the transcript, August 4, 2015)

Your expression changed to one of pain and tears fell on your cheeks. I paused, silently asking you to continue, hoping you could feel my encouragement. I sensed how much you cared for your mother. I wondered where your hope was in those moments when your mother was so unhappy.

Hob, you went on to tell me,

My grandfather was a difficult man. He and my grandmother lived with us at the same house. Every day my grandfather would shut off the power during the daytime. We could not do the laundry during the daytime. For doing our laundry, almost once a week, my mom would get up at midnight and wake me up too. Angrily I was asking her, why me? Why should I do laundry with you, Mom? There are my brothers, too. Why does it always have to be me to help you with the laundry? Our washing machine was electric and very basic and took a while to use. Every week, from 12 a.m. at night until the sunrise, I used to help my mother to wash and hang the laundry before my grandfather would shut off the electricity in the morning. It was difficult for me to see my mom working so hard every day and night. I felt sad for her and could not let her do the work alone. For my mother we, her children, were all that she had. We were her life. I was the oldest in my family and that's why it ended [up] that I did much of the work.

(Research conversation, August 4, 2015)

Listening to your story, I slowed down. I paused. There was silence.

You had six brothers and sisters and you were the oldest. You were the one who cared

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for your mom, the only one to help her. Memories of that time and place were deeply ingrained in you. You told me this story many times, and every time you did you paused at the same place:

My grandfather did not like us to spend time outside the house playing with others. I was a good girl and I obeyed him because I was worried about my mother. My sister, on the other hand, she is 1 year younger than me and she did not care and went out to play with her cousins. Sometimes she went out through the small window which I could not do. My mother used to divide housework between my sister and me. My sister wanted to play and hang out, so she would complete her housework quickly and would go out to play. I remember she once just pushed the dust under the couch pretending the floor was now clean. At that time, I was angry and jealous of her selfish thinking (smile), whereas I was the opposite. I felt responsible. I felt it was not fair to leave my mother alone with all this housework so I had to do everything myself. (Research conversation, August 4, 2015)

The way you shared this story was different. Your voice was strong and there was a smile at the edges of your lips as you continued, telling me, "I wanted to compensate myself for what I needed and wanted as a child and could not achieve." You went on:

Do you remember I told you that I quit school when I was 15 years old? Well the truth was that I really loved school and did not want to quit. As I could not go back to school, I decided that I would help my younger siblings with school homework.

Every day after they [siblings] all came from school, I taught them. They all gathered around the table in our living room and I was there with them, asking about their school time and helping them with homework. I wanted my siblings to be capable of studying. I had no choice because of my mother, so I wanted my brothers to learn. For me education is hope, as well as for my mother. As my mother was uneducated and did not know to read and write, and because of how my grandfather treated her, I felt angry and had no other choice but to be the teacher of my siblings. In that way I felt that I am also helping my mother. (Research conversation, August 4, 2015)

When you were forced to quit school you found a creative way to deal with your anger and frustrations. With all the chaos and turbulence you went through you had the courage to make your own decisions:

As I told you before, my passion was to study. When I couldn't continue studying, I instead helped my siblings to study. Later, after I got married and left for Jerusalem, my

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siblings started to get married and eventually they stopped their studying process. (Research conversation, August 4, 2015)

When I asked about your marriage your answer surprised me. "My marriage was an opportunity to escape. "What do you mean?" I asked.

"You must understand that in our culture, when a man comes to and wants to marry a girl, no one asks her if she likes it or not," you explained. "It is not a question for her to consider. So when my mother arranged my marriage, I did not think twice nor was I asked about it. While it was hope for the future, it was also no hope" (Research conversation, August 4, 2015).

I prompted you to continue and you went on. "Before my marriage, I saw my future husband only once when he was visiting our house in Jordan," you recalled.

It was a suggestion of a relative of his family to have a bride for him. He came to my parents' house. There we saw each other briefly and I did not know anything about him. The only thing I knew was that he was living with his family in Jerusalem. After his visit, he went back to his home in Jerusalem. He went away for 4 months to prepare a visa for me so that I could come and live in Jerusalem with him. At that time no phones were available. Then after 4 months I came to Jerusalem with my parents. It was just 2 days before the wedding. He arranged everything. He was a stranger to me and it was hard for me, but that is what it was. (Research conversation, August 4, 2015)

I wondered what you were thinking and what you felt when you left your mother and went far away to an uncertain future at 17 years old. You traveled from Jordan to Jerusalem without any clue of what your future would look like living in another country far away from your parents.

You kept telling me that there was something that you missed:

After I got married I wanted to continue studying. I could finish school and go to university at that time. However, what prevented me from doing that was my children. I

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raised my children and it was not appropriate that I resume my studies. Don't forget, I was alone in this village. It was hard. (Research conversation, August 4, 2015)

There was no anger or resentment in your voice. You did not blame anybody. What echoed throughout your stories was the value of study and education. You kept your mother's hope for education in your mind as a silent story.

You taught me about strength, willpower, and determination.

Thank you,

Dorit

Letter # 2 The World of Becoming a Mother

Dear Hob,

When I asked you about your hope memories, you started to share stories about your daughter Fatima. You told me that you worried about her future:

I want to see the horizon with this daughter and I don't see it . . . so, I am happy to continue to talk about hope with you. Fatima had problems since early childhood and because I did not understand what was going on at first she fell through the cracks. That's why I feel great sadness. I was lonely. I am still looking for hope. If we could have identified her needs earlier, I could have known where to go and what to do. I believe this is the reason her condition deteriorated. (Research conversation, August 12, 2015)

When you said that Fatima "fell through the cracks" it made me think there might be more layers to this story. It was the first time you had told me about Fatima and the concerns, sadness, anger, frustrations, uncertainties, and loneliness you had lived with over the years, not knowing what to do next.

Listening to your story, my professional instinct emerged and I wanted to hug you and to provide you with some strategies to help Fatima. I did not say anything, even though it sounded

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like you were asking for help. I noticed how, with your lips trembling, you tried to hold back your tears. There were tissues beside you. You took one. There was silence. As you were telling this story, I sensed some relief in your voice.

Hob, you helped me to learn that children are the foundation of your joy. You are a mother of seven children. The two oldest boys (who are already married) were living next to you with their spouses. The third child is Fatima and then two more daughters, Muna and Carla, both studying at the university and still living at home.

At our next meeting, on August 30, 2015, you started wondering about Fatima's future. You also shared with me your frustrations about her staying home and how jealous she was of Muna and Carla, your other daughters, who went out each day to university. You also expressed anxiety about Muna's upcoming wedding.

You know, mothers hope their children get married. I still don't know what will be with Fatima. What will be her future? Hope is present [when] my children are married. I've already got two of my children married and my life is something that everyone should pass it right. (Research conversation, August 30, 2015)

"What do you mean by 'pass it right'?" I asked. "You know, my children are the foundation of my joy," you said. "I raised and taught them to build houses and get married and then I would become calm. I want to see my children organized and settled" (Research conversation, August 30, 2015). In this dialogue it became clear that there were different ways to experience mothering for you. It sounded as if you once had a plan about how mothering should be, yet it became confusing for you when you talked about Fatima and her future. Fatima was born after your first two boys.

At that time there was no help for children who had learning disabilities. Unfortunately,

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she started the mental rehabilitation process only recently. She has a mentor from the [mental health] community center who comes here once a week to help her. Her situation is getting worse because she doesn't want to do things and to be involved. She prefers to stay at home. She does not want to change. If I did what she wanted she would not leave home and would not do anything. Everything I do is the opposite of my daughter's wishes. (Research conversation, August 30, 2015)

Here you paused and then added, "but I feel that encouraging her to be part of her rehabilitation process will be better for her. In this way, I help to build her confidence and give her a good feeling" (Research conversation, August 30, 2015).

I sensed how much you cared about Fatima and how you worried that not having had the help she needed when she was a child might be the reason she is not fully engaged now in the rehabilitation process. On one hand, as a mother, you wanted to listen to and respect her way of growing and developing as well as support her confidence. On the other hand, you wanted her to proceed with the rehabilitation process, though she wanted to stay at home and not participate.

Where is hope in those moments, I wondered.

When a child is weak, it is most important to provide her with safety and security. For example, one of my daughters is getting married in the coming September. You know, in her situation I am sure she will be all right and even if she will not, she will manage. In her situation, I am confident that she will be safe. But when there is someone who struggles and is weak it is necessary to hold and protect him. (Research conversation, August 30, 2015)

Then you continued:

You know, almost every morning I choose Fatima's clothes, I dress her, I also fix her hair. Then I try to find rehabilitation activities for the day. I worry about her because she could not cooperate. I try and things are going wrong. I lose hope. I go out of her room and then come back to her. (Research conversation, August 30, 2015)

I watched as you spoke. You were sitting on the edge of the couch. Your legs were crossed and your hands were folded on your stomach. I sensed that you had to put much more

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time into caring for Fatima than your other children. It maybe was because you tried to protect her from other people in the village. It seemed that no one in the village knew about your daughter's condition. As the translator and I were coming often to your house, your neighbors started questioning you about what were we doing here

No one here in this village knows about my daughter and I will not tell anyone about the purpose of you coming here . . . It is only between you and myself as her mother to know and understand what we are doing. It is not everyone's business. After all, no one here knows about my daughter. (Research conversation, August 30, 2015)

Your life appeared so complicated, not only because of Fatima's difficulties but also because of the stigma of mental illness. *I am wondering what do you tell other people in this village about Fatima? Do you have anyone with whom to share your struggles?*

"Being a mother was not an easy process," you said. You wanted to tell me about your other daughters, Muna and Carla, and how different their lives were from yours when you were their age. You said:

When I compare the life I lived as a child in Jordan with my parents and the life that my daughters are living now, I feel that my daughters are living a life of kings and princesses. They are living with us at home. They are both studying at the university here in Jerusalem. Now, when my daughters return every day from university, they are grumpy with me. Do you know why? The reason is that they see their peers at the university. They see what these other girls wear and what they bring and buy. Some of them are driving their own cars. Then my daughters return home and start complaining. They say to me, "What are you doing for us? Look what's going on around us at the university." I cannot say anything. I only listen.

Then I say to them, "My girls, you are living like kings compared to what I had in my life. You live like princesses." When they come home they both shout at me and they tell me that they are frustrated. They want to receive more from me and my husband. When they don't receive more from us they complain and say "if you cannot pay and provide us with a car and more . . . why did you bring us into this world at all?" Their words make me feel sad and hopeless. How come they do not appreciate all what I already did for them? (Research conversation, August 30, 2015)

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It was very painful for me to hear that you had to endure these words. I wondered if maybe it was just a bad day and that your daughters really did appreciate you. Telling me about your daughters' lack of gratitude made you tense, but the next story you told me was even more difficult.

The story I want to share with you now is something that happened to me and it was the most difficult experience in my life so far. Following my father's death my mother was mentally traumatized and then she had a stroke that caused her to become blind. Toward the end of her life she was very sick and was hospitalized in very serious condition. I stayed with her for 3 days in the hospital. At that time my daughter Muna was a senior in high school and had her final examinations. When her examinations started she became sick and was unable to go to school and learn. I had to help her so I left the hospital, went back home, and read her textbooks to her . . . We did that for a couple of days and then early one morning I had a phone call from the hospital that my mother had died. (Research conversation, August 30, 2015)

We both paused and remained silent. Tears fell on your cheeks. I sat beside you and wanted to hold your hand. I wanted to hug you and tell you that you did the best you could, not only with your daughters but also for your mother. I just listened. And then you continued:

I wondered on that day if I should go to the funeral of my mother and eventually decided not to. I was very concerned for and about my daughter's exam and I felt responsible to help her as well. I figured out that for my mother, it will make no difference now that she is dead. If I would go to the funeral however, I would have felt guilty as a mother for ignoring my daughter's needs that day. I felt it was too much of a responsibility I had for my daughter and I decided I will not go to the funeral but stay with my daughter to help her. (Research conversation, August 30, 2015)

What an unspeakably difficult choice you had to make: if you went to your mother's funeral, your daughter would have felt that you were abandoning her and you would have felt you were devaluing her education, the very thing that had been of such value to your mother and was now so important to you. But not being able to grieve with your family, not being able to grieve the mother who meant so much to you—it was clear from how you told the story that you

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were still troubled about having to choose:

I cannot imagine a mother who leaves her daughter to struggle. It is my hope to help my kids to continue with life. I remember my mother's words. She told me that she could not help me and my siblings with school. It was her hope that kept me going. (Research conversation, August 30, 2015)

During the next meeting, on September 28, you told me how sharing hope with your daughters made a difference in your life:

You know, my daughters are angry with me and they complained about many things I do and did. They are angry with me that I do not demand from her [Fatima] and are angry with her that she does not take part in the house tasks. However, since I shared with them about hope, although they still argue with me about Fatima and things they don't like about what I am doing with her, our conversations do not focus on the emotional pain. Something has changed and we are now open to different conversations. (Research conversation, August 30, 2015)

Afterward, you shared with me your joy of your daughter Muna's marriage just a few weeks earlier. You were excited and happy. We laughed together and you showed me some pictures from that special day. Nevertheless, even within this happy day Fatima's illness was there with you, casting sad shadows.

Since your daughter Fatima was diagnosed with a mental illness, you felt like you are walking in the desert.

From the day I was told about her diagnosis, Fatima gives me a feeling of hopelessness. Everything I do with her is blowing in the wind. Another mother would have left her . . . However, I do not know where it comes to me . . . every time I try with her new things again. (Research conversation September 28, 2015)

When I asked you to explain what that meant, you replied:

With Fatima I feel like [I'm] walking in the desert. You know, when you are walking in the desert you are thirsty. You are looking far away and you see a glass of water. You are going towards it. You have hope to reach this glass of water. Then, when you try to come close and reach the glass, suddenly it disappears. It is called a mirage. (Research

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conversation, September 28, 2015)

“That sounds frustrating,” I said. Your response confused me: instead of agreeing, you laughed. Then you said,

You know, Fatima gives me a hard time. Over the years I keep trying new things. There is a rehabilitation center in East Jerusalem where they would ask her what she liked to do—things for the house, like sewing, glass-making, cooking—and I went with her for the whole day. I can tell you. Sometimes I have despair because of her, but I tell you, I hope that she will succeed in the end. (Research conversation, September 28, 2015)

You used a metaphor of the desert and a glass of water to explain your daily experiences with Fatima. I imagined what it was like to be in your world as you told me about the process of hope and no hope and even despair in different situations.

Then you further explained and I made another poem from your words:

When we lose hope,
Then there is
No point in living . . .
I do not know how
I overcome it
Sometimes frustration
Catches me
Then
I leave her
But, I do not know
How I continue
To come back
And try again
I do know that
As long as I have
Good health
And
Strength
To help her
I would do it

(Poem created from the transcript, September 28, 2015)

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Still with regard to your mothering experience, I remember that on October 17, 2015 you told me more about how you perceived your hope living on in your children's lives.

Things I did not do, my kids are doing. Let me tell you, Muna, my daughter, studied social work at the university. Last month she received her degree. I am so proud of her. Now, after finishing her bachelor's degree, she is thinking of her master's . . . and I support her. (Research conversation, October 17, 2015)

Your belief in education and that your daughters should be educated was a source of great hope for you and allowed you to keep going through many difficulties. You never took for granted that your daughters would share your hope, but here was Muna with her new bachelor's degree planning to continue her education. Ensuring that your daughters were well-educated was a very personal hope. The collective hope, the one that was shared by others in your community for their children, was that those children would grow up and have families of their own. The sons would remain with their parents, living in houses or additions to their parents' houses, in what were essentially family compounds. The daughters would marry and go live with their husbands' families. That was how you wound up in Jerusalem and it was how your family was now growing and changing. You were determined that your daughters were not going to move away. One daughter was already married to a man in your East Jerusalem village. You were still hoping to find local husbands for the two others.

I thought when the kids grow up it will be different. When they were young I was imagining how they would develop and grow personally, professionally, and socially and how they would flourish and achieve their highest goals. I was imagining how they would become independent and not need me anymore. And indeed, they grew up. Now three of them are married. Yet what a surprise it is for me to realize that even after they got married, I found myself dealing with them more and more, trying to address them as well as their spouses, families, and future grandchildren. (Research conversation, October 17, 2015)

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You were not just welcoming your daughters-in-law into your family. In your own way you were educating them, too, about important life lessons.

A couple of days after my oldest son was married, he and his wife came to live with us in the same house. The first day I sat with my son's bride, I told her, "Today you have a place to live, but you need to think about the future of *your* sons. You know, it is possible that your sons will not have a house. It will be better for you to start thinking today about the future of your children and to start saving money for them. For me, it is obvious to plan the future." (Research conversation, October 17, 2015)

Sharing your stories with me, I felt our relationship grow.

Thank you,

Dorit

Letter # 3 Spirituality and Religion

Dear Hob,

I would like to share with you now some of my thoughts that emerged after our conversation about the importance of education, spirituality, and religion in your life. As you may remember, on September 28, 2015 you told me about your childhood experiences. You grew up knowing how important education was to your mother, but it was not until we had our hope conversations that you realized that education was not just important to her, it was her silent hope and she had passed that on to you. You said:

As a young child, my mother was never allowed to go to school. She could not read. She told me that she could not help me with my homework. This was painful for both of us. After I was forbidden to go to school, I still had hope. I could not learn, but I helped my younger siblings with their homework. (Research conversation, September 28, 2015)

Listening to your story, I created a poem from your words.

My mother loved to learn and study

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A few years before she died
She entered the adult education scene
She studied in a religious school
It was a religious class
She started in the first grade and
Studied to the fourth grade
It was the first time in her life
She learned to read and write
Especially, to read the Quran
Although she was old at that time
She had fulfilled her hope and desire
At that time, I encouraged her to study
She fulfilled her dreams
She did it.

(Poem created from transcripts, September 28, 2015)

What I found especially interesting was that when your mother finally had a chance to learn she chose not to go to a secular school, but instead to learn to read the Quran, to read about God. As you mentioned, this studying experience was hope for your mother.

Here is another poem about your relationship with God which I have created from your words:

I learned from my life experiences,
Which is the greatest wisdom acquired.
When I was living with my parents in Jordan
There were very hard times
For me as a child and
For my mother.
Those times had left me with hard memories.
Every day I have memories from that time.
I pray to God to help me—
Help me to change things.
It is not only God who helped me,
I think hope is always there.
Maybe hope does not relate only to
God and religion.

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It may relate to the person himself.
(Poem created from the transcript, September 28, 2015)

You taught me that sometimes hope can be hidden. You made me think about religion and about God as a higher power that helped you in different situations. You told me that you were not a religious person. Until our conversations, I had not stopped to think that a person does not have to be religious to believe in God. You taught me that spiritual hope is associated with God or faith and hidden in different places and activities:

Hope first comes from God. No matter what I do and how I do it and everything that happens[s] to me, it is in God's hands. All religions have something to say about how a person must do his best, then God will help him. (Research conversation, September 28, 2015)

At the end of October 2015 I returned to Canada. I looked at artifacts, notes, and research journals that we had created. I started to imagine something new in our unfolding relationship. Because we did not share a language, we could not email each other. Instead, we communicated through WhatsApp using images instead of words to stay connected. You shared pictures of your new granddaughter and I shared with you pictures of my daughter-in-law's pregnancy. You created a virtual place for us to "meet" and to share our grandmothering experiences. I learned about a new way of communication I had not imagined was possible. You made me wonder about hope through communicating online without words. For me it was a gift to have a reciprocal relationship that grew in a different direction in such a creative way while I was in the process of writing narrative accounts.

At the end of March 2016, I traveled again from Canada to Israel. I came back to share with you the co-composed stories I had been working on. We tried to meet but the political

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circumstances made it very difficult.

Finally we met on April 6, 2016. The translator (Ravia) and I picked you up in the center of your village. The conflict was still going on and you did not want us to come to your house. I would have liked to have been able to get out of the car and hug you hello, but I was scared to be there so you climbed in and we drove to a nearby mall. As we walked through the mall to find a coffee shop we hugged. We were so happy to be together I noticed that people were staring at us, but I did not dwell on that as I did not want anyone to interrupt us. We sat at a round table in a quiet corner near the wall. We laughed about the impossible situation we lived in and the difficulty in meeting due to a political situation that was out of our control. We were happy to share pictures of our granddaughters face-to-face this time.

I had been excited and anxious for this meeting, wondering and worrying about what you would think about what I had written. But as I quietly and slowly read you the text, I gradually felt more relaxed. I looked into your eyes to see if I had gotten your stories right. I wanted to ask but waited to see your face. You smiled and said, "Yes, I like the story . . . This is how my life is living" (Research conversation, April 6, 2016).

These moments of reading and sharing were special for me. I felt like we had opened another space of hope between us. You shared your stories with me and you opened my eyes to the idea that hope is a silent spirit that can be passed from one generation to the next. For these gifts, I will always be grateful to you.

Thank you so much for letting me into the myriad worlds of your life.

Dorit

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Letter # 4 The Political Landscape Shaped our Lives

Dear Hob,

As you remember, we started our conversations on August 4, 2015 and we intended to meet almost every week. Unfortunately, our efforts failed in mid-September because of the unexpected shift in the political landscape around us. Violent clashes between Jews and Muslims had spread over all of Jerusalem. The conflict intensified day after day and intermittent military and police curfews were imposed on many villages, including yours. It became impossible to travel freely. Even when the curfew was lifted, it was still very dangerous to move in and out of your village. I was scared to come to your home. You were scared to leave it. Helplessness and hopelessness were my greatest emotions at that time.

Finally on October 19, 2015 we managed to find a relatively safe place to meet, at the mental health clinic in East Jerusalem. As I had already been to this place, I felt a bit more comfortable driving there, yet I experienced fear as there were still many security forces around the area and few people walked on the street. I entered the clinic. The brown front door was open and Viva, the social worker, welcomed me. We hugged each other and I followed her into the meeting room. There was a big window and sunlight washed over a table full of sweets and candies. I sat at the table and immediately felt calmer.

Then you arrived. You were pale. Your eyes were sunken and there were dark circles around them. I worried that someone from your family had been hurt during the conflict.

You greeted me with a “Marhaba,” which means good morning in Arabic. Viva served as our translator. “What happened?” I asked you. “You look pale. Is something wrong?” You

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told me what had happened when you left your house that morning. I used your words to create this poem:

My daughter Fatima,
She was angry with me.
She was scared.
She was hoping that
I would return home safely.
She is worried about me
when I am out of the home.
It was hard to walk outside.
It was scary.

(Poem created from the transcript, October 19, 2015)

“I hope you called Fatima to tell her that you are safe now,” I said. A voice inside said, *hopefully we both feel safe here*. “I did,” you replied. Then you continued: “You know, Dorit, I feel worried and scared. I cannot sleep through the night.” You said you were worried about your adult sons.

They are leaving the village in the morning for work in the west side of the city and I am scared that they might be shot and killed on the way, even though they have done no evil. It is so hard to maintain hope. You know what is going on outside? It is [a] terrible, hopeless feeling within me. (Research conversation, October 19, 2015)

And yet you still had hope. You told me that whatever happened has been determined by God: it was going to happen anyway, so there was nothing you could do to prevent it. “I believe that everything is already written in advance so if they die it does not matter where they were,” you said. “This is hope. It calms.” (Research conversation, October 19, 2015).

I tried to stay with your stories, to not be distracted by the circumstances. I listened again and again. I sensed however, through silences, that there were things you did not share. Leaving your home in the midst of the violent conflict to meet with me at the East Jerusalem clinic took a

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tremendous amount of effort and courage and I was grateful to you for that. I sensed that it was important for you to come to meet me for this conversation. *Was it hope?* I wondered. *Why isn't it possible to live together as neighbors? Why can't we live safely? Where is hope in these moments?*

Then you shared more, for which I have created another poem:

Moments of hopelessness
relate to an absence of safety,
every minute
something bad may happen.
I have a low mood,
I sometimes fear,
I do not sleep well at night,
This situation
Leads me to anger
Depression,
And breakdown
I am scared that they might be shot and killed on the way
(Poem created from research conversation, October 19, 2015)

When you talked about your fears for your sons' lives, I noticed that you were so tense that you were biting down on your lips. You were scared but it also seemed you were angry. I wondered if there was a story that you could not tell me. Perhaps that was why you were so tense. Every minute something bad was happening. The following is a poem I created from your stated words:

There is no understanding
Between the two sides,
There is a danger outside.
Our lives are full of uncertainties;
You cannot predict what will happen.
There is a lack of confidence everywhere,
At any moment, something bad can happen

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(Poem created from the transcript, October 19, 2015)

Among the things you told me that day was this:

You know, Dorit, there are many mothers like you and me. Mothers, I believe all over the world, giving birth and raising their children with hope for their future. They care and educate them, do the best for them. Then the children grow and for no reason they might be dead. Then where is hope in this case? (Research conversation, October 19, 2015)

I did not respond although I agreed with you. This conflict we were in was a senseless situation. Our lives in the midst of war were shaped by the presence of soldiers and police and also by fear, uncertainty, and hopelessness. You were not only worried about your own life but also about the lives of your husband and children. Yet despite all the dangers, you came to meet me. You were determined to continue what we started—telling and sharing stories of hope.

“When there is nothing that we can do about the situation, we can still have hope,” you told me. “You know, I am hoping that we all live in peace together” (Research conversation, October 19, 2015). You were right; there was nothing we could do in those moments to stop what was happening outside of the clinic. However, having us, mothers from both sides of the border, sitting together in this space and sharing our fears and hopes, created a safe place and opened new possibilities. You then said:

You cannot stop living. This is part of continuity; this is part of hope and this is part of life. We must continue to hope for the future. Life must go on and it is all about hope and about the meaning of life in this area. We must continue to hope. Difficult things have never prevented us from keep[ing] living, things have never ceased in our everyday life. I believe and hope that everything will calm down and be quiet again. I do not know how to make it happen. I don't have these skills to change the situation as I did not start it. You know I just cannot stop my life. It is hopelessness when we don't have any control of situations—that's what scares me and drives hopelessness. (Research conversation, October 19, 2015)

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Hob, as you may recall at the same meeting at the clinic we also did a hope collage. I had brought some magazines with me and asked that we search through them for images that might symbolize hope. We spent a couple of hours doing this. We flipped through the different magazines and looked for images that symbolized hope. Whenever you found such an image you took the scissors, cut out the images, and collated them. Making this collage allowed us to be present. During this process I learned about your way of being and doing. I felt very close to you.

Outside the mental health clinic, the sounds of ambulances and police sirens occasionally reminded us of the reality we were living through, but inside the clinic, the only noise came from turning pages and cutting paper, and Viva, the translator, coming and going from the room. We forgot what was going on outside. During those couple of hours the room in the clinic became a new world that we created for us. There was no need for language or words. Eventually you selected three topics with related images that you collaged and pasted on a board. Below is the full collage image and its elements.



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Figure 4 Hob's Hope collage



Figure 5 Part of Hob's hope collage

You explained Figure 5: “In this image, there is domestic security. Within the family, you want to feel confident and safe and this is hope” (Research conversation, October 19, 2015).

