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Adapted Traditions: The Case of Traditional Palestinian Women Healers in Israel

Ariela Popper-Giveon

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Abstract: This article examines transformations in the roles and treatment practices of traditional Palestinian women healers in Israel. Comparing narratives of women healers residing in Jewish-Arab mixed cities in central Israel with those of their counterparts in the Bedouin community of the Negev reveals that traditional healing has not disappeared as a result of modernization but rather has transformed. Urban women healers are abandoning treatment of physical problems in favor of addressing life hardships; they distance themselves from problems whose cause and treatment are considered natural and prefer those perceived as derived from supernatural causes and treated through supernatural, magical and religious means. Despite these transformations, traditional Palestinian women healers appear as agents of preservation and conservatism, a role that imbues them with a central position in their community. Hence, their place is currently secured and expected to remain so as processes of modernization and acculturation increase in intensity.

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1. Introduction

When I entered Basma's home for the first time, I was extremely surprised. My preliminary work for research on traditional Palestinian women healers in Israel did not prepare me to meet a woman healer who appeared so untraditional. Even though the interview with Basma was one of my first, I had already conjured up a certain stereotype of the way a "real" traditional woman healer is supposed to look and behave and Basma certainly did not project that image. My imaginary woman healer was elderly but Basma was in her early thirties, quite close to my age. The woman healer was supposed to be very motherly, but Basma, although a mother of four small children, transmitted undeniable sensuality. Her hair was colored blonde, her deep cleavage evident and her extra pounds frozen solid in her tight, shiny clothes. Her dress and body language were extremely distant from those attributed to Palestinian women in Israel who define themselves as

traditional. Her over-adorned urban tenement home, bursting with modern electronic appliances, was located in an overcrowded neighborhood in a Jewish-Arab mixed city in central Israel. Basma, a chain smoker, welcomed me in fluent Hebrew, challenging all my preconceptions about "tradition." [1]

The assumption that traditional healing and traditional society are conceptually linked may well be shared by many other researchers and is evident in the relevant literature as well. Several researchers (BORKAN, MORAD & SHVARTS, 2000; ROTHENBERG, 2004) even predicted that Palestinian traditional healing in Israel, especially as practiced by women, will die out as a result of acculturation and modernization. This study—based on observation of traditional Palestinian women healers in Israel residing in Jewish-Arab mixed cities in central Israel and subject to acculturation, as well as those who live in the Bedouin communities of southern Israel's Negev region, that manifest high levels of cultural preservation—will examine the transformation affecting traditional healing at the juncture of tradition and modernity. [2]

2. Frozen Traditions

I am neither the first nor the only researcher who has erroneously linked traditional healing with traditional society. In earlier literature, traditional healers were associated with religious and supernatural systems in societies that had not yet undergone modernization. Until the 1970s, the term *shaman*, the ultimate traditional healer, was primarily applied to Siberian tribal cultures whose economies were based on hunting (CZAPLICKA, 1914; ELIADE, 1964; SHIROKOGOROFF, 1935). Progressively, the term was broadened to include other regions, although its application remained limited to indigenous cultures (KIEV, 1964). These studies assumed that close ecological systems yield similar healing systems and concluded that traditional healers possess common characteristics. Efforts at identifying and formulating the characteristics of the traditional healer prototype—shared by different healers in different locations and time periods—led to focus on the healer. Early studies thus emphasized the healer's fantastic character, unusual initiation and special, ambivalent status in the community. Indigenous societies were often described as positive antitheses to a negatively perceived modern world. They were presented as homogeneous and cohesive communities, in contrast to the multicultural and alienated modern ones. Indigenous societies were considered close to nature, rather than to an industrialized urban context. Moreover, they were identified with locality and authenticity, with "the rest" that is the opposite of the Western, globalized world. The early affinity between traditional healing and the indigenous world led to the assumption that "real" traditional healers exist in simple, indigenous societies possessing similar attributes. Thus, the processes of modernization, globalization and acculturation, reflected in the consolidation of professional healing,[1] were considered likely to bring about the decline and even disappearance of traditional healing (PERRONE, STOCKEL & KRUEGER, 1989). [3]

1 The professional healing system is based on positivistic scientific principles and its practitioners primarily use biochemical means. Unlike traditional healing, professional healing is recognized, institutionalized and supported by the authorities (KLEINMAN, 1980).

With the gradual disappearance of tribal societies, research began focusing on traditional healing as observed in agricultural communities, primarily in developing countries (BODDY, 1989; LAMBEK, 1993; MORSY, 1993). Focus was diverted from the healers, formerly considered eccentric and intriguing, to their practices. The attempt to forge an abstract prototype of the traditional healer, common to different cultures, was abandoned and replaced by the study of the social context of the healers' activities, varying from place to place and time to time. Some of these studies describe transformations occurring in traditional healing while discussing the differences between healers residing in the agricultural frontier and those in urban settings of the same cultural template (KLEINMAN, 1980; KATZ & KATZ, 1987; SARGENT, 1989; SPIRO, 1967). These studies reveal that rural healers are mostly familiar with their patients, work part-time, demonstrate limited expertise and collect a relatively low fee for their services. By contrast, urban healers are depicted as serving a broader clientele, working full-time and demanding substantial remuneration. From this description, it is apparent that traditional healing has undergone a certain transformation as a result of the urbanization process. Nevertheless, these studies did not focus on this transformation, instead emphasizing the social context of the healers' practices. [4]

Intensive urbanization, increased awareness of the existence of various healing systems among minorities in developed countries and anthropological interest in whatever is familiar and local led researchers to focus on traditional healing in complex, multicultural societies. Numerous contemporary studies present healers who function in an urban environment, healers who are part of ethnic minorities in multicultural cities in the Western world (BROWN, 1991; MORROW LONG, 2001; REIFF et al., 2003; SNOW, 1978) and indigenous healers functioning in urban centers within developing countries (CHUNGMOO, 1989; FLUECKIGER, 2006; GLASS-COFFIN, 1998; HUMPHREY, 1999; KENYON, 1991; ROMBERG, 2003; RUSSELL, 1984; SENGERS, 2003).[2] These studies indicate that even when modern lifestyle permeates indigenous cultures (or vice versa), traditional healing does not disappear, decline or become extinguished but rather alters its nature. The studies generally do not treat traditional healers as exotic but rather as part of modern urban life, showing how they adjust to the new environment. They mention but do not dwell on the eclectic nature of the healers' acts and the manner in which they broaden their clientele and adopt new theories of disease, new treatment practices and even certain technological innovations. [5]

