# The Link between Quality of Life and Psychological Flexibility for Murabitat in Jerusalem

Dr. Rukiye Demir Salhiya, Prof. Sanaa AbuDagga, Prof. Yasera Abohadrous, Prof. Aida Salih, Prof. Neamat Sh. Alwan

# Dr. Rukiye Demir Salhiya

PhD. Graduatefrom Al-Aqsa University, Gaza -Faculty of Education-PhD of Counselling Psychology, Master Degree in Islamic University of Gaza in Mental Health Psychology, Bachelor Degree in International Islamic University of Malaysia in Psychology.

Abstract: The popularity of Psychological Flexibility (PF) is increasing day by day which plays a key role in positive psychology. It started to be one of the necessary characteristics that helps well-being of individuals. On the other hand, there are so limited studies on relationship between quality of life (QoL) and psychological flexibility for Palestinian context. Therefore, the present study aimed to examine the link between psychological flexibility and quality of life for Murabitat in Jerusalem, Palestine. The study design is quantitative study; correlational study is used to calculate the link between both variables (QoL and PF). Amongst almost 100 Murabitat in Jerusalem 24 of them has chosen randomly to answer PF and QoL tests in online setting through Google Form. Acceptance and Action Questionnaire-II (AAQ-II), Cognitive Fusion Questionnaire (CFQ) and Mindful Attention and Awareness Questionnaire (MAAS) were used to measure PF and the WHOQOL-BREF tool was used to measure QoL. The findings showed that PF and QoL is correlated positively; the link between PF and QoL was found as 8.3 (Pearson correlation) which is considered as high. Finally, the study offers recommendations for the experts to add additional skills in to their treatment methods to increase people's psychological flexibility in order to be able to increase their quality of life as well.

**KeyWords:** Psychological Flexibility, Quality of Life, Murabitat, Jerusalem.

# I. Introduction

While social study areas widened day by day, there was not enough attention on Murabitat who are known as a group of unarmed Palestinian Muslim women who use their voices to protect al-Aqsa Mosque from Israeli Occupation Forces (IOF) in Jerusalem, Palestine (Toledo International Center for Peace, 2015; PASSIA, 2019; & Schmitt, 2020). Jerusalem is a noteworthy historical city that has always attracted different civilizations. Nevertheless, over twenty-five different blockades and attacks, Jerusalem is subjected all attempts to alter its identity and liveliness. It is the basis of three monotheistic beliefs and the holiest city for all. Also, it is the first direction to which Muslims turn to pray, the site from that Prophet Mohammad (p.b.u.h.) risen to heavens (PCBS, 2021).

Palestinian women, who are known as well educated, as the literacy rates for them is 95.2% percent, which is really high in all over the world and 14.2% percent of these women have bachelor degrees (Palestinian Central Bureau of Statistics, 2020), and they plan and behave under control of IOF. Despite of all these challenges, most of Palestinian women trying to have a normal pleased life, as an only meaningful, available,

and often the most crucial thing to do (Sophie, 2011). In last periods, Palestinian women particularly in Jerusalem were perceived as guardians of Al-Aqsa Mosque, who is responsible for "bearing and raising the next generation of resisters" (Daoud 2016, 26–32).

There are times which Palestinians were watched while IOF are hitting, kicking, and pushing Murabitat (IslamOnline 2014; AlJazeera Mubasher 2015). The media made more visible for the world to see Murabitat's rituals, protest, their confrontations with soldiers to get their basic rights, and banishing from al-Aqsa Mosque. The most aggravating cases were when IOF were ripping off the hijabs of Murabitat. These persecutions were scandalous and abuses of women's holy honour and rights, and Muslims were infuriated (Toledo International Center for Peace, 2015). All these persecutions and ongoing illegal occupation effects their quality of life negatively (Hammoudeh, Hamayel, &Giacaman, 2017; Rosenthal, 2020; & Occupied Palestinian Territory Protection Analysis Update, March 2022).