But as you then explained, this does not always happen. Sometimes the reasons are personal within a family and sometimes they are cultural. You further explained:

In this picture, you see, both parents are giving and receiving warmth, safety, and security. When I am telling you this and looking at the picture, there are different ideas and memories that are coming into my mind. Let me tell you, in our culture, shortly after a wedding everyone expects the bride to become pregnant. This could be hope, right? However, if this does not happen everyone in the family starts to worry. You know, sometimes it is not because of her that she is not yet pregnant. Sometimes her husband has some problems. Anyway, when she is pregnant and everything seems to be good and promising—you get some relief. This, however, does not last for long. Because if she would have a daughter, a baby girl, it becomes a problem. That is because we all want the first one to be a baby boy. A baby boy will inherit the surname of the father's father, the baby's grandfather. It is a symbol of hope for the family and they are proud of the baby boy to become one of the clans, by receiving the name of the grandfather. In this way, we get the baby boy to become a man! (Research conversation, October 19, 2015)

As you were telling this story my heart was pounding and I asked myself, *how does a mother feel when she gives birth to a girl and not to a boy?* I did not want to interrupt your story; I wanted to listen. I needed to understand your experience as a mother and a daughter. I

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tried to listen to the words that were spoken as well as the words that were not. *Where was hope?* I wondered. Your story of family and hope, through the collage, helped me to understand something of how life and family were experienced from your vantage point.



Figure 6 Beach –part of Hob’s hope collage

The next image you shared was a picture of a beach (Figure 6). “I like to walk on the beach,” you explained. “The picture of the sea calms me down. At the sea, I take a deep breath, and this makes me feel calm and provides me with a lot of hope” (Research conversation, October 19, 2015). When you shared this story, you appeared a bit uneasy. Your eyes became a bit smaller and your voice grew quieter:

Although I love walking on the beach, the sea scares me. The sea is unpredictable, uncertain, and it can be dangerous at times. I don’t like my children to go there. This image of the sea represents for me both hope and hopelessness at the same time. In my memories many people were drowned in the sea or never came back from boat trips. Usually I go to the sea with my husband and without the kids. I am afraid something bad will happen to them. (Research conversation, October 19, 2015)

This story about the sea seemed to reflect the duality we were living—creating a hope collage in a comfortable and safe place while outside the clinic, all around us, were turbulence and chaos.

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Figure 7 Flowers –part of Hob’s hope collage

The next image you shared, Figure 7, was of different flowers. (Right side of collage).

You said:

On the right side I chose images of flowers. As you can see there are multiple flowers. Flowers and nature are some things I can look up to and if I’m angry and upset they help me to calm down. The moment I see a colorful flower I calm down. For me this is hope.(Research conversation, October 19, 2015)

Your face was shining like the sun when you shared your story about these images. It was as if you could touch the flowers in the picture, as if they were real. You caressed the pink and purple flowers on the paper with your fingertips. Slowly you rubbed the page—such a gentle touch. We looked at the flowers together, trying to remember how they smelled.

We also shared the collage I had made. We laughed and enjoyed the similarities of and differences between our hope symbols. The time went by quickly.

As the meeting ended and my time in Jerusalem was also ending, we both understood that this hope collage making was our last meeting. We decided to continue our relationship and communicate further through WhatsApp.

Thank you for being in my life,

Sincerely,

Dorit

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Chapter Seven: Narrative Account of Neta

This chapter describes the stories of Neta as shared during our conversations. Between July and October 2015, Neta and I had 10 conversations which took place mostly at her kitchen table and sometimes at a coffee shop in her neighborhood. After introducing Neta, I continue with four letters that I wrote to her summarizing the topics that emerged from her stories.

Introducing Neta

I met Neta through Beti, the director of the community mental health hostel in West Jerusalem, who knew that I had been looking for participants for my study. Neta was 68 and her son, Tomer, lived in this mental health community hostel. Neta told Beti that she was willing to share stories of hope with me. Beti phoned me on July 15, 2015 to make the connection. I drove to Neta's house in Jerusalem 4 days later for our first meeting.

The door to Neta's house was open when I arrived on Sunday morning, July 19, 2015. As she came to the open door a big smile spread across her face. She welcomed me and took me straight to her kitchen table where many sweets and drinks were waiting for me. This kind of welcome immediately instilled hope within me. Neta introduced me to her husband who was sitting with us at the round wooden table. She told me that he struggled with dementia. As I saw them both in the kitchen I thought to myself, *maybe I should not be imposing on her with my study while she is invested in caring for her husband*. After I explained my study and some of my previous experience she signed the consent form and we decided to together explore this thing called hope. As we shared a common language (Hebrew), translation was not necessary. There were only the two of us to tell, retell, and relive stories as our relationship unfolded.

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Letter # 1 How the Mother In Me Was Born

Dear Neta,

You were born in Jerusalem as the fifth of seven children. As a child you were very insecure and fragile, yet you worked hard to care for and help your mother. Although you did not like to work at home, you could not leave her alone. You stayed at home with her while your sisters and brothers played outside:

On Saturdays she would lie in bed; she felt sick after the hard work she experienced during the week. I remember sitting beside her bed when some of my friends would come to my house and ask me to go outside with them to play in the neighborhood. Usually I would say, "No, no, I cannot go out because of my mom. She is not feeling well and might want a drink or something else." They used to leave and I would have sat all day beside my mother. I never went out. (Research conversation, July 19, 2015)

I wondered how, as a child, you coped with staying at home instead of playing outside with others? These thoughts and wonders took me back in time to my own life when I was a child caring for my mother:

I used to play with my dolls in my room while with one ear I was listening for my mother's voice. The moment she called my name, I went to her room and sat beside her bed to make sure she would not be alone. I would always be there for her. (Research Journal, July 19, 2015)

I wonder at how, as children, both you and I learned to live this way. These experiences shaped our way of caring. Then you continued telling more about the times when you were 6 and 7 years old:

I could not sleep because we had a small apartment, you know, we were seven children. I was the only one that did not care about sleeping in an iron baby bed. Even though I was about 6 or 7 years old, I loved this bed because it was between my parents. Sometimes I asked my father to sing for me before I fell asleep and he would sing for me. He had a very deep voice. I loved to hear him singing. (Research conversation, July 19, 2015)

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After telling this story, you drew the scene on a piece of paper. This drawing allowed both of us to picture the scene. I was wondering how your father's singing influenced your life.

Then you shared about caring for your little brother. You were 8 years old when your youngest brother was born and you had to take care of him. You were also like a mother to him.

You told me:

I was 8 when my youngest brother was born. I helped my mother with his needs. I used to help him with his homework. I also went to his teachers at school. I remember how I was looking after him every day; he was the closest to me all the time. Long after my sisters and brothers grew up, they told me how I was the quietest girl as a child and always stayed beside our mother, and yet I became the strongest of all of them and still care for everyone. I think that these strengths resulted from those years as a teenager when I was rejected from high school and had to become responsible for my future. (Research conversation, July 19, 2015)

You sliced another piece of cake for both of us and then stood up and faced the wall in the kitchen which was filled with framed family pictures. Pointing, you took me on a "tour" of your family:

Here is my sister whom I took care of during her illness. I was with her until she died. Here is another sister who lives in the south of the country. You see that everyone is around my mother, all cousins and nieces, all standing and sitting around her. It was the way we used to live our lives in my family. (Research conversation, July 19, 2015)

You guided me through the different photos of your extended family. Those pictures were memories of different celebrations, weddings, and birthdays over many years. You showed me who was still alive and who had passed away. I was wondering about *continuity* within a family where some of them still seemed to be part of your daily life while others, although dead long ago, were still living within you. Your mother (who was ill during most of your childhood) had a central place in these pictures. As you were telling about your mother, siblings, cousins,

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nieces, nephews, your children, and grandchildren, it seemed that you were engaged from the inside as though your heart grew. You seemed empowered. It seemed like you lived most fully in those moments of sharing. Is this hope, I wondered? There was something very visible and important for you taking actions as a daughter, a sister, a woman, a wife, and a mother.

A few weeks passed and the Jewish New Year holidays arrived. Booths selling gifts for the holidays were located on every street corner. As I entered the white gate of your home, going down the stairs the front door was, as always, wide open and you welcomed me with your warm smile. We sat around the kitchen table, as usual. On the left there was a cupboard with open shelves, each of them with different gifts and tableware including plates, glassware, and cutlery, as well as photos and crafts you had received from your grandchildren. We shared our New Year holiday experiences over the years and how things had changed since you were a child at your parents' house. Your parents used to invite people to their home for weekend dinners.

You said:

Looking after others was a priority for both my parents. Helping others was above all. My mother was very good to others. People used to come and visit us on Shabbat and especially on the New Year holidays . . . (silence) We were living across from the synagogue (silence). People knew that my mother was compassionate about lonely people and homeless people, so people would come to us to celebrate the holidays together, even though we barely had food to eat ourselves. I inherited a lot of good qualities from her. (Research conversation, September 2, 2015)

As you shared this story your voice turned a bit quieter. When you described your mother's passion for sharing, you paused. I tried to listen to your silence. You were proud of your mom and how she treated others, even strangers. Through our conversations you noticed how much you had become like her in different ways. Only after I returned to Canada did I

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understand your way of being and knowing in your family. You told me about your mother and how things you were doing reminded you of her. By listening to and reading and re-listening to and rereading your stories, I came to know your way of being, knowing, and doing not only in your family but also within your community.

Your giving was an integral part of your nature, particularly your giving to your family members like your sister. She would tell you, "What would I do without you." She needed you. A week later, during the next meeting (September 10, 2015), you told me about the strength you gained from taking care of your sister and how much you were there for her.

My sister had no hope even though she had two daughters and grandchildren and also a wonderful husband. She viewed herself as a sick woman. She had no confidence and low self-esteem. She was very attached to me. Whenever she needed my help, I took her to the hospital and I brought her back to my home. She was a queen when she came over to me. Unfortunately, she felt no hope for the future . . . She was exactly a "no hope person." (Research conversation, September 10, 2015)

What did you mean by being a "no hope person"? Your words made me wonder about our understanding of caring for a family member in need. Your whole life had been devoted to caring for others, first for your mother, brothers, and sisters, and now for Tomer. When Tomer was 12 years old you began studying palm reading, learning to tell fate and fortune by the lines on people's hands. By analyzing your family's hands, you learned more about them, including about Tomer's sensitivity, yet you never imagined that he might someday be diagnosed with a mental illness.

The palm reading teacher read the palms of my four children. He told me that I needed to provide three of my children 50% love, whereas the other 50% should go to my fourth child, Tomer. He also suggested that I consider not sending him to the army. I was surprised. Can you imagine not sending a kid to the army in those days? At that time I did not understand his suggestions. He explained to me that Tomer might have

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something with his blood, neurons in his brain. He told me that I should give him a lot of encouragement . . . I did not understand but I hoped for the best. I said I hope that nothing unusual is going to happen. My hope was that we would continue our life process as usual. So Tomer eventually graduated from high school with high grades, excelled in physics and mathematics, and later was recruited to the artillery units in the army for 3 years. My mind was with my palm reading teacher's words that knocked on my back door at every crossroad. We crossed high school and we passed the army and everything was fine. (Research conversation, September 10, 2015)

Listening to your story about living a life with worry and hoping for the future, you explained to me about the way Tomer, your son, became ill.

Back in those days, after completing the army service, Tomer took a job at my workplace in a different department. The co-workers and the manager used to tell me he was adorable and they wanted to arrange tenure for him. They were very satisfied. Why? Every day his bosses drove him and others to the office. They liked to listen to Asian music while driving to work. Tomer, on the other hand, did not like this music but did not have the confidence to ask the driver to lower the volume. He used to complain to me at home that he could not bear this music. Away from home however, he would not comment about what he did not like. Everyone viewed him as a saint. After a while his boss wanted him to take over more responsibilities for two more employees. Such suggestions put enormous pressure on him. His hypersensitivity to this pressure probably discharged some hormones in his brain, which resulted in his first psychotic episode. (Research conversation, September 10, 2015)

I slowed down and tried to listen carefully to your telling and your silences. You left me wondering what stories you were keeping to yourself about all those years with Tomer. I also wondered how hope shaped your experiences as a mother during such difficulties. You then continued:

Tomer, you know, was the most beautiful, happiest, and active child . . . all over these living room walls you can see his paintings. For example, a picture of himself and all these paintings he did. He was full of energy and therefore he used to play different kinds of sports: tennis, football, basketball, and at the same time, he also played the piano. On top of all these, he was the one to help his sister in geometry. Last year she went with her husband and her two children to his community hostel where Tomer lives during the week. She told the people there (his friends who are living in this place, this hostel) how the two of them used to play together in their childhood and how he used to

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help her with homework, especially in geometry. She opened her heart to tell them how much she loves and cares for him. Tomer told his sister that he feels lucky to have her as his sister because there are many people who do not have a family who cares for them. (Research conversation, September 10, 2015)

I realized how much I had learned about your strength and courage from this story. I thought about something else you had told me: “My children learned to love Tomer and learned from the way I treated him over the years” (Research conversation, September 10, 2015).

It appeared that your generosity of spirit lived in your daughter as well; it shaped her into a gentlewoman who took time from her own life to care for her brother with love and respect.

The way you lived your life became the beacon that showed the way for others, especially for your children who followed your way of caring, each in their own way. Although it was and is still important to you that they continue to care, you did not want to impose on them the care for your husband or Tomer. With tears, you said:

I take upon myself everything; I do not bother them. When Tomer needs lots of help, I handle everything by myself as my other children need to take care of their lives. They have families to take care of. I don't want them to feel a sense of overwhelming responsibility. (Research conversation, September 10, 2015)

So many thoughts were on your mind as we spoke. Using your words from a later conversation (September 24, 2015), I created another poem for you.

Hope for a sick child is also hope
but it is different
a little more difficult
It is more of no hope
and hope at the same time
within me
I think it is my hope
I hope that Tomer will be
independent

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be able
to create
a life
I am not sure
If it would be possible
this is the reason
why hope
is very difficult
for me
Especially
thinking
forward
to the end
of my life
It is hard
for me
to leave
the world
I wonder
who will
take care
of him
after me
you know
there are
so many
uncertainties
when I think of hope.

(Poem created from the transcript, September 24, 2015)

Your sincere words about the end of life struck me. It seemed that you did not like the idea of your children taking care of Tomer after you leave this world. I wondered if you had discussed this with your children. In those moments when you talked about the future, I felt your voice become quiet, at times heavy. Our conversation made me think about silences and gaps, not only in your story but also in mine. I felt so fortunate to be alongside you.

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Thank you,

Dorit

Letter # 2 We Had To Build a Life

Dear Neta,

You have let me travel to the time and place that changed your life during your adolescence. You decided then that education should be an important value in your life.

We were seven brothers and sisters, you remember, we had no one to read us stories and teach us. My parents did not have literacy skills and we had to build a life alone. I was 14. I finished primary school. I was very weak in telling stories in school. I could not go to a high school. I was not accepted because I was mediocre. I was hopeless. I said to myself, well if I do not take myself in hand I will be lost. (Research conversation, July 19, 2015)

You explicitly acknowledged your hopeless situation of not having an opportunity to reach high school when you were 14 years old, yet your hopelessness turned into hope. It was when you experienced hopelessness that seeds of hope were planted. At that time you had the courage to decide to choose a different way to live your life. You decided to take evening classes, join a folk-dance band, a youth group, and work in a laundry to help your parents financially. Then you shared the following:

This transition was important to me. These moments of hope provided me with the drive to study and acquire all kinds of skills. They motivated me throughout adolescence and through my army service. Isn't this hope? (Research conversation, July 27, 2015)

After the army service, you stated that you wanted to become a nurse. One evening, as your mother was preparing chicken for dinner, you shared with her your hope to study to become a nurse. At that moment in your mother's kitchen, there was silence. Your mother looked into your eyes. Her eyes were filling with tears. She threw the bowl of chicken on the floor and said,

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“If you go to study, who will help us with money? How do you think we will manage?” You were shocked. At that moment you experienced both hopelessness and a sense of responsibility for your family’s care. At that moment you made a decision that education would be crucial for you. This turned out to be a symbol of hope for you. You never did get to nursing school; you worked instead.

Two weeks later (August 10, 2015), in our next conversation, you told me that you carried that symbol of hope with you during your adult life. You decided to earn an academic degree. You said:

My parents could not take care of my education so I invested in education, not only for my children but also for myself. As I was working at a government office for 42 years, I was able to take many professional development courses. It is not by accident that three of my four children have doctoral degrees. (Research conversation, August 10, 2015)

A few weeks later, you said:

I felt something was missing inside me that bothered me. At the age of 50 I was closing a circle. These studies provided me with a lot of strengths and more opportunities. Watching Tomer and the way he was living made me better understand that I needed to continue on this path of action and capability. I had to move on. I had already an experience of sitting and doing nothing. Sit, wait, and cry does not bring you anywhere. (Research conversation, September 2, 2015)

That story about caring for a family and hope for education that began in your mother’s kitchen had resonated throughout your life. You further shared.

I think that an uneducated person that has no self-worth, no ability, and no self-confidence does not see the flowing forth. This kind of a person does not have hope. He has no hope for the future. But hopelessness is not a permanent feeling; it can change. (Research conversation, September 10, 2015)

When you were facing difficulties in your childhood, you did not receive everything easily. You recognized your hopelessness and often pulled yourself out of despair. It was as if

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you knew something could or should be different. It was not until you were 50 years old that you felt enough self-worth as a mother that you could close that circle:

As for myself, I raised myself alone without my parents and I organized myself; thus, it was important that my children have education and knowledge. By organizing them I helped them to achieve their goals. I loved to help with their studies. I was reading their notebooks and checking their material. I had fun. (Research conversation, September 10, 2015)

Listening and re-listening, reading and re-reading transcripts, notes, and research journals I noticed that it was not only formal education that was important for you; you provided your children with informal education as well. As you further explained,

I remember specific activities for my children at our community center that were important to me. For example, all my children had studied piano lessons and two of them were in swimming classes for 7 years. I felt it was my responsibility to have them study and participate in extra-curricular activities. (Research conversation, September 10, 2015)

You made me wonder if these were hope activities for you. You said,

Tomer was playing the piano until he was hospitalized . . . Playing the piano increased his self-confidence. When he saw me sad he would say, "Mom, would you like me to play the piano for you?" and he would play for me. He doesn't do that as much, but still, he likes to play. Also, my two young children were part of a swimming team from age 12 to age 17. The sport was also very important to me as a mother. We went to the pool on Saturdays. As a family we were engaged in activities for all. (Research conversation, September 10, 2015)

It was as if your responsibility as a mother was to provide your children with different kinds of education that continued to their children. You bought each of your children a piano so that your grandchildren could play at their homes.

Your extended family and traditions are important to you:

"I was very involved in the family. I had a very close relationship with [my husband's

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family] and I loved to host events and holidays on a regular basis. I loved to entertain. This is hope for me” (Research conversation, September 24, 2015).

Another story that resonated was about how you helped your brother-in-law’s son—not even your own nephew—to gather all the family—yours and his—for his Bar-Mitzvah.¹⁵ As you described,

One of my husband’s brothers is living in a kibbutz and since he is married to a non-Jewish woman they are not carrying out this traditional ceremony at the age of 13 which is called Bar Mitzvah. As I heard that, I told my brother-in-law that we are going to have the Bar Mitzvah in our house. I called all his cousins’ brothers and sisters and asked them to come and to bring presents for the Bar-Mitzvah boy. Everyone came to our house to celebrate. At that time my brother-in-law said to me, with tears, you are not my sister-in-law, you are our real sister. The Bar Mitzvah boy has not forgotten what we all did for him. (Research conversation, September 17, 2015)

This story of celebrating togetherness within your family exemplified many of the other stories you told.

Throughout your stories it appeared that you were closely connected to your past: to your parents and grandparents and siblings, as well as to the next generation of your children and grandchildren. Hope for you within relationships is like a thread woven strongly throughout the stories and the photos you shared with me. These stories appear to be with you all the time. You have not given up the traditions, cultural rituals, and ceremonies that are significant to you. You told me a story about the way you insisted your children hold a wedding ceremony because you believed it was important:

¹⁵ A Bar Mitzvah is a traditional ceremony in the Jewish tradition. When a boy becomes 13 years old, he becomes a “Bar Mitzvah” or “son of the commandment” which means that he is an adult in the eyes of the Jewish community and accountable for his own actions.

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When my daughter was at the age of 29 and unmarried, she came to me one day and said, "Mom, I'm pregnant." When I asked about the wedding, she answered that at the university where she was a PhD candidate people were not getting married. I told her "that's fine, but this will not happen to you. To give birth and not be married? No way," I said. She started to cry. My blood pressure rose and since then I have been taking pills for high blood pressure. One Friday later on I told her, "you know, your brother is soon arriving from the United States for a visit. Let's invite your two other brothers so we will be four and let's do the wedding then. Please tell me, where do you want to make it because in *our* family you should be married before your due date. Remember, in our family, you're getting married! You are not going to give birth without marriage." I used my authority. It was hard but that's what I told you about my hope as my authority. (Research conversation, September 24, 2015)

You expressed so much confidence in your beliefs that drove your words and actions.

You said, "You know; it is important to get married. There is hope in establishing a home and children for the future . . . who gets married has a great hope. Hope for the future" (Research conversation, September 24, 2015).

Then you further shared,

I value the institutional framework and I do not like having children out of marriage. Maybe I learned it from my mother. She was a religious person and she taught us about the institution of marriage. Although I am not a religious person, I'm very conservative. I'm also open to suggestions, yet I keep the tradition of continuity of the generations. So when my daughter told me that at her university people don't marry, I replied and explained that I care about my home and my heritage and not about the university! I'm not compromising. I became like a bulldozer. I have to tell you she is now a professor at the university and she has two children and a happy marriage. From time to time she and her husband thank me for being strong. Recently my daughter told me about an Arab woman who is probably my age and who works as a cleaner in her building at the University. My daughter really enjoys speaking to this woman. She says, "She reminds me of you." This woman is also a very good helping mother who stands up for what is important and what she values. My daughter told me, "I love you for being who you are." She recognizes my strengths. (Research conversation, September 24, 2015)

I admire how you convey your heritage and traditions to your children and how they respect you and what you stand for.

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Thank you for sharing,

Dorit

Letter # 3 Moments of Creativity

Dear Neta,

We were at a comfortable place in our relationship on September 24, 2015, so we created a hope collage. It was important to me as I felt this activity represented our conversations over time and provided another perspective from which we could view our relationship.

The room was quiet. The only sound was of our scissors slicing through newsprint. Slowly, in between cutting, pasting, drinking coffee, and eating your homemade cookies, we entered a calm place. You picked up a picture of a family.



Figure 8 A family, part of Neta's hope collage

This picture reminded you of your younger sister and you shared how hard it was for you to lose her, “my sister was insecure and had no hope. She always told me that she would not live long. She was sick with diabetes and poor vision. If she had not died she would have gone blind. I miss her” (Research conversation, September 24, 2015).

You grew quiet for a time. Then you spoke again:

She was very close to me and at the same time it was very hard for her to be around me.

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She felt threatened by how strong I was. Even though I was older than she was, I had more energy. For example, when my brother became a widower, I started to cook for him and his kids every Friday. When he died I continued to cook for his kids and I am still doing that every week. (Research conversation, September 24, 2015)

Over the course of the afternoon you selected four images from different magazines and you pasted each image on white paper. Below is your collage and beneath that the conversations that followed each of the topics:



Figure 9 Neta's hope collage

The first picture in the collage (bottom right), a family picture, appears to convey your emotional pain. As you explained why you had chosen that picture, tears rolled down your cheeks,

My sister needed me but I had to care for Tomer, my son. Although I did what I could, and I did better than others, she still needed me more. . . I would like to share with you what my sister wrote to me: "without you I cannot live." Her words still echo within my ears. It was hard for me to show my strength or even acknowledge it to myself because she was the opposite. When she passed away it was so sad. (Research conversation, September 24, 2015)

I felt your sadness. I was sitting beside you and I wanted to touch your hand but I did not. We sat together with no words, silence around and within. We both wiped our tears. I

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thought about how much you cared for your sister and how hard it was to have her gone. The next image you shared was the picture of cherries.



Figure 10 Cherries, part of Neta's hope collage

In this image, the cherries have a wet look—it is that special, classic look in different colors; some of them probably have not matured yet, whereas others may already be mature and may rot. There are both uncertainty and expectation in these fruits. The picture reminded me of my garden and the palm trees we have there. This is hope. (Research conversation, September 24, 2015)

The picture of the cherries reminded you of better times when you and your husband picked fruit together in your garden:

I have grown fruit trees in my garden and my husband and children used to pick the fruits of the trees: olives and dates. It was very hopeful. After we picked the fruits I would prepare food for everyone. Now when my husband is ill and Tomer is not here they cannot help me anymore. I hope to do something with those fruits because in my opinion if you do not use them, they will fall off the tree and that would be a shame. (Research conversation, September 24, 2015)

Three days a week a bus came and took your husband to adult day care. When he was home, you helped him dress, bathe, and eat.

Then you shared:

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Tomer comes home and I make him the foods he loves . . . I do it also for my brother's children. I cook for their children, my nephews. It is important to me. It makes me feel connected to my brother and his wife who both passed away. I'm glad I'm doing it. It gives hope for me. (Research conversation, September 24, 2015)

You made meals for your nephews every week. This made you happy but it was also exhausting, physically and emotionally.

As you shared your stories from different times in your life, I sensed the brightness in your eyes and at the same time the sadness. You missed your togetherness with your husband. Creating the hope collage allowed you to take a moment to remember. Your garden had a spiritual meaning for you. All of these memories appeared to symbolize hope for you and I created the following poem from your words.

These two cherries represented
the togetherness with my family
Times of probability and possibility
I wonder about life and uncertainty
I am not certain if the fruits are ready
this uncertainty is about hope
(Poem created from the transcript, September 24, 2015)

The next picture you added was one of pomegranates.



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Figure 11 Pomegranates, part of Neta's hope collage

The pomegranates, you said, were another sign of hope. Neta, do you remember how this picture reminded you of family holidays? You told me,

“I used to buy clay pomegranates as a present for family members for holidays. I love the symbolism of the pomegranates.” When I asked, “What do you mean?” you said, “Pomegranates represent fruitfulness, knowledge, learning, and wisdom. When you give a present like this, it means that you wish all these good things to the other. This is hope.” (Research conversation, September 24, 2015)

Neta, you taught me another aspect of hope. For you, each of the pomegranate's seeds represented new ways of knowing and I learned that caring and giving to others made you feel hope.

As we finished our coffee and were still busy with our hope collage, you showed me the sideboard pomegranates you had just bought as a present for the coming New Year holiday. You said,

I love their colors and the many seeds that are hidden inside them. This is hope, don't you think so? It is said that we wish the other to become as happy or rich or knowledgeable as the many seeds of the pomegranates. (Research conversation, September 24, 2015)

Then you continued,

Thank you for being here with me. You know, I told my daughter about our work together. She was so happy that I have this opportunity to talk about hope and thus I am learning a lot about my hopes. You know Dorit, socially I am very dominant; I feel I am present. I keep smiling. I come to the sports team to see my friends with whom I meet at least twice a week. We love the swimming pool. I am also involved with friends in a family mental health organization. In this way I keep hope alive. I shared with my friends at the swimming pool that I am participating in a study about hope and this hope word is huge for me. I found myself occupied with it and I told my friends how much I am learning through this process with you. (Research conversation, September 24, 2015)

As we continued with creating the hope collage, you picked up a picture of a child which

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resonated with future hope for you.



