From Settlers to Evacuees: Is Forced Relocation a Traumatic Event?

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The disengagement plan implemented in the summer of 2005, whereby Israel withdrew from the Gaza Strip and northern Samaria, resulted in the forced relocation of thousands of citizens. This was viewed as a traumatic event by the government, Israeli society, and mental health professionals. Thus steps were taken to develop appropriate social interventions based on posttrauma research and studies following the evacuation of the Sinai in 1982. This article discusses an open support group led by the author at one of the caravan sites allocated for the evacuees following the disengagement. It explores responses to forced relocation and relocation's impact on the individual, the group, and Israeli society.

KEYWORDS: Evacuation; forced relocation; open group; stress; trauma.

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<H1>INTRODUCTION

In October 2005, about 2 months after the implementation of the disengagement plan (the withdrawal of Israel from the Gaza Strip and northern Samaria), a community leader at one of the relocated areas asked for my help, explaining that "life isn't getting back to normal. It's hard to describe what's going on here." A few days later, I met with other community leaders in a makeshift meeting room at a caravan site to which residents of the affected areas had been relocated. It was decided that I would come every 2 weeks to help heal the rifts and cracks in the social and communal network so people could resume normal functioning. The community leaders were to inform the residents of the upcoming open house meetings.

This article addresses the psychosocial effects of disengagement on an open support group I led for evacuees over 4 months. Their responses to the withdrawal and their adjustment to the new environment shed light on the social meaning of forced relocation.

<H2>Political Context

The Israeli government's 2004 disengagement plan, calling for the unilateral withdrawal of Israel from the Gaza Strip and northern Samaria and evacuation of the settlements in those regions, is an example of planned relocation. It meant that within 3–6 months, the 8,000 residents of that area would be forced to leave their homes and move to other regions and adjust to different communities in Israel. The decision sparked harsh public and political controversy with moral, national, and religious elements. The forced relocation was also quite upsetting to the settlers, who had lived in this area for three decades, with the endorsement of the

government. Many of them believed their settlements contributed to national security, for which they were willing to pay a heavy price of prolonged threat to their safety such as attacks on their homes, road bombs, and ambushes. Some of them had lost family members or close friends. The ongoing stressful security situation also isolated them from Israeli society at large and increased the cohesion and solidarity within their communities and their attachment to the area (Billing, Kohn, & Levav, 2006; Sagy, 2005).

The evacuation was completed within a few days in August 2005. Most residents were relocated to caravan sites that were still under construction. One year later, statistics showed that approximately 30% of the evacuees were unemployed, close to 50% received assistance from social service networks, and the school dropout rate among teenagers had increased (Prime Minister's Office, 2006).

<H2>Evacuation and Forced Relocation

Relocation denotes transferring a population from a familiar environment to an unfamiliar one, entailing a wide range of changes in residence, workplace, and social life, all affecting the mental and physical health of the individual (Ryff & Essex, 1992). As relocation generally involves discontinuity, disruption of normal life, and a decline in quality of life, those who are uprooted define it as a traumatic event (Marris, 1980). Research indicates that when relocation is imposed, rather than chosen, it is usually perceived as a negative experience (Stokols, Shumaker, & Martinez, 1983), decreasing self-confidence and generating insecurity about the future, frustration, sadness, a breakdown of support systems and social networks, and family tensions (Brown & Perkins, 1992; Raphael, 1983).

Studies conducted in Israel after the evacuation of the Sinai in 1982 (Rosenfeld, Hrushovski, Moses, & Baumel, 1984; Toubiana, Milgram, & Falach, 1988) support the notion that uprooting people from their homes significantly undermines their sense of security, compromises their functioning, and causes long-term damage. Findings show that the evacuees experienced anxiety, depression, anger, confusion, and humiliation as well as an increase in physical and mental illness. In addition, many reported marital difficulties leading to divorce, a sense of alienation, and bitterness toward the Israeli government and people. Some left the country, having lost the sense of belonging to Israeli society (Dasberg & Sheffler, 1987; Toubiana et al., 1988).