Discovering the impact of physical and mental illness on general quality of life (QoL) has been attracted by researchers, in the last years (Theofilou, 2013). The "quality of life" term is most likely mentioned as "well-being", also. Yet, there are several challenges to come up with a meaningful understanding of the QoL (and/or well-being) works. The first one is to determine what, accurately, these terms mean (Clarke, Marshall, Ryff, & Rosenthal, 2000; Farquhar, 1995). Scholars underlined the fact in which terms that is not defined well cannot be measured well, and so, cannot be improved (Guarnaccia, 1996). The World Health Organization, (1995, p.1) defined QoL as;

"Individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns. It is a broad ranging concept incorporating in a complex way the persons' physical health, psychological state, level of independence, social relationships, personal beliefs, and their relationships to salient features of the environment"

Furthermore, Hammoudeh, Hogan, &Giacaman, (2013) examined the quality of life of Palestinians, in East Jerusalem, West Bank, and Gaza Strip with QoL measures that developed by the WHO. They stated that influence of IOF, illegal occupation and siege on Palestinian's life quality were directly measured in terms of their lived experience with political violence and persecutions. The results of their study indicated that normal Palestinians' life quality is low in terms of physical, psychological, and environmental domains and this is among the lowest rate of any other populations in the world (Mataria, et al., 2009; & Skevington, Lotfy,& O'Connell, 2004).

On the other hand, Lucas, James, Moore, and Kathleen (2020), study results suggested that psychological flexibility (PF) is significant for people's mental health which effects on their life satisfaction. Psychological Flexibility is "the ability to fully contact the present moment and the thoughts and feelings it contains without needless defence ..." and "persisting or changing behaviour in the pursuit of goals and values" (Hayes et al., 2006, p. 9). Third-wave therapies like ACT (Acceptance and Commitment Therapy) (Hayes, 2005; Hayes et al., 2006) develop individuals' psychological flexibility by letting them to live an ideal life based on their values. PF has also made improvements in individuals' mental health (Bach and Hayes, 2002; Vowles and McCracken, 2008).

Psychological Flexibility emphasizes, a new direction in cognitive psychology area that reverberates a positive method towards acknowledging the interactions between health and well-being (Hayes, 2005; Hayes et al., 2006; Bond et al., 2011) consistent with positive psychology tenets (Seligman and Csikszentmihalyi, 2000). Like ACT that highlights not to challenge cognitive distortions and inflexibility as it is emphasized in classic cognitive therapies (Ellis, 1993; Beck, 1976; Beck and Weishaar, 1989), but to highlights on developing psychological flexibility (Lucas, James, Moore, & Kathleen, 2020).

Moreover, Hayes et al. (2006), mentioned that PF is included of six core procedures as following: "experiential acceptance, cognitive diffusion, self-as-context, being in the present moment, values, and committed action" to reach desires. Also, PF defined as 'the ability to adapt to a situation with awareness, openness, and focus, and taking effective action guided by your values" (Harris, 2008, p. 41), and "the ability to act effectively in accordance with a valued life in the presence of unpleasant thoughts, emotions, or bodily symptoms" (Wicksell et al., 2010, p.771).

Several results of researches showed Psychological Flexibility links with improved quality of life, meaning and concerned values, helpful relationships, and bodily health (Bond & Bunce, 2003; Freire, Ferradás, Núñez, & Valle, 2018; Gloster, Meyer, &Lieb, 2017; Hayes, Luoma, Bond, Masuda, & Lillis, 2006). Also, psychological flexibility is closely related to wellbeing which leads greater quality of life (Weineland et al., 2012; Cattivelli et al., 2018; Schumacher et al., 2019). Marshall and Brockman, (2016) mentioned that PF significantly associates with wellbeing, which means, to reach a perfect state of wellbeing, individuals should develop psychological flexibility in their life.