Figure 12 A child, part of Neta's hope collage

“Children are our hope,” you said. “They symbolize the continuity of this family”

(Research conversation, September 24, 2015).

Your comment made me wonder about children who do not meet our expectations. With this in mind, I wondered how you kept hope in those hard moments with Tomer. You answered:

As you know, Tomer graduated from high school and enrolled in the army and we did not know he was mentally ill. He used to lock himself in his room because he was ashamed, though we did not know that at the time. We did not see him going into his room as a problem because he was like my husband who also was a reserved and quiet guy.

(Research conversation, October 13, 2015)

The picture in this collage led me to create the following poem from your words.

This picture reminded me of Tomer
when he was a child I could not imagine
his future.

He struggled with mental illness which I learned to accept
I learned to learn with him and from him
It was like a glimpse of hope I lived out.

(Poem created from the transcript, September 24, 2015)

The next two pictures reminded you of your family members.

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Figure 13 Family members, part of Neta's hope collage

You told me this was hope for you. The way you cared for each of your family members was something you learned from your parents and you kept it close to your heart. You honored relationships with others, you accepted differences between people, and respected the other. This, you said, was hope.

The last image you added in the hope collage was about food making.



Figure 14 Food making, part of Neta's hope collage

As a mother, cooking was and is still representative of hope for you, much like other stories that came out in our conversations. Most of your hope collage was about family gathering and togetherness. Neta, our collage work encouraged us to discuss hope explicitly. I felt hope was there between and within ourselves.

Thank you, Neta, for letting me enter your world and for giving me the chance to learn from and with you over time.

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Dorit

Letter # 4 Fear in our Eyes

Dear Neta,

As you might remember, it was in the middle of my study, after a couple of conversations, that riots exploded between the east and the west sides of the city. Everyone was exposed to the dangers of shootings and stabbings. I wondered about daily life in this unpredictable, unstable socio-political situation. You started one of our conversations at that time by talking about fear. You said,

I was boarding the train yesterday, going to the market. The train was quite empty and the people were watching each other with such fear in their eyes . . . You know, tomorrow I will go to the wedding of my sister's granddaughter in Eilat (southern Israel) and I take the bus from Jerusalem. I asked my taxi driver to wait with me for the bus so that I will not wait alone . . . the next day on the way back from the wedding, I had the same taxi driver waiting for me. I don't want to be alone on the streets; it is too dangerous. (Research conversation, October 13, 2015)

You were taking extra care of yourself. I tried to do the same. You wanted life to keep going despite these difficulties. I tried to do the same. I think I understood your fears and I appreciated the way you did not miss anything important to you like your sister's granddaughter's wedding in Eilat, which was about a 4-hour drive from your home. During our conversations we shared stories of fear and hope about unsafe situations and it reminded me of the many wars we had lived through.

Although you tried so hard to calm everyone around you, I could feel the worry you carried for all your family members, especially Tomer whom you felt needed more protection. Then you said: "Now they will quarantine all the territories, it is really a war . . . it is really a

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war” (Research conversation, October 13, 2015).

I agreed with you, Neta; it was a war. I felt unsafe and scared walking down the streets.

How could you keep hope in this difficult situation? You explained:

Yesterday I thought about hope. I went to a movie with my friends. The movie showed something about hope and love. As we went to the bus station after the movie, my friends told me that I am so special. They asked, “How come you see hope everywhere?” I smiled and explained that I am participating in a study about hope, so “maybe it is because of the conversation I have with this researcher.” You know Dorit, this word, hope, is so huge that in every single experience, we can find hope. (Research conversation, October 13, 2015)

I have heard that hope can be contagious and your story about how easily you shared hope with your friends made me think about that. Even though we faced scary moments, we continued to talk about hope very openly and you were more aware of hope than you ever had been before. Even in this terrible situation, you found hope.

Thank you for opening my eyes to hope.

Dorit

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Chapter Eight: Narrative Account of Anna

This chapter presents Anna's stories as shared during our conversations. After introducing Anna, I continue with four letters that I wrote to her summarizing the topics that emerged from her stories.

To introduce Anna as a participant I begin with the lyrics of a song she chose to represent her way of hoping. As I have done with the participants in the previous chapters, I will continue by writing letters to her as I explore her stories of hope.

Edelweiss,
Edelweiss,
Every morning you greet me
Small and white, clean and bright
You look happy to meet me
Blossom of snow
May you bloom and grow
Bloom and grow forever.

This is an excerpt from "Edelweiss," a song that Anna and I used to sing together in our conversations. The song was written by the composers Rodgers and Hammerstein (1965) for the musical, "The Sound of Music."¹⁶ Edelweiss is a flower that has special meaning for Anna and both it and the song have come to symbolize hope for her. Singing the song elicited stories as it brought back memories of obstacles she had overcome, reminding her that she was strong and could meet challenges. During our conversations,¹⁷ Anna told stories of her hope experiences as a woman, wife, daughter, and mother.

¹⁶ Rodgers and Hammerstein Retrieved November 20, 2016, from <http://www.rnh.com/show/95/The-Sound-of-Music>

¹⁷ Between July and October 2015 Anna and I had 10 conversations which took place mostly at her desk in her office in the centre of Jerusalem. We had regular meetings weekly.

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I first met Anna through a series of phone calls, then met her in person.

Introducing Anna

A Woman of Hope

I hung up the phone after an exciting conversation with Anna, one of the potential mothers who may participate in my study. I am shaking . . . It becomes real . . . I am starting to imagine my first potential participant. (Research Journal, July 7, 2015)

During that phone call I explained my study to Anna and offered her an opportunity for a face-to-face conversation. As I mentioned the word hope, she jumped in:

I am a woman of hope; I was born with hope. Without hope I would not have survived. People love to be around me because I always have hope; it helps your health and your confidence. (Personal communication, July 7, 2015)

A few days later, we had a second conversation in which she asked me to come to Jerusalem to meet with her so she could learn more about the hope project. The next day, on July 13, 2015, I drove the 90 minutes to her workplace in Jerusalem to where she had her own business as an expert in podiatry and foot health. We were supposed to meet after she finished work.

The walk from the parking lot into the building was nerve-racking. Anna was the first participant I was meeting with. I wondered what a researcher should look like and how I needed to behave in a role that was new to me.

I knocked on the office door. A petite woman with dark-blond hair, blue eyes, and a big smile greeted me. Shaking hands, she invited me to sit beside her desk. We introduced ourselves and after I explained the details of my study and shared some of my experiences, she

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signed the consent form. Then, after a brief conversation, she invited me for a coffee. Delighted and excited to have my first participant, I followed her to a small coffee shop across the street. She insisted on buying me a cup of coffee and a chocolate croissant. Although I felt a bit uncomfortable (because I was the researcher), I did not say anything. Instead, I followed her to a quiet and cozy table at the back of the shop.

During a pleasant conversation to learn more about each other, we discovered that I had met one of her younger daughters a few years earlier in the United States. Her daughter was friends with one of my elementary school friends from Israel who had moved to San Rafael, California. This opened the door to future conversations and we began to meet weekly.

Letter # 1 First Memories of Hope

Dear Anna,

When I met your daughter a couple of years ago at my friend's house in the USA, I could not imagine I would meet you. When I did meet you, one of the questions I asked was about your first memory of hope. "I always had hope," you said. Then you explained:

It all began in 1951 when my father passed away in December. [Pause] I needed it [hope] because all of a sudden we were left without a father. I was 8. My dad was a brave, strong, and loving father who protected us and then, when he passed away, I needed something that would give me the strength to carry on. I did not know if what I felt was hope; now when you are asking about hope, I know this was my hope. I had hope that something would help us to keep going even without my father, and hope provided me with strength.

[Pause.]

I asked my mother, "what will we do without a dad?" and my mom told me not to worry because there is someone above all fathers. His name is God and we are not alone. I had hope that God would be with me whenever and wherever I went. My mother kept telling me that even though we did not pray and weren't religious, we believe! I remember her words: *GOD is the father of all the fathers.*

I was 8 at the time my father died. My mother couldn't take care of me so she

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sent me to a Jewish orphanage. I was a small child and I thought my mother had sent me away because she did not want me to be near her. (Research conversation, August 3, 2015)

I had hope that God would help my family and me. Especially me because I was very lonely in the orphanage. We were not shown any love there. We were all the same age, from Budapest. There were five girls with no mother and no father. Four of us had just mothers. But our mothers did not have enough money for their children. The Americans ran this orphanage for Jewish children and the moms did not have to pay anything. (Research conversation, July 13, 2015)

You kept telling me that it was common at that time to have support from Jewish communities. But for me it was hard to imagine being without a father at the age of 8. I also felt the sadness and uncertainty of being alone in an orphanage with other girls and waiting for something to rely on. Your life had changed. Your mom could no longer provide physical support for you yet, but she provided you with spiritual support. You kept telling me about this spiritual support such as your mother's words: *GOD is the father of all the fathers*. These words helped you. God was there to protect you. For you, staying in the orphanage was temporary—you felt that you would not stay there for long.

You told me your mother was born in Vienna, Austria and during the war she ran away to Hungary where she met your father. At that time she was a very confident and happy woman.

As you said:

She gave me a gift for my life. I felt the hand of God through the worst and always with the hope that it would help me in tough times. So I was 8 years old that day and now I'm 71½ and I still have that hope. (Research conversation, July 13, 2015)

You continued your childhood story,

After about a year in the orphanage, parents came to take the girls home for Hannukah. I think it was December. I was about 9 years old. I waited for my mom. I was sure that my mom would come and take me home for a day or two. But she never came and she

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did not even call. So I just ran away and I walked and I walked and I reached my home. It was a long way. I remember that when I walked all the way, I felt that I was not alone.

How did you know the way, I asked? You were so little. You answered:

I knew that there's God up in the sky and He helped me for sure. And I was confident. I was sure I'd get there. I always had hope that I would reach home. I might have asked someone on the way; I do not remember. I knew my home address, I knew the street and the house number. I knew that it was a very nice place where we lived, very close to the bridge, the river. I arrived home in the late afternoon. When I got there—home, what did I see? I saw my mother very sick. She had pneumonia. The room was dark. They [my brother, the neighbor, and the doctor] told me “tonight she will live or die.” I sat beside her bed the whole night.

[A pause and a deep breath.]

You know, the next day the fever disappeared. She was very, very strong. There was no medication; it was just after World War II. I don't know if she heard me, but I am aware that my presence beside her, after I had walked all the way home from the orphanage, gave her hope. The doctor said to me that she wanted to live. (Research conversation, July 13, 2015)

It appeared your experiences as a child were about safety, security, and feeling protected.

You described your father's death as a turning point in your life with unexpected consequences.

I cannot imagine the moment you waited for your mom to take you home for the holiday and she did not show up. I cannot imagine having the courage you had to walk alone all the way home.

You kept telling me about ways your own spirituality kept you going. After you arrived home and stayed beside your mom's bed; you did not want to go back to the orphanage.

Hearing such a sad story for a young girl led me to create this poem from your words:

It was a miracle
Because her fever went down.
Pause.
I remember,
it was a feeling of
hope
that she would

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get out of this
because
I love her so much;
I needed her.
Until the age of eight,
I had both my mother and father
that cared and protected me.
But after the age of eight
When my father suddenly died,
Only
God remained
That was hope.
Actually,
I have lived
My whole life
With hope.

(Poem created from the transcript, July 13, 2015)

You told me more about your mother and I created a poem from this story:

I remember,
She had played the piano
She sang to us.
She was always calm;
We always loved to be with her.
Being with her was the way
We got love and hope from her.

(Poem created from transcript, July 13, 2015)

Then you continued and said:

How can I, for my whole life, give so much love to all who are close to me? Who does not receive cannot give. It's hard to give if you do not receive. But I have a lot to give. I have so much; I'm easy with giving. I have so much love to give . . . [laugh]. At that time my dream was to have my own family with children. (Research conversation, July 13, 2015)

You described being the second of three children. Your older brother stayed at home with your little sister. You were the only one sent away and you did not know why. Coming

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home to visit, you described developing a close relationship with your little sister. It was not as easy with your brother because he was not nice to you. When you were 14 your mother took you out of the orphanage, but not to come home. She had decided that it was time to leave Hungary and travel to Vienna, Austria, her homeland.

There was an uprising in October 1956 and we, my mother, me, and my sister, tried to escape from the Hungarian border but the police caught us. They were nice and they did not do anything to us. They told us that we could not keep going, we had to go back to Budapest. I remember all of us standing by the border. We could see the lights in Austria but could not cross over. I was not scared because we were together. We went back to Budapest and stayed another year there. (Research conversation, July 13, 2015)

About a year later we were listening to the radio when the announcer read a list of the names of people who had made it across the border to Austria. On that list were the names of my brother and his friends. My mother said, "This is a sign. Now is the time we should try again." She went to get us passports and visas. The condition was that she had to give the authorities everything she owned, including jewelry. They allowed us to take only very few things. But we got our passports and visas. That's how we got out in December 1957 to Vienna. (Research conversation, July 13, 2015)

I tried to put myself in your place. It could not have been easy for a young girl to move from place to place, but you were with your mother and sister. Your mother had done this before. She had left her home in Vienna, her birthplace, when her family fled from Austria to Hungary during World War II. As you told me, going back to Vienna was very hard for your mom. When she had left Vienna the Nazis were already there, so when you returned all the memories came back to her. It was very difficult for her:

She told me that they had a big beautiful house in Vienna, but she would never take us to see the house.

[Pause.] Tears fell on your cheeks. There was silence. Then you said:

She would not go near the house. We had a picture but she could not take us there. We wanted to see it. It was in Vienna's forest, a very beautiful, big house. But she could not

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go near it. The memories of the Nazis were too much for her. (Research conversation, July 13, 2015)

I listened to you, wanted to hug you. But I did not.

Your mother had always been so strong, so it was a surprise for you to learn that she carried such pain. You shared:

My mom was always happy, she was so sweet and I thought to myself if she is happy, then how can I be unhappy? If she is happy, I have nothing to worry about. My mother always had hope, so I did too. I thought about what she told me about the father of all the fathers and I felt like God was with me. He held my hand like my dad. (Research conversation, July 13, 2015)

Your mother did not want to stay in Austria. After 2 years she decided she wanted to immigrate to Argentina; her sister was there and she missed her. However, the Argentine government would not give visas to Jews. The closest you could get was Chile. "In Chile, we had a big house. My mom was cooking for people and rented out rooms. My brother went to the university and my sister and I went to school. My mom was an excellent cook" (Research conversation, July 13, 2015).

You arrived in Chile in 1959. You had to learn a new language as did many immigrants. You kept telling me that in those days people were running from country to country because of war and uncertainty. People just wanted to live their lives in safety. It was all about survival. During one of our conversations you said,

I was 15 when we arrived in Chile. We weren't planning to stay long; we wanted to settle in Argentina where my aunt, my mother's sister, lived. A year later, when I was 16, my aunt came to visit. Her husband had died and she invited me to Argentina for her birthday and to help with her business. She ran a gift boutique during the summer. There was a gallery and downstairs was a basement storage room. Instead of having me work upstairs in the gallery, she kept sending me to the basement to clean up.

I did the dirty jobs. It was a good business but she was not nice. She treated me

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as if I were her servant. After the summer I wanted to go back to school but she told me if I stayed with her, I had to work. No school for me. I went back to Chile. I do not have good memories of her. My aunt was generous in her own way. She sent money and gifts to us over the years. Once she sent me an edelweiss flower in a frame. I don't know what she was thinking, sending it to me. Maybe she was trying to tell me what she really thought about me. The Edelweiss is white and delicate, but it is strong. It is hard to find; it grows in the mountains of Austria. After she sent me the flower in the frame, the edelweiss became a sign of hope for me. (Research conversation, July 26, 2015)

Even though you were only 16, you knew that your mother and aunt were thinking about your future. Your aunt wanted you to become close friends with her neighbor's son, even though they were not Jewish and you did not like him. "I was a child. I did not think this way." Back in Chile, your mother asked you if you would like to marry a wealthy old doctor or to live with other cousins where, presumably, you might find a husband. You did not understand how your mother's mind worked. I wondered if she was just trying to keep you safe. You were a beautiful young woman and Jewish at that: both meant that you were vulnerable. Perhaps marriage to a non-Jewish person would have kept you safe. Marriage to a wealthy older doctor would likely have done that. But to you your mother's actions meant she was trying to get rid of you, that she did not love you and had not since your father's death. You began to wonder if perhaps you had been adopted and you actually searched (unsuccessfully) for adoption papers.

In 1961, 2 years after arriving in Chile, you got married. You were 17½ and your husband, George, was 34. He was a Holocaust survivor from Lithuania and he had survived the Dachau concentration camp in Germany. As a Zionist, he had planned to move from Germany to Israel after the war. Yet his brothers were already in Chile and asked him to reunite with them. He chose family over Zionism and moved to South America.

A year after your wedding you became a mother:

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My first daughter was born in 1962. At that time my brother went to Israel. He did not like living in Chile and he was a Zionist as was George, my husband. George played the mandolin and accordion and he loved to sing and dreamed of making a home in Israel. When he was in the concentration camp, he learned about hope. Only those who continued to hope for the next day found the strength they needed to survive. (Research conversation, July 19, 2015)

Each of your family members had a survival story. I was especially interested to learn how your husband, George, kept hope.

The hope was inside him all the time. He would say to me, "Otherwise, how could I live 8 months in a concentration camp in Germany, 8 months in this craziness?" He always told me, "The people who had no hope, they died." (Research conversation, July 13, 2015)

With this in mind, I created a poem from your words.

Those
Who had
Hope
were
Strong
Maybe
Tomorrow
Tomorrow
Maybe
Tomorrow . . .

(Poem created from transcript, July 13, 2015)

You continued to share: "You know Dorit, for my husband, hope became real. Because they waited and waited at the concentration camp with hope until the Americans came to rescue them" (Research conversation, July 13, 2015).

Back in Canada I was listening again and again to your stories. I would often leave my desk and go to my knitting chair. Knitting calms me. The different wools fill me with warmth. I think of you, your husband, your family, and your stories of hope. Hearing your recorded voice

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felt like you were beside me again.

I noticed that from time to time during our conversations your phone in your workplace would ring. When that happened you stopped talking to me and answered. You had no secretary and you had a business to run. I listened and tried to puzzle out what language you were speaking. After a while, I determined that it was German. Your mother knew only German and this was the language she shared with you. I was thinking about the meaning of hope in German. You told me that hope in German is *Hoffnung*.

You had told me many times that the only person to whom you spoke in German was your mother, but now you were able to use that language to communicate with your clients who did not speak Hebrew. Then another phone call occurred. You picked up the phone and again spoke a different language. This one was entirely unfamiliar and I could not puzzle it out. After the call ended you told me that you had been speaking Hungarian, your father's language. You told me that hope in Hungarian is *Remain*.

The way you used different languages, I felt like you were taking me on a tour where we traveled together to different worlds that were part of your story. Then another phone call came in and you carried on a conversation in Spanish. *Esperanza* is hope in Spanish you said and laughed. I was so impressed at how many languages you could speak fluently with different people. With your children you talked in Spanish. With your brother in Hungarian. With your mother in German. And with your neighbors, in Hebrew. In such an elegant way you passed quickly from one language to another. Listening to you I felt it was almost as if you started a sentence in one language and ended it in another.

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You stated that you had four children, all born in Chile. Traveling was part of who you were but the decision to settle in the Jewish homeland came from your husband George, who felt that it offered hope, safety, and a connection to your family, as your brother had already settled there. Your husband and others in your family had hoped to live in Israel. Your ancestors had hoped to live in Israel, but you succeeded in making it your home.

Sincerely,

Dorit

Letter # 2 One Day, Returning To, and Living in My Homeland

Dear Anna,

You told me that owning a house in Israel was a huge achievement for you and your children: “What a good feeling it is to have a home in Israel. Wow!” (Research conversation, August 3, 2015).

It was especially good in contrast to what you had left behind in Chile. Even though you had all the material comforts a person could want—a supportive community, a successful business, healthy children, enough money to hire household help—your life there was deeply unhappy. Your husband was not kind to you and he did not respect you. Even though you knew that you worked harder than him to build your fabric and accessories store in Chile, everything was put in his name. You told me that you had no income and no control, only responsibility. Your husband did not even agree that you should attend your mother’s funeral in Israel in 1977. It was only after his siblings convinced him that he allowed you to go. That was a turning point for you, as you explained:

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The hardest time for me was when I immigrated to Israel in 1980 and left George behind. My oldest daughter was 18, my son was 17, and the two youngest were 9 and 8 years old. We were hoping that George would join us later on but he decided not to come with us and I was living in poverty with my four kids in my homeland. My oldest brother told me, "You did it to yourself," and I would answer him that I was doing it with God's help. I was not strong enough. It took me a long time to summon the courage to get out of poverty, to create my own business. When I arrived in Israel I worked for other people. To be an employee is to earn pennies. I was suffering. Suddenly, the place I was working in closed. I lay awake the whole night thinking. By the time the sun came up, I had decided it was time to open my own business. (Research conversation, August 17, 2015)

This could not have been an easy decision, to start a new business and change not only the place but the way you had lived. In Chile, you had a community to support you and you and your husband had a successful business. You had lots of help. In Israel you were a single mother with four children but that did not discourage you. "It is not another country, it is my homeland," you said to me with passion.

You told me about a dream you had before moving to Israel, a dream that gave you even more motivation to choose Israel over your husband.

I hear a loud voice; I'm in the dark. I am getting somewhere. There is a gate in front of me. The gate is not too big. I see a great light; I feel this light. It is strong. No one says anything. I feel—I feel that someone is waiting for me. I did not hear a sound. Someone was waiting for me. I remember that I did not see my name. I woke up. I went to my husband to tell him that I am leaving for Israel. Then I told my children. My husband was happy and said, "What a good idea. If you and the children leave, I will save money." I did not understand what he meant. I asked him, "When do you think you will join us in Israel?" He answered, "In about 5 years." Until then I had thought he meant that if we left, he would stay for another year, save money, and then come to Israel so we could be a family again. But his answer woke me up. I had always wondered if he really loved me and this was proof that he did not. But instead of making me feel hopeless, this revelation gave me hope. If he did not love me, he wouldn't make it hard for me to leave with the children. In my mind I was already traveling. I shipped some things to Israel. One of them was a large rug I loved. When we left to catch our flight to Israel my husband was not at home. I left him a note. I told him I had left him what was most important to him, money, and I had taken what was most important to me, our children.

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(Research conversation, August 3, 2015)

There were many nights I did not sleep. I would lay in bed imagining talking to my dad, my mom, all the uncles, and all my grandparents and ancestors who every year at Passover dreamed and hoped about coming to the land of our forefathers. *Next year in Jerusalem! Next year may we all be free!* Moving to the real Jerusalem was an intergenerational dream. Can you imagine, Dorit, that I succeed in buying a house in Jerusalem? You know, Dorit, my home here in Jerusalem was part of Jordan before 1967.¹⁸ I bought it with my kids. We were all weeping with joy and happiness. This is so meaningful to me. (Research conversation, August 3, 2015)

You told me this story over coffee and your excitement was contagious. Even all these years later it was as if you had just bought your house in Jerusalem yesterday; your enthusiasm was so fresh.

Thank you,

Dorit

Letter # 3 Hope as a Kind of Dialogue

Dear Anna,

You worked to keep your children together so that they would know what it meant to be loved.

My dad was so smart and good and all you can say, but he left us at the age of 47. He died but he had no right to die. I hardly even knew him. I find myself talking to him and saying, "You did not want to emigrate to Israel, did you? You wanted to become a rich man. You wanted to emigrate to New York." He was a chemical engineer however we could not enjoy his legacy. Before World War II my father's family bought a house in an excellent part of Budapest. It was close to the Danube. My father's grandparents lived there. I still remember how beautiful it was. We were lucky at the time of war because my dad, as a chemical engineer, had good work and all of his family survived. He played the violin. However, during the war the Nazis broke his fingers so we did not see him play, but we saw the violin. He wanted to emigrate to New York to make donuts called

¹⁸ The neighborhood she lived in was conquered from Jordan by Israel during the Six-Day War in 1967.

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“Vienna Knop” which are a kind of Berliner donut. This was his dream. When my sister was born in 1947, our parents were planning to leave Budapest altogether. My father had talked to a Russian truck driver who was going to hide us and all of our possessions in the back of his truck. The only problem was that my sister was an infant. My dad was worried that she might cry as we were crossing the border. My father asked my mom to anesthetize her. My mom was afraid to do so because she was afraid she might accidentally kill my sister. My parents argued but my mother would not compromise and so we stayed. For my father this decision was the beginning of the end. He began gambling at card games. He had never played cards before, much less gambled. Maybe he was depressed. But he was never able to realize his hopes and dreams to leave Hungary. The borders closed. No one could leave. (Research conversation, August 3, 2015)

When you told me this story, I could not speak. There was such finality to it. Where was hope? Even if your mother had changed her mind and agreed to anesthetize your baby sister, it was too late. You were trapped. You felt it too, even all these years later. As you moved deeper into the story, your voice grew quieter. When you said to me, “My mom felt guilty,” your voice was a whisper:

One morning, my father came into his laboratory as usual and the Communists were waiting for him at the entrance. “Dear friend,” they told him, “this laboratory is not yours anymore. It is ours. You are welcome to work for us.” He declined. He said he did not want any part of Communism. My parents found themselves without work and without money. (Research conversation, August 3, 2015)

I was drawn into your story but it was hard to hear because it made me think about where hope fit. Your father may have sensed that you all needed to leave the country before the borders closed. But his laboratory was his home and for that reason it was also a place of hope. Your story also made me think about mothering. What responsibility does a mother have? Your mom did not want to anesthetize your little sister, but in making this choice she changed your father’s hopes and dreams and was forever plagued by guilt. I wondered what you learned from your mother’s choice. She was left with no money and three children. She did not have the

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language, profession, or skills to start a new life. As I was thinking about this, you began telling me about your father's last days in the hospital:

After my dad got cancer, he died within a few months. I remember we went to visit him in the hospital. He had pictures of us at the foot of his bed. I remember they were in a red album and the album was opened like a fan and then Mom told me that the doctors had to move our images away because he could not die; looking at our photos, he could not die. (Research conversation, August 3, 2015)

I felt so sorry for you. Losing your father was hard. He appeared to be the mainstay in your family. How could you not lose hope? You told me that all your problems began after he died. It was almost as if you had forgotten about his gambling and the impact on your family. It appeared that this may have been the moment that you became a nurturer, as you explained:

I loved my mother and my brother and especially my little sister. I could not imagine such a thing as to leave them and I still cannot believe I did. My sister was my doll and to stay away from her? I could not do that and she did not want to live away from me. She loved me so much that she wanted to join me in the orphanage but it was impossible. She was 6 years old. If she came we would not have been together; she would have had to live in a room with her peers. However, she always came with me when my mother returned me to the orphanage after Shabbat and holidays. I always told her she had to go back home with our mother—not because I did not love her, but because I knew that she would try to stay in my room and it was forbidden. I was afraid that she would be caught and beaten by the people at the orphanage. On one occasion when she did a sleepover and we were caught in my room, she was beaten and I got beaten too. Then she went back home and I stayed. (Research conversation, August 3, 2015)

One morning, when we were supposed to meet at your office, you called and told me that you were not feeling so well; you were tired from hosting your family for the holiday on the weekend and you were not going to your office. Instead of feeling discouraged, I felt “this is an opportunity” and I hesitantly asked if it was possible for us to meet at your house. “Of course, you should come here!” you said, which took me by surprise. But what you said next surprised me even more. “I did not think you would want to see my house.” As I walked through your

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doorway, I noticed houseplants everywhere. I took one picture of the flower box out your kitchen window because it was so beautiful. You told me that you loved flowers and that they were symbols of hope for you.