Like the evacuation of the Sinai in 1982, the forced relocation from the Gaza Strip and northern Samaria was traumatic for many residents and experienced as a loss. Mapping conducted after the relocation revealed a decline in the sense of community, coupled with suspicion. To minimize long-term negative effects, therapeutic interventions were needed.

Trauma and Group Therapy

Various therapeutic interventions are used following traumatic events or losses. These include individual, couple/family, or group therapy. The literature, however, suggests a preference for posttrauma group interventions, whether the event is caused by human beings (e.g., rape, molestation, or terrorist attacks) or by natural disasters (e.g., earthquakes). (For a detailed survey, see Weinberg, Nuttman-Shwartz, & Gilmore, 2005.) Group therapy facilitates social support and identification with others who have undergone a similar experience. Group members validate each other's responses and feelings, thereby contributing to empowerment and

a rebuilding of the self wounded by the traumatic event (Goodman & Weiss, 1998; Muller &

Barash-Kishon, 1998). Several clinical illustrations report enhanced feelings of well-being

following group therapy (Alexander, Neimeyer, Follete, Moore, & Harter, 1989 **[AUTHOR:**

Citation correct as edited (Harper to Harter and 1999 to 1989), as per the reference list?];

Johnson, Lubin, & Corn, 1999; Solomon, 1992), particularly in cohesive, homogeneous groups,

which facilitate the connections between members—vital for processing the traumatic experience

(Rozynko & Dondershine, 1991). Sharing similar experiences in a safe setting enhances the

emotional support within the group (Hazzard, Rogers, & Angert **[AUTHOR: Author name**

correct as edited, as per the reference list?], 1993; Shalev & Toval-Mashiach, 1999), possibly

leading to the participants' empowerment as parents, spouses, employees, or members of the

community.

When disaster strikes an entire community or society, open support groups facilitated by

several leaders are recommended, offering each facilitator the understanding and empathy of his

or her coleaders. These support groups require a clear framework—that is, regular meetings, set

times, and consistent leadership—and should focus on individual and interpersonal issues, and

explore and reflect on community matters (Howard & Goelitz, 2004).

<H1>THE GROUP

The structure and goals of the group were designed in light of the above findings. It was

decided to create an open support group aimed at providing a safe environment that would help

participants regain trust in others and rebuild and reinforce their sense of belonging to the

community and the country, all of which have proven helpful in coping with stress, crisis, and

trauma (Dekel & Nuttman-Shwartz, in press).

To differentiate myself, the facilitator, from the authoritarian entity that had transformed group members from the architects of their own existence into vassals of the state, I did not require regular attendance. Biweekly, 2-hour sessions were scheduled, allowing settlers to develop interest in and acceptance of what we had to offer at a pace they could manage, considering their initial mistrust and dismissive attitude. The group's duration was limited to 4 months as I believed the group's previous communal unity would serve as a strong foundation for readjusting and counteracting the dismay and helplessness. This period fell within the 4- to 6-month posttrauma timeframe accepted for interventions aimed at reducing long-term effects (Tuval-Mashiach et al., 2004).

The combined support and cognitive–behavioral group model, commonly utilized for posttrauma victims and bereaved families in Israel (Nuttman-Shwartz, Karniel-Lauer, & Dassa-Shindler, 2004; Weinberg et al., 2005), attempted to address the settlers' readjustment difficulties and acute stress reactions to being dispossessed.

Cognitive–behavioral therapy focuses on distorted cognitions and misperceptions of the world. It helps people think differently and correct assumptions that lead to low self-esteem, problematic behavior, and other negative effects.