Although, all these researches give detailed understanding on relationship between well-being and psychological flexibility, still there were some gapslike there was not any of them studies directly the link between QoL and PF nor for Palestinian context. Therefore, the present study aimed to examine the link between Quality of Life and Psychological Flexibility for Murabitat in Jerusalem, Palestine. The present study searched answers for following question: "What is the correlation level between Quality of Life and Psychological Flexibility for Murabitat in Jerusalem?". The study is the one of the first studies in the Palestinian context in terms of its' scope to study the link between QoL and PF for Murabitat in Jerusalem

### II. Methodology

### 2.1 Research Design

The present study used quantitative design that is "Correlational Research" and the quantitative data was analyzed via SPSS (Statistical Package for the Social Sciences). During the present intervention Murabitat in Jerusalem were given the WHOQOL-BREF that is used to measure their QoL with test of PF (both with before and after test in order to find out the effectiveness of the OICP on Murabitat's QoL). Inform consent was obtained from Murabitat and their names was removed from questionaries during entering data to guarantee confidentiality issue.

## 2.2 Participants

The total number of Murabitat in Jerusalem is around 100 who visits Masjid Al-Aqsa for the intention of ribat at least once a week. Among them 24 of them chosen randomly to attended the present study. The age for the study sample ranged from 23 to 49 and mean for their age was 32. To guarantee confidentiality the names removed from the data. Informed consent was obtained from the participants through online settings.

### 2.3 Instruments

To accomplish the objectives of the study, the researcher used four instruments to collect data which were the WHOQOL-Brief (to measure Murabitat's Quality of Life) and the Acceptance and Action Questionnaire "AAQ-II", the Cognitive Fusion Questionnaire "CFQ" and the Mindful Attention and Awareness Scale "MAAS" (to measure Murabitat's Psychological Flexibility).

Moreover, researches showed good validity and reliability evidences forthe WHOQOL-Brief, Cronbach's Alpha coefficient was found more than 0.7 and for the 24 items internal consistency was found more than 0.4 (Dalky, Meininger, & Al-Ali, 2017). In the present study, Cronbach's Alpha coefficient was found as 0.84 with 26 items and validity (Pearson Correlation) was found more than 0.63.

Also, Studies' results showed good internal consistency amongst answers to the AAQ-II, CFQ, and MAAS and measures of inter-item reliability were found satisfactory and consistent with values in other cases (Bond, et al., 2011; Dempster, 2009; & Brown, & Ryan, 2003). With regard to reliability of the PF tool in this study, the Cronbach's Alpha reliability estimate of the internal consistency of the 3 domains with 29 items was found as 0.86 which is considered high and validity (Pearson Correlation) was found more than 0.6.

The operational definition for QoL is as "The individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (WHO, 1995, p. 1); and for PF is people's ability to "cope with, accept, and adjust" to hard circumstances (Burton & Bonanno, 2016; Kashdan, Barrios, Forsyth, & Steger, 2006).

### 2.4 Procedure

<u>Data Collection</u>; First of all, the researcher got a letter of facilitation from Al-Aqsa University to assist in the permission to implement the study via online settings with Murabitat in Jerusalem, Palestine. After rapport building with Murabitat, they received inform consent and both tests of QoL and PF via Google Form and Watsup social message platform. The results were obtained via Google Form.

<u>Data Analysis</u>; After getting the results via google form, the data was transformed in to excel file and from excel file to SPSS to make analysis. Through Descriptive statistic demographics of participants was calculated and via Pearson Correlation the link between QoL and PF is examined.

### III. Results and Discussion

# 3.4 The Link Between Quality of Life and Psychological Flexibility

Mean score for 24 Murabitat's age was 32, and 6 of them have completed high school, 15 of them have Bachelor Degree, and 1 of them rated as other educational degree; and 6 of them rated their average income in Jerusalem as "No Salary" and one of them rated as less than 100 \$, 10 of them rated as between 100 to 200 \$, while only one of them rated as between 300-500 \$.

The research question was What is the correlation level between Quality of Life and Psychological Flexibility for Murabitat in Jerusalem?" Pearson correlations was conducted to explore a relationship between psychological inflexibility and quality of life and the results showed that there is a significant negative correlation between two (-8.3). That means when Psychological Flexibility increases, the Quality of Life increases also, for Murabitat in Jerusalem (see Table 3.1).