Figure 15 Flowers, photo taken by the author

When we began to speak I could not help but think about my mother and grandmother. The delicate glasses in which you served our tea were identical to my grandmother's. As the morning went on, you opened the doors of your world to me. You shared family stories and photos. Sometimes we looked through photo albums, but you also walked me through the house and introduced me to the relatives in the framed pictures arranged on your mantel. Then we sat at your kitchen table to talk about hope.

You told me that you wanted your children to have a different life than you had had.

Music was important to you:

All of my children play musical instruments, like a piano, a flute, a guitar. And when they play together, it fills my heart with hope. For me it was part of being a mother and my investment in teaching them and paying attention to their process of learning music was very important to me and now each of them with her music has hope with spirit for themselves and for me. My daughter is even teaching music. (Research conversation, July 13, 2015)

During our last meeting on October 12, you told me more about your children:

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In everyday life, being with my children and grandchildren gives me hope. I love when they come to visit me and we are all together. We [my children and me] talk many languages and together we have the language of music. So with all of what we have, it does not matter what you call it—God, the universe, or nature—much more than what we see here around us. It is hope that helps me keep going . . . There is something bigger: you do not need to see it; rather, you need to believe it. (Research conversation, October 12, 2015)

One of the frequent aspects of our meetings was putting on a YouTube video of the Sound of Music and singing along to “Edelweiss” with Julie Andrews and Christopher Plummer. The song had special meaning to you, in part because of the dried Edelweiss that your aunt in Argentina had framed and sent to you, but more so because you identified with the flower. You were small and bright and full of hope. Moreover, the song resonated with your life. “Bless my homeland forever.” You and your family always saw Israel as your homeland and dreamed of going there. You were the one who made that dream a reality.

Your youngest daughter lived in the US with her husband and your granddaughter. She was coming to Israel to visit you soon. Your oldest daughter, who lived near you, was about to move to Argentina with her family. You were proud that you had given your children the freedom and confidence to make their own decisions. You missed them a lot but you had also provided them with the blessing of choice. Talking about your daughters allowed you to open the door to talk about your son, Matan:

I was shocked to get the diagnosis. I never thought he would have a mental illness. Later on Matan never wanted to be labeled that way because of the stigma. He wanted to find a job and he knew that would be difficult. I thought something had happened to his brain, but not a mental illness. I was shocked to get the diagnosis you know because I had thought that people with mental illness behave strangely, like they make funny faces. It took me years to understand and to accept his illness. He was around 20 years old when I noticed his anger. He felt restless and heard voices. He had unusual behaviors, like lots of anger, a lot of anger. I did not think this was mental illness. (Research conversation,

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October 12, 2015)

You kept telling me that Matan was your right hand with his siblings. He used to help you with them and you could rely on him when you arrived in this homeland. He was 17 then, your second child. A year later he had to join the Israeli army. He became a combat medic. During his 3-year service he felt unusually angry and was admitted to hospital many times. It was never clear what was wrong, but he was given medication nonetheless and he did not take it. You and your children did not understand. The Army provided all of you with psychological help:

For all of us, it was very hard to accept the diagnosis. I had a type of depression at that time, but my children needed me. I remember thinking of them and wondering about the way a mother should behave. I saw Matan hesitate to return home when he was discharged from the hospital. I told him, when you come home you can find a job. My understanding was that work was the best remedy for him. (Research conversation, October 12, 2015)

I found it hard to have a son who was ill. All my life and all the time I am alive, I will carry this pain. Briefly, after the military, he became religious. We all thought it would help him to find his way but it did not. And he did not want to receive compensation from the military. Matan always said that he wanted to contribute and not to take from our homeland. I am his mother and I wanted him to feel well. I did everything I could and a bit more to help to find the right doctor. I did it with him together. I wanted him to choose. My brother [on the other hand] used to tell me, "forget about him. Forget you had a son, you have three children! He will never recover and will never help you." His words still echo in my ears. I love Matan. He is my son, a part of me. And just because he is sick does not mean I abandon him. I still feel this anger toward my brother, how he was so rude to tell me to forget about my son. It does not fit a mother's heart. My brother has a cold and hard heart. I must tell you that nevertheless, my brother loves him. His words still hurt me. How dare he say such a thing to a mother? (Research conversation, October 12, 2015)

Hearing your stories again and again made me very sad. I wondered if your brother's advice was not meant to be cruel, but to protect you from the stigma he feared you would

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experience as the mother of a son with mental illness.

Then you continued:

You can't imagine, Dorit, how many times over these years there were problems with Matan. After being discharged from the hospital, he lived with a young woman yet it was hell. They fought a lot, they had a child, and it was not clear if this was Matan's child. He hardly worked and his girlfriend had financial problems he could not deal with. After a while they separated. Her brothers fought with him. There were so many problems and I, as his mother, was always there. I had to bear everything, I had to cook for them. He constantly came home seeking my help. It was so hard; I was devastated and hopeless. I had no one to share my pain and frustrations. I was a single mother myself. I had three other children to care for. It challenged my daily life. Everything was turning upside down every week. I had to be on alert always. There was no hope there. (Research conversation, October 12, 2015)

Yet, a few moments after telling me this story, a glimpse of hope emerged in you: "I felt like he will overcome it; I had faith, I hoped. I remembered my mother's words that God is the Father of all the fathers and he will help" (Research conversation, October 12, 2015). Your faith in God had always given you strength when you faced any kind of adversity. You believe that God was with you. You believed in change, in hope.

Thank you for sharing

Dorit

Letter # 4 Keeping Hope Alive in the Political Landscape

Dear Anna,

Do you remember the day you told me about something that had happened with one of your clients during that horrible time when the conflict escalated in Jerusalem? The client came in and shared a hopeless situation with you. You listened and then asked her, "Where is your hope?" That question changed the direction of the conversation. Instead of feeling hopeless,

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you and your client laughed. Of the many lessons I learned from you, one of the most valuable was how to bring hope into a conversation. That is a lesson I will carry with me for the rest of my life.

The same week that you helped a client to move from hopelessness to hope you were in your office with another client when police and ambulances sped past with their sirens screaming. Something bad was happening. You told me that half an hour later you found out that someone had been killed at the train station. As you kept telling me about this situation, my heart sped up. That train station was where I parked my car when I drove from Tel Aviv to the suburbs of Jerusalem to meet with you downtown. Telling me those stories made you think about the conflict. There was no end in sight:

The situation is so terrible, you know? There is no hope. So many people here do not believe there will ever be peace. When I hear what is happening, people being stabbed for no reason, doubt starts to creep in and I question why I came here in the first place. Why did I bring my children to this terrible place? You know, I used to believe that I came here for the sake of my children, yet is this what I really wanted them to live in? (Research conversation, October 12, 2015)

On the way home that day I wondered about our terrible situation. How could anyone know what the future held? I thought to myself. When I returned to my house I was searching for hope. I decided I would knit. Going back and forth creating new rows helped me to process our conversations. Knitting made me hopeful and feel close to you again.

I was beginning to understand what you meant when during our first phone conversation you told me, "I am a woman of hope." Even in the most difficult situations, you felt that hope was always within you. You found it and brought it to the surface, no matter how much of a challenge that was. You described this to me saying,

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This is no hope, but I need to continuously think about hope. Look at me, did you hear that I said there is no hope? I am a woman of hope and how can I live in this country without hope? If there is no hope, what am I doing here? Should I leave? I don't want to, so that means I do have hope! I hope that somehow we will live as neighbors and not fight. I don't know how but I hope that somehow it will happen. Not only for us but also for the other party: we need to learn more about the mothers on the other side of the city. The way they live now is unbearable. I believe they love their children the same as we love ours. (Research conversation, October 12, 2015)

What role does hope play in peace? You are concerned about mothers on the other side of the border. Do you hope that there will someday be a bridge between mothers? Do you? I think you believe that the way we can build that bridge is by sharing what we have in common as mothers, not by dwelling on what makes us different.

We sat there in your office, you with an iced tea and I with a cup of coffee. Then you continued:

I have my roots and more connections here in this country. Although I was born in Hungary I'm from Hungary, but I did not belong there. We do not belong there because of our religion. We are Jewish. Jewish people were and are connected to the land of Israel. There were Jewish people in Hungary who believed Hungary was their land, those who remained, only a few of them. We as Jewish people who run from war feel strong connections to our forefathers' land. Here in Israel, it is the only place for Jewish people and this is our homeland forever. (Research conversation, October 12, 2015)

Although you kept telling me that hope was powerful, there were times, you said, that it was hard for you to hold onto hope. In the same sentence you wondered why you said it was hard to hold onto hope:

When I feel this feeling of no hope I am asking myself, what happened to me? Why am I talking like that? I am a woman of hope; where is my hope? I make myself take a moment and think. Once I start to think about hope, it is there. Just thinking about it when I am facing difficulty, immediately I change my attitude and consequences. I change my future. (Research conversation, October 12, 2015)

Your comments led me back to the ocean, to a metaphor of waves. In January 2016 I was

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in Cuba. I went down to the beach to focus on the waves. I became mesmerized by the life force of the waves, back and forth, back and forth, toward me and away, toward me and away. I tried to listen carefully to my thoughts and to what was happening outside of my body around me. This was my revelation: when a wave goes back to the ocean, it is gathering the power for the next wave to come to the shore. At that moment I engraved the words “Hopelessness” and “Hope” in the sands. The waves came and washed away part of the “Hopelessness” word. I took a picture of it (see below). This is how nature works. This process of the empowerment is a metaphor for hope. This seems to be how human nature works: hopelessness leads to hope renewed, over and over again.



Figure 16 Hopelessness and hope. The photo was taken by the author

I would like to share this picture with you. As I write this letter, I recall our last conversation where you echoed my thoughts about the metaphor, but instead of waves you described an internal dialogue: “I have a dialogue with hope!! When I am sad, I am asking myself, why are you sad at the moment? My answer comes from within, to look for, and seek for hope. Now my mind seeks hope [laugh]” (Research conversation, October 12, 2015). At the beginning of our conversations you told me that you are a woman of hope. Through our time

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together it became clear that hope connected you to the child that you were at the orphanage, to the young wife you were in Chile, and to your life now as a mother in your homeland. For you, hope was an ongoing dialogue. It helped you to build power within yourself and to overcome difficulties. When facing challenges, rather than being passive and hoping that the problem would resolve itself, you reached for your hope again. That action renewed you and gave you the strength to carry on.

You reminded me that hope exists not just in the present; that the mere act of hoping is proof of a belief in the future. Thank you for allowing me to learn with you and from you.

Dorit

Summary of the Accounts

In the previous four chapters I presented four narrative accounts of the mother participants in my study. These four accounts were the initial data from which I developed the answers for my research question—what are the experiences of hope in Palestinian and Israeli mothers alongside adult children who are struggling with mental illnesses?

These accounts are the first part of the findings which represent the narrative analysis (Polkinghorne, 1995) of the study. Each story presented a view of hope enacted in a life and helped shape the second part of my findings which represent the analysis of narratives (Polkinghorne, 1995), that is, the thematic analysis. In the next chapter, I delve deeper into the mothers' stories to discover parallels that resonated through all of the mothers' stories of hope. I will present my findings from the mothers' narratives that led to a new understanding of hope and will elaborate on these ideas.

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Chapter Nine: Findings

[T]he future is uncertain, which means that it can go in more than one direction . . . I think hope is within the realm of possibility. I may not be sure how or when I'll have it, but I won't rule it out of my life forever . . . Whether or not you hope at the moment, will you at least hope to hope? (Jevne, & Miller, 1999 p. 17)

Introduction

This study focused on a question about the experiences of hope in Palestinian and Israeli mothers living alongside adult children with mental illnesses.

In the methodology section (Chapter Three) I detailed the methods I used to analyze and find common themes. In that chapter, I described the themes found across mothers' stories. Those stories inspired me to reflect in more depth and as I did so certain patterns became clearer. I took a step back focusing specifically on hope as it lived in, between, and across the mothers' stories.

Addressing the research question I identified five themes: 1) conflict markedly threatened experiences of hope, 2) mental illness in a family member challenged hope, 3) hope was a process in motion, (4) hope reverberated through generations, and 5) hope was experienced by doing occupations in a spiritual way. The following diagram offers a visual rendering of these findings.

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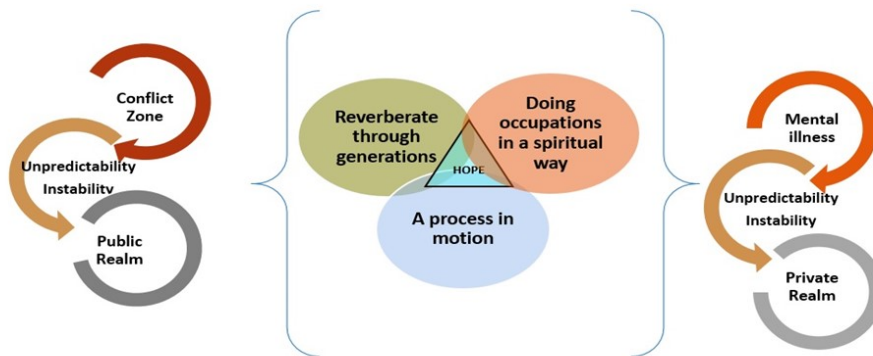


Figure 17 Diagram of findings

In the pages that follow, I describe these themes in more detail.

Theme 1: Conflict Markedly Threatened Experiences of Hope

In this unpredictable, fearful, and painful environment of intensified conflict, the mothers experienced hope as slippery, elusive, changeable, and fluctuating. Through my analysis the impact of the political conflict on the mothers' lives emerged as an important thread. The stories of all mothers offered evidence for this finding.

Amal

Amal was born in east Jerusalem. She was 24 years old and the mother of three children when she was first directly impacted by the Palestinian-Israeli conflict. It happened when Israeli forces accidentally killed her first husband. At that moment chaos overtook her life and she was hopeless. A couple of years later she remarried and had another baby girl but then the political conflict impacted her life again. Amal could not have imagined that her second husband would be expelled from the country by the Israeli forces but that is exactly what happened and the

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turbulence in her life was reignited. Once again she became a single mother, this time with four children. There was no specific action she could have taken to bring back the fathers of her children, but still she persevered, searching for hope. She never gave up.

In one of our conversations, on October 12, 2015 during the intensified conflict, Amal, now married a third time, expressed her concerns: "There is no hope. We are all afraid to go out of the house. Many times, because of the curfew the Israelis are imposing on the village, we cannot move or go anywhere" (Research conversation, October 12, 2015).

The day before our conversation, on October 11, 2015, Amal's husband had driven to a checkpoint to cross into the west side of Jerusalem. The soldier at the checkpoint asked for his ID, which was a standard procedure. Then he looked into the car and asked Amal's husband if he had a knife or if he was going to stab the soldier. The answers, of course, were "no" but the soldier provided no explanation for his out-of-the-ordinary questions. Amal's only explanation was that something violent must have happened that day and the soldiers were on high alert. Those sorts of experiences upset the normal routine and reminded Amal of how tenuous the situation was, thus bringing her hopelessness back to the surface. "It is so frustrating. There is no hope" (Amal, research conversation, October 12, 2015). The threat that the conflict posed to hope was very evident in her words. The conflict also clarified Amal's extreme movements between hopelessness and hope when she spoke about Jewish and Arab mothers needing to have hope because of children being killed during the conflict.

In Amal's vision, Jerusalem could be not only a battlefield or repository of fears, but also, perhaps, a potential birthplace for peace. As she shared: "Maybe we should find a way and all of

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us would march for peace in Jerusalem” (Amal, research conversation, October 12, 2015).

Hob

The village where Hob lived was very small. Everyone knew everyone else. One of Hob's neighbors was accused of attempting to stab Israeli soldiers in Jerusalem. For that reason the village was often put under curfew during the time I was conducting my study. The village had few stores or services. Hob's family left the village almost daily for work, school, shopping, and mental health care—for pretty much everything. Hob often opted to stay home but her sons did not have that luxury; they worked in the west side of Jerusalem and had to make life-threatening crossings through security checkpoints every morning and evening. Hob told me:

I cannot sleep through the night. It is because of my adult sons. They are leaving the village in the morning for work on the west side of the city. I am scared that they might be shot and killed on the way, even though they have done no evil. It is so hard to maintain hope. (Research conversation, October 19, 2015)

In Hob's narrative several factors contributed to a loss of hope, particularly fear, insecurity, and an unpredictable future forced upon her by the conflict. All of the mothers perceived life in an intensified conflict as a hopeless situation. However, they were not mired in hopelessness. For example, the hopeless situation that Hob experienced every morning with her two adult sons leaving the village for work was replaced by hope when she anticipated her sons' safe return. In telling me her story, Hob described how this particular hope was connected to a larger sense of hope. She said, “I believe that everything is already written [by God] in advance. So if they die it does not matter where they were and where I will be. This is hope; it calms” (Research conversation, October 19, 2015). On another occasion, imagining a situation where her sons might die traveling to and from work, Hob chose to have hope: “I wish we could do

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something to change the reality. However, you know that even when there is nothing that we can do about the situation, we can still have hope” (Hob, Research conversation, October 19, 2015).

Hob was born in Jordan and immigrated to her village in East Jerusalem in 1986. East Jerusalem had been under Israeli occupation since the Six-Day War in 1967. The village where Hob settled was controlled by Israel and the social and health services were underserved by the Israeli government because of the political conflict. Services for people with mental disorders, like Hob’s daughter, were limited or lacking in that part of Jerusalem. This made Hob feel hopeless and helpless:

You know, Dorit, there are many mothers like you and me. Mothers, I believe all over the world, giving birth and raising their children with hope for their future. They care [for] and educate them, do the best for them. Then the children grow and, for no reason, they might be dead. Then where is hope in this case? (Research conversation, October 19, 2015)

Neta

Neta, one of the Jewish mothers, was born in Jerusalem in 1944, 4 years before the state of Israel was established. Although she lived through repeated wars, she felt safe on the west side of Jerusalem. Neta never doubted being and living in Israel. It was only when the conflict intensified over the course of our many conversations that she became afraid. Describing a trip she took in Jerusalem during that time, she recalled the fear in passengers’ eyes while they watched each other on a very empty train (Neta, research conversation, October 13, 2015).

At the time of our research conversations, at least a couple of Jewish people were stabbed by their Arab neighbors at bus stations almost every day. There was never any overt provocation

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for these attacks. When Neta walked down the street, if she encountered Arabs she feared they would stab her. In those moments Neta's fear overrode her hope. But she overcame that fear quickly. In the same sentence in which she told me how frightened she was, Neta said that the next day she took a bus for 4 hours south to Eilat to attend the wedding of her sister's granddaughter. Fear had not caused her to change her daily plans. "I will take extra care," she said, explaining that she had an agreement with the taxi driver to wait with her at the bus stop.

Anna

For Anna, the second Jewish mother, Jerusalem was a safe place compared to Hungary where she was born and raised. It was also more of a homeland than Chile where she lived as a young woman and began raising a family. However, during one of our conversations in early October 2015, Anna made it clear that even though she was grateful to at last be living in her Jewish homeland, the escalating conflict made hope hard to find. As Anna shared:

The situation is so terrible; you know? There is no hope. So many people here do not believe there will ever be peace. When I hear what is happening, people being stabbed for no reason, doubt starts to creep in and I question why I came here in the first place. Why did I bring my children to this terrible place? You know, I used to believe that I came here for the sake of my children, yet, is this what I really wanted them to live in? (Research conversation, October 12, 2015)

I agreed whole-heartedly with her about the threatening situation and her feelings of anger and hopelessness. I, too, experienced this.

Yet, in much the same way that Hob consciously chose hope when facing the threats of the conflict, so did Anna. As Anna said:

This is no hope, but I need to continuously think about hope. Look at me, I am a woman of hope, and how can I live in this country without hope? If there is no hope, what am I doing here? What is my purpose here without hope? (Research conversation October 12,

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2015)

Anna moved back and forth between hopelessness and hope during our conversations. This observation helped me to understand how she did so in her daily life because it may have helped her to bear the unpredictability of her living situation. In 1980, Anna immigrated from Chile to Israel, full of hope for returning to the land that God promised to Abraham in the Bible. The reality of living in a conflict zone hit her hard and repeatedly. It was difficult for her to adjust her expectations about living in the State of Israel when she so often found herself living in a state of fear.

It is interesting to note that although the conflict was a serious threat throughout the study, the mothers were relatively open to sharing worries, feelings, and stories related to the conflict not only with me but also publicly with neighbors, family members, and their communities.

Theme 2: Mental Illness in a Family Member Challenged Hope

This second theme addresses the ways in which hope was challenged when mothers faced their children's mental illnesses. I found two major perspectives for this challenge. The first refers to the individual aspects while the second refers to the societal aspects.

Mental Illness and Individual Challenges to Hope

In the context of mental illness hope was diminished, particularly around the time of diagnosis. When their children were diagnosed the mothers shared a common experience: hope evaporated. Then they hoped for a cure, and when a cure did not come, they learned how best to help their children. Helping their children to cope renewed the mothers' hope.

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Amal. Amal recalled that when her son, Abed, was diagnosed, it felt like the sky fell on her (Amal, research conversation, August 30, 2015). She had the same reaction as Anna and Neta; she refused to believe that her son had a mental illness and had a hard time continuing her tasks and activities of daily life with her other children. The greatest burden for her was that she could not share her sorrow with Abed's father who had died. However, Abed's stepfather was supportive and that gave her hope. She also told me how she prayed every day and listened to the social worker's suggestions for her son (Amal, research conversation, September 9, 2015).

Hob. Living with children struggling with mental illness, the participants in this study vacillated between hopelessness and hope. For example, since her daughter Fatima had been diagnosed with mental illness, Hob told me how she felt like she was walking in the desert.

From the day I was told about her diagnosis, Fatima gives me a feeling of hopelessness. Everything I do with her is blowing in the wind. Another mother would have leave her . . . However, I do not know where it comes to me . . . Sometimes I have despair because of her [Fatima], but I tell you, I hope that she will succeed in the end. (Research conversation, September 28, 2015)

Neta. Neta's son, Tomer, did not show overt signs of mental illness. . . But after Tomer began showing signs of anxiety, she took him to a psychiatrist. As with other mothers, the diagnosis came as a complete shock to Neta who believed that her son would be able to overcome his illness. It took her a long time to accept that the illness was a part of his life.

Anna. Anna knew something was wrong with her 20-year-old son, Matan, when she told me she thought something had happened to his brain, but not a mental illness (Research conversation, October 12, 2015).

In addition, she said her son told her that he wanted her to be strong, so she went for

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therapy herself. She could not succumb to her hopelessness because her other children needed her. She told me that she could not remain depressed as she had responsibilities for her other children. Despite her hopelessness she also experienced glimmers of hope when she said she felt like he would overcome his struggle. She had faith and she hoped (Anna, Research conversation, October 12, 2015). Part of her hope was in encouraging Matan to look for work as her understanding was that work was the best remedy for him (Anna, Research conversation, October 12, 2015).

Mental Illness and Societal Challenges to Hope

For the mother participants, their children's mental illness was associated with significant socially induced challenges to their hope. It took time for each mother to feel comfortable and safe sharing her private experiences with me. From our earliest conversations the mothers spoke freely about hope, but it was not until we had built a trusting relationship that they began telling me about their social difficulties related to mental illness. Some of the mothers felt they had to keep their child's illness a secret, even from their extended family and community. Where hope stories shaped by conflict were shared in a more public context, hope stories shaped by mental illness were more likely to be shared in private and within family realms.

Amal. Amal overcame her loneliness and social isolation by connecting with mental health care providers, thereby sustaining her hope for her son Abed. Professionals helped her and her family try to learn to accept the mental illness and she subsequently admitted to having newfound hope despite the problems and complexities she went through. As she said: "As professionals were helping all of us, I started to get used to and accept his illness. Despite the

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great difficulties inherent in our daily life, I tried to accept it and listen to the social worker's suggestions" (Research conversation, September 9, 2015).

Hob. Hob, who lived in a close-knit community, told nobody about her daughter's condition. The only people who knew were her husband and her other children. She felt it was unsafe to talk about her daughter in the community. She was afraid that her extended family would blame her for their relatives' illnesses and inappropriate behaviors. Her daughter, Fatima, was 24 and Hob dressed her every morning so that she would look like everyone else. It was one way she could hold onto hope. But Hob's other daughters, who were younger than Fatima, accused their mother of spoiling their older sister: "My young girls who study at the university are angry with me that I do not demand from her and are angry with her that she does not take part in the house tasks" (Hob, research conversation, August 30, 2015).

Neta. Neta had her own way to cope with social stigma. She became involved in family mental health organizations, supporting other mothers and fathers. As she shared in Chapter Seven she also met with friends at least twice a week.

Socially I am very dominant; I feel I am present. I keep smiling. I come to the sports team to see my friends with whom I meet at least twice a week. We love the swimming pool. I am also involved with friends in a family mental health organization. In this way I keep hope alive. (Neta, Research conversation, September 24, 2015)

Anna. Anna, who had four children, shared with me her concerns about her brother who tried to "protect" her from her son's illness as she said in Chapter Eight:

My brother used to tell me, "Forget about him. Forget you had a son. You have [only] three children! He will never recover and will never help you." His words still echo in my ears. It was terrible and made me feel so hopeless. His suggestion still hurts me. How dare he say such things to a mother! (Anna, Research conversation, October 12, 2015)

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Anna struggled with her brother's attitude towards her son, but she held onto hope, in part by refusing to heed her brother's heartless advice, no matter how well-intentioned it was.

Theme 3: Hope Was a Process in Motion

As my conversations with the mothers evolved, I began to understand something important about the nature of hope. Hope was constantly changing, flexible, and fluctuating: a process in motion.

Amal

When I asked Amal about hope, her story of hopelessness was about losing her husband when the Israeli army accidentally killed him. In her culture widows were not supposed to remarry; their first and only obligation was to their children. However, Amal's thought process in the aftermath of her husband's death was that she wanted to have a life again and did not care how many husbands she had to marry to accomplish this (Amal, Research conversation, August 12, 2015). She did not make it clear to me how long that transition from hopelessness to hope took—days, weeks, months, years—and I did not think to ask at the time.

One of the strongest examples of hope in motion came from Amal. She shared a memory that illustrated the movement from hopelessness to hope, even though she had not thought about hope directly at the time the incident in question took place. She began by talking about her sixth and last pregnancy which occurred when her two youngest children were 9 and 2. She was overwhelmed and stuck. Whether she wanted to or not, she was going to have a baby. It was thinking about the support she had from her family that got her through the hopelessness. The only thing she had in mind was the hope that others would help her she told me (Amal, Research

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conversation, August 18, 2015).

