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Israeli Ethiopian Mothers' Perceptions of Their Children's Mild Mental Retardation and/or Emotional Disorder, Mothers' Ethnic Identity, and Use of Social Services

by

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Requirements for the degree

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Dedication

To my sons, Yehonatan and Yalli, who brought light to my life and who allowed me to enjoy their beautiful years of childhood and to feel blessed by their love and joy of life; to Alex, my life partner, who shares the joy of our children, and who has always believed in me and the love of music and literature that has so enriched my life; to all my close and special friends, whose meetings and conversations always gave me strength and fulfillment; to my father who taught me to believe in myself and to see the glass half full instead of half empty; to my mother, who always gave me love and support in her special way; to my sister, whose conversations always helped me see things in a different light, enabling me to live in peace with myself; to all the members of my family, who ever since childhood supported me, believed in me, and were always there for me; to all my supervisors and colleagues from Brandeis University and Rambam Hospital, who expressed their interest and encouraged me throughout the journey; to all the Ethiopian mothers of children at the school for special education, and to their struggles, hopes and dreams; and to my great faith in life and living, which made everything possible for me.

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Israeli Ethiopian Mothers' Perceptions of Their Children's Mild Mental Retardation and/or Emotional Disorder, Mothers' Ethnic Identity, and Use of Social Services

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Abstract

This study examined the Ethiopian immigrant mothers' experiences and perception of raising a child with mild mental retardation and/or emotional disturbance. It also, investigated the association between Israeli Ethiopian mothers' ethnic identity, their perception of their children, and their seeking out and using of social services. Additional important topics that emerged were: mother's relationship with her children, her perception of other Israeli mothers, her perception of the special needs of the Ethiopian children, and how the child's difficulty would have been perceived—if at all—had they remained in Ethiopia. The study also raised additional subjects of interest such as the importance leisure hours for the children, the obstacle of languages for the mothers and, the role of the translator, in the study and at school. A qualitative, phenomenological approach was used to design, implement and analyze the results of the study. The interview questions were organized in three pre-determined categories: mothers' perceptions of problem/diagnosis/intervention, use of social services, and mothers' Ethnic identity. The participants for the study were fourteen Israeli/Ethiopian mothers of children between the ages of 7 and 14 who were diagnosed with an emotional problem and/or mild mental retardation. The results indicated that immigrating to Israel and raising a child that was referred to special education system was the most challenging experience that families have to face.

Finally, it is believed that, through examining the microcosm of Ethiopian Jews' utilization of Israeli social services, broader observations might be made about the miscommunications and gaps in understanding that occur between majority and minority cultures. The question of ethnic identity turned out more complex in this group of

immigrants than was assumed by the researcher of this study. Most of the mothers defined themselves as Israeli-Ethiopian, that is, possessing an integrated identity, which generally is considered the most successful solution. However, when they were asked to elaborate on this identity, they described an active Ethiopian identity which preserved their original identity of a person from Ethiopia. In the second group, the mothers defined themselves as possessing a solely Ethiopian identity, i.e., separation, while actively they were more likely to describe an integrated Israeli-Ethiopian identity; that is, preserving both identities at the same time. This dual identity process was expressed also in their behavior, language, in their contact with Israeli systems and welfare services, in the field of employment, in their relations with Faranji (Israeli) mothers and in the actual preservation of the system of their country of descent. These mothers accepted the diagnosis of their children and agreed to have their child placed in special education. Their connection with the school staff was better and they made use of existing professionals and social services.

The results indicated that the way in which a mother perceives the difference between her own child and his or her other siblings becomes a significant key point in the mother's understanding of her child and her perception of his or her diagnosis and placement in a school for special education. The implications for the development of further research and the clinical implications were discussed.

Chapter 1: Introduction

"אדם החושב לבדו דומה לשור החורש לבדו"

"A man who thinks by himself is like a bull that plows by himself"

"הסוס מביא אותך לשדה הקרב אך לא נלחם בשבילך"

"A horse can lead you to the battle field, but it won't fight your battle"

"הסבלנות מרה היא, אך פרותיה מתוקים"

"Patience is bitter, but its fruits are sweet"

(Ethiopian Expressions, Hebrew translated to English)

The Ethiopian Jews in Israel

The Jews of Ethiopia have been known by many names. The non-Jewish Ethiopians, who have seen them as outsiders, call them "Falashas," which means "exiles," "strangers," "invaders," "landless," "wanderers," or "emigrants" (Ben-Ezer, 1992; Shabtay, 1999; Westheimer & Kaplan, 1992). However, Ethiopian Jews call themselves by a different name: "Beta Israel," which means "House of Israel." The Ethiopian Jews have a long history and, although their origins are disputed by scholars (Kaplan, 1992; Westheimer & Kaplan, 1992), they claim descent from Jews who left Jerusalem in ancient times with the son of the Queen of Sheba, Menelik I, who became the first emperor of Ethiopia (Shabtay, 1999). For centuries, the people known as Falashas or Beta Israel have been isolated from the other Jewish Diasporas throughout the world. Because of that isolation, a variation of Judaism evolved in Ethiopia that was different, in many crucial ways, from the Judaism practiced in Israel and elsewhere (Ben-Ezer, 1992; Shabtay, 1999; Westheimer & Kaplan, 1992).

Over decades and centuries, Jewish Ethiopians maintained their faith and their dream to immigrate to Israel, which they called "Zion-Yerussalem." They viewed Israel in ideal, utopian terms, both spiritually and materially, as a "land flowing with milk and honey" (Numbers 13:27). This cross-generational dream started far back in 1862 with a failed immigration attempt by Abba Mahari, a distinguished Ethiopian Jew, who decided that the time had arrived. Thousands of Ethiopian Jews followed him in the march towards Jerusalem. Even though most of them died, it was a powerful concept that determined the moment of migration (Ben-Ezer, 1992, 1994; Shabtay, 1999). A return to Israel, they believed, would mean the end to their economic hardships, an opportunity for education, and a feeling of wholeness, "the part return [ing] to the whole" (Ben-Ezer, 1993, p. 87).

However, the Ethiopian Jews' "*aliyah*" – the Hebrew term for immigration to Israel – was deferred for generations because of ambiguity and controversy about