Table 1: Statistical correlation between PF and QoL

Correlations			
		PF	QoL
PF	Pearson Correlation	1	830**
	Sig. (2-tailed)		.000
	N	24	24
QoL	Pearson Correlation	830**	1
	Sig. (2-tailed)	.000	
	N	24	24
**. Correlation is significant at the 0.01 level (2-			
tailed).			

The purpose of the existing study was to examine the link between quality of Life and Psychological Flexibility for Murabitat in Jerusalem. Moreover, the findings of the reviewed studies were similar to findings of the present study by supporting the idea of improved psychological flexibility links with better well-being and quality of life (Bond & Bunce, 2003; Hayes, Luoma, Bond, Masuda, & Lillis, 2006; Weineland et al.,

2012; Marshall & Brockman, 2016); Gloster, Meyer, & Lieb, 2017; Cattivelli et al., 2018; Freire, Ferradás, Núñez, & Valle, 2018; & Schumacher et al., 2019).

### IV. Conclusions

As a conclusion, Murabitat in Jerusalem who are known as guardians of Al-Aqsa Mosque, who are responsible for "bearing and raising the next generation of resisters" (Daoud 2016, 26–32), face unbearable challenges because of ongoing persecutions from IOF and other related obstacles resulted by illegal occupation. To understand their situation better with understanding the link between quality of life and psychological flexibility, the present study was applied. The results showed that better psychological flexibility positively linked with quality of life (Pearson Correlation, 8.3). As a limitation of the study; results in this study are accurate to the degree that participants understand the instructions clearly and were willing to express them honestly.

The present study recommended that the same study can be implemented by other researchers with larger sample size for Palestinian population and the experts should give more importance on psychological flexibility in their therapy approaches and counseling programs in order to increase individuals' quality of life level. Lastly, The International Law and other related human right supporters should recognize the burden of Murabitat and stand by them at least to provide their basic rights.

### References

- [1] AlJazeera Mubasher (2015). "Shuhud: Junud al-IhtilalHawalu Niza' Hijab Fataa Fi al-Masjid al-Aqsa." YouTube. April 8, 2015. https://www.youtube.com/watch?v=zBzMkc5HJAw
- [2] Bach, P. and Hayes, S. C. (2002) The use of Acceptance and Commitment Therapy to prevent the rehospitalisation of psychiatric patients: a randomised controlled trial. Journal of Consulting and Clinical Psychology, 70, 1129–1139.
- [3] Beck, A. T. (1976) Cognitive Therapy and the Emotional Disorders. Penguin Books, London.
- [4] Beck, A. T. and Weishaar, M. (1989) Cognitive therapy. In Freeman, A., Simon, K. M., Beutler, L. E. and Arkowitz, H. (eds), Comprehensive Handbook of Cognitive Therapy, Chapter 2. Springer, New York, NY, pp. 21–36.
- [5] Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, N., Orcutt, H. K. et al. (2011) Preliminary psychometric properties of the Acceptance and Action Questionnaire—II: a revised measure of psychological flexibility and acceptance. Behaviour Therapy, 42, 1–38.
- [6] Bond, F. W. and Bunce, D. (2003) The role of acceptance and job control in mental health, job satisfaction, and work performance. *The Journal of Applied Psychology*, 88, 1057–1067
- [7] Brown, K.W., & Ryan, R.M. (2003). The benefits of being present: mindfulness and its role in psychological well-being. J Pers Soc Psychol. 84: 822-48.
- [8] Cattivelli R., Castelnuovo G., Musetti A., Varallo G., Spatola C. A. M., Riboni F. V., et al. (2018). ACTonHEALTH study protocol: promoting psychological flexibility with activity tracker and mHealth tools to foster healthful lifestyle for obesity and other chronic health conditions. Trials 19, 1–11. 10.1186/s13063-018-2968-x
- [9] CITpax, Toledo International Center for Peace (2015). Options for Jerusalem and the holy sites. November, 20, 2015.
- [10] Clarke, P. J., Marshall, V. W., Ryff, C. D., & Rosenthal, C. J. (2000). Well being in Canadian seniors: Findings from the Canadian Study of Health and Aging. Canadian Journal on Aging, 19, 139-159. doi:10.1017/S0714980800013982
- [11] Dalky HF, Meininger JC, Al-Ali NM. (2017). The Reliability and Validity of the Arabic World Health Organization Quality of Life-BREF Instrument Among Family Caregivers of Relatives With Psychiatric Illnesses in Jordan. J Nurs Res., 25(3):224-230. doi: 10.1097/JNR.000000000000146. PMID: 28481818.
- [12] Daoud, S. A. O. (2016). Women and Islamism in Israel. Frontiers: A Journal of Women Studies, 37(3), 21–46.