Hob

For Hob, hope emerged in life-threatening situations such as the escalated conflict. Hob told me that when she was scared and felt hopeless, hope emerged. This hope seemed to take the physical form of continuing to live her everyday life: "We must continue to hope. Difficult things have never prevented us from continuing to live our lives. Things have never caused us to cease our everyday life" (Hob, Research conversation, October 19, 2015). There was a motion between hopelessness and hope.

Neta

Neta felt hopelessness when she was rejected from a junior high school. This was further exaggerated watching her best friends continuing their regular high school education. However, from this place of hopelessness she chose to enroll in extra school curriculum courses so she could complete high school. Instead of remaining in hopelessness, she oriented her thoughts and actions towards her future and she felt excited about it.

Anna

In one of our conversations, Anna told about the helpless feelings she experienced during the escalated conflict. A moment later she realized that she was talking about a no-hope situation and asked herself out loud why she felt that she had no hope while she still believed that she was "a woman of hope." She replied to herself that she needed to continuously think about hope. She realized that she identified as a woman of hope and then asked herself how she could live in that country without hope (Research conversation, October 12, 2015). This movement

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between no hope and being “a woman of hope” repeatedly manifested itself during nearly every one of our conversations. I wondered if she did this because she needed to reinforce her own beliefs.

Research Conversations Foster Hope in Motion

Even research conversations about hope seemed to sponsor the motion of hope. As the mothers became more comfortable talking about hope with me, they began telling their family members, friends, and some of their community members that they were participating in a study about hope. As word of the project spread, hope also seemed to spread. One day when Anna was at work, a client told her about a situation that felt hopeless to her. Anna listened and then asked the client, “Where is your hope?” Anna said that her comment made both her and her client laugh and the conversation then moved naturally in a completely different direction (Research conversation, October 12, 2015). For Amal, being involved in the study profoundly affected her relationships with her neighbors, making her feel less lonely and isolated:

I started talking with the neighbors in our building about hope, about my hope of renovating my apartment, especially the kitchen [laugh]. Since that day, they were happy to meet me occasionally and also offered to help with the renovation. My mood is much better. I feel strong and hopeful. (Research conversation, September 9, 2015)

Likewise, Hob shared her hopes with her daughters which improved the mood in her home:

Since I shared with them [her daughters] about hope, although they still argue with me about Fatima and things they don't like about what I am doing with her, our conversations do not focus on the emotional pain. Something has changed and we are now open to different conversations. (Hob, Research conversation, August 30, 2015)

Neta laughed when she shared a story about how talking about hope changed her

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conversations with her friends:

I went to a movie with my friends. Because hope was so vivid in my conversations, I was aware of hope during this movie. After the movie we went out and I told this to my friends. They said, “What are you talking about with [Dorit], that suddenly you have become so hopeful?” (Research conversation, October 13, 2015)

Regardless of the storyteller and the details, the pattern of hope stories told in this study was remarkably consistent. They started with hopelessness and moved to hope. Sometimes they moved back to hopelessness, but they always seemed to return to hope. Back and forth, back and forth, like waves in the ocean. I could not predict what would trigger the hope— a seemingly trivial detail such as chopping vegetables or something as profound as losing a parent. Nor could I predict the frequency with which a mother would move back and forth between hope and hopelessness. But it seemed that I could predict the movement: a pattern existed. That raised more questions: *Is hope embodied in all of us? Does it die or disappear? Or does it hide until possibilities exist in which it can flourish? How long does it take to transition from hopelessness to hope?*

Theme 4: Hope Reverberated Through Generations

The stories of the mothers in the present study suggest that hope can be carried from one generation to the next. Sometimes hope remained silent and was carried implicitly while other times it was explicitly expressed through actions involving family members across multiple generations.

In research conversations with the participants they volunteered to speak about their experiences as daughters. I wondered what hope meant to them and how hope shaped and influenced those experiences. As we talked about their experiences of hope, they frequently

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brought up childhood stories involving their own mothers. The mothers' stories of hope traversed generations.

Amal

Amal's memories of her relationship with her mother were mostly related to the skills she learned. These then offered an intergenerational thread of hope. Amal's mother taught Amal and her sisters to cook, sew, and embroider. As an adult, when Amal practiced these occupations she felt hopeful. Her hope flourished when she was able to teach these skills to her own daughters. As she said in Chapter Five, "My mom was a good cook," she recalled. "I loved to cook and I provide my daughters the love to cook as well. Now both of my daughters know how to cook traditional food" (Research conversation, September 9, 2015).

Hob

During her childhood, Hob and her family lived with her grandparents who treated her mother like "a housemaid." Hob had a sister, but her sister did not help, so Hob helped and cared for her mother. As a mother and grandmother, Hob was grateful that she learned how to care for others, how to maintain a household, and she felt hopeful when she passed those qualities and skills to her own children.

Another quality that Hob carried from her childhood and passed onto the next generation was her profound respect for education. Although Hob's grandparents forced her to quit school, she found a way to maintain her passion for learning by teaching her brothers who had been allowed to stay in school. Hob never returned to school but when she became a mother she encouraged her children to attend school. Education was hope for her. One of her daughters was

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a social worker, the other a chemist.

Neta

Neta's mother, a religious woman, cared for many people in their community. She spent hours riding buses, bringing bottles of nutritional drinks to new mothers and food to those who could not cook for themselves. Every Shabbat, Neta's mother invited homeless people to come to her home for a meal. By the end of each day, she was exhausted. Neta came home from school and instead of going out to play with her friends, she sat by her mother's bedside, nurturing her:

All week my mother worked so hard. I was the only one that took care of her. On Saturdays she would lay in bed. She felt sick after working so hard. I remember myself sitting beside her bed . . . and I would have sat all day beside my mother. I never went out. (Neta, Research conversation, July 19, 2015)

Neta also cared for her younger brother and later for her sister who struggled with diabetes. Caring was an explicit value she learned from her mother: "Looking after others was a priority for both my parents. Helping others was above all" (Research conversation, September 2, 2015). Neta recognized that caring for others was a place where hope was present for her. Her mother's legacy and caring traversed generations and became an enduring hope for her.

Neta also carried another deeply held hope, the passion to study. This hope, too, seemed to have its genesis in Neta's stories of her parents. Both her parents were illiterate. Neta knew within herself that her mother longed for her children to be educated. This inspired Neta to work to achieve an education.

When Neta was denied access to high school, she refused to give in to hopelessness. The craving for education became her hope, a vision for a better future. She took this hope for

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education into her future mothering, signing her children up for lessons in sports and music and encouraging them to study in school. "I felt it is my responsibility to have them study and participate in extra-curricular activities" (Neta, Research conversation, August 10, 2015).

Anna

Anna started caring for her mother at age 8, after her father died. It was a hopeless time for her. Her mother, who had two other children, sent her to an orphanage. Anna came home only for holidays and the occasional weekend. She did not want to lose her mother too, so she decided to take extra care of her. Taking care of her mother made Anna feel more hopeful. Part of what gave her hope was the belief that tomorrow would be better. "People who have hope—it gives a lot of power, because there might be tomorrow: maybe tomorrow, maybe tomorrow will be better" (Anna, Research conversation, July 13, 2015). Anna learned from caring for her mother to look toward the future. This was a way forward with hope.

Another touchstone that reverberated throughout her life was the memory of her father's violin. Her father was a violinist but the Nazis broke his fingers so she never saw him play, although she did see his violin. Her mother told Anna that her father had loved to play a variety of melodies and music. Her mother also used to sing to her and her siblings. Anna carried memories of these moments and they contributed to her evolving hope. Specifically, as it related to music, when Anna became a mother she encouraged her children to take music lessons. At the time of this research all four were adults and they still played many instruments, including her son who had a mental illness. One of her daughters taught music.

Adrienne Rich writes that "The first knowledge any woman has of warmth, nourishment,

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tenderness, security, sensuality, mutuality, comes from her mother” (1986, p. 218). This was certainly the case with Amal, Hob, Neta, and Anna. Their stories of hope were unique, but a key source of hope was the same: a mother whose behavior and beliefs transmitted hope. Sometimes that behavior was vivid and explicit, as with Amal learning to cook from her mother. Sometimes it was hidden and implicit, as when Neta’s illiterate mother indirectly encouraged Neta’s love of learning. In all cases each of the mothers in this study appeared to internalize her own parent’s hope which she then passed onto the next generation.

Theme 5: Hope was Experienced by Doing Daily Occupations in a Spiritual Way

In this study hope appeared to *emerge* and be *sustained* in the mothers through different meaningful occupations. These meaningful occupations included prayer, singing, playing musical instruments, maintaining cultural heritage, spending time with loved ones, cooking, and connecting with nature. These occupations played a major role in the lives of the mothers who participated in this study and provided them with spiritual feelings of connection and closeness to something bigger than themselves.

Amal

Amal found hope by doing occupations at home and in the community. As she said, “A person needs to have hope in many places, not only one” (Research conversation, September 9, 2015). One of the occupations she practiced at home to maintain hope was cooking: “I love to cook . . . When I go into the kitchen I am happy. It is like a dance I do to make my children happy.” Then she asked a question: “Is this hope?” (Research conversation, September 9, 2015). It was very clear from the way she laughed as she spoke that she knew the answer was yes.

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Praying and singing alone and together at home with her daughter, Tamara, were other meaningful occupations that invoked hope. "I prayed every day for a better tomorrow," Amal told me (Research conversation, August 18, 2015). Amal also enjoyed spending time in nature with her family and visiting holy places such as the Al-Aqsa Mosque. At the Mosque she would pray and have conversations with God. This was a spiritual place where, for Amal, hope became alive.

Hob

Hob shared stories about togetherness with her family. Spending time outside with her husband and children helped her to sustain hope through connecting to something bigger than herself: "Places that I feel relieved and hopeful are places we are together as a family, for example, when we visit other cities such as Hebron, Ramallah, and Jericho with my family and children" (Hob, Research conversation, September 28, 2015). Connecting to nature also helped her to find hope, especially when she did so with her husband: "My husband likes to take me to natural parks, to the sea, and to walk on the beach. Looking at the sea gives me hope; although the sea makes me feel uncertain and scary, I still feel it as a place of hope" (Hob, Research conversation, September 28, 2015).

Neta

Neta found hope by cooking. Cooking was perceived by Neta as a mission and a spiritual connection to a higher self. For 10 years she prepared meals for her orphaned nephews. Every weekend she boxed up lunches and dinners for the young men who visited with her and then left with the food. Neta's son also spent weekends at home. As this occupation of cooking was

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significant for her, she made sure to make everyone's favorites.

Another meaningful occupation for Neta was organizing gatherings with family members during holidays and family celebrations. It was one of the ways hope emerged in her life. "I was very involved in the family. I had a very close relationship with [my husband's family] and I loved to host events and holidays on a regular basis. I loved to entertain. This is hope for me" (Neta, Research conversation, September 24, 2015).

Hope also emerged when Neta was engaged in other meaningful occupations such as gathering with friends in her community and participating in sports activities with them.

Neta's memories of her father singing to her every evening before she went to bed elicited in her feelings of connection, happiness, and calm. Although she could not remember the exact words of the songs her father sang to her, she could recall the melodies which helped her to connect to her own past as well as to her father. Informed by her musical memories, Neta decided to encourage her children to play the piano. She was especially proud of Tomer who used to play the piano for other people and often for her. Neta had smiled, sat up proudly in her chair, and was very excited when she told the story of her son, Tomer, asking to play the piano for her when she was sad.

Anna

Anna's daily occupations centered around music. All of her children played instruments. Over the years, one important source of hope at home for Anna was when her children made music together.

Spending time together as a family was another meaningful occupation for Anna. Being

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with her children and her grandchildren made her feel connected to something bigger than herself:

In everyday life, being with my children and grandchildren gives me hope. I love when they come to visit me and we are all together. We [my children and me] talk many languages and together we have the language of music. So with all of what we have, it does not matter what you call it—God, the universe, or nature—much more than what we see here around us. It is hope that helps me keep going. . . There is something bigger: you do not need to see it; rather, you need to believe it. (Anna, Research conversation, October 12, 2015)

Summary

There were two major contexts that significantly impacted hope. Living in a conflict zone where unpredictability and instability prevail greatly threatened hope. Expressions of hope in these contexts were easily shared in the public realm; that is, the mothers talked about the conflict over coffee, with friends at the market, and with the community at large.

Unpredictability and instability were also major factors affecting hope in the context of mental illness. In contrast to the political conflict, expressions of hope in the context of mental illness were shared by the participants only in the private realm: that is, only at home and in trusted relationships. All of the mothers were concerned about how outsiders would react to knowing that there was mental illness in the family. The three additional themes that emerged from the study were that hope was a process in motion, it reverberated through the generations, and was experienced by and through doing daily occupations in a spiritual way.

In the next chapter, I elaborate on these findings and offer a discussion about how the findings align with or differ from previous related research. I also elaborate on new and unexpected outcomes from the study.

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Chapter Ten: Discussion, Perspectives, and Implications

Hope is not something you believe or feel or do. It involves believing, feeling, and doing—and much more. It includes every part of you—your mind, body, heart, and soul. (Jevne & Miller, 1999, p. 11)

Introduction

This study focused on experiences of hope in Palestinian and Israeli mothers living alongside adult children with mental illnesses. There were four participants: two Palestinian and two Israeli mothers from East and West Jerusalem. Over a 4-month period, I had six conversations with each of the Palestinian mothers and 10 conversations with each of the Israeli mothers. I used a qualitative methodology based on Polkinghorne's (1995) framework of narrative inquiry. The analysis showed that the mothers experienced hope as a process in motion; it reverberated through generations and was experienced by and through doing daily occupations in a spiritual way. These findings of the mothers' hope did not exist in a vacuum. The mothers were living through a socio-political conflict and dealing with the mental illness of a family member on a daily basis. Both situations markedly threatened their hope.

In this chapter, I discuss these findings and how they are related to or different from relevant extant literature. I also examine the implications of the findings, their limitations, and suggest future research.

Hope Was a Process in Motion

Throughout the stories shared in the present study, the mothers' hope was a process in motion that frequently changed, depending on context. This finding is consistent with the

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dimensions of hope as described in a seminal study on hope by Dufault and Martocchio (1985) described in Chapter Two. Dufault and Martocchio developed a model of hope with two spheres and six dimensions. They identified the spheres as general and particular hope, and the six dimensions of hope as affective, cognitive, behavioral, temporal, affiliative, and contextual. Thus, hope is believed to be always present in one or more of the spheres or dimensions. Dufault and Martocchio also suggested that hopelessness is not the opposite of hope, but rather hope and hopelessness exist on a continuum. Parallel to Dufault and Martocchio's model, the mothers in this study moved back and forth from hopelessness to hope. When Hob, one of the Palestinian mothers, told me that she was waiting for her sons to return from work across the border, she ricocheted between hope and hopelessness. Further, she described traversing various domains of hope: from the affective dimension of feelings of worry, powerless, and helplessness to the affiliative dimension of a relationship with a higher being—God—that was her source of hope. Each mother, when asked about her experiences with hope, always started by telling a story of hopelessness. Until these conversations, it had never occurred to any of these mothers that hope eventually emerged every single time they faced difficult experiences.

Hob also experienced the back-and-forth movement between hopelessness and hope with her daughter, Fatima, who struggled with mental illness. Hob woke up each morning full of plans: to choose Fatima's clothes, dress her, fix her hair, and find rehabilitation activities to keep her busy and her days full. But more often than not, Fatima could not or would not cooperate, the plans went awry, and Hob's hopes plummeted. She would often leave Fatima alone in her room for a while. Later on, feeling hopeful again, Hob would return to Fatima's room. The

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process of moving between hopelessness and hope would be repeated every couple of days. Hob told me that she had no idea how she regained this hope, only that the pattern was persistent.

Consistent with my findings of hope as a process in motion, Elliott and Olver, in a study of the experiences of terminal cancer patients (2002, 2009), found that hope was context related and changed as situations changed. The authors suggested that hope is flexible, elusive, vulnerable, and changeable. In a similar fashion, I found that for the mothers in my study, one of the most important aspects about hope was its flexibility and the opportunities it provided for participants to incorporate a range of meanings in their lives. For example, in one of our conversations during the escalated conflict, Amal said that she felt hopeless being confined to her house, yet she found that sharing her feelings gave her an opportunity to consider activities such as marching for hope that might restore her hope.

The four mothers in the present study experienced extreme difficulties when their children were diagnosed with mental illness. They all told me that they searched inwardly and outwardly for sources of hope. This process was also consistent with previous research. Herth (1993), a hope scholar in the nursing field, studied hope among elderly adults in community and institutional settings (Herth, 1993). The participants in her study described hope as arising from within and outside the self. Searching within self involved looking into past experiences, beliefs, and positive memories and approaches. Searching outside self related to connections with others such as healthcare providers, a higher power, nature, family, and friends.

Implicit and Explicit Hope

Another expression of hope as a process in motion was the movement between implicit

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and explicit expressions of hope. When Amal talked about marching for peace, she was explicitly seeking hope, that is she spoke aloud about hope. At other times when the mothers in this study were engaged in occupations that created or maintained hope, hope was implicit, that is they did not initially identify these occupations with hope. The implicit became explicit only after the mothers discussed and shared these types of occupations during our research conversations. These occupations included cooking, singing, playing music, and others. This experience of hope as moving from implicit to explicit is not new (Allen, 2011; Dufault & Martocchio, 1985; Farran et al., 1995; Larsen & Stege, 2012).

In this study participants were invited to speak directly and explicitly about their experiences of hope. As hope is based on what is personally and deeply meaningful, by explicitly discussing and sharing intimate stories of hope related to their mentally ill children, the mothers also exposed themselves and made themselves vulnerable. This vulnerability associated with sharing stories of hope is consistent with the work of Simpson (2004) who wrote about the courage to explicitly express stories of hope and the attendant vulnerability in doing so. Simpson suggested that “explicitly attending to one’s hopes may be risky” and that telling others about those hopes means opening oneself to the possibility of greater emotional pain. “If hopes are shared with others, there are the attendant risks that these others will scorn, laugh at, or reject what is hoped for or will simply ignore what is said” (Simpson, 2004, p. 443). As Anna shared in her story, her brother was not exactly scornful, but he made it clear that he disapproved of the effort she put into her son, Matan, advising her to forget about him, that he would never bring her the same joy and satisfaction she could count on from her other children.

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Hob also shared an example of vulnerability. She told a story about keeping Fatima's mental illness a secret from her extended family and community because she was afraid of their reactions. The community could reject her and her family and rob her of her already fragile hopes for her daughter. As Hob said, "No one here in this village knows about my daughter and I will not tell anyone . . . It is not everyone's business. After all, no one here knows about my daughter" (Research conversation, August 30, 2015).

Talking about hope explicitly during our conversations was risky for the mothers but at the same time it provided them an opportunity to imagine a more positive future (Simpson, 2004). In this study it would appear that using the word hope and asking directly about hope was enough to allow participants to share their imagined better futures (Edey & Jevne, 2003). In a research study that focused on the use of hope language and explicit use of hope, Larsen and Stege (2010a) examined the way that psychotherapists used hope-focused interventions. The authors defined the explicit use of hope as the intentional use of words and actions that elicit hope. In the present study, I asked participants to explicitly reflect on hope both in our conversations and through the making of hope collages. Implicit was the term that Larsen and Stege (2010b) used to describe the way that hope manifests itself without being directly summoned or even acknowledged. In the present study when Hob, one of the Palestinian mothers, told a story about education, her strong feelings were an implicit expression of the hope she passed on to her daughters.

In occupational therapy, Eklund (2002) discussed explicit and implicit differently and used the terms in relation to activities and occupations. Eklund used the term explicit to describe

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an activity and implicit to describe the cognitive processes that the activity generates. For example, baking cookies is an explicit activity that results in a tangible product. The implicit activity of baking cookies is the intellectual process by which the baker engages cognitively in intangible ways by categorizing whatever is needed to create the end product and by sequencing and organizing their thoughts. Sometimes that thought process will elicit memories that are only tangentially related to baking; in the present study for instance, when Neta cooked for her children she found herself drawn back to the smells of her mother's kitchen and remembering how her mother used to feed everyone, from their neighbors to homeless people.

Eklund (2002) opens the possibility for occupations to have multiple dimensions. Findings from my study strongly suggest that hope is one of those dimensions. Certainly, hope emerged both explicitly and implicitly for the mothers in this study. Throughout my study there were many occasions during which the mothers could identify or recognize hope. However, that hope was mostly implicit in nature: only by talking aloud about it and using the language of hope were they able to bring it to awareness—to make it explicit.

Hope Reverberated Across Generations

Transmitting hope across generations was a central theme in my study. The mothers often told me about their childhood experiences with their own mothers. They also told me that before engaging in research conversations that focused on hope, it would not have occurred to them that these childhood stories had anything to do with hope. Reflecting on their own mothers in this context gave the mother participants the opportunity to discover their own sources of hope which they then described as passing to their children. The term I use to describe this passing of

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hope from one generation to another is “intergenerational hope reverberation.” The theme of intergenerational hope reverberations was consistent from one mother to the next. Mothers learned about hope and hoping processes as children and young adults and carried these lessons forward in their relationships with their children and grandchildren. They had never explicitly thought about hope before but rather, they felt compelled to bring valued life lessons to their children, lessons that included ways to access hope. In this way hope appeared to be deeply valuable to the mothers, a gift they were determined to pass on to their children. Those lessons came not only from everyday life experiences such as cooking and social gatherings, but also from traumatic and stressful events such as being rejected or forced to quit school.

Each of the mothers told stories about the hope that reverberated from her past to her children. For example, Amal grieved the loss of her husband and found hope by preparing traditional food that connected her ancestors to her daughters. Anna never saw her father play the violin but knowing what music had meant to him led her to encourage her children to fill their lives with music; she made sure that they learned how to play instruments. One of her daughters became a music teacher. Hob and Neta were not able to complete their education with their peers, so they transmitted a love of higher education to their children. Both of Hob's daughters earned graduate degrees and three of Neta's children had PhDs.

Amal's cooking experiences were also an example for her of hope reverberating across generations. The connections Amal was feeling with her past and future were a source of hope for her. Those moments with her daughters preparing traditional food allowed her to use hope as a bridge to connect her own mother to her daughters.

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A number of scholars have studied intergenerational patterns and processes. Some of these studies provide a scholarly foundation for understanding the transgenerational patterns that I identified in my study, patterns that are related to hope, mothering, and the stresses experienced by the mother participants. Family therapy pioneer Murray Bowen developed a transgenerational approach to family therapy (Bowen, 1975; Brown, 1999) that focused on repetitive interactional patterns. He explained that families are complex interdependent emotional units that are influenced by internal and external stress. Anxiety and sensitivities are projected from parent to child and thus transmitted down the generations (Brown, 1999).

Scholars have also examined intergenerational trauma (Abrams, 1999; Belsky, 2008; Dekel & Goldblatt, 2008; Palosaari, Punamäki, Qouta, & Diab, 2013). Kellerman (2001) discussed various mechanisms to explain intergenerational transmission of trauma. Among the modes of transmission identified in his study are repetitive interpersonal patterns, social and cultural beliefs, and family structures. For example, it has been theorized that Holocaust survivors may have transmitted their traumas through some of these mechanisms. Solomon, Kotler, and Mikulincer (1988) assessed post-traumatic stress disorder (PTSD) among Israeli soldiers who were injured during the 1982 Lebanon war. They compared soldiers whose parents were Holocaust survivors to soldiers whose parents were not survivors. Injured soldiers with a history that included Holocaust family survivors were significantly more likely to struggle with PTSD compared to those without that history.

The mechanisms by which negative traits and behaviors are transmitted across generations are relatively unclear. Psychodynamic approaches such as projection (Srouf &

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Srour, 2005), identification (Rosenheck, 1986), and genetic factors (O'Brien, 2004) have been suggested in literature. However, review of this literature is beyond the scope of this study which focuses on the experiential perspective.

To the best of my knowledge, while the literature is replete with studies about the trans-generational transmission of various negative behaviours, traits, and actions (Belsky, Conger, & Capaldi, 2009; Daud, Skoglund, & Rydellius, 2005; Dekel & Goldblatt, 2008) such as mistreatment of children, alcoholism, abusive behaviours, violence, and mental illness, there is virtually no literature about the transgenerational transmission of positive experiences, attributes, and traits or, more specifically, the transmission of hope itself through generations. Rosenthal and Marshall (1988) conducted one of the very few studies about passing positive traits and behaviors from one generation to the next. The authors interviewed 62 adults in Canada to learn about the transmission of rituals in a family context across three generations: parents, their children, and their grandchildren. They found that rituals (e.g., birthdays, holidays, religious activities) served as connections between the past and future and provided a sense of continuity. Hence, Rosenthal and Marshall's findings are somewhat similar to mine, but they did not address the issue of transmission of hope from one generation to the next.

There are at least two possible explanations for why the present study found that hope reverberated across generations. The first is related to the nature of this study and the second offers a theoretical explanation.

First, as this study intentionally elicited stories of hope and promoted the language of hope, it is possible that the mothers were focused on and oriented toward stories of hope rather

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than stories of stress and trauma. The narrative methodology employed in this study encouraged the mother participants to reflect on their past, present, and imagined future experiences of hope. Examples of this include Neta and Anna's recollections of the importance that music played in their childhoods and then in their own mothering experiences, and Amal's similar experiences with cooking. It seems that these reflections led the mothers to realize that some of their implicitly carried mothering experiences and explicit actions were not incidental. Rather, these actions revealed meaningful hope expressions which they transmitted from their pasts to their children.

The second explanation for hope appearing as a trans-generational phenomenon relates to John Dewey (1938). Dewey was an American philosopher and psychologist who developed a theory of experience and its relation to education. "Educative experiences" as termed by Dewey, are those experiences which emerge from the past and change what will come in the future (1938). Dewey noted two components of educative experience: *continuity* and *interaction*. He defined *continuity* as past experiences leading to present and future experiences, and he defined *interaction* as situations related to the connections between people and their environments. With these two components Dewey suggested that an educative experience is a personal real-life situation that includes reflections on this experience and doing so leads to further actions based on these reflections. The various examples of trans-generational transmission of hope in the present study may have been such an educative experience.

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Undertaking Occupations in a Spiritual Way

The present study found that hope emerged in the mother participants when they performed their occupations in spiritual ways. Townsend and Polatajko (2013), who developed official practice guidelines for the Canadian Association of Occupational Therapists, defined occupation as “an activity or set of activities that is performed with some consistency and regularity, that brings structure, and is given value and meaning by individuals and a culture” (p. 19). When the mothers in this study were engaged in occupations such as singing, praying, exploring nature, and cooking they described feelings of connection and closeness to something bigger than themselves, something that gave them value and meaning. This type of feeling has been associated, both in occupational therapy and in psychology literature, with spirituality. In occupational therapy, spirituality is viewed as the core of a person’s humanity (McColl, 2011). Furthermore, Luboshitzky and Gaber (2001) recommended that occupational therapists address the spiritual needs of their clients by doing meaningful occupations such as holidays and family gatherings celebrations (Luboshitzky & Gaber, 2001).