The transformation in traditional healing, as a topic in itself, was accorded limited attention in research. Few early studies discuss the adjustment of traditional healers to modern realities. LANDY (1974) offers a triangular model that characterizes indigenous healers' reactions to Western, professional medicine: Adaptive, attenuated or emergent. In his opinion, these patterns may be

2 A third group of urban healers functions in the Western world. They are not identified with any specific indigenous culture but rather with New Age culture. These healers provide services primarily to members of the upper middle class who are searching for meaning. They base themselves on an eclectic collection of beliefs and activities drawn from literature, workshops and the Internet, an invented tradition of practices and beliefs based on a constructed metaphorical and romanticized "ideal" concept of what a traditional healer should be (JOHNSON, 1995; TOWNSEND, 2005; VITEBSKY, 1995).

conflictive but may also coexist with other systems of healing. PRESS (1978) claims that the urban traditional healer serves those who recently immigrated to the city, as well as members of ethnic minorities who desire to preserve their identities. He expects that changes in healers' roles, if not methods, will take place gradually: Traditional theories of disease will disappear, healers will support the professional system and adopt new niches such as chronic illness treatment, fortune telling and manipulation of fate. [6]

Other studies focus on the transformation in traditional healing in specific cultural contexts. OPPONG (1989) examines traditional healers in Nigeria, who work together with agents of the biomedical establishment, noting that traditional healing has adjusted to modern biomedicine but not vice versa and perceiving dichotomous and contradictory notions in both systems. KENDALL (1996) points out the transformation in the roles of urban women healers in South Korea, who strive to provide their patients not only with health but primarily with wealth. Material ambitions, that have become the central motto in South Korea since the 1980s, also pervaded healing rituals that have consequently lost their collective, spiritual character in favor of individualistic and economic goals. Similarly, KIM (2003) notes that traditional healing is an integral part of the materialistic way of life in South Korea today and in some cases may shift from healing to showmanship. The healing ceremony is performed as a staged, folklore show and the healers-actors enjoy great prestige and are considered guardians of the national heritage. LADERMAN (1997) describes the changes in activities of a rural Malaysian woman healer who migrated to the city, claiming she has reduced the number of diagnostic and treatment practices in favor of healing ceremonies that include drama based on fear and horror, contrasting with the conventional rites that are full of music and humor. McMILLEN (2004) illustrates collaboration between the agents of Western professional healing and those of traditional healing in Tanzania. In this case, the traditional healer is perceived not only as a liaison between physicians and the community but also as someone who provides treatment, counsels patients and participates in scientific projects. In other words, influence and adaptation are not unidirectional (from professional to traditional) but mutual. [7]

Apparently, few studies actually focus on the transformation in traditional healing, partly because of the difficulty describing trends in so diverse a group and partly because researchers usually concentrated on individual healers and thus lacked an adequate basis for grounded generalizations. The current study aspires to enrich the body of knowledge concerning transformations presently occurring in traditional healing through observation of traditional Palestinian women healers in Israel—those residing in Jewish-Arab mixed cities in central Israel, who are subject to acculturation, as well as residents of Negev Bedouin communities in the southern part of the country, who manifest high levels of cultural preservation. [8]

The study commences with a presentation of the research population and continues with a description of the methodology: The research tools used to gather data and the methods by which data was analyzed. Findings indicate that the urban and Bedouin women healers differ from one another with respect to

their roles and treatment practices. The differences point to a transformation that is taking place in Palestinian traditional healing today, rooted in several in-depth processes characterizing Palestinian society in Israel at large. Despite this transformation, however, traditional Palestinian women healers are not perceived as a source of change and innovation but rather as agents of preservation and conservatism in their communities. As such, their place is currently secured and is expected to remain so in the future as processes of acculturation and modernization increase in intensity. [9]

3. Traditional Healing among Palestinians in Israel

Two groups were chosen for this study—traditional Palestinian women healers and their women patients. The traditional Palestinian woman healer (known as *sheikhah, darwishah, hajjah* or *fattahah)* primarily tends to women in her community, treating physical ailments for which there is no effective conventional medical treatment (such as chronic illness and psychosomatic pain), problems typical of childhood and matters relating to sex, fertility and childbirth. The woman healer also addresses emotional problems such as depression and anxiety, as well as life hardships, mostly of the romantic or financial variety. The problems she treats may be of natural origin, concerning life patterns such as nutrition or hygiene, for example, or supernatural, brought on by such perceived causes as the evil eye (*ein al-hasood*), witchcraft (*sihr*) and demons (*jinni*) that harm or possess the patient. [10]

A total of twenty Muslim Palestinian[3] women took part in the study, half of them residing in cities in central Israel whose population comprises both Jews and Palestinians and half belonging to the Bedouin community in the Negev region of southern Israel.[4] In this study, informants, women healers and their women patients who reside in mixed cities will be described as *urban*, while their Negev Bedouin counterparts will be termed *Bedouin*. The informants in both populations are referred to as *Palestinians* while the term *traditional Palestinian women healers in Israel* relates to both urban and Bedouin healers. [11]

These two societies share characteristics that are also typical of other Muslim societies in the Middle East. Both are collective societies in which individuals are reflected through their families, that provide them with security and protection, a sense of belonging and identity, as well as social and material support. Both societies are hierarchal, patriarchal, patrilocal and patrilineal, hence family

3 This study focuses on the Palestinian Muslim population in Israel, although Palestinian society also includes Christian and Druze minorities. Israel Central Bureau of Statistics (2007) (http://www.cbs.gov.il/shnaton59/st02_02pdf) data indicates that there are 1,206,000 Palestinian Muslims in Israel, 119,700 Druzes and 151,600 Christians.