- [13] Dempster, MA. (2009). "The development and initial validation of a scale to measure cognitive fusion". Dissertation, University of Edinburgh, Edinburgh, Scotland; 2009.
- [14] Ellis, A. (1993) Changing rational-emotive therapy (RET) to rational emotive behaviour therapy (REBT). The Behaviour Therapist, 16, 257–258.
- [15] Farquhar, M. (1995). Elderly people's definitions of quality of life. Social Science & Medicine, 41, 1439-1446. doi:10.1016/0277-9536(95)00117-P
- [16] Freire, C., Ferradas, M. D. M., Nunez, J. C., & Valle, A. (2018). Coping flexibility and eudaimonic well-being in university students. Scandinavian Journal of Psychology, 59. https://doi.org/10.1111/sjop.12458
- [17] Gloster, A. T., Meyer, A. H., &Lieb, R. (2017). Psychological flexibility as a malleable public health target: Evidence from a representative sample. Journal of Contextual Behavioural Science, 6(2), 166-171. https://doi.org/10.1016/j.jcbs.2017.02.003
- [18] Guarnaccia, P.J. (1996). Anthropological perspectives. The importance of culture in the assessment of quality of life. In Quality of Life and Pharmaeconomics in Clinical Trials, 2nd ed.; Spilker, B., Ed.; Lippincott-Raven: Philadelphia, PA, USA; pp. 523–529.
- [19] Hammoudeh, W., Hogan, D., &Giacaman, R. (2013). Quality of life, human insecurity, and distress among Palestinians in the Gaza Strip before and after the Winter 2008-2009 Israeli war. *Quality of life research: an international journal of quality of life aspects of treatment, care and rehabilitation*, 22(9), 2371–2379. https://doi.org/10.1007/s11136-013-0386-9
- [20] Hammoudeh, D., Hamayel, L., &Giacaman, R.P. (2017). Quality of life for families living in East Jerusalem's Kafr 'Aqab urban sprawl: a qualitative study. *Science Direct.* 390(1), 14. https://doi.org/10.1016/S0140-6736(17)32015-9
- [21] Harris, R. (2008) The Happiness Trap. Robinson, London.
- [22] Hayes, S. C. (2005) Stability and change in cognitive behaviour therapy: considering the implications of ACT and RFT. Journal of Rational-Emotive & Cognitive-Behavior Therapy, 23, 131–151.
- [23] Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and Commitment Therapy: Model, process and outcomes. Behaviour and research therapy, 44, 1-25. https://doi.org/10.1016/j.brat.2005.06.006
- [24] IslamOnline (2014). Darab Al-Nisa' Wa Niza' al-Hijab 'An al-Ikhawat Fi al-Masjid al-Aqsa al-MubarakBa'dMani'him Min al-Dukhul. YouTube, 8, 2014. <a href="https://www.youtube.com/watch?v=yiYYaLRkizM">https://www.youtube.com/watch?v=yiYYaLRkizM</a>.
- [25] Lucas, James & Moore, Kathleen (Kate). (2020). Psychological flexibility: positive implications for mental health and life satisfaction. Health Promotion International. 35. 312-320. 10.1093/heapro/daz036.
- [26] Marshall, E.-J., & Brockman, R. N. (2016). The Relationships Between Psychological Flexibility, Self-Compassion, and Emotional Well-Being. Journal of Cognitive Psychotherapy, 30(1), 60–72. https://doi.org/10.1891/0889-8391.30.1.60
- [27] Mataria A, Giacaman R, Stefanini A, Naidoo N, Kowal P, Chatterji S. (2009). The quality of life of Palestinians living in chronic conflict: assessment and determinants. *European Journal of Health Economics*. 10:93–101.
- [28] Occupied Palestinian Territory (oPt) Protection Analysis Update (March 2022). Thematic Focus: Protection issues affecting women and girls. P.1. Retrieved from: <a href="https://www.un.org/unispal/wpcontent/uploads/2022/03/PROTCLUSTERANALMARCH22">https://www.un.org/unispal/wpcontent/uploads/2022/03/PROTCLUSTERANALMARCH22</a> 230322.pdf
- [29] Palestinian Central Bureau of Statistics, 2020. Palestinian Labour Force Survey Annual Report: 2020. Retrieved from: https://www.pcbs.gov.ps/PCBS\_2012/Publications.aspx?CatId=22&scatId=288
- [30] PASSIA. (2019). *Dictionary of Palestinian Political Terms*. Palestinian Academic Society for the Study of International Affairs, Jerusalem Publication, (PASSIA). p.116.
- [31] Palestinian Central Bureau of Statistics, 2021. Women and Men in Palestine Issues and Statistics. Retrieved from: https://www.pcbs.gov.ps/PCBS\_2012/Publications.aspx?CatId=15&scatId=27