Worthington, a clinical psychologist with expertise in spirituality and hope-focused counseling, defined spirituality as a feeling of closeness and connectedness to the sacred (Worthington, Hook, Davis, & McDaniel, 2011). The authors identified four types of sacred sources: (1) religious spirituality, (2) humanistic spirituality, (3) nature spirituality, and (4) cosmos spirituality. Religious spirituality refers to a connection to a specific religion and cultivates a sense of connection to a higher power or to God such as in Islam, Christianity, or Judaism. The second type of sacred source is humanistic spirituality which means connection to

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individuals or to a group of people that may share values of altruism, reflection, or feeling of connections. The third type of sacred source relates to nature spirituality which means a sense of connection and closeness to nature by experiencing natural wonders such as watching a sunrise. The fourth type of the sacred relates to cosmos spirituality which means connection and closeness with the whole universe.

The four mothers in this study exemplified these sacred sources. For example, Amal felt a connection to a religious sacred source by visiting Al-Aqsa mosque. Neta felt a connection to a humanistic sacred source by hosting family events and holidays on a regular basis. Walking on the beach was a connection to a nature sacred source for Hob. Lastly, Anna connected herself to a cosmic sacred source by reciting the words “God is the father of all fathers.”

In summary, occupations can be done in various ways. In this study, when occupations were associated with sacred (religious, human, or natural) sources they could be regarded as occupations which were performed in spiritual ways. Moreover, hope emerged for the mother participants when they performed their occupations in spiritual ways.

Based on the findings of this work, the definition of hope which originally guided this study (Stephenson, 1991) may now evolve into a broader definition with relevance to occupational therapy. Hope is not only directed toward a future that is personally meaningful but can also be a process which moves between various dimensions and across generations and can be expressed by doing occupations in spiritual ways with connectedness to sacred sources.

The Impact of Socio-Political Conflict

As described in Chapter Two of this dissertation, there is a vast body of literature

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regarding the ongoing socio-political conflict in the Middle East and how it is impacting the Palestinians' quality of life (Canetti et al., 2010; Khamis, 1993; Shalhoub-Kevorkian, 2003; World Health Organization, 2006). This conflict continues to impact both sides (Zelevnikov, 2014). What is less known is how socio-political conflict affects the hope of those living within these regions. Bar-Tal (2001, 2007), a social psychology expert on the Palestinian-Israeli conflict, partially addressed this, suggesting that in places of conflict a collective emotional orientation and infrastructure of fear helps people on each side of the conflict to cope with violence, danger, and stressful situations. Specifically, the cultural ethos, a collectively held past that threatens memories and an emotional fear orientation helps individuals on each side of the conflict to unite and connect to their own society and to collectively orient against the other society which is perceived as the enemy. Such an emotional orientation is based on the past and impedes and overrides future-oriented hope. During the time I spent with the mothers in Jerusalem, fears, threats, uncertainties, and stresses were indeed apparent as part of the established social infrastructure. Nevertheless, despite these fear-inducing situations, the mothers readily shared their stories about hope with me and others.

Hope and Hopelessness in Micro-Medical and Macro-Social Contexts

In general, individuals' behaviors are deeply borrowed, shaped, and moved by their surrounding cultural and social narratives (Patton, 2015). Bar-Tal's conceptualization of macro-social contexts during the political conflict (2001, 2007) is analogous in some ways with understandings of the micro-medical context (individual doctor-patient relationship) described by Elliott and Olver (2002). In their study of individuals with terminal illness, Elliot and Olver

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showed that patients' hope was dictated in part by the attitudes and directives expressed by their healthcare providers. The patients referred to the medical authorities' expertise, not only for their physical health but for their hope. For example, if a trusted health care professional said, "We will see you next month," the patient knew there was hope.

In the same fashion, the mothers in this study looked to outside sources, seemingly primarily the media, to determine their hope. It was almost as if they were seeking permission or validation for the right to hope. In this way the mothers resembled the patients in Elliott and Olver's (2002) study of terminal patients.

I argue that this finding of authority figures as portrayed in Elliott and Olver's micro-medically focused research can also be used to understand the broader macro-social paradigm developed by Bar-Tal (2007). That is, authority figures who dominate the socio-psychological dynamic of conflict provide potent narratives which may shape public discourses, thereby either conferring or denying hope in relation to conflict. For example, in the case of my study during the escalating conflict, some media portrayed an Israeli conspiracy to overtake the Al-Aqsa Mosque. This conspiracy theory was further perpetuated by Muslim authorities and created anger, fear, and threats to hope among Palestinians, including the mother participants.

In situations where death is imminent, those affected look to authority figures to justify and inform about whether hope is justified. Here it is important to note that encountering hope in the face of life-threatening situations has been well documented. Karl Menninger (1959), an eminent psychiatrist, was amongst the first to speak publicly about the importance of hope in general and in mental health in particular. In his seminal Presidential lecture to the annual

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meeting of The American Psychiatric Association in 1959 he told the story of the prisoner doctors of the Buchenwald concentration camp during World War II. These doctors were starved and beaten and had no reason to expect any other fate than death and cremation. Yet when everyone else was asleep they made plans to improve the health conditions in the camp. Night after night they smuggled in materials that were concealed in the prisoners' clothes. They bribed the guards and little by little they put together a working X-ray machine. They used it secretly, at night, to diagnose their fellow prisoner's aches and pains. In Menninger's words, these doctors were "*kept alive by hope*" (1959, p. 485, italics in original).

Holocaust survivor Viktor Frankl (1959) offered another example of using hope to overcome threats to life. Frankl and his fellow concentration camp prisoners were subjected to extreme psychic and physical stress. Yet despite these traumatic conditions, they still searched for hope. Frankl himself used to imagine his wife so vividly that he convinced himself that he could feel her and in this way he kept hope alive. All of these examples make it clear that keeping hope alive in the face of threats and fears requires personal strength and collective motivation.

Fear arises when people perceive danger or threats. It is a reflexive emotion (Baumann & Mattingley, 2012; LeDoux, 2003). Originating in the primitive brain, fear and threats are believed to be based on an unconscious memorized past which, as Bar-Tal, asserts, leads to the "freezing of beliefs" (2001, p. 601). By "freezing," Bar-Tal means reducing openness to new and alternative ideas to conflict resolution. As a primary and negative emotion, fear may dominate other positive and complex emotions such as hope (Ito, Larsen, Smith, & Cacioppo,

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1998). Both the Palestinian and Israeli societies are significantly driven by past collective fearful narratives. The Palestinians have been oriented to be fearful of the Israelis and vice versa. Bar-Tal suggests that spreading “the collective fear orientation feeds the continuation of the intractable conflict, [and] creates a vicious cycle of fear, freezing, and violence” (Bar-Tal, 2001, p. 609). Furthermore, in a more recent study, Cohen-Chen demonstrated that when facing an opportunity for a positive change (e.g., peace), hope was associated with openness for this opportunity, whereas fear was associated with the rejection of this opportunity (Cohen-Chen, Halperin, Porat, & Bar-Tal, 2014). Applying Bar-Tal’s and Cohen-Chen’s perspectives to the present study, I came to see these fearful narratives as holding the potential to override the mothers’ hopes. It seems that fear may have been what the mothers perceived as no hope.

Despite the threatening effects of the conflict, the mothers still found their own individual ways to hope. Just as the patients in the Elliott and Olver (2002) study demonstrated moments of hoping for a positive physical outcome, so did the mothers in this study who occasionally resisted dominating social narratives. For example, as Amal suggested in Chapter Five, “We all need to act because the conflict here involves all of us. Maybe we should all march together for peace in Jerusalem” (Research conversation, October 12, 2015). When the conflict prevented me from meeting the Palestinian mothers at their homes, we found a safe place at the mental health clinic in East Jerusalem and we had two meetings there. It seemed that this special space served as “a small island” (Breznitz, 1986) of hope for us, where we could sit together within the turmoil of the intensified conflict. During one of these meetings with Hob she created a hope collage. She then allowed herself to reflect upon, wonder about, and discover hope in her daily

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life. During the period of data collection, creating a hope collage became a meaningful experience for her where she explicitly and intentionally spoke aloud of hope. The mothers engaged in many activities to cope with the stress and fears of the conflict and creating a collage was one of these, in essence creating hopeful personal narratives within the context of conflict.

Previous studies have described activities similar to the hope collage to promote hope (Edey, King, Larsen, & Stege, 2016; Larsen, King, Stege, & Egeli, 2015; Rustoen & Hanestad, 1998; Yohani & Larsen, 2009). Rustoen and Hanestad (1998) developed a hope intervention for cancer patients. The intervention included believing in oneself and finding resources to increase the feeling of control in the face of crises, increasing social networking, developing active goals, and discussing spirituality and values, all of which were intended to help the patients find meaning in life and the will to make future-oriented plans. Yohani and Larsen (2009) developed a hope-focused program to help immigrant refugee children newcomers adjust to Canada. They used self-empowering physical and cognitive activities. In this study the authors described using hope collages, singing, riding a bike, hugging a stuffed animal, talking about coping strategies, problem-solving, goal-setting, and self-reflection to help the children find sources of hope. Larsen et al. (2015) and Edey et al. (2016) developed a group therapy program focused on finding hope when facing chronic pain. They used hope collages, hope poems, and a strength card activity as part of group therapy.

The Impact of Mental Illness on Hope

The second context in which the mothers in this study experienced hope or a lack thereof was while living with a child who struggled with mental illness. Receiving a diagnosis of their

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child's mental illness was a shock for each mother, making hope difficult to find. As Amal recalled, "The sky fell on me." Such a diagnosis can bring a lot of confusion (Jeon & Madjar, 1998) and can leave a parent feeling completely unsettled. It is possible that each mother expected her doctor to offer hope for her child's future. Like Elliott and Olver's patients (2002), the mothers felt that the doctors knew better than the mothers themselves did about what constituted reasonable hope and, indeed, whether there was any hope for the future. At first it seemed that the mothers did not realize that hope was possible in the context of mental illness. Accepting the diagnosis and overcoming the initial shock was a long, hard process during which each mother entered what became a life-long journey with her ill child, a journey that was associated with many difficulties and burdens. Their stories revealed how the mothers had to deal not only with their children's difficulties and uncertain futures, but also with the social impact and stigma around this invisible illness which also impacted their hope. As previously discussed in Chapter Two, social stigma is a major cause of burden to families and patients world-wide. The experience of mental illness stigma can be more complicated for individuals and families living in Arab and Palestinian societies (El-Gawad, 1995; Esters, Cooker, & Ittenbach, 1998; WHO, 1984). Because of the stigma, Arab families used to hide relatives with mental illness, particularly females, at home and have negative attitudes towards formal mental health services (Al-Issa, 1990; Al-Krenawi & Graham, 1996; El-Islam, 1982; Okasha & Karam, 1998). In general, families are often reluctant to talk about mental illness in public and, in many respects, it remains a hidden disease (Corrigan, 2004). This may explain why the mothers in this study did not bring up the topic until we had met for research conversations several times. The

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mothers were slow to share their stories of hope regarding their children with mental illness. To talk about hope in this context they also needed to talk about the mental illness.

Each individual mother carried hope which was highly valuable to her and at the same time extremely vulnerable. For example, Hob was reluctant to share her hope stories about her daughter's mental illness with others in her community. Simpson (2004), a bioethics and a hope researcher, discussed the vulnerability of patients' hope. Hope is most often connected to that which is deeply meaningful (Stephenson, 1991); in the case of the mothers in this study, the health of their children. Simpson suggested that patients' hope may be hurt by others, especially health care providers who may ignore or not support patients' hope. Ignoring or dismissing a mother's hope holds a significant potential to make the mother vulnerable and makes her reluctant to share her hope with others. In short, hope itself becomes vulnerable. In keeping with Simpson's assertions, it takes courage and time to test the safety of a relationship. In this study the mothers felt vulnerable about sharing hope stories in their communities. However, they became open to sharing stories of hope related to their ill children when they felt safe in the apparent trusted relationship that unfolded with me. Hope for their children's future was a treasure and was not easy to find, sustain, or share. It took time for the mothers to feel safe, secure, and able to share their stories about mental illness during the research process.

In contrast, I observed that the participants had no trouble talking about politics. They often said to me, "I hope that peace will come soon," but they never did say to me, "I hope that my child with mental illness will be cured soon." Hoping for peace was a collective theme that was easily shared in public, even if it was viewed as highly unlikely. In contrast, hoping for a

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cure for their ill children was something that was harder for the mothers to share, whether because of the stigma or their own fears and pain. They kept their hopes and dreams for these children in their private realms, close to their hearts, within their families, and within their homes. This difference may be related to the known social stigma of mental illness (Corrigan & Miller, 2004; Muhlbauer, 2002; Struening et al., 2001).

In the following sections I reflect on what I have learned in undertaking this inquiry and discuss the practical implications and limitations. I also make suggestions for future research.

Perspectives, Implications, Limitations, and Further Research

Personal Perspectives

I have identified three major personal reflections that may have influenced my study: (1) mental illness in my family, (2) becoming a researcher, and (3) political differences and privilege.

Mental illness in my family. This inquiry emerged out of my own narrative reflection on hope in the course of my life. I described that narrative at the beginning of this dissertation. Mental illness and hope have been intertwined in my life since childhood. When I started the research conversations with the participating mothers, I began to realize how difficult it was for me to share my own experiences about my mother and about the stigma that my family had experienced. I recalled the times in my childhood when I was scared that I might become like her and remembered the silences that surrounded my own family.

As the relationships between the participating mothers and myself evolved, it was easier for me to detach from my own background and become more connected to my researcher role.

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My personal experiences with mental illness in my family allowed me, over the course of this study, to grow as a researcher. For example, my experiences enabled me to empathize with and be receptive to the mothers' stories of pain, uncertainty, and hope while living with their children who struggled with this invisible illness. As our research relationships unfolded I felt that I could also understand the vulnerability of their hopes and I could witness, in a deep way, both their hopes and concerns. Mental illness is an overarching theme in this study, but unlike the participants who are mothers to adults with mental illnesses, my experience is different: I am the daughter of a mother with a mental illness.

Becoming a researcher. Hearing stories of hopelessness, helplessness, and the fragility of family members living alongside people with mental illnesses was not something new to me. As a professional occupational therapist in the mental health field it was my daily practice for many years. However, maintaining my role as a researcher meant constantly fighting the temptation to wear my occupational therapist hat. This tension was somewhat eased by my understanding of the need to be mindful and aware of the way I traveled to the mothers' worlds. I also strove to be empathetic, to view experiences through their eyes. By traveling to their myriad worlds with "loving perception" (Lugones, 1987), I witnessed seemingly hopeless situations as well as flexible, elusive, and changeable hope. Together it seemed to me that we created "islands of hope" (Breznitz, 1986) wherein the mothers could safely share painful and difficult feelings during our evolving relationships. On these islands, hugs and tears were acceptable and welcomed.

Political differences and privilege. Being an Israeli researcher put me in a socially

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“privileged” or “powerful” position compared to the two Palestinian mothers. This tension was exacerbated in the context of the 2015 conflict during which our conversations occurred. I felt this tension throughout my study, particularly when going into the Palestinian mothers’ villages and homes. I felt strongly that the relationships and expectations between the researcher and participants in this study might be clearer and more equal—not another “routine” research project. Other researchers have identified a similar phenomenon. Neuroscientists Bruneau and Saxe (2012) identified this as tension in a study they conducted with Palestinian and Israeli participants living in a conflict area. In that study, the authors evaluated the effect of controlled, dyadic interactions on attitudes towards the “other.” Palestinians and Israelis served as the dyads (one Palestinian and one Israeli per group), interacting via Skype and through text, answering a structured prompt: “What are one or two of the issues that make life in your country most difficult?” Half of the Palestinian group answered in writing to the prompt and the Israeli dyadic partner in that group responded by summarizing the answer. The other half of the Palestinian group served as responders to their Israeli dyadic partners by summarizing the Israeli partner’s answer to the prompt. Of note is that the Palestinians answered the prompt with writing about “the Israeli occupation,” while the Israelis answered the prompt by writing about “security issues” related to the conflict. The authors showed that positive changes in attitudes toward the other occurred in the Palestinians after the Israeli dyad partner summarized their difficulties (being heard). Positive changes in attitudes towards the other occurred in the Israelis after *they* took action by reading and summarizing the Palestinians’ difficulties. Bruneau and Saxe suggested that the Palestinians perceived themselves as part of the non-dominant group, as

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unequal and disempowered. As such, they expressed a strong desire to be heard. On a micro-level, I observed a similar phenomenon in the present study. My sense was that Amal and Hob, the Palestinian mothers, perceived themselves in a more disempowered position than the Israeli mothers, Anna and Neta, and they often wanted to “be heard” by discussing the conflict with me. But for Anna and Neta it seemed to me that unless the conflict disrupted their daily routine, they did not bring it up. Their attitude seemed to be that it did not affect them. As Anna shared, “This is my homeland and I am not afraid.”

I wondered if part of the reason that Amal and Hob were willing to speak with me, an Israeli, was that they hoped to be heard through this research. I also wondered what stories would have been told if, instead of me, a Palestinian researcher had undertaken this inquiry. What stories would the Jewish mothers have told her?

Practical Implications

Reviewing this study, I have identified five potential implications for health providers: (1) learn about hope, (2) hope is individually expressed, (3) be aware to hope, (4) identify resources of hope in difficulties, and (5) employ explicit hope activities in practice.

Learn about hope. In the context of stressful situations such as socio-political conflict and mental illness, hope is markedly threatened. When facing clients with these conditions, it may be important for a health professional to learn about and understand various conceptualizations of hope and the role of hope in health and illness. This can be done through different curricular and extracurricular professional development activities. Being alert and knowledgeable may facilitate introducing hope into the therapeutic alliance.

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Hope is individually expressed. The findings of this study suggest that it is important to be aware that people express hope differently and each person's experience is unique. Health professionals need to think creatively about different methodologies and approaches to learning about a client's hope. Some people may benefit from telling stories while others may benefit from non-verbal methods. In the present study for example, one of the conversations with each mother was dedicated to creating a hope collage.

Be aware to hope. During the present study, hope was expressed and manifested in different forms and subtle nuances. Accordingly, it may be useful for health professionals to be mindful, to listen carefully and actively, and intentionally explore the client's past and present experiences of hope and what the client expects or would like to see in the future. This may be done by asking questions, setting goals, making suggestions, and storytelling. As shown in this study, storytelling was a robust tool that clinicians may use to nurture client hope and to better understand client hope.

Identify resources of hope in difficulties. Client hope may be significantly influenced by socio-political and dominant health messages in the client's environment. Thus, it is important for clinicians to be aware of their own feelings about hope and the complex negative narratives associated with living in conflict areas and living with mental illness. Inevitably, living in such contexts can encourage people to feel they have less control over their lives thereby threatening hope. In these situations it would be useful for professionals to help their clients identify and rely on individual resources of hope as well as foster hope in important social relationships such as family.

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Employ explicit hope activities in practice. Activities and occupations are central elements of occupational therapy practice. Both conversations about hope and hope collage activities in the present study provided the mothers with an additional, direct way to become aware of and share more hope experiences. They were not only talking, they were also performing an activity (i.e., creating something tangible) in order to share their experiences of hope. Thus, activities which are explicitly focused on hope appeared to facilitate hope expressions and even generate hope. Occupational therapists, particularly those who employ arts-based activities in their practice, may find that their clients benefit greatly from such an approach.

Limitations

I address three important limitations to my study: (1) sample size, (2) being a Jewish Israeli researcher, and (3) language barriers.

The first limitation is the relatively small sample size. This may be seen as an obstacle to the generalization of the findings. However, it is important to make a distinction between generalizability and transferability. Generalizability refers to using random representational samples to allow the quantitative *researchers* to apply their small-scale study results to other contexts, situations, times, and populations (Polit & Beck, 2010). Transferability, on the other hand, refers to the *readers'* feelings that they can resonate with the story of the research and thus transfer the research to their own situation (Tracy, 2010).

As a qualitative study, transferability is the term most appropriately applied to this study and its transferability relies in largest measure on the judgment of the reader. Specifically, the

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goal of a qualitative study is to provide a thorough, contextualized, rich understanding of human experiences. Findings of this kind help the reader to understand, appreciate, and achieve resonance through transferability (Tracy, 2010). The purpose of the present study was to explore experiences of hope in mothers, a purpose best addressed by a qualitative research. Despite the relatively small number of participants, the study involved multiple conversations with each of the four mothers over a prolonged period of time which resulted in rich data. As Lincoln and Guba suggested "It is, in summary, not the naturalist's task to provide an index of transferability, it is his or her responsibility to provide the database that makes transferability judgments possible on the part of potential appliers" (1985, p. 316). The detailed accounts of the mothers' conversations and the themes analysis provided rich and explicit connections to the cultural and social contexts in which this research took place, thereby allowing the readers to make their own transferability judgments.

The second limitation may be associated with me being a Jewish Israeli researcher. This fact may have placed me in a "privileged" or "powerful" position compared to the two Palestinian mother participants. Nevertheless, I believe that the nature of narrative methodology I took which included numerous conversations over a relatively long period of time enabled us to develop trusting relationships, thereby, mitigating that risk.

The third limitation of this study references the language barrier. Because I do not speak Arabic, I relied on translators when I met with Amal and Hob. The translators provided me with audio tapes of their translations which I then transcribed. As I did this I became aware that some of the translations may not have been as full as I might wish. It is possible that some ideas may

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not have been accurately captured and nuances may not have been noticed. To overcome what I considered this obstacle in the act of translating the Palestinian mothers' conversations, I transcribed the digitally recorded conversations myself while trying to listen again and pick up on what I might have missed. It may be useful in the future to consider including a bilingual researcher on the team or alternatively to have two researchers conducting the study, each in the different participants' languages.

Suggestions for Further Research

I identified four areas as potential future study topics: (1) hope as experienced by family members of people with mental illness and by people living in conflict zones, (2) the vocabulary of hope, (3) the role of hope in occupations, and (4) intergenerational hope.

Hope as Experienced by Family Members

There is little research about how hope may be experienced by family members of people with mental illness (Bland & Darlington, 2002) and by those who live in conflict areas. Understanding other relatives' points of view about hope in these circumstances can provide an important perspective on families and more possibilities for how to help families to cope.

The Vocabulary of Hope

Hope in my study was implicitly and explicitly expressed. While the word hope (or its translation) is commonly used in various languages, hope is often not spoken of explicitly, particularly by people with mental illnesses or their family members. More studies are needed about the role of using the explicit language of hope in the mental health recovery process in relation to stigma and in relation to working with families. It may also be interesting to examine

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hope vocabulary in different languages, something that was partly relevant in this study which encompassed English, Hebrew, and Arabic. Indeed, aspects of hope may be expressed differently depending on the language being used.

The Role of Hope in Occupations

This study points to the importance of learning more about the role of occupations done in a spiritual way to promote hope. This is a relatively new area of research. It would be useful to study the specific occupations that clients practice in a spiritual way that impacts their sense of hope. Mothers in this study were very specific about the occupations that they did in a spiritual way to elicit hope. Future research could more closely examine the types of occupations that are associated with spirituality and hope. It may even be interesting and useful to look at gender, culture, and age differences in this regard. Hob went to the beach, Amal cooked, Neta organized family gatherings, and Anna's daily occupations centered around music. A wider sample size would no doubt yield more similar occupations.

Intergenerational Hope

Future research on the ways or mechanisms in which family members transmit hope between generations holds the possibility to inform clinical practice in occupational therapy and many other professions such as family therapy. As with occupations done in a spiritual way, the mothers in the present study had unique stories about how hope was transmitted between generations in their families.

Ending

This study revealed both stories and key themes related to mothers' experiences of hope.

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Five key themes were identified: (1) living in a conflict area markedly threatened hope, (2) living with mental illness in the family markedly challenged hope, (3) hope was a process in motion, (4) doing occupations in a spiritual way elicited hope, and (5) hope reverberated through generations. The last two themes are relatively new and to date they have received little attention in the literature.

Both contexts—having an adult child with mental illness and living in a conflict area—threatened hope. According to the findings of the present study, what inspired the mother participants to continue hoping was doing occupations in a spiritual way and recalling past experiences. These past experiences revealed their hope which was then directed towards their children. In these ways the experiences of hope allowed the mothers to move forward and gave them a sense of possibility amidst the uncertainty of their lives. These findings have important implications for future research and practice in occupational therapy, mental health, and rehabilitation worldwide, particularly in conflict areas.

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Epilogue

We are duty bound to speak up as scientists, not about a new rocket, or a new fuel or a new bomb or a new gas, but about this ancient, but rediscovered truth, the validity of Hope in human development—Hope, alongside of its immortal sisters, Faith and Love. (Menninger, 1959, p. 24)

More than 2 years have passed since the conversations with the mothers in Jerusalem took place. In this epilogue I will offer some of the inner processes I have gone through.

Sitting far away from the places where my participants and I used to sit together, I wondered how they would continue to live their stories. As I sat in my knitting chair at home in Edmonton, I mentally and reflectively traveled to my childhood and thought of sitting at the kitchen table in our family hotel in the north of our country (as I shared in Chapter One) which is where I learned to love stories and gatherings. As I thought I picked up different kinds of yarn such as cotton, silk, and mohair and started to knit.

Reflections: Knitting Our Relationships

Driving to Jerusalem for my research conversations from June to October 2015, I used to pass near an incomplete train bridge that was being constructed at the entrance to the city. Every time I drove there I was fascinated. I decided to take pictures of this bridge under construction. At that time I did not understand what had caught my attention. I only knew that taking the photos seemed important to me.

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Figure 18 Jerusalem train bridge, August 17, 2015. The photo was taken by the author



Figure 19 Jerusalem train bridge, September 30, 2015. The photo was taken by the author

I noticed that every couple of weeks the bridge changed. I continued to take pictures of this bridge in the making. What did it mean for me? Did it symbolize waiting? Motion? Any shortcomings? Or maybe hope?

Upon returning to Canada these pictures seemed to resonate with what I was beginning to write. Over the next few months I was immersed in my readings and writing, one narrative account after the other. I was working hard to honor and respect my participants and to care for their stories in their multiple worlds. I love colors and painting is my hobby. One afternoon I put my computer aside and picked up a canvas painting board, brushes, and paints. All the materials were there in a big suitcase, left over from my last painting class in Edmonton 2 years earlier. As I was wondering how to paint some of my experiences, I paused motionless in front of the white canvas. Thinking about the mothers and their myriad worlds, I recalled that bridge in progress. My four participants had never met each other. They were all from different parts

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of Jerusalem. Bridges symbolize connecting different isolated or disconnected areas, people who would not normally meet.

Was it possible the bridge was a sign for me? Maybe the slow progress of the bridge construction symbolized the hard times the mothers and myself shared during the escalated conflict in September and October 2015.

With this metaphor in mind I returned to my canvas. I realized that I would need another canvas to allow this bridge enough space to emerge. I started putting colors on the canvases, more and more colors, various hand and brush strokes . . . and gradually the bridge appeared. The more I painted, the more closely it resembled the one I had left behind. I photographed the canvases and made large prints.



Figure 20 The Incomplete Bridge, painted by the author, January 2016

A few weeks later it became clear to me that it was not enough to show these paintings alone. There was something more I wanted to do. I have always loved crafts and my work as an

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occupational therapist allowed me to engage in craft-making professionally as well.