4 "Bedouin" is a general term that includes all the nomadic tribes of the Middle East and North Africa whose ancestry is Arab. The term is derived from the Arabic word *badia*, meaning "desert." It hints not only at a specific life style but also at a social organization and values that differentiate the Bedouin from city dwellers and from the *fallahin*, the agrarian folk. The Bedouin community in the Negev comprises numerous tribes whose livelihood is derived from agriculture and herding sheep, goats and camels. This community currently numbers approximately 120,000 persons, of whom 40% reside in villages and towns and the remaining 60% in villages unrecognized by the State of Israel.

members are subject to the patriarch who is considered the family head. The father, who holds power and authority through control of the family's material resources, rules on all matters and his decisions may not be questioned. In both societies, gender segregation is customary and women are expected to fulfill certain roles, as mothers and wives that determine their identities and status. They are required to be submissive and modest, to compromise their personal aspirations and to preserve their families' honor, even at the cost of limiting their contact with strangers and adhering to additional restrictions. [12]

There are also significant differences between the two societies, some of which originate in the level of exposure to Western culture, as experienced through contact with the Jewish population. In central Israel's mixed cities, the Palestinian society experiences direct contact with the Jewish population and culture, whereas in Bedouin communities, such contact is experienced primarily through the media and with those who themselves have undergone acculturation (ABU BAKER, 1999). As a result of differences in exposure to Jewish lifestyle, the mixed-city Palestinian population has undergone a more rapid process of social transformation (AL-HAJ, 1987; LITWIN & ZOABI, 2003). Although the basis for identity and belonging remains the family, the importance of the extended family is declining and is being replaced by the nuclear family (AL-HAJ, 1989). Social relationships are not limited to the family or the community but are affected by complex networks. The proportion of educated persons is rising among men and women alike. Consequently, the percentage of participation in the work force has increased and socioeconomic conditions have improved (AL-HAJ, 1987). Furthermore, the percentage of polygamous marriages and the number of children per family have declined (KANAANEH, 2000). Thus, the status of women has improved somewhat, although it remains complex. By contrast, the Bedouin communities of the Negev are undergoing a slower process of social change and are largely preserving their unique lifestyle and social structure (AL-KRENAWI, 2000). The Bedouin society of the Negev is relatively homogeneous. The basis for identity and social belonging remains the tribe (MARX, 1967), even in localities such as Rahat, whose dimensions define them as municipalities. The percentage of educated and employed persons is relatively low, particularly among women (ABU-RABIA QUEDER, 2008). Many Negev Bedouin households suffer from a low socioeconomic status (ABU-RABIA, 2000), polygamous marriage remains common, the birthrate is the highest worldwide and conditions are very difficult for women. [13]

It is thus apparent that the differences between these two societies are not geographical alone; their economic, social and cultural realities differ as well. As traditional healers are affected by the cultural climate in which they function (KLEINMAN, 1980), it may be assumed that urban traditional women healers who reside in Jewish-Arab mixed cities in central Israel and are affected by an accelerated acculturation process differ from their Bedouin counterparts, who maintain a high level of cultural preservation. By observing the roles and treatment practices of women healers in both groups, we assess the changes occurring in Palestinian traditional healing in Israel during its transition to a more urban and modern society. [14]

4. Methodology

Field work was conducted among ten traditional Palestinian women healers well known in their communities and ten patients who visited women healers for assistance. Half the participants reside in Jewish-Arab mixed cities in central Israel and the other in Bedouin communities in Israel's southern region, the Negev. Contact with the informants was established according to the chain sample method. Two close acquaintances—a male Bedouin resident of an unrecognized village in the Negev and a female from a mixed town in central Israel—introduced me to patients who in turn led me to the healers who treated them. [15]

Fieldwork that included in-depth interviews and observations (visiting the healers' homes and witnessing of healing rituals) took place during 2002-2003. The data collected were analyzed according to two corresponding methods, one deconstructive—based on careful dissection of the text into "meaning units," i.e. word combinations, phrases or single words (TUTTY, ROTHERY & GRINNELL, 1996)—and the other holistic, consisting of an attempt to derive central content-related pivots from the text (LIEBLICH, TUVAL-MASHIACH & ZILBER, 1998). Together, these methods provide an analysis of both details and context, thereby enabling assembly of a complete picture. [16]

In this study, my alienness, as a Jewish researcher studying Palestinians in Israel, was not limited to a different culture, but also manifested more intensive and substantive features: The alienness attributed to a researcher, part of the society's majority, studying a minority and to a Western researcher examining the East. Extensive literature considers the researcher's positioning as an outsider or insider by the culture studied and assesses its various implications (HERTZ, 1997). In the present study, however, positioning as an outsider or insider was not fixed but rather constituted a sort of mobile social positioning (WEINER-LEVY, 2009): Although I could be viewed as an external researcher, I found myself positioned along a continuum and shifted from internal to external according to the interview topic. In some cases, I was an "outsider," unaware of the various meanings of certain customs and words. However, when other topics were discussed, such as motherhood and parenting, I was treated as an "insider." Moreover, my status as an outsider apparently enabled participants to speak freely about their difficulties in their society and to expose their inner worlds and feelings without apprehension over their community's reaction. [17]

Findings, as indicated below, demonstrate that urban and Bedouin women healers differ in their roles and treatment practices. Such differences do not imply, however, that their respective healing templates differ, as both are described similarly in historical studies (BALDENSPERGER, 1913; CANAAN, 1980 [1927]; GRANT, 1976 [1921]). Rather, I believe these differences indicate an overall transformation in Palestinian traditional healing in Israel, affected by the differential pace of various processes of modernization and acculturation in these two communities. [18]

The sample of healers discussed above is relatively small and thus, it is difficult to draw from it overall generalizations. Nevertheless, through observing the individual healers, processes of change can be discovered in different religious, cultural and social frameworks (FLUECKIGER, 2006). This research, focusing on the world of traditional Palestinian women healers in Israel, point to the dynamic foundations and the potential for change in their communities. The observance of their worlds can shake the frozen model of "traditional healing", previously depicted in the literature (ELIADE, 1964; KIEV, 1964; RIPINSKY-NAXON, 1993), and offer alternatively a more dynamic one. [19]

5. The Changing Role of Women Healers

Traditional Palestinian women healers in both groups treat physical disorders, including those for which conventional medicine fails to provide relief (chronic illnesses and psychosomatic pain, for example), along with sexual and fertility concerns and childhood conditions such as otitis. They also treat emotional problems, primarily depression and anxiety, as well as various life hardships—problems related to livelihood and interpersonal, familial or marital conflicts. [20]