The support group was established for a cohesive unit of 25 families evacuated from the Gaza Strip to a caravan site in the western Negev. I started the group with an open meeting of the adults on site, aiming to obtain the community's cooperation and map out its needs and suitable interventions (Weil, 2005). We agreed to biweekly, 2-hour meetings for 4 months in one of the site's caravans. The goals were to provide support, process the evacuation and relocation, and help solve the problems that had arisen in the wake of the evacuation.

The Group Members

The group consisted of 7 women and 7 men, between the ages of 36 and 55. Most had full or partial high school education and were self-employed (primarily in agriculture) and of medium-high socioeconomic status prior to the evacuation. When the group began, the men were unemployed, and only 2 women had jobs. All the participants were married with children.

Group Dynamics

To discuss the meaning of forced relocation, three aspects of the group dynamics are particularly relevant: behavior, content, and affect.

Behavior

The group was reluctant to accept its framework and, initially, the facilitator. Throughout the 4 months, members often came late to sessions, and during them, talked on the phone, stepped out, smoked, and drank. Group discussions were chaotic.

The starting time of sessions remained unclear to many participants, despite its repeated reinforcement. Several members asked me to call "just to remind me" of the meeting time. Statements such as "I have an important call to make; I'll be right back" were frequently heard, sometimes more than once per meeting, persisting even after some group members scolded others for this behavior. Participants also had trouble ending sessions, often asking, "Is the

meeting over already?" or "There's another important subject to discuss. When are we going to talk about it?"

The group's resistance to time frames and norms indicated an emotional refusal to accept its new reality. Therefore one of the main tasks was to help the participants comply with its structure, thereby easing them into the implications of relocating as a community and into new societal norms.

<H3>*Content*

The group's content can be divided into two periods. The first 3 months reflected the pathological implications of the evacuation, with numerous symptoms of stress, distress, and loss. In the last month, these statements were replaced by expressions of functioning and power.

During the first 3 months, the group focused on dysfunction and sickness. Statements such as "We lie awake at night and sleep during the day" were common, as were fears of physical illness, including mention of health problems they and other evacuees had suffered: "I heard what happened to Yaakov. He had chest pains. They took him to the hospital, and he almost died. I'm telling you, the evacuation gave him a heart attack. He couldn't take it. It's frightening. I'm not sure it won't happen to me. I smoke a lot. I can't sleep. I'm scared." The women were depressed, dreading a mental breakdown: "I have no reason to get dressed in the morning. What's here? Nothing. A construction site. I'd rather keep my pajamas on." Both men and women blamed the evacuation for their unemployment, leading to marital problems and parenting difficulties: "I don't know how I'm going to get by. I don't have a job. I don't know what to do. They took away my source of income. There's nothing for me here. So I need my

wife. But she just annoys me. She doesn't understand"; "I have no patience for anything, not my wife, not my kids. What can I tell them, that I feel lousy, too? Let them do what they want. They tell me they're smoking, driving without a license. I don't care. I don't have the strength to deal with it. Maybe things will improve in time." This distress and helplessness also manifested itself in aggression, restlessness, drinking numerous cups of coffee, chain smoking, lateness, instability, crying, and shouting.

Another theme pertained to the relationship with Israeli society at large. Participants voiced anger and disappointment with the establishment, its representatives, and society as a whole: "Sharon [then prime minister] was like a member of my family, and now, nothing. He built us up and then forgot about us"; "I'm not giving the country anything anymore. And there's no reason for my children to serve in the army either"; "What are the politicians doing here? They come, get their pictures taken, and leave. We don't really interest them"; "Tell me who really cares about us? No one"; "They'll listen to us only if we set the country on fire." Group members also expressed disappointment with the nearby community that was trying to help them adjust: "They don't understand what it means to leave your home, to stop everything in the middle of your life and start all over. They've already gone back to their usual routine. They brought us cake and left. We're all alone," concluded one woman, bursting into tears.