I felt that there must be some additional art activity to complement the paintings. I believed I would find it when the time was right. Meanwhile, I tried to continue writing. I was heavily immersed in describing the relationships between the mothers and myself. I had photographed my canvases. When I grew frustrated with writing, I would stare at the large prints I had made. They were leaning side by side. I looked at each of the prints—starting from the bottom, on the ground, climbing up and up through the pillars and ending in the bluish-gray sky above. It became clear to me that each mother had a different relationship with me. I wanted to find a way to respect and honor these differences. With a lot of thought and reflections, I returned to my writing. As I re-told each account in a way that enabled the mothers to be heard, their voices echoed in my ears.

I sensed there were some threads connecting these mothers. Sitting in front of the computer until late into the night was exhausting. Leaving my desk and moving to the knitting chair was calming and relaxing. I love knitting. I love playing with the different colored wools. I never thought about knitting in relation to my study. Yet those moments of knitting made me feel connected again with each mother. I knew intuitively that knitting was a part of the process and that I was literally continuing to knit my relationship with each one of the mothers. During the following weeks, I felt welcomed by each mother's sacred place through my own occupation of knitting. I felt fortunate to continue to live alongside these four mothers' stories. These pieces of knitting became metaphors for each unfolding relationship as I traveled in, out, and between their worlds as I worked with the transcripts and notes.

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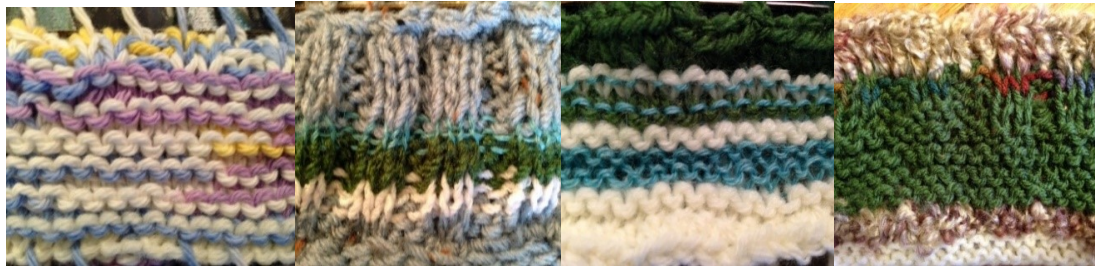


Figure 21 Knitting pieces by the author

Each piece of knitting was unique. Some were made using the same colors but different stitches. Others were made using the same stitches but different colors. It was only after finishing the pieces that I started to imagine another layer of this complexity. I was wondering how these unfolding “knitted” relationships could become visible as part of the mothers’ multiple worlds.

Their worlds were different, but also shared similarities. Each contained unique places and relationships while they shared a commonality of living a life as mothers in the contexts of mental illness and conflict. Although I was far from them, I could connect to their spirits through my knitting. I could touch their warm-heartedness through the wool.

It was the next obvious step to link these knitted pieces to the bridges using the large prints I had made from my canvases. Here are the two parts of the city represented by the two parts of the same bridge coming closer to each other every day. Within this bridge-in-progress there were four special women—two from the West, two from the East—who had never met, yet their stories of hope had merged through me. I feel honored and privileged to have brought them all together, if not physically—at least metaphorically.

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Figure 22 Painting and knitting created by the author May 30, 2016

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Appendix 1 Letter to director of community hostel

Director of hostel,

Organization Address

Date

Dear Sir/ Madam,

My name is Dorit Redlich-Amirav and I am a doctoral student at University of Alberta. My study focuses on the experiences of hope for mothers who care for adult children struggle with mental illness and living in area of armed conflict.

I am interested in hearing about hope from mothers whose children were lived or are living in your community hostel or participating in your community center. Therefore, I am writing to seek your permission and help to gain access to mothers at your location who are willing to participate in conversations about hope.

Families with a mentally ill relative, particularly mothers, are heavily burdened with mental illness. Whereas the role of families/ mothers in mental illness recovery of their relative is increasingly recognized, the specific topic of hope among these mothers in socio-political conflict situations has received little attention. The perspectives of hope of these mothers have been largely unknown. I believe that the best way to better understand the experiences and meaning of hope of these mothers will be to let them tell stories about it. Therefore, the aim of my study is to explore experiences and meaning of hope among Palestinian and Israeli mothers with mentally ill children through conversations.

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I am planning to invite 2 mothers, to participate in my study. The only necessary requirement is that the mother will be willing to share her personal experiences about hope in an individual one-on-one 1 to 2-hour weekly conversations with me about this experience over 4 to 5 months (approximately 8 to 10 meetings). The time and space for the meetings can be at her convenience. Each conversation will be tape recorded. In a case of a participant becoming upset or disclosing an uncomfortable episode the conversation will end and referral information provided.

The privacy and confidentiality of participants are extremely important to me and I will protect it at all times throughout the research. All material collected will be safeguarded to ensure confidentiality. Participation in this study is voluntary and participants have the right to withdraw at any time during the study without penalty.

An easy-to-read letter of invitation will be issued to all potential participants. If they wish to participate, an individual meeting with the researcher will be arranged to clarify any issues.

They will then be required to sign an easy-to-read consent form which can be explained by the researcher at the meeting.

This study is approved by the Research Ethics Board REB at the University of Alberta.

The findings of this study are intended to benefit and enhance the development of programs to enhance hope among mothers who care for adult children struggle with mental illness in this specific conflict environment.

I would be very grateful for your permission to carry out this study within your organization. If you are aware of possible participants who meet the above criteria, I would appreciate it if you

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would – with their consent – share possible mother participants' contact information with me.

If you would like to further discuss any aspect of this study, please, contact me on 780-8842468.

(Canada) 055—8849359 (Israel) I look forward to hearing from you.

Thank you for your consideration of this request.

Sincerely,

Dorit Redlich Amirav

PhD student

Faculty of Rehabilitation Medicine

University of Alberta

Appendix 2 Easy-to-read letter of invitation

*This information letter will be translated into Arabic and Hebrew.

Easy-to-read letter of invitation to take part in the study

Hello,

My name is Dorit Redlich-Amirav. I am a PhD student currently at the University of Alberta.

My interest is to learn with mothers who care for adult children struggle with mental illness about experiences and meanings of hope. Your experience would be very valuable to this study and I hope you will consider taking part. It is your choice whether or not to participate.

You don't have to take part in this study. Only if you wish to do so. You will be asked to sign or mark an agreement form if you decide to take part.

Taking part means that you commit to participate in 1-2 hours conversations over four to five months, at a time and place of your convenience. During our meetings, we will have conversations about your experiences of hope. The conversations will be recorded. Everything you say will be kept confidential and private. This means that your name will be changed when the tape recording is written down on paper. That is so no one can find out who you are.

Sometime after the conversations I will ask you to review the paper transcript of our conversation to ensure that it is correct, so you will feel comfortable with it.

I would be very thankful if you would decide to take part. Please if you have any questions or would like to learn more about this study, please contact me at: redlicha@ualberta.ca

If you want to take part, then sign or mark the agreement form. Then post it back to me in the envelope which is attached to it.

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Thank you

Dorit Redlich-Amirav

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Appendix 3 Information letter and consent form

*This information letter will be translated into Arabic and Hebrew.

Information Letter and Consent Form

Study Title: A Narrative Inquiry into Mothers Experiences of Hope who Care for an adult child struggle with mental illness and living in the area of Armed Conflict.

Research Investigator:	Supervisor:	Supervisor:
Dorit Redlich-Amirav	Dr. Elizabeth Taylor	Dr. Denise Larsen
3-48 Corbett Hall	3-48 Corbett Hall	
8205 - 114St	8205 - 114St	11210 - 87 Ave
Rehabilitation Science University of Alberta	Rehabilitation Science University of Alberta	Faculty of Education University of Alberta
Edmonton, AB, T6G 2G4	Edmonton, AB, T6G 2G4	Edmonton, AB T6G 2G5
Email: redlicha@ualberta.ca	Email: elizabeth.taylor@ualberta.ca	Email: denise.larsen@ualberta.ca
Phone: 780.884.2468(Canada) 972.055.8849359 (Israel)	Phone: 780.492.3722	Phone: 780-248-1812

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Background

You are being asked to participate in a research study entitled 'A Narrative Inquiry into Mothers Experiences of Hope who care for Adult Children Struggle with Mental Illness and Living in Area of Armed Conflict'. This study is conducted by Dorit Redlich-Amirav and supervised by Dr. Elizabeth Taylor from the Faculty of Rehabilitation Medicine and Dr. Denise Larsen from the Faculty of Education at the University of Alberta. I contact you for participation because the hostel community organization has chosen you as a potential candidate. I am interested in hearing your hope experience during your circumstances. The results of this study will be used in support my doctoral research. Your participation in this study is entirely voluntary.

Purpose

In this study, we are exploring the experiences of hope while living with mental illness in the family and also living in a conflict area in Jerusalem. We are also interested in how hope stories can influence rehabilitation practices, social attitudes, and policies in order to enhance hope and support for mothers who are living in such difficulties.

Study Procedures

If you volunteer to participate in this study, I would ask you to have audio-recorded conversations with me over a 4 to 5-month time period. Each conversation will take between one to two hours. I will meet you in a convenient place, such as a meeting room in the community hostel, or in places that are convenient for you. I hope to meet you once in a week or every two weeks for a total of 9-10 conversations. All these conditions for a meeting will be negotiable between us.

MOTHERS' EXPERIENCES OF HOPE

You are welcome to talk freely about hope in your past and current life experiences. You will also be invited, if you want, to take photos that remind you of hope at places or with people in your life, or to bring an item which has a hope meaning for you to our conversations. With your items we will develop arts-based box (Hope Kit) for learning about experiences of hope. This arts-based box (Hope Kit) will help me better understand your experiences. All the boxes, photos, and items shared will be returned to you.

I will also take notes about our interactions. After series of our conversations, I will write about the experiences that you have shared with me. I will share these writings with you for further negotiations, as a part of the study.

You are eligible to participate in the study if you agree to be represented as 'a mother who has a child who suffers from mental illness and living in a conflict area'; are over 18 years old; speak Hebrew or Arabic; and live in Jerusalem for at least 6 months.

Benefits

You will be given an opportunity to tell and share your life stories within a safe, long-term relationship with a researcher. By telling your hope stories, therapeutic effects might be expected that you may become more aware of hope in your life history, identity, belief/value, and strength. You may also reflect on and obtain a clearer understanding of how hope in your life experience is shaped by various familial, cultural, social, and political backgrounds. Also, I hope that your hope stories will help us better understand the experience of mothering occupation for an adult child who suffers from mental illness in such difficult situation as well as to challenge the current practices in mental rehabilitation care, society, and politics. In each

MOTHERS' EXPERIENCES OF HOPE

conversation, I will pay for or bring you a drink each time we meet, as a form of compensation (up to \$10 value). If you take the bus or train to get to a meeting place, I will give you a voucher for transportations.

Risk

As you tell your hope experiences, you may encounter memories and feelings which could be distressing or discouraging to you. Also, you may perceive frustrations and limitations in your current life situation, which could be stressful for you. It is acceptable to express negative emotions during the conversations, but if it is difficult for you, you are not obliged to tell us everything. If unidentified problems surfaced during the conversations, I will connect you to the appropriate supports or resources offered by the community hostel, though I will not disclose any information to the hostel without your permission.

Voluntary Participation

You may choose to participate in this study. You are under no obligation to participate in this study. Even if you volunteer to be in this study, you may withdraw at any time up to the point before you give consent to the final research text without consequences of any kind. You can decide to change or end a research relationship with me by telling me or writing a note to me. Your requests will be taken into the account immediately. You may also refuse to answer any questions or talk about particular experiences. You can request to stop the audio-recording anytime if you desire.

Confidentiality & Anonymity

I will use the information obtained in this study for writing a dissertation. I will also build

MOTHERS' EXPERIENCES OF HOPE

presentations or research papers based on this study. Any information that is obtained in this study will remain confidential and will be disclosed only with your permission. If you desire, pseudonyms will be assigned to you. Any particular names or places will be altered to avoid any personal identification.

All the data, such as audio-recordings and emerging texts will be stored securely in a locked cabinet or on electronic devices in my supervisor's research office at the University of Alberta. The data will be password protected for a minimum of 7 years after the completion of the study. Only I and my supervisors will have access to the original data.

Please feel free to ask for a copy of reports or publications on research findings. You can indicate your request at any time. We may use the data we get from this study in subsequent studies, but if we do this it will have to be approved by a Research Ethics Board.

Further Information

If you have any further questions regarding this study or would like additional information before, during, or after your participation, please do not hesitate to contact Dorit Redlich-Amirav at 055-8849359 or redlicha@ualberta.ca. You can also contact my supervisor, Dr. Elizabeth Taylor by phone at +1-780-492-3722, Dr. Denise Larsen by phone +1-780-248-1812 or by email at elizabeth.taylor@ualberta.ca, denise.larsen@ualberta.ca.

The plan for this study has been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta. If you have any concerns or questions regarding your right as a research subject or ethical conduct of this research, you may contact the Research Ethics Office, at +1-780-492-2615 or I will contact them on behalf of you since communications

MOTHERS' EXPERIENCES OF HOPE

will be done in English.

Thank you for considering being part of this research. Your help is greatly appreciated.

This study was explained to me by Dorit Redlich-Amirav.

By signing below, you agree that:

- 1) I have read and understood this information letter.
- 2) I have been given the opportunity to discuss the information in this information letter and all my questions are addressed to my satisfaction at this moment.
- 3) I agree to take part in this study and I know I remain free to withdraw at any time.

Signature of Research Participant

Date

Name (Printed)

I, Dorit Redlich-Amirav, believe that the person signing this form understands the information letter and voluntarily agrees to participate.

Signature of Investigator

Date

MOTHERS' EXPERIENCES OF HOPE

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Research Ethics Board at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at +1-780-492-2615.

Appendix 4 Amal's notebook: original Arabic content

هذه القصيدة من خبرتك وإغنية فريد الأطرش
الاعنية التي تحبين التي عرفناها من ابنتك اسمها "الحياة حلوة"

من فضلك أخبريني إذا كنت لا ترغب في تضمين:

مع كل المصاعب لم استسلم

المرض النفسي مرض مغفي
حين وسف ابني به
شعرت باليأس
عندما فكرت
إنه ابني، ابني الكبير
لن اتركه وحيداً
عندما
شعرت بلامل
صار عندي كل الأمل و الاحترام
مع إن أولادي مختلفين عن بعد
أعتني بهم جميعاً
عندي علاقة جيدة
مع أولادي.

ولدت في القدس عام ١٩٧٤



(صورة من دوريت)

أجبرت على ترك المدرسة عندما كنت في ١٢ من عمري
إنه ليس ما أريد
ولديّة ليس لهم القدرة المالية للمدرسة
لذلك فكروا
الأفضل لي أن أتزوج.
في سن ١٧ تزوجت
بلامل والوعود لحياة أفضل



(صورة من دوريت)

الحياة حلوة (مقتطفات أغنية لفريد الأطرش)

في البداية زوجي وأنا لم يكن عندنا منزل
عشنا في خيمة
جرينا المجهول، والحب، والأمل
انجبت ابني الأول
والثاني كانت بنت
والثالث صبي
بقينا عدة سنوات قبل أن ننقل إلى بيت صغير

الحياة حلوة بس أفهمها

لقد كان وعداً
وأملًا في المستقبل



(صورة من دوريت)

كان أمل في حياة أفضل

الحياة حلوة

مع ثلاثة أولاد عشنا في بيت صغير
مع وعد ...
وعد في حياة أفضل ...



(صورة من دوريت)

سؤ الحظ،
خيبة الأمل وصلت
فجأة، خسرت زوجي
لم يكن إختياري
لقد قتل
لقد كان حادثاً
بدون إشعار
اصبحنا لوحدنا
لقد أصيب بالخطأ عند حاجز تفتيش

MOTHERS' EXPERIENCES OF HOPE



(صورة من دوريت)

فجأة فقدنا الأمل
كنت مسؤلة عن ثلاثة أطفال
أرملة ...
كنت يائسة



(صورة من دوريت)

في مجتمعنا، امرأة وحيدة
ينظرون إليها بريبة
عندي طفلين وابنة
لم يكن عندي شيء أفعله
أردت أن أغير حياتي
أردت أن أعيش مجدد وكنت بحاجة للمساعدة
الحكومة الاسرائلية ساعدت كثير
دعوني للدراسة



(صورة من دوريت)

تعلمت كيف أكافح المصاعب



(صورة من دوريت)

ومصاعب العيلة
التغلب على الغضب
اعطونا تعويض
التعويض كان مالا ...
لذلك تفاءلنا ...

MOTHERS' EXPERIENCES OF HOPE



(كلىية أمل من امال)

لم يكن أملاً أن يكون عندي زوج أو أب للأولاد
ولكن، استطعنا أن يكون عندنا بيت صغير
لقد كان أمل لأولادي بمستقبل أفضل



(صورة من دوريت)

بكل ما حصل معي لم افقد الأمل

الحياة حلوة أغنية الحياة حلوة

لذلك يجب أن تسمع
الأمل يزيد وينقص وحدثت أمور ...
لم يكن عندي بيت
البيت يشعرك بالامان
الآن عندي بيت للمستقبل



(كلىية أمل من امال)

وجود البيت يتعلق بمستقبل أولادي
استطيع أن أعطيهم الأمل
بعد فترة
أراد رجل أن يتزوجني
خيم الأمل على حياتي



(كلىية أمل من امال)

الحياة متعة ورقص وتغني للحياة الحياة حلوة

MOTHERS' EXPERIENCES OF HOPE

عائلتي، اصدقائي، وجيراني كلهم
عارضو
قالو اني أرملة
يجب أن تربى أولادك
هاذا دورك
هل هاذا خيبة أمل، فقد الأمل؟
تعجبت
وأخذت قرارى
لا أحد من عائلتي ولا جيراني
لهم على أي حق
لا أحد يقدر كيف أعيش حياتي
سوف يكون شخص واحد
هو جوزي
طول حياتي سوف أعمل ما أريد ...
عمي كان غاضباً علي
لأن أردت أن أتزوج ثانياً
أجيت
تعرف أن حياتنا ملك ربنا وحده
وأعمل ما أريده ...
الله يساعدي

الحياة حلوة الحياة حلوة

كل يوم أصلي حتى ربي يعطيني
القوة لأولادي
ابني الذي يعاني من مرض نفسي
يساعد كثير
في التسوق
وزيارة خارج القرية
مع أولادي الصغار
يعلمهم ويعطيهم الأمل في المستقبل
ياخذهم على النادي الرياضي.
الرياضيه أمل



(صورة من دوريت)

المختصين ساعدو كثيراً
اعطونا الأمل
نحن ممنونين لكل ما عملوه
ولكل الفريق الذي يأتي إسبوعياً
ليس مساعداً فقط لأبني

MOTHERS' EXPERIENCES OF HOPE

مساعداً لقلنا جميعاً
أتذكر أن ليس هناك حياة مع اليأس
ولد يأس مع الحياة
حتي لو توفي زوجك
هذا لا يعني أن تدفني نفسك

الحياة حلوة
الحياة أمل

MOTHERS' EXPERIENCES OF HOPE

Appendix 5 Amal's notebook: content translated into English

This poem comes out of both excerpts of your experiences and the beautiful Farid Al-Atrash song you love and your daughter introduces us which is called "Life is Sweet"

Please let me know if there is something you don't want to include:

With all of what I had, I have never given up

Mental illness is Invisible illness
Once my son was labeled
I was hopelessness
Then I thought
It is my son, my oldest son
I will not give up on him
Then
Hope raise again
I become hopeful and respectful
Although my children are different
I care the same for them
I have good relationships
With my children.

I was born in Jerusalem in 1974



(Picture was taken by Dorit)

At 12 years old I was forced to leave school
It was not what I really wanted
My parents did not have the financial means for school
Instead they thought
It might be better for me to get married.
At 17- I was married
With hope and promise for a better future



(Picture was taken by Dorit)

Life is Sweet (excerpts from Farid-Al Atrash song)

My husband and I did not have a house at first
We lived in a tent
We experienced uncertainties, love, and hope
First I gave birth to my son,
The second a baby girl and
The third another baby boy

MOTHERS' EXPERIENCES OF HOPE

It took a few years until we moved
Into a small house

Life is Sweet you should understand them

Again it was a promise
And hope for the future



(Picture was taken by Dorit)

There was hope for a better life

Life is Sweet

With three children we lived in a small house
With a promise...
A promise for a better future...



(Picture was taken by Dorit)

Unfortunately,
The disappointment was not long reach
Suddenly, I lost my husband
It was not my choice
He was killed
By accident
Without a notice
We left alone
Accidentally, he was shot at the checkpoint



Checkpoint (Picture was taken by Dorit)

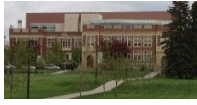
All of a sudden there was no hope
I was left with three kids
As a widow...
It was hopelessness



(Picture was taken by Dorit)

In our culture, a woman alone
Means putting on her an evil eye
I was left with two sons and a daughter
I did not have anything to do
I did not want to give up on life
I want to have a life again I was struggling for help
Lots of help came from Israeli government
I was invited to study

MOTHERS' EXPERIENCES OF HOPE



(Picture taken by Dorit)

Studying courses about handling difficulties



(Picture taken by Dorit)

Course about negotiating difficulties in the family

Another course about negotiating anger

And we had received compensation

The compensation was with money...

Which allow us to hope again...



(Hope collage by Amal)

It is not about having my husband and a father back

However, we could afford a small house

Which means hope for my sons, hope for the future



(Picture taken by Dorit)

With all that I had I have never given up

Life is Sweet

And The Melody of Life is very beautiful

You just need to listen

My hope goes up and down and things happened...

I never had a house

House provided us with safety

Now I have a house for the future



(Hope collage by Amal)

Having a house affects the future of my children

I can provide them with hope ...

After a while

A man was willing to marry me

Hope spread around my life again



MOTHERS' EXPERIENCES OF HOPE

(Hope collage by Amal)

Life is singing dancing and singing about life

Life is Sweet

My family, friends, and neighbors all of my community

Opposed

They told me you are a widow

You should stay at home and raise your kids

This is your role

Is this a failure of hope, is this represent no hope?

I wondered

Then, I made a decision

No one in my family, community, or

The neighborhood has the power to control me

No other people will decide on my life

It is only one person I will accept to control me

And it will be my man

He will be my husband

As long as I'm alive I want what *I* want...

My uncle was angry with me

Because I wanted to re-married

I replied to him and said

You know

Our lives are related only to God

As long as I'm alive I want what *I* want...

And God will help me

Life is Sweet Life is Sweet

Every day I pray to God asking him to provide

Me with strength for my children

My son who struggles with mental illness

Helps a lot

With shopping

With visited places outside the village

With my little kids

He teaches them and provides them with hope for the future

Like taking them to the gym.

Sport is also hope



(Picture was taken by Dorit)

Professional help us a lot

They provide us with hope

And we are grateful for all they provide us with

Grateful for the home care team that are coming weekly

And help not only

MOTHERS' EXPERIENCES OF HOPE

With my son, but also
For us all
I always remember there is no life with despair
And not despair with life
And if your husband died
It does not mean you *bury* yourself **LIFE IS SWEET Life is Hope.**

Appendix 6 Hob's notebook: original Arabic content

الأمل بينا و من و حولنا و في حياتنا
(القصيدة للأم¹⁹ حب)

حب الاسم الذي اخترته لينفسك
حب يعني الحب في اللغة العربية



(واتس أب صورة من حب)

انتي تنشري الحب في كل مكان
الحب في ماضيك كان

مختفياً

مختفياً بينك و بين
أمك.



(واتس أب صورة من حب)

التجارب التي مررت بها في طفولتك
تركيت أثر في نفسك و روحك
أمك تمننت مستقبل آخر

تمنت لكي

الثقافة و العلم



(واتس أب صورة من دوريت)

الثقافة و العلم تمننت لكي
عندما تركتي المدرسة
فلتي هذا ليس عدلا

كل الأسماء مستعارة¹⁹

MOTHERS' EXPERIENCES OF HOPE

أحبتي المدرسة
و أحبتي أمك
كنت حنونة
سعدتي في البيت
تغسلي الثياب في الليل
عندما جدك أسفل الكهرباء خلال النهار

فماذا كان الأمل وقتها؟



(واتس أب صورة من حب)

كنت أتعجب
حتى لما تركتي المدرسة
لم تتركي الأمل
وجدت طرق لحياتك
أملك كان
الثقافة والعلم
. . . بدأت بتعليم اخوتك
هذه القصص التي عشيتها كانت **قصص الأمل**
اليأس تحول إلا الأمل
الأمل صار طريقة
طريقة للمسؤولية
وجزء من المستقبل



(واتس أب صورة من حب)

كإبنة كنت تتصرف كأمر

MOTHERS' EXPERIENCES OF HOPE

تعلمت لتصبحي أمّاً تأمل للآخرين
أمل لإخوتك
وبعدما

أمل

لأولادك المحبين

. صورت وعدت تصوير خبرتك في الأمل

. شكلت وعادت تشكيل أملك بيئتك، انتمائك، تراثك، وثقافتك

أنت شجاعة
لم تستلمي أبداً
. . . حاولت في كل يوم
أن تجدي

الأمل



(واتس أب صورة من دريت)

حتى في وقت العار

تفتش عن الأمل

أمل لابنتك ماري إلي تعاني مرض نفسي

أمل للمستقبل

. كنت أفكر ماذا يعني لك الأمل

الأمل يجري فينا إنه ليس متجمداً

الأمل هو الحياة

. . . الأمل هو المستقبل



(واتس أب صورة من دريت)

MOTHERS' EXPERIENCES OF HOPE

.كنت أفكر ما هو الذي يعطيك الأمل

الأمل للآخرين
اعتنيت بأمك و
كان عندك أمل لإخوتك وإخواتك

الأمل بين الأجيال كان
الثقافة و العلم
كان عندك الشجاعة لتتربي
بالزواج
هذا أعطاك الأمل ثانية ...



(واتس أب صورة من دريت)

حتى في اليأس، كان بذور الأمل موجود:
كانو في ماضيك، ومستقبلك
مع ماري
ومستقبل أولادك.

بالرغم المعيشة وسط لهيب العنيف
في القدس
جئت لرؤيتي
مع الأمل لحقيقة آخر
مع الأمل
لمستقبل أفضل
مع أمل
للجميع ...



(واتس أب صورة من حب)

MOTHERS' EXPERIENCES OF HOPE

Appendix 7 Hob's notebook: content translated into English

*Hope is in, between, across and within the life
(A poem was written to Hob, the mother)*

Hob was the name you choose for yourself

Hob means love in Arabic



(WhatsApp picture was taken by Hob)

You spread love all over .

Love in your past was

Hidden

Hidden between you and your
Mother.



(WhatsApp picture was taken by Hob)

The experiences you went through in your childhood

Left an imprint in your soul

Your mother hoped for a different future

She hoped for

Education



(WhatsApp picture was taken by Dorit)

Education was what she prayed for you.