Despite the similarities in the problems they treat, comparison of the interviews reveals a significant difference between the two healers' groups. The Bedouin women healers primarily treat emotional and physical problems, especially those involving childhood diseases and fertility concerns. Nura, a Bedouin healer, recounts:

> "It never occurred that a child whom I treated had to go to the hospital. I used to prepare all the medicines myself, for the ears, for the throat. Thank God, from the first to the last, no child had to go to the hospital." [21]

Fatma, another Bedouin healer, adds:

> "When she [a patient] came to me, I saw how miserable she was. Having no children, she longed for a child and could not stop crying. 'Sixteen years,' she told me, 'sixteen years we are waiting. This is our entire world.' I told her: 'I see a child. Don't you worry, I see a child.' " [22]

The urban healers, on the other hand, tend to focus on life hardships, particularly on interpersonal conflicts and marital problems. Basma, the urban healer introduced above, told me:

> "I have great success in marrying off girls. Some girls are attractive and beautiful but have no luck. I 'open' their luck and in two-three months, if they don't marry, they find a good partner. They find the path of marriage and soon, hopefully, will get married themselves." [23]

Marriage, at times, does not mark the end of the patient's suffering but rather its inception. Basma continues:

> "I treat many women in relationships. One woman's husband cheated on her, another's husband left her … Some man's wife cheated on him, for example, and he wanted to teach her a lesson." [24]

The gap between the two groups is evident not only in the healers' narratives but also in those of their patients. Bedouin patients mention applying to the traditional woman healer mostly in cases of physical and mental problems. Samira, for example, came to the healer five times in a two-year period because she has diabetes and her twenty-one-year-old son suffers from a case of "nerves" (vaguely defined mental problems). The urban patients, on the other hand, tell different stories. Tamam relates how she asked a traditional woman healer to "open her luck" and solve her severe financial problems. Shafika sought a healer after her engagements were broken and she had difficulties finding a suitable partner who was also acceptable to her parents. Mahmooda, another urban patient, came to the healer because of a marital crisis:

> "I got married three years ago; my husband loved me and everything was good indeed. But six months later, I saw that he was leaving the house and not coming back. I didn't know what was wrong with him. He came in at night; I made some food for him but he didn't eat, and I didn't know what was wrong with him … After six months, he stopped loving me. He left the house at noon and didn't come back until the day after … I didn't know what he was doing and I cried all night. What was he doing? He didn't love me anymore and whenever I called him he hung up the phone. I didn't know what to do … Two months after that, I went to see a friend of my sister. She told me that there is a woman who can figure everything out, all that is happening regarding your husband and your household." [25]

These differences in the roles of traditional women healers may be explained, in part, by the inferior medical services available to Negev Bedouins, for whom the inventory of available and accessible services fails to meet actual needs (BORKAN et al., 2000; RAZ, 2005). Furthermore, the physicians, who are mostly Jews, are not aware of the Bedouin population's unique cultural characteristics. Consequently, many Bedouin women turn to the familiar and available traditional women healers even for treatment of physical ailments. Emotional issues are also commonly referred to women healers, primarily because of the lack of accessible services provided in Arabic (CWIKEL & BARAK, 2002). In central Israel's mixed cities, on the other hand, where high quality medical care is available and Arabs tend to be more fluent in Hebrew, the need for traditional healers has decreased. Urban patients seek out women healers for treatment of chronic and terminal diseases for which professional medicine provides no adequate answer; solutions to life hardships—particularly those involving romance and finances—that cannot be obtained from conventional social institutions, as well as guidance and fortune telling. [26]

In the mixed cities, traditional healing is gradually forfeiting the physical realm that has been largely conquered by professional services. Traditional Palestinian women healers mostly treat problems of both natural and supernatural origin (MASALHA & BARON, 1994). According to classical Arabic medicine (DOLS,

1992), the former include environmental variables such as climate and life patterns such as nutrition and hygiene, while the latter consist mostly of the evil eye (*ein al-hasood*), witchcraft (*sihr*) and demons (*jinni*) that harm or possess patients. Among the Bedouins, women healers often treat problems relating to natural causes, the same ones that are mostly responsible for physical ailments. By contrast, in the mixed cities, women healers frequently treat problems whose origin is considered supernatural, particularly those involving the evil eye and witchcraft, that are perceived as causing life hardships and various mental problems, as described by urban healer Miriam:

> "She [the patient] simply took the bead, the blue bead, and it caused her bad luck. The bead may bring illness to the person and it is a fact that she indeed received this illness, the illness of the nerves. Now, the doctors do not know that it comes from witchcraft. They think it is depression and put her in an institution. But this is not the right place for her; her place is with me"! [27]

In the city, problems considered to have natural causes—those whose symptoms are somatic, involve difficulties in functioning or affect vital organs—are, for the most part, treated by professional medicine. By contrast, problems of presumed supernatural origin—expressed in a sudden, unexplainable deviation from the patient's emotional, social or financial equilibrium—are usually not recognized as disorders by the medical establishment. The supernatural source of these problems, more than their symptoms, explains the failure of professional medicine to diagnose and treat them, consigning them to traditional healing. [28]

The above findings may be exemplified best with regard to the traditional Palestinian women healers' involvement in treatment of problems relating to sex, fertility and childbirth. Such involvement—which was found to be significant in the respondents' narratives as well as in the literature (EARLY, 1993; INHORN, 1994; MASALHA & BARON, 1994)—primarily stands out in Bedouin society, in which fertility is the focus of social attention (CWIKEL, LEV-WIESEL & AL-KRENAWI 2003). By contrast, in the mixed cities of central Israel, the treatment of sexual, fertility and childbirth-related problems was divided as a result of acculturation and modernization. Obstetrics[5] and fertility difficulties display a distinct trend towards professional medicine (KANAANEH, 2000), especially regarding problems considered to be of a physical nature. The subject of sex—deemed sensitive and covert—is undergoing metamorphosis. Instead of relating to its physical-natural dimensions, treated for the most part by professional medicine, urban women healers tend to address its supernatural aspects. The cultural values that influence urban healers also guide their Bedouin counterparts: Upholding women's fertility and the birthing of male offspring. Nevertheless, the former treat these problems as supernatural whereas the latter frequently treat them as natural. The methods the urban women healers employ are likewise different and involve less physical and more spiritual manipulations that also