During the last month, the content, voices, and atmosphere changed, revealing the start of the rebuilding of the self, the family, and the small community. Group members began to process the event and reminisce about life in the Gaza Strip. Initially, there were numerous references to the moment of evacuation, the last day in their homes, detailed descriptions of "how they destroyed my home" and what residents did before they were evacuated, anything from "the whole family got together and drew a large mural on the wall so anyone who came into the house

would see what kind of a family we were, how good we felt here, what a full life we had" to "I

burnt it all down. I didn't want to leave anything for the Arabs, for anyone else. That's me. I

built the house and everything with my own hands. I turned it into a palace, and I could turn it

into a pile of rubble."

Furthermore, participants began displaying concern for their children, who had endured

so much: evacuation, parental breakdown, and so on. The group related increasingly to these

youngsters' functioning in school and adjusting difficulties, making statements such as "This

isn't the right school for him" or "My daughter needs help. She doesn't have any friends here,

and she's not fitting into her new school." Participants raised questions about their children,

wishing to know whether their behavior was normal or not, expressing concern for the children,

and wondering whether their behavior was normal. Their concerns led to meetings with teachers,

school visits, and so on.

At this stage, accusations of and aggression toward Israeli society lessened. Participants

began taking responsibility for their relationship with the new community. For example, they

made statements such as the following: "We need to learn a new language. It's not like in the

Gaza Strip. There are different rules here. When I wanted to see the nurse at the clinic [in Gaza],

I didn't wait for it to open. I called, and they opened it for me. Now I have to wait in line." Their

attitude toward the facilitator also changed from suspicion and aggression to recognition that she

could teach them the necessary social codes: "Tell us what to do. What was it I didn't understand

when I met with the head of the regional council? What should I have said to get him to approve

a bus stop for us?" Nevertheless, until the very last group meeting, there were still comments

such as "Who can hear our pain? We need help."

The resumption of positive functioning was further reflected in group members' taking

responsibility for rehabilitating their community in the new area. As the group work progressed, participants realized they were paying twice: once for the forced relocation, and again for the negative effects on their relationships and coping abilities. This insight helped them develop a self that coped better as well as a stronger group and community.

During the group's last phase, members assumed community leadership, creating new programs first for the children and teenagers, and then for the adults. At the final meeting, they even announced a joint trip abroad. In contrast to this development, or perhaps because of it, they could not ignore the political events in Israel such as when Prime Minister Sharon became incapacitated and elections were looming.

<H3>*Affect*

This aspect of the group was divided along gender lines and changed through the group work. The men externalized their feelings in the form of rage and verbal aggression. They had difficulty listening, often arguing and raising their voices, sometimes to a shout, explaining, "I yell because I care! Do you know what it means to take a house apart, to destroy everything? What have I got left?" Their aggression was, in fact, an expression of distress and pain, a cry in search of a place to be heard. This behavior culminated in the desire to burn down the structure in which the group met as a re-creation of the burning of their homes, and even more so as a response to their helplessness and inability to deal with the authorities as well as with their humiliated, seemingly worthless selves. As one member phrased it, "I'm not a man anymore. I haven't got a job. I can't provide for my family. What can I say to my wife and kids? What?"

The height of the aggression was manifested a week after a participant suffered a massive

heart attack. The entire group blamed the evacuation. (Two men in the community suffered heart attacks following the evacuation, and many exhibited other disorders.)

In contrast, the women reacted more so-called femininely. They wept and tried to support and encourage one another. Some found babysitters so others could get to the meetings and, on occasion, whispered in my ear, "She has trouble with her husband" or "They're in very dire financial straits." On one hand, this was an attempt to shield, rather than wound, the other woman, to point out to me who was most in need. On the other hand, it provided the informant with reinforcement that her own circumstances were less serious. The women often covered their eyes and found it hard to talk. Their voices were generally soft and shaky, and their helplessness was reflected in disheveled clothes and a lack of makeup.