As a teenager you were pulled out of school

It was not fair, you said

You loved school

MOTHERS' EXPERIENCES OF HOPE

You also loved your mother

You *cared*

You helped her at home

Making laundry at night

As your grandfather shut down the electricity during the day

So what was hope then and there?



(WhatsApp picture was taken by Hob)

I was wondering...

Even being out of school

You did not give up of HOPE

You found creative ways to say yes to life

Your hope was

Education

You started to educate your siblings...

These stories to live by turn to be your **stories to hope by**

Hopelessness turned into hope

Hope became an action

An action of responsibility

Hope became part

Part of your future



(WhatsApp picture was taken by Hob)

As a daughter you were a bit of a mother

You learned to be a mother and to hope for the other

Hope for your siblings

And later

MOTHERS' EXPERIENCES OF HOPE

Hope for your

Beloved children

Shaped and reshaped your hope experiences.

Environments, belonging, heritage and culture shape and re-shape your hope.

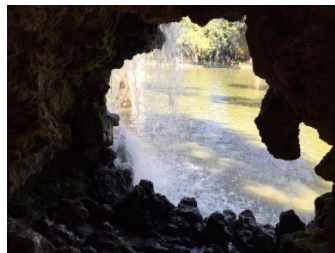
You are brave

You never give up

Every day you try again...

To look for

Hope



(WhatsApp picture was taken by Dorit)

In the midst of stigma

You look for hope

Hope for your daughter Fatima who struggle with mental illness

Hope for her future

What is hope for you, I wondered.

Hope is fluid it is not a fixed entity

Hope is life

Hope is future...



(WhatsApp picture was taken by Dorit)

What mostly shape your hope, I wondered.

Hope for the other

You cared for your mother and

MOTHERS' EXPERIENCES OF HOPE

Had hoped for your brothers and sisters.
Intergenerational hope was
Education
You had the courage to escape
Through marriage
This action raised hope again...



(WhatsApp picture was taken by Dorit)

In hopelessness, hope seeds are already there:
They were in your past, in your present
With Fatima and
Towards your children's future.
Living in the midst of the violent flames
In Jerusalem
You came to see me
With hope for a different reality
With hope for a different future
With Hope
For all...



(WhatsApp picture was taken by Hob).

Appendix 8 Neta's notebook

נטע יקרה,

האם את זוכרת שעשינו קולאז' תקווה אצלך בבית?
זו הייתה פעילות מרגשת בשבילי.
כעת, אני מתבוננת לאחור ומסתכלת בעיון על קולאז' התקווה שעשית.
כאשר אני חושבת עם הקולאז' שלך שיר עולה מתוכי.
מהי באמת תקווה בשבילך? ואיך תקווה היא חלק מהחוזק והיכולות, חלק ממקצוע האימהות, וחלק מלחיות את החיים:
Dear Neta,

Do you remember we were doing hope collages at your home? It was a very exciting activity for me.
Now, I am looking back and reviewing your hope collage. Thinking narratively with this collage a poem within me is starting to arise. What is really hope for you and how hope is part of your strength and abilities, part of being a mother, and part of living a life:

מהי ואיפה התקווה?

יכולת ההחלטה שלך היא התקווה שלך.
חיבור כל האיכויות שלך היא תקווה אחת גדולה.
את לא רואה רק שחור ולבן
את רואה מגוון צבעים, הרבה חיובי בחיים שלך
זו התקווה שלך.

What and where is Hope?

*Your decision-making ability is your hope.
The combination of all your qualities is one big hope.
You do not see only black and white;
You see a lot of colors, a lot of positive in life.
That is your hope.*

הסדר מאוד חשוב לך
כל דבר חייב להיות בסדר שלו
זה מה שעוזר להעלות תקווה.
ברגעים שעשינו את קולאז' התקווה
שתינו למדנו על התקווה שלך
*Order is the most important
Everything must be in order
That what allows hope to rise.
In that moment of hope collage in the making,
We both learned about your hope*

MOTHERS' EXPERIENCES OF HOPE



בחרת דובדבנים

לדובדבנים רטובים יש מראה מיוחד בצבעים שונים
הם מייצגים סיכויים ואפשרויות בשבילך
הדובדבנים עדיין לא בשלות, וטרם נרקבו
אי הוודאות הזו הוא תקווה.

You pick up cherry

Wet cherry has a unique classic look in different colors

They represent probability and possibility for you,

it is not yet ripe, and not yet rot

this uncertainty is about hope.

רימונים סיפרת לי

הם סימן של תקווה בשבילך

את קונה רימונים מחימר כמתנות לחגים

למשפחה וחברים

רימונים מייצגים עבורך פוריות, ידע, למידה וחוכמה

זו תקווה בשבילך.

Pomegranates you told me is

A sign of hope for you

You buy clay pomegranates as a present for holidays

For family members because

pomegranates represent fruitfulness, knowledge, learning, and wisdom

This is a hope for you.

MOTHERS' EXPERIENCES OF HOPE

רוב הקולאז' הוא על ילדים ומפגשים משפחתיים
אני תוהה איך המשפחה שלך עיצבה את התקווה שלך בחיי היום.
אכפתיות וטיפול בהתהוות הגיע אליך מאמא שלך דרך הרוחניות.
רגעי מפגשים של חוסר תקווה עם אכפתיות לדאגה לאמא
ולאחריך הקטן היה מטלה גדולה ואחריות ענקית.

*Most of your collage is about children and family gatherings
I wonder how your family shaped your hope in daily life.
Caring as a hope in the making came from your mother by spirituality.
Facing moments of hopelessness with caring for your mother
and for your brother was a big duty and huge
responsibility.*

למרות זאת, הבחנת ברגעי תקווה בנשיאת הנטל בשביל האחר.
כמו באוקיינוס, חוסר התקווה הוא הכוח שבונה את התקווה כפעולה.
התקווה היא/הייתה יותר מנטל ומשא
התקווה היא/הייתה יותר מאשר פעולה
התקווה היא בהקשר של אכפתיות

*However, you found a glimpse of hope by this carrying for the other.
Like the ocean, hopelessness is the power to build hope as an action.
Hope was/is more than carrying.
Hope was/is more than an action.
Hope is about caring,*

תקווה בין-דורית היא באמת משא, שייכות
והתייחסות של אחד לאחר
ובשבילך תקווה כלמידה היא ערך שקט
סיפור מוצנע, שותק
אותו את מפיצה כתקווה לדורות הבאים

*Intergenerational hope is truly carrying, belonging,
and relating to one another
and for you educating is a silent value
A silent story
you spread as hope for the next generation*

MOTHERS' EXPERIENCES OF HOPE

בשבילך תקווה זו למידה
ילדים הם בטוח תקווה אמרת לי;
הדור הבא הוא תקווה להמשכיות...
אימהות היא תקווה ענקית לאחר;
בשבילך להיות אמא זו תקווה בתהליך.
סיפורי החיים שמחברים את ההקשר, הסביבה והזהות
הפכו להיות סיפורי התקווה של החיים שלך.

*For you hope is education.
Children are sure hope you said;
the next generation is hope for continuity...
Mothering is a huge hope for the other;
For you being a mother is hope in the making.
These **stories to live by** turn to be your **stories to hope by**.*

Appendix 9 Anna's notebook

אנה יקרה, כתבתי את השורות האלו מתוך השיחות שלנו. רציתי שקולך יישמע:

התקווה מחזקת את הרוח והלב

נסיעה מעולם לעולם:

אמא שלי ברחה

מאוסטריה להונגריה

אנחנו נולדנו בהונגריה.

דיברנו גרמנית עם אמא

והונגרית עם אבא

הייתי ילדה דו-לשונית

Dear Anna, I wrote these lines from our conversations. I wanted your voice to be heard:

Hope strengthen my heart and soul

Traveling from world to world:

My Mother was running

from Austria to Hungary

We were born in Hungary.

We were speaking German with my mother

And Hungarian with my father

I was a multilingual child.

אמא לא דיברה הונגרית

התקווה שלה הייתה לעזוב לארגנטינה

פתאום אבא שלי נפטר.

זה היה רגע של חוסר תקווה

מאותו יום דברים השתנו

חיפשתי תקווה

Mom did not speak the Hungarian language

Her hope was to leave to Argentina...

Suddenly my father died.

It was a hopelessness moment

MOTHERS' EXPERIENCES OF HOPE

*Since that day things changed
I looked for hope*

לא הייתי בטוחה שאמא אוהבת אותי
בגלל ששלחה אותי לבית יתומים
אמא אמרה ש
אלוהים הוא אבא של כל האבות
זו תקווה, אלוהים תמיד נמצא
אני אהבתי את אמא שלי, דאגתי וטיפלתי בה מאוד
וגם באחותי.
אבל הייתי לבד
בבית היתומים
מי היה איתי שם?

*I was not sure my mother loved me
As she sent me to an orphanage
Mom said that
God is the father of all fathers
This is Hope, and God is always there.
I loved and cared for my mother
and sister.
But I was alone
At the orphanage
Who was there with me?*

אמא שלי ברחה מהמלחמה
חיפשה ביטחון ומקום בטוח
היא אהבה אותי, ונתנה לי את המתנה של
אלוהים

*My mother was running from the war
Looking for security and safe
She loved me, and gave me the gift of
God*

למרות שהתקווה של אמא הייתה להגיע לארגנטינה
מצאנו את עצמינו בסוף בצ'ילה
שם פגשתי את בעלי
התקווה שלו הייתה לעזוב לישראל

MOTHERS' EXPERIENCES OF HOPE

יש לנו ארבעה ילדים
התקווה שלי הייתה לבנות חיים
במולדת שלי לנצח.
*Although my mother hope was
Traveling to Argentina
We ended up in Chile
I met my husband
His hope was to leave to Israel
We have four children
My hope was to build a life in
My homeland forever.*
הגירה הייתה קשה
ומלאה בתקווה
מצאנו את הבית שלנו
ארבעת הילדים מצאו בית
מתן הלך לצבא,
הוא היה חובש קרבי גאה
לפתע הוא החל לסבול
לסבול ממחלה נפשית
זה היה מפחיד
זה היה מלא בחוסר תקווה
אבל אלוהים היה איתי

*Immigration was tough and
full of Hope
We found our home
My four kids found a home
Matan went to the army,
he was a proud combat medic
Suddenly he became ill
Mentally ill
It was terrifying
It was hopelessness
But God was with me.*

MOTHERS' EXPERIENCES OF HOPE

אני אוהבת את הילדים שלי
אני אעשה כל דבר בשבילם וקצת יותר
אני רוצה לדעת שהם בטוחים באהבה שלי אליהם
הבת שלי עברה לארצות הברית
הבת השנייה עוברת לארגנטינה
אני תוהה לגבי נסיעות
האם נסיעות הם סימן לתקווה?

*I love my kids
I do everything for them and a bit more
I want to be sure they know my love for them
My daughter left for the USA
My second daughter will be leaving for Argentina
I wonder about traveling
Is traveling a symbol of hope?
חיים באזור של קונפליקט
הוא אריגה של פחד עם תקווה, אבל
אני אשה של תקווה
וזו המולדת שלי לנצח.
Living in a conflict area
Making hope woven with fear, but
I am a woman of hope
And here is my homeland forever.*

MOTHERS' EXPERIENCES OF HOPE

Appendix 10 Analysis example – phase 2 – starting to generate initial codes

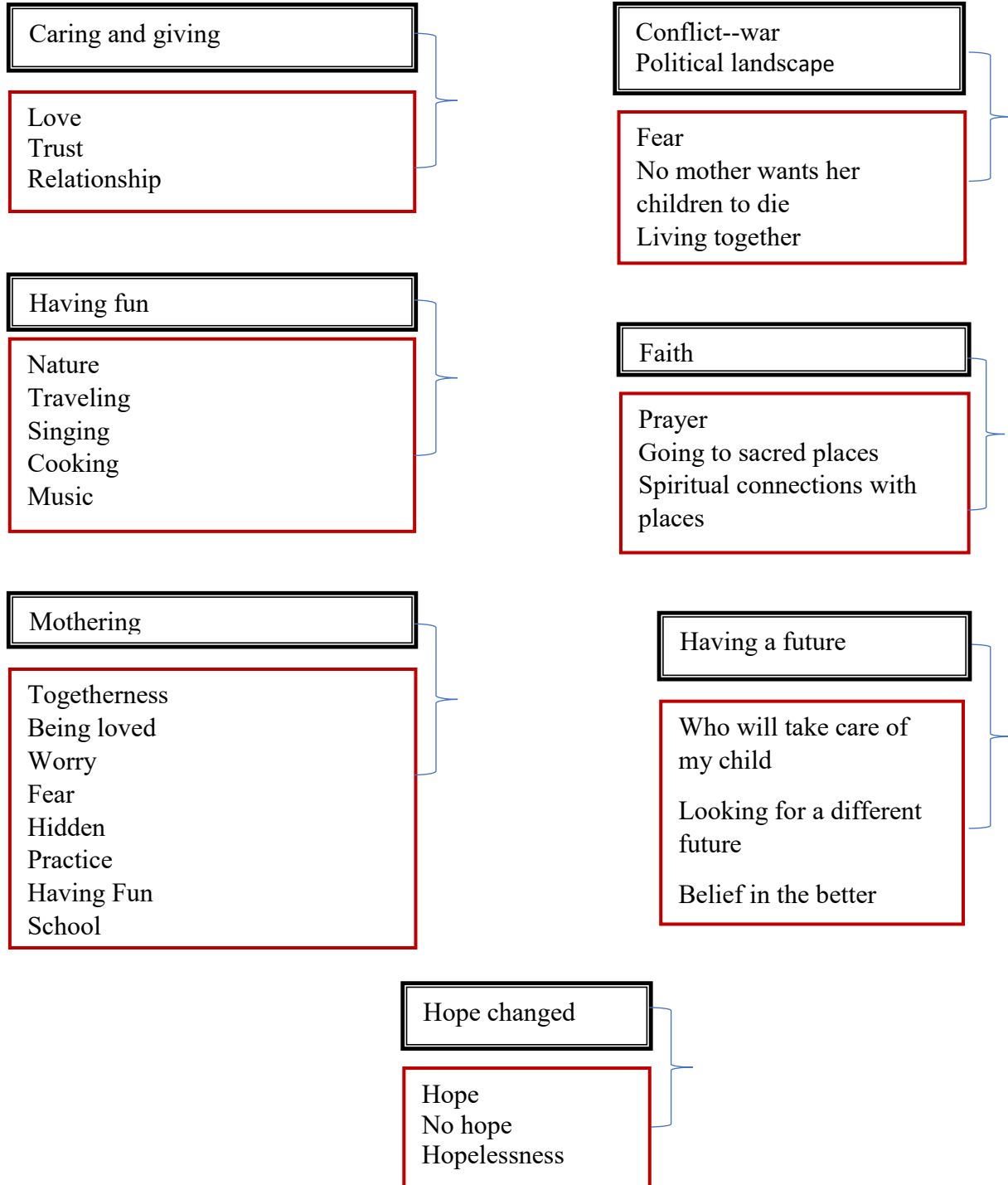
Neta 001

Hope -----

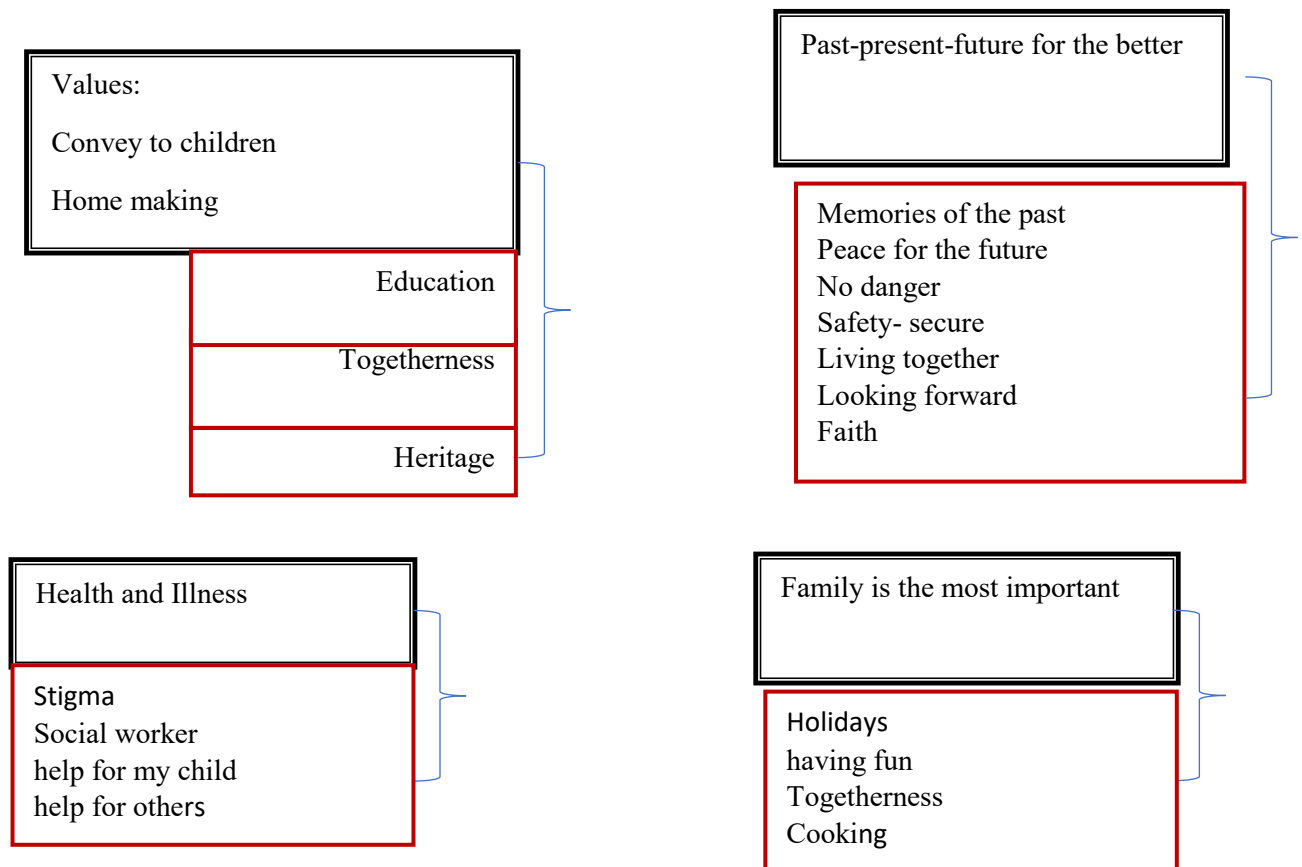
Participant words	Researcher interpretation
<p>Hope ---- hopelessness</p> <p>Helping others</p> <p>Children grandchildren cousins</p> <p>Activities</p> <p>Light</p> <p>Mother --Past--- listening-----</p> <p>caring</p> <p>Memories images</p> <p>Future -- what next?</p> <p>Sports</p> <p>Education</p> <p>Swimming friends</p> <p>Stories</p> <p>telling and listening</p> <p>Music</p> <p>Responsibility (repeated) As a mother</p> <p>hope with-in</p> <p>Caring – repeated</p> <p>Mothering ---- love</p> <p>Cooking for others</p> <p>Cooking for the family</p> <p>Pain hopeless,</p> <p>sadness, Future</p> <p>Hope push you ...</p> <p>connected to others</p> <p>Doing -- repeated</p>	<p>Hope and hopelessness</p> <p>Sadness</p> <p>Hopeless</p> <p>Future-- looking forward</p> <p>Education – repeated</p> <p>Relationships:</p> <p>With self --- with others</p> <p>Sport</p> <p>Community</p> <p>family</p> <p>Sharing, togetherness</p> <p>Looking forward</p>

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Appendix 11 Analysis example – phase 3 – searching for themes



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MOTHERS' EXPERIENCES OF HOPE

Appendix 12 Analysis example – phase 4 – reviewing themes

What are the experiences of hope in Palestinian and Israeli mothers alongside adult children with mental illnesses?

Challenges to hope		
Theme 1: Political landscape	Fear Unpredictable, unstable	Afraid to go out
Danger place	Stress, uncertainty	No mother wants her children to die
Public Spaces	Gathering in community Hoping for a march for peace	Helping each other. Peace for the future

Challenges to hope		
Theme 2: Mental illness	Lonely, belief in the better	Private, not share with others
Stigma	Stress, looking for a different future	No one knows about her
Private spaces	Seeking for solutions, help for others	Who will take care of my child Not enough help
What is hope		
Theme 1: Changing	No hope and hope	At the same time both words
Flexible	Hope appears	Every morning hope comes again
What is hope		
Theme 2: Education	Formal education for the children	School is important
Leisure	Informal education for the children	Teaching helping them to study

Birthplace of		
----------------------	--	--

MOTHERS' EXPERIENCES OF HOPE

hope		
Theme 1: Family	Family gathering	giving love to them
Having fun	Heritage – holidays	Doing things: traveling with the family
Mothering	Memories of the past Safety- secure within the family Being loved Worry	Peace for the future No danger

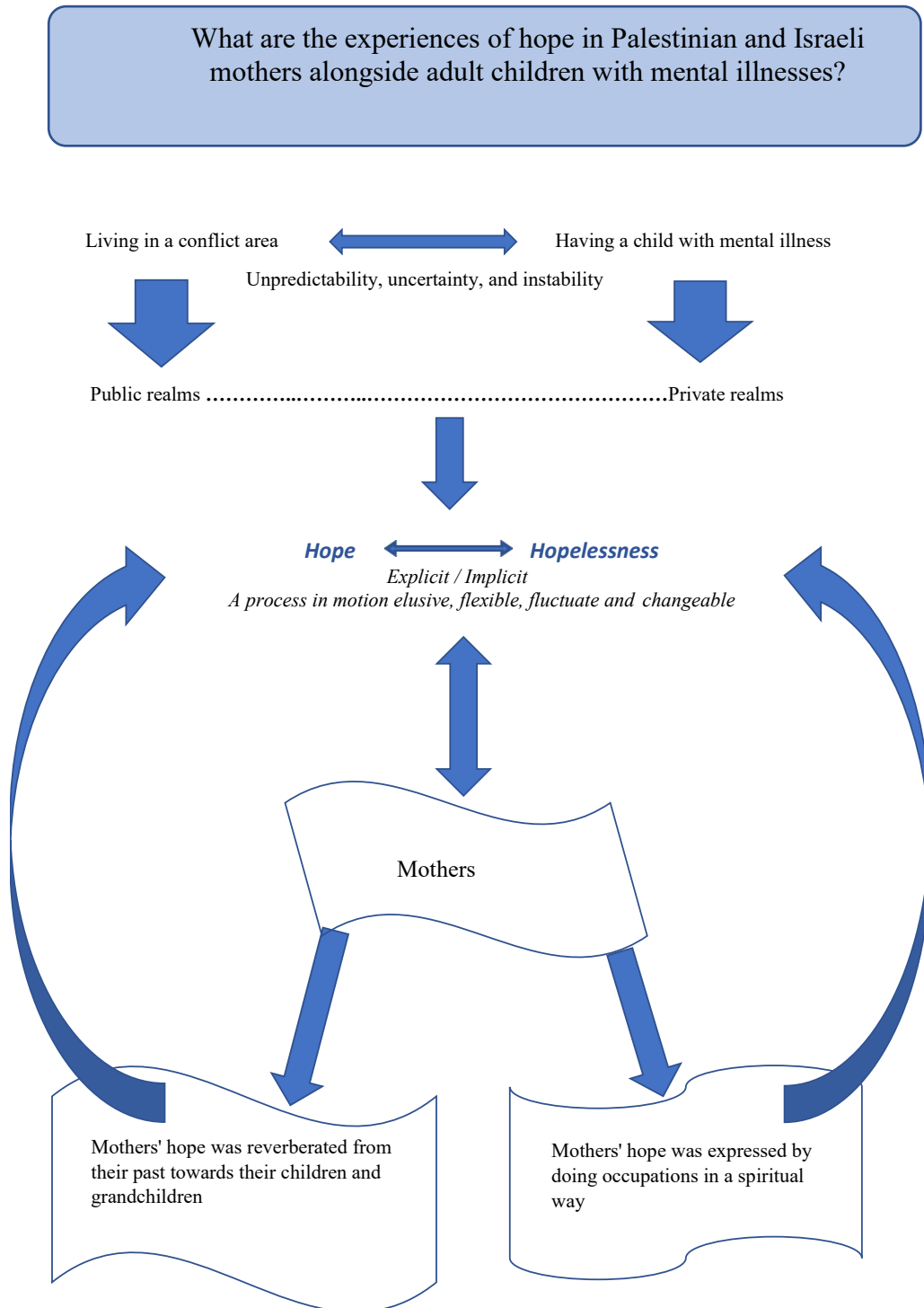
Birthplace of hope		
Theme 2: Caring and giving	Love and trust within Relationship Past – present – future Making their own mothers happy	Caring for the children To know they settle down Bad memories vs good memories
Doing things	Nature, cooking, music, singing,	together
Giving	Family gathering	giving love to them

Not sure where these fit in?

Having faith	Prayer	
Going to sacred places	Within the community	
Spiritual connections	Receive and recharge	

MOTHERS' EXPERIENCES OF HOPE

Appendix 13 Analysis example – phase 5 – defining and naming themes



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Appendix 14 Audit trail

Project Title:	In the Face of Socio-Political Conflict: Mothers' Experiences of Hope Alongside Adult Children with Mental Illnesses
Investigator:	Dorit Redlich Amirav Department of Rehabilitation Science University of Alberta

Phase I: Development of proposal

Time Period	Activities
July – Dec. 2014	General reading about hope, mothers, mental illness, socio-political conflict and narrative inquiry in order to develop deep understandings.
Jan. – April 2015	Development of proposal
April 23, 2015	Candidacy Examination
May -June 2015 July 7, 2015	Ethics application and review Ethics approval

Phase II: Study preparations

Time Period	Activities
July 2013- June 2015	An introductory visit to Jerusalem; Negotiations and discussions about proposed

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	activities with Government authorities and directors of mental health centers and hostels in East and West Jerusalem. Negotiations with optional local translators.
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Phase III: Data collection

Time Period	Activities
July 13, 2015	Enrolment of the first participant
July 13, 2015 to October 19, 2015	Conversations with participants Transcription/translation of conversations.
April 2016	Follow up meeting and negotiating the accounts with each participant

Phase IV: Data analysis

Time Period	Activities
November 2015- May 2017	Accounts writing and thematic analysis

Phase V: Review of findings and preparation of the final report

Time Period	Activities
June 2017- July 2018	Final report

MOTHERS' EXPERIENCES OF HOPE

Appendix 15 Ethics approval

July 7, 2015

From: <hero@ualberta.ca>
Date: Jul 7, 2015 7:31 AM
Subject: HERO: Ethics Application has been approved Pro00056883
To: <elizabeth.taylor@ualberta.ca>
Cc:

Ethics Application has been Approved

ID: Pro00056883
Title: Mothers' Experiences of Hope
Study Investigator: Elizabeth Taylor

This is to inform you that the above study has been approved.

Click on the link(s) above to navigate to the HERO workspace.

Description: **Note:** Please be reminded that the REMO system works best with Internet Explorer or Firefox.

Please do not reply to this message. This is a system-generated email that cannot receive replies.

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