5 In most modern societies, obstetrics, that used to be considered an integral part of feminine traditional healing (TEDLOCK, 2005), is becoming subject to government regulations, as are other aspects of childbirth (ACHTERBERG, 1991; SARGENT, 1989).

touch on the relationship between men and women in a broader sense, such as a woman's striving to maintain her man's love or arouse his lust. [29]

The urban women healers thus forgo treatment of physical problems and concentrate on life hardships. They retreat from the physical realm and its naturally caused problems and enter a spiritual world to treat disorders believed to be of supernatural origin. They leave the treatment of diseases to the bio-medical establishment and focus, as KIM (2003) claims, on the *domain of misfortune*—on various dimensions of suffering, mostly romantic and financial. The urban traditional women healer becomes a kind of social worker, responding to patients in dire need of welfare services, relationship counseling and emotional aid during times of crisis. At the same time, she converts the individual nature of healing into a more social one that strives to cope with problems—such as marital conflicts and intergenerational disputes—that originate, at least in part, in social processes of acculturation and modernization. Consequently, urban women healers focus on the patient and her world but simultaneously use their expertise to clarify and improve the patient's place in society. It may be argued that this duality embodies the healers' assumption that connecting individuals to their respective social worlds is the key to their social integration and *ipso facto* to their healing. [30]

6. Transformation in Traditional Women Healers' Treatment Practices

The above-mentioned transformation in the urban women healers' role—manifested through the transition from the physical-natural to the spiritual-supernatural spheres—entails two aspects. The first touches on the roots of the problems that women healers treat. The centrality of problems whose cause is considered natural is decreasing gradually and that of perceived supernaturally induced problems is increasing. The second aspect relates to treatment practices, in which similar changes are taking place: Natural techniques are on the decline and are being replaced by supernatural methods. [31]

Treatment practices such as infliction of burns, cuts and bloodletting, mentioned in earlier studies (AL-KRENAWI, 2000; DOUMATO, 2000) are absent from the participants' narratives. Particularly among the urban healers, medicinal herbs and massage are being displaced by amulets and witchcraft. This change is not limited to the transition from the physical to the spiritual sphere and from the natural to the supernatural realm, but is also manifested in the adoption of treatment practices identified with Islam, such as chanting of verses from the Koran. [32]

The observed changes are corroborated by comparison of the treatment methods used by Negev Bedouin women healers and urban healers living in mixed cities in central Israel. The Bedouin women healers describe the widespread use of medicinal herbs, primarily for treating physical problems whose cause is considered natural, as described by Bedouin healer Magda:

> "When a woman cannot conceive, I take some *meluhia* [Jew's mallow] leaves, roll them up and insert them into another leaf, forming a suppository that can be placed within the woman's womb so she can conceive and bring a child into the world … If a man's testicles have no 'strength,' I cook *hubeiza* [common mallow] leaves the same way I cook meat. I store it bottled in the refrigerator. The man should drink a glass every morning." [33]

The Bedouin women healers also mention the use of massage, as explained by Bedouin healer Fatma:

> "The womb occasionally becomes misaligned, so I rub oils over it and return it to its place. If it is up high, I lower it. If it is low, I raise it. If it is on the side, I bring it back to its place." [34]

The urban healers, on the other hand, report greater use of amulets, witchcraft and the Koran than their Bedouin counterparts to solve problems of perceived supernatural origin. Mahmooda, for example, the urban patient who suffers from marital conflicts, described how she received a witchcraft artifact from a healer—a black ball she was to hide in her husband's bed to "domesticate" him. Tamam, another urban patient, mentions the talisman the healer prepared for her to "open" her luck and improve her dire condition. Similarly, urban healer Basma describes the witchcraft she activates as "love magic," intended to arouse a man's lust or preserve a wife's fidelity:

> "If, for example, a wife cheats on her husband and he wants to 'educate' her, I have no choice but to tell him to give me some of his urine. I make something out of it and she becomes sick with love for him, so he can stop being suspicious." [35]

Some of the urban women healers also use spells from special books of magic published in neighboring Arab countries. Although these books are not overtly religious in nature, they enjoy the prestige ascribed to written texts in Islam. Urban women healers integrate them in amulets intended to treat serious problems such as witchcraft, having adopted the conception that written text is the appropriate medium for esoteric knowledge and deeds. Other urban healers speak about treating patients through the Koran, describing how they chant certain verses above their patients' heads, include the verses in talismans and command the patients to swallow or anoint themselves in water in which the texts were immersed. Most urban healers also claim to believe in God, follow His commandments and rely on Him, as described by urban healer Miriam:

> "If God allows me to do so, I speak. If He does not, I cannot … At night I ask God to allow me to succeed. I derive my intuition from God. If I see a person, I know what his problem is. From God, I look and know what his problem is." [36]

Urban healers thus report use of amulets, witchcraft and the Koran, mostly to solve problems whose origins are considered supernatural. Furthermore, even when they report using natural methods, such as medicinal herbs or cupping, they are applied to solve problems of presumed supernatural origin whose

"naturalness" is enveloped in a supernatural or even magical aura. Urban healer Ida said she treats depression and anxiety with special talismans she prepares. Although she mentions some medicinal herbs that she put in the talisman, they are described as originating from "the trees of the holy: Lemon trees, fig trees and olive trees—the sacred trees." Urban healer Basma similarly describes how she uses cupping, generally recognized as a natural treatment practice, as a supernatural means:

> "If you have a problem conceiving and the doctors tell you everything is all right with you, I will put cupping glasses on your back. But where shall I put them? I will put them below, at the spot the contractions are felt the most … I will put a big cupping glass there. I will also use some dough, a lock and a key. I will 'close' your back and you will become pregnant immediately." [37]