Toward the men, however, they assumed a central, active, albeit traditional, role (Nuttman-Shwartz, 2006 **[AUTHOR: Please provide a full reference for this citation.]**), seeking to calm them down and frequently offering them refreshments, saying, "I'll make coffee. Have something to eat" or "Relax, things will be okay. Don't take it so hard. You'll give yourself a heart attack like Rafi." The women also tried to moderate the men's aggression, preferring not to set up a road block—as one of the men suggested—or storm the office of the head of the regional council, but rather adopt a strategy of negotiation and self-help within the community. The more group work progressed, the more the women took control as go-betweens: "I'll go to the head of the regional council and talk to him about a bus stop for the children"; "Don't worry. I'll get in touch with the leaders of other communities in the area, so we can work together." More than the men, the women related to their families (particularly the children) and helped them cope with their problems.

<H2>The Group Facilitator

My willingness to accede to the request for a facilitator obviously derived from my personal interest as the head of the Social Work Department at the local college. This position entails offering support services and community building in the area. Even more so, my cooperation typified Israelis' responses to urgent needs, efforts to alleviate community distress, and inexplicit expression of political views (Weinberg & Nuttman-Shwartz, 2006).

Despite openly stating my support for the disengagement plan, I tried to conduct the group from the stance of an outsider, as recommended in the professional literature (Bion, 1961). As noted, I relied on my theoretical knowledge and practical experience in creating the group's framework. Working with it, however, brought me face-to-face with anger, frustration, incredulity, anxiety, sorrow, and loss.

My response to these feelings, primarily in the first months, took the form of offering support and information, attempts at problem solving, and identification. I encouraged the participants to share their distress and gave them verbal validation, confirming that the situation was indeed disturbing, taxing, disappointing, and frightening, while also providing them with information about the region such as how to contact the head of the local council, and the identity of social worker affiliated with the employment center and the local schools **[AUTHOR: Sentence OK as edited?]**. In many cases, such efforts stemmed from my own difficulty in symbolizing concrete events and my identification with Israeli society, the environment in which I had grown up and lived my life. At the same time, I empathized and identified with the participants' sense of abandonment. Like the little Dutch boy, I often felt that I was personally holding back the flood, saving the world—or at least Israeli society—from the

dire consequences of the evacuation and the need to take responsibility for sacrificing this population for the good of the country. On some level, as part of a countertransference process, I was recreating the conflict between them and Israeli society. This was reflected in a dialectic between the desire to understand their problems and anger at their having created an impossible situation, instead of simply agreeing to leave their homes. These complex emotions intensified the group's frustration and aggression.

The gloves were off in the group. The feelings of both sides were exposed, authentic, and impassioned. Revealing my emotions allowed for a more direct discussion of the community's concerns in the wake of the evacuation as well as the difficulties that stemmed from the evacuees' confrontation with Israeli society, which unconsciously was probably not sure how it wished to assist them, if at all. Thus I arrived at several sessions at the last minute and found myself repeatedly questioning the group's motivation to come on time. This behavior reflected my displeasure with their ambivalence toward the sessions, on one hand, and my identification with their distress and sense of helplessness, on the other. No words, however blunt, helped participants view their behavior as nonadaptive and interfering with their adjustment. Rather, the directness and authenticity that had been seriously impaired were rehabilitated by means of reflection and confrontation. These techniques were operationalized in statements such as "I invite you to see that you are not ready to accept society's norms of behavior"; "You are not accepting responsibility"; "Let's try to understand what led you to settle in the Gaza Strip. Why did you stay there? Quality of life? A sense of power? The fact that you didn't fit into other frameworks like school, the army, your job?"

The discussion of these issues was often characterized by aggression and attacks on me for being among those who did not understand them, along with appreciation of my courage in

attempting to get to know them as individuals, learn what motivated them, and so on. The most important insight they gained was that their anger at me was a defense mechanism shielding them from dealing with the self and the reality they had created and had to confront.