- [32] Rosenthal, F.S. (2020). A comparison of health indicators and social determinants of health between Israel and the Occupied Palestinian Territories. Taylor & Francis Online. 431-447. https://doi.org/10.1080/17441692.2020.1808037
- [33] Schmitt, K. Murabitat al-Aqsa: the new virgins of Palestinian resistance. Cont Islam 14, 289–308 (2020). https://doi.org/10.1007/s11562-020-00450-2
- [34] Seligman, M. E. P. and Csikszentmihalyi, M. (2000) Positive psychology: an introduction. American Psychologist, 55, 5
- [35] Skevington SM, Sartorious N, Amir M the WHOQOL-Group. (2004). Developing methods for assessing quality of life in different cultural settings. The history of the WHOQOL instruments. *Social and Psychiatry Psychiatric Epidemiology*. 39:1–8.
- [36] Sophie, R.D. (2011). Palestinian Women's Everyday Resistance: Between Normality and Normalisation. Journal of International Women's Studies, 12(2), 32-46. Available at: <a href="https://vc.bridgew.edu/jiws/vol12/iss2/4">https://vc.bridgew.edu/jiws/vol12/iss2/4</a>
- [37] Theofilou, P. (2013). Quality of Life: Definition and Measurement. Europe's Journal of Psychology.1841-0413. Retrieved from: https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.299.4629&rep=rep1&type=pdf
- [38] The WHOQOL Group. (1995). The World Health Organization Quality of Life assessment (WHOQOL): Position paper from the World Health Organization. Soc. Sci. Med. 41, 1403–1409.
- [39] Vowles, E. and McCracken, L. M. (2008) Acceptance and values-based action in chronic pain: a study of treatment effectiveness and process. Journal of Consulting and Clinical Psychology, 76, 397–407.
- [40] Weineland S., Hayes S. C., Dahl J. (2012). Psychological flexibility and the gains of acceptance-based treatment for post-bariatric surgery: six-month follow-up and a test of the underlying model. Clin. Obes. 2, 15–24. 10.1111/j.1758-8111.2012.00041.x
- [41] Wicksell, R. K., Lekander, M., Sorjonen, K. and Olsson, G. L. (2010) The psychological inflexibility in pain scale (PIPS)—statistical properties and model fit of an instrument to assess change processes in pain related disability. European Journal of Pain, 14, 771.e771–771.e714
- [42] World Health Organization. (1996). WHOQOL-BREF introduction, adminstration, scoring and generic version of the assessment. Program Ment Heal.