A comparison of the treatment practices used by Bedouin and urban women healers thus indicates a process of transition. Among the urban healers, there is a significant decrease in natural treatment practices—medicinal herbs and massage—and an increased use of supernatural methods, especially amulets and witchcraft. This transformation is not limited to the transition from the physical to the spiritual sphere and from the natural to the supernatural realm, but is also expressed in adoption of new treatment practices, including some of a religious nature, applied by women healers in Egypt (SENGERS, 2003) and Sudan (KENYON, 1991) as well. It is possible that this new emphasis on elements that are not clearly medical, observed primarily in the treatment practices of urban women healers, aims at presenting a unique alternative to the Western professional bio-medicine that is well established in the cities. This way, the traditional women healers entrench themselves and ensure their place even in modern and Western-influenced environments such as the mixed cities of central Israel. [38]

7. Discussion: A New Kind of Healer?

Few transformations are evident in the roles and the treatment practices of traditional Palestinian women healers. The urban women healers are abandoning treatment of physical problems in favor of treating life hardships; they distance themselves from natural treatment of problems whose cause is considered natural in favor of problems perceived as derived from supernatural causes that are treated in supernatural, magical and even religious ways. [39]

The differences between the urban women healers and their Bedouin counterparts do not reflect the existence of two distinct healing types—urban and Bedouin. As noted above, historical research (BALDENSPERGER, 1913; CANAAN, 1980 [1927]; GRANT, 1976 [1921]) points out numerous similarities between Bedouin and urban traditional women healers. The differences in roles and treatment practices among them may be ascribed to contemporary differences in the life conditions of their respective communities. [40]

At the core of the observed transformation in women healers' roles and treatment practices are several in-depth processes, such as individualization and acculturation, that are more apparent among residents of mixed cities in central Israel than among Negev Bedouins. One particularly significant process is the transition from the extended family to the nuclear one. While Bedouin society generally preserves the extended family system, nuclear families are rapidly becoming dominant among urban dwellers, thereby increasing the significance of romantic relationships (HADDAD, 1998). In the past, motherhood was virtually the only base for women's social and individual identity, while today, because of this transition from extended families to nuclear ones, fertility has been supplanted by marriage as the basis for a woman's identity. Following the transition to a nuclear family, the husband becomes the most influential factor in a woman's life and the weight of other women in the household, especially the mother-in-law, diminishes. Thanks to the influence of Western culture, the relationship between men and women bears a romantic halo and becomes the core of family life. Women lose their traditional social networks and dedicate considerable time and resources to their marital relationship. Their partners then become either the source of their joy or their distress, as demonstrated in the case of Mahmooda. [41]

Another process is the increase in educational level and salaried employment, especially in the mixed cities of central Israel (AL-HAJ, 1987). This development has strengthened individualistic trends in Palestinian society, posing new difficulties for the individual, who now faces numerous choices, especially those concerning family and profession, along with questions about identity and belonging. These choices, together with the economic gaps typical of city life, engender a competitive atmosphere, jealousy and frustration (GLASS-COFFIN, 1998). Taken together, these trends spur feelings of uncertainty, for which urban women healers may offer solutions through counseling, fortune telling and witchcraft. [42]

Palestinian society in Israel, primarily in mixed cities, has experienced a significant social transformation. Its members, who live among the Jewish population—that maintains, for the most part, a modern, Western, secular lifestyle—are exposed to processes of acculturation. As a minority, they are influenced by the majority, adopt its lifestyle to a certain extent and are even drawn to global processes such as the women's liberation movement. During this journey between old and new, between internal and external, changes occur in attitudes and traditions; some consensuses break down and others undergo change. Intergenerational conflicts, along with a sense of danger and helplessness, become inevitable. Feelings deriving from the conflict between tradition and modernity give rise to personal and social difficulties (ABU BAKER, 1999, 2003; AL-KRENAWI & GRAHAM, 2005) that often stand at the core of a patient's appeal to the urban woman healer. Although professional systems may indeed provide solutions to certain acute physical and emotional problems, they fall short in coping with this blurring of concepts and values resulting from social transitions, especially in mixed cities. [43]

The conflict between individualism and collectivism, between modern and traditional lifestyle, affects first and foremost young Palestinian women living in mixed cities. Some of them, such as Shafika, who is struggling to find a husband, become more aware of their right to choose a partner; others, such as single mother Tamam, deliberate between their desire to fulfill the accepted gender roles and their aspirations for self realization; still others, like Mahmooda, seek love in their marriages. These transformations in women's consciousness conflict with firmly established behavioral norms (HESTRONI, 2002). Despite the processes occurring in society, wife and mother are the premier feminine roles and comprise the basis of feminine identity and status (SHALHOUB-KEVORKIAN, 2003). Failure to fulfill these roles may affect the woman's welfare, social status and even health.[6] The majority of marriages are still arranged by the family and sexual relations before or outside marriage are harshly condemned (ERDREICH, 2006). A daughter's modesty reflects the honor of the extended family and a woman's sexuality is considered a social issue (SHALHOUB-KEVORKIAN, 2003). Thus, Palestinian women who hope to choose a partner based on Western romanticism rather than their families' instructions may find themselves in conflict (ABU-RABIA QUEDER, 2008), reflecting the struggle between individualism and collectivism and between the Eastern and Western worlds (LEV-WIESEL & AL-KRENAWI 1999; ROTHENBERG, 2004) that is often manifested in the problems urban women healers treat. [44]

Another process, described below, relates to treatment practices more than it does to healers' roles. In this case as well, different life conditions explain the differences between Negev Bedouin women healers and those living in central Israel's mixed cities. Relocation of Bedouins to permanent localities in the Negev (MEIR, 1997) and increased urbanization among Palestinians in the country's center (AL-HAJ, 1987) may alter the economic role of women. Abandonment of herding and agriculture, in which women used to take an active part, mostly because of Jewish expropriation of Palestinian lands and the increase in number of men participating in the workforce, has effectively quarantined women in their homes (ABU-LUGHOD, 1986). As a result, much of the popular knowledge about medicinal herbs has been lost and forgotten. This process, similar to the one described by LOUV as leading to "nature deficit" (2005), is taking place at a slower pace in Bedouin society and at a relatively rapid pace in central Israel, up to a point at which one urban woman healer, Zarifa, who acknowledges using medicinal herbs, claimed to have learned about them from books.[7] [45]

Moreover, the increase in the rate of literacy, evident primarily in the cities (MAR'I, 1985), also influences the variety of treatment practices. Urban women healers are gradually adopting treatment practices, such as reading from the

6 A woman who does not marry is perceived as a threat to the accepted social categories that identify single life with childhood and marriage with adulthood. Failure to realize the gender roles of wife and mother may thus consign a woman to society's fringes and doom her to intense suffering (ROTHENBERG, 2004; SA'AR, 2004).