The threat to burn down the structure in which we met was a critical event and one of the most frightening incidents I have ever experienced in my professional life. In view of the overriding despair and the behavior of some during the evacuation, I believed the threatening participant might actually carry out his plan. Although my heart was beating wildly, my response to him—and to the group—was clear and straightforward: "If you really intend to burn the place down, please let the group leave first." Having not expected me to take his threat seriously, he backed off. There was a moment of silence, and then the other participants tried to calm him down. He burst into tears and ran out of the room. Schermer (2003) contended that terror in the group reflects fear of the core of terrorism within us, stating, "Terror is not just an extreme anxiety, but a state of anticipated annihilation of the self by an overwhelming, malevolent, primitive, and anthropomorphized force" (p. XX **[AUTHOR: Please provide the page number of the quotation.]**).

This event, despite the horror it aroused, expressed an emotional state with which the group had to deal and was discussed at length. It offered the opportunity to work with participants on their sense of frustration, helplessness, and humiliation as well as on the need for them to organize themselves. Moreover, it led to the realization that some members of the community were in need of further professional help.

<H1>EFFECTS OF THE EVACUATION ON THE GROUP AND ISRAELI SOCIETY

Group members' responses indicated that the evacuation from the Gaza Strip was experienced by the affected population as a trauma threatening their very existence. It is important to note that these 25 families had initially become settlers with a tremendous sense of pride in, and commitment to, the settlements they had established and built over 30 years, only to feel deeply humiliated when the government abruptly evacuated them. Overnight, they plummeted from self-glorification to despair.

Their reactions fall within the cluster of psychological effects of trauma, including intrusive memories, arousal, and avoidance (American Psychiatric Association, 1994) as well as grief and depression (Zinner, Williams, & Ellis, 1998). These effects were expressed in the repeated recollection of the day of evacuation, detailed descriptions of what was said to the security forces sent to implement it, accounts of meetings with the relevant authorities, and so on. More than merely a matter of content, these descriptions were evidence of psychological reactions; they were extremely real and authentic, as if the events were unfolding there and then. An extreme expression of this situation was the attempt by one participant to set fire to the caravan in which the group met "the way I did that day. I set my house on fire." The intrusiveness of the event was also reflected in the fact that participants constantly sought to destroy the framework, recreating the rupture they had experienced and unconsciously avoiding construction of a new community. As noted, men and women reacted differently to the crisis. Men spoke of insomnia, wandering around, and so on. Feeling powerless, the men became mistrustful, sometimes to the point of paranoia. They subsequently became distraught and displayed dissociated rage, lashing out at an impersonal enemy as they saw no way out of their situation. On the other hand, the women became depressed and self-punishing, but also realized that they had to go beyond the community's resources to a so-called disinterested professional

who might make sense of the maudlin state and offer solutions. A similar pattern has marked

Israel's response to traumas such as immigration (Nuttman-Shwartz, 2006), war, and loss

(Solomon, Gelkopf, & Bleich, 2005).

Since this group might reflect its entire community, two overarching phenomena came

into play: (a) reenactment of the societal matrix, relating to "processes through which certain

aspects of both the historical and the contemporary context of a group might be brought into it"

(Hopper, 2003, p. XX **[AUTHOR: Please provide the page number of the quotation.]**), and

(b) the acting out of a basic assumption in the unconscious life of the group. Group analysts

believe these two processes are interrelated. In this case, the solidly established mother group

(the group's prior community, Israeli society, and Sharon) was no longer available to nurse them,

prompting frustration, helplessness, and, in extreme terms, a fear of annihilation. As one group

member stated, "It's the end of the world." The mother group had failed to protect them against a

harsh reality that had suddenly descended on them. According to Schermer (2003), the result is

an unconscious terror at having been deserted. At the same time, the small group disbanded

before its members were mature enough to go out on their own. The broader reality of their

situation was mirrored both by participants' behavior and by their unconscious conceptualization

of the group's premature ending.