7 The loss of such knowledge is not unique to Palestinian society and may be seen as part of a broader, worldwide loss of indigenous medical knowledge (BODEKER, NEWMANN, LALL & OO, 2005), occurring concurrently with the acquisition of such knowledge by the Western establishment, that accords it prestige and financial benefit.

Koran and writing amulets that are less popular among Bedouin healers, who are often illiterate. Koran reading as a treatment practice may also be perceived as part of a broader process of Islamization that is affecting Palestinian society in Israel (MISHAL & SELA, 2000). As a result of the religious, social and cultural implications of this process, the popularity and prestige of traditional male healers, who treat using the Koran, is increasing (ROTHENBERG, 2004). The prestige ascribed to holy writ and to the healers who use it encourages women healers to Islamize their practices, adopting religious attributes that grant their users legitimacy and status. By doing so, urban women healers express their desire to take part in the new social atmosphere and perhaps even to combat some of the objections directed towards them. [46]

As indicated, the above-described processes of individuation and acculturation, the shift from extended to nuclear family, the rise in literacy and the strengthening of Islamic trends, all of which are more evident in Israel's mixed cities than among the Negev Bedouins, affect the roles, treatment practices and characteristics of traditional women healers, effectively creating a new kind of healer. Basma, who seemed so exceptional during our first meeting, later appeared to represent this new type—a traditional urban woman healer of a specific age group, educational level and family status. [47]

At 33, Basma is the youngest of the healers participating in the study. She may be ascribed to a group of young women healers in their childbearing years, a majority of whom reside in mixed cities. By contrast, the older healers in this study, most of whom are already past menopause, primarily belong to the Bedouin community. Basma is not only the youngest of these healers but also one of the most educated. She has nine years of formal education and reads and writes fluently in both Hebrew and Arabic. The other urban women healers are also relatively educated (nearly all have at least four years of formal education), whereas most of their Bedouin counterparts are illiterate[8] and consequently less exposed to Jewish society and to Western and modern values. Basma is not an exception also regarding her marital status—a single mother with four small children. Only four of the women healers interviewed live within a marital setting and the others do not live with husbands. Some are widows, some were abandoned in favor of another woman and others divorced and remarried but their new marriages were not realized (Basma, for example, said that she recently remarried, but observations revealed that her husband did not live with her). [48]

The weakening of the family framework and the increasing number of women living on their own is evident mostly in the mixed cities. Urban healers, like other women in their community who are not supported by their husbands, are forced to find a livelihood despite the social norms prohibiting women from working outside their homes. For them, healing represents a convenient, profitable and legitimate profession, a survival strategy (SCULLY, 1995) in a community that

8 This finding reflects the relatively high educational level of Palestinian women residing in Jewish-Arab mixed cities in central Israel in comparison to that of the Bedouin women living in the Negev (PESSATE-SCHUBERT, 2003).

largely restricts women's options. Most healers claim they used to work, even before adopting their healing designation. Farchana and Achlam worked as agriculture laborers, Nura sold vegetables in the market and Basma worked as a domestic helper and as an unskilled assistance in a large hospital. Ravicha worked as a cook, a seamstress and a cleaning lady for wealthier families. These occupations, largely considered as traditional feminine ones, at times aided the healers to maintain themselves and their families, but were problematic from other angles. They exposed the healers to the public sphere and threatened to harm their reputation. For them, healing—a recognized and legitimized profession in the Palestinian society in Israel—constitutes an available and profitable alternative, in a community that, by and large, condemns women's work. Basma, an urban healer, explains why she practices traditional healing:

> "I am only helping people and trying the best I can to support my family. I don't have the power to work as a domestic again; I really don't have that power." [49]

And Nura, a Bedouin healer, supports her:

> "I wanted to have a profession so I could stay at home. You, for example, you are a teacher, you work in school. What did I know? I did not have that kind of profession and I wanted, really, to have a profession at home." [50]

Apparently, a new type of urban woman healer is emerging: Younger, more educated and not necessarily involved in a marital relationship. Urban healers tend to dedicate more of their time to healing; they demonstrate uniqueness in healing style, acquire a broad clientele, provide treatment to diverse populations (including Arab men and Jewish men and women) and derive substantial financial benefits from their profession. In other words, traditional healing in urban centers has a new and more professional image, resulting from the healers' unique characteristics and the specialization and professionalization typical of the urban setting. [51]

8. Conclusions: Women Healers as Agents of Change or Preservation?

This study examines transformations in the characteristics, roles and treatment practices of traditional Palestinian women healers in Israel by comparing the narratives of women healers who reside in Jewish-Arab mixed cities in central Israel with those of Bedouin women healers living in the Negev. The comparison reveals that urban women healers are abandoning the treatment of physical diseases, particularly those whose origins are considered natural, instead opting for treatment of life hardships, mostly those of a romantic and financial nature. A similar transformation is evident regarding their treatment practices. Urban healers are forgoing natural remedies—medicinal herbs and massage—in favor of supernatural treatment methods, especially amulets and witchcraft. This transformation is not limited to the transition from the physical to the spiritual sphere and from the natural to the supernatural realm, but is also reflected in the adoption of new treatment practices, including several of a religious nature. [52]

Palestinian traditional healing in Israel, as illustrated in this study, is not an archaic or exotic phenomenon isolated from historical, economic or global processes but rather a reflection of social discourse sensitive to fluctuations and contradictions. It is not closed and sealed but rather open and evolving. Consequently, the transformation in roles and treatment practices of traditional Palestinian urban women healers, that is also evident among women healers elsewhere (FLUECKIGER, 2006; LADERMAN, 1997; RASMUSSEN, 2006; ROMBERG, 2003; TRUDELLE-SCHWARZ, 2003) raise additional questions regarding their role as catalysts of change and innovation or agents of conservation and preservation. [53]

By referring to the healers as "traditional," the study assumes that their activities are of a conservative nature. Indeed, many studies describe traditional healers as expressing, preserving and implementing the fundamental values of their culture, especially in light of the ongoing social transformation (GRAHAM & AL-KRENAWI, 1996; KAKAR, 1982; SENGERS, 2003). Other studies (BILU, 2000; HUMPHREY, 1996), however, depict traditional healers as individuals who possess exceptional charisma, rise above existing social categories and thus play the role of social mediators. As such, the healers connect, balance and compromise between contrasting qualities, between the living and the dead, between women and men and between the human world and the supernatural one. The present study, however, shows that despite the transformation in traditional Palestinian women healers' characteristics, roles and methods, as manifested primarily among urban healers, these women do tend to identify with their cultural heritage and are considered a significant pillar of tradition, preservation and continuity in their community. While traditional Palestinian women healers in Israel strive to empower their patients, such empowerment occurs within designated boundaries and does not attempt to undermine the social order. They aim at easing their patients' suffering but do not address the pain that causes it; they improve individual women's status temporarily (as in the case of Mahmooda, who was to apply witchcraft to "domesticate" her husband) but do not seek to bring about significant social change. As such, the women healers are portrayed as preserving and bequeathing their culture's values, even when these values perpetuate gender asymmetry. [54]

Even in mixed cities, women healers do not blur traditional gender roles as part of an attempt to call for equality between the sexes, but rather emphasize the respective genders as two separate social entities. They strive to integrate the patients into accepted gender roles by establishing or reinforcing marital relations and encouraging child bearing, especially of male offspring. Women healers do not instigate chaos, as some of their detractors claim, but rather aspire towards establishment of a structured and orderly social world. They also contribute to the perpetuation of key values of the Palestinian society, especially patriarchy and collectivism, whose internalization is a prerequisite for the patient's integration into gender, family and community roles. The women healers' contribution to the integration of such values is particularly significant as traditional institutions weaken and exposure to Western media and Jewish Israeli lifestyles increases. Following the breakdown of the extended family, elders are gradually losing their

authority and influence. Considering these processes, that primarily affect young people in the cities, the women healers fulfill an important role as agents of social preservation, encouraging the implementation of solutions in line with accepted cultural values. [55]

Women healers' contribution to the improvement of their patients' gender functioning and the focusing of their cultural identity may be perceived as re-acculturation. The acculturation experienced by patients, as part of a Muslim Palestinian minority in a predominantly Jewish culture, especially in the mixed cities, brings about conflicting values and blurring of identities, particularly with respect to gender roles, as seen in the cases of Shafika, Tamam and Mahmooda. Women healers, as agents of reacculturation, show patients which aspects of acculturation should be preserved and which should be rejected. They encourage their patients to fulfill their gender roles, to retreat from the individualistic approach they adopted as a result of the acculturation process and to re-integrate into the collectivist and patriarchal system. As such, women healers help their patients cope with the challenges looming on the border between tradition and modernity. By bringing the patients "home" to their cultural heritage, women healers ease the suffering that has resulted from these conflicting values and blurred identities. [56]

The role of women healers as agents of preservation and conservatism is more understandable in the case of the Bedouin women healers, who belong to a community that tends to preserve its cultural uniqueness despite the social transformation taking place. Thus, they differ from their urban counterparts in central Israel. Some of the latter treat strange men and freely make their way through the public sphere. Most are in daily contact with the Jewish population and speak fluent Hebrew. It is possible that for the urban women healers themselves, healing provides an answer to this ambiguity. Healing, once legitimized and accepted, accords them a sense of belonging and identity, binds them to their community, grants them a central place therein and underscores their importance. They are considered responsible for phrasing the community's core values and imparting them to its daughters. The women healers delineate cultural boundaries for their patients, defining its content and rejecting all that is considered indecent and forbidden. Thus, despite the marginal and sometimes unorthodox nature of their work, they are viewed as cultural authorities who reveal the manner in which their culture defines itself. [57]

Women healers are considered by their communities as the people responsible for shaping and mediating essential social values. This role is delegated to them in spite of—or perhaps because of—their marginal position as women in a patriarchal society and as healers who connect to the supernatural. Similarly, the urban women healers succeed in fulfilling their roles because they are exposed to processes of acculturation and modernization, just as their patients are. Through their healing activity, healers in mixed cities, who suffer from blurring of values and identities, find their way to the core of their community and succeed in empowering themselves despite initial marginalization, providing them the tools to enable their patients to do the same. [58]

This argument constitutes a new version of the claim advanced in previous studies, maintaining that healers succeed in healing themselves and thus possess the power to heal others (ELIADE, 1964). The present study claims that traditional Palestinian women healers found the way to cope with their marginalization and use the same tools to assist other women with similar feelings. This claim offers a new approach to relations between women healers and their patients, describing them as reciprocal. Women healers indeed return the patients from society's fringes to its center, to their community and culture, but at the same time, the patients, who extend recognition, trust and legitimacy to the healers, establish the latter's place within society as distinguished and accepted agents of social preservation and conservatism. [59]

Description of the traditional women healers as agents of preservation and conservatism is important to our understanding of their place in contemporary Palestinian society in Israel. Notwithstanding processes of acculturation and modernization—that according to some (BORKAN et al., 2000; ROTHENBERG, 2004) should have brought about the demise of traditional healing—women healers are flourishing, particularly in the mixed cities in which these processes are most evident. The role of urban women healers as agents of preservation and conservatism is perceived by their community as increasingly significant; the more the values and identities become blurred, the more gender roles become ambiguous and traditional institutions weaken. This role accords them a central and unique place in society: They are perceived as islands of stability, offering compassion in time of crisis, confusion and helplessness. This image preserves their status in a world of rapidly changing realities, enabling treatment of traditional patients along with those whose distance from tradition has caused them and their families various difficulties. Women healers address the needs of the individual and the demands of the community, thus securing their position as processes of acculturation and modernization increase in intensity. [60]

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Author

Ariela POPPER-GIVEON; Lecturer at the Open University and Sapir College, Israel.

Contact:

Ariela Popper-Giveon

Bourla St 13/7
Jerusalem 93714
Israel

Tel.: 972-544414650

E-mail: Arielapo@netvision.net.il

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