One of the most significant insights gained in the course of the group's work was that the

Jewish residents of the Gaza Strip had felt alienated from Israeli society for years and had

consequently developed a community life that was very intense and highly insular. They resented

having spearheaded their settlements and then coming to be viewed as outsiders. Similar feelings

were reported among those evacuated from the Sinai in 1982 (Galili, 2001). Their sense of

alienation heightened the perception of the other—in the form of Israeli society, the

establishment, and initially, the group facilitator—as the enemy. The pattern of viewing the other as the enemy, while reinforcing the internal community identity, is also a sign of social trauma (Volkan, 1997).

This perception of the evacuation was most typically expressed in participants' rage, alienation, and desire to fight back. Volkan (1997) spoke of strengthening the group and creating a sense of we-ness, relating to the other through the mechanism of us and them; however, it was hard to develop a sense of solidarity among the evacuees. Their intense rage was also directed inward. All attempts at pluralistic thinking and acceptance of democratic norms, within and outside the group, met with opposition. For example, participants criticized Israel's democratic decision to withdraw from the Gaza Strip and the desire of most community members to elect a new steering committee and modify their charter. The group displayed a fear of recognizing diversity of any kind. As we have seen, meetings were marked by boisterous arguments, suspicion, and the sense of being abandoned. All of these responses are signs of distress and trauma on the level of the individual as well (Herman, 1992).

As noted, the alienation from Israeli society was also reflected in the group's attitude toward me as an external facilitator. For some time, they identified me with Israel at large, which did not understand what they were going through. Subjecting me to a lengthy entrance exam, they continued to ask, "Why are you here? Who sent you?"—another manifestation of postevacuation trauma. The facilitator as the other is a significant condition of the therapeutic process (Bion, 1961), particularly in small, closed groups, as it allows for the creation of an open, diverse group space and neutralizes the defense mechanism of community solidarity (Lawrence, Bain, & Gould, 1996). Viewing the facilitator as the enemy and the object of aggression thus has therapeutic implications and has been found both in groups of this type and

in those of other traumas (Benson, Moore, & Kapur, 2005). Closing themselves off from the other can also be seen as a defense mechanism that impeded the group's development and delayed the decision to focus on empowering and strengthening the individual and the community.

Group analysis cannot ignore the context in which it operates (Foulkes, 1964). In our case, Israeli society was also changing perceptually, behaviorally, and emotionally. Over time, particularly as the disengagement was approaching, many Israelis saw the settlers not as part of the Zionist ethos of settling the land and promoting the country's security, but as a financial and social burden, and even an obstacle to peace. Indeed, Gaza Strip evacuees who refused to accept the government's relocation solutions set up a protest tent near the group's caravan site for nearly a year (Zertal & Eldar, 2004).

This one-dimensional view of the situation and Israeli society's avoidance of dealing with the consequences of the price of war and the meaning of the occupation, as well as with the effects of the previous evacuation, indicate that the country as a whole also experienced disengagement as a social trauma. According to Hopper (1997), such reactions do not allow for grieving and the incorporation of the evacuation into the social narrative. As a result, these reactions may have intensified evacuees' sense of disjunction and alienation, increased social fragmentation, and prevented the processing of social grief necessary for coping with the forced relocations.

CONCLUSION

Forced relocation is a trauma requiring preparation and appropriate social responses. This

understanding is crucial today, as population transfers increase throughout the world

[AUTHOR: OK as edited? Throughout what?]. These circumstances demand intervention

programs and group facilitation models, taking into account the effect of traumatic events and

meeting the immediate and long-term needs of the affected communities.

Such programs should contain several essential elements: preparation of the population to

be evacuated as well as preparation of the community into which it will be integrated, mediation

between them, information regarding stress and trauma, and empowerment of the individual and

the community. Reports and recommendations for groups that work with both populations are

available in the literature (Howard & Goelitz, 2004). These interventions should operate during

the transition period for approximately 4–6 months to reduce the long-term consequences of the

evacuation (Tuval-Mashiach et al., 2004) and identify the individuals in need of further

professional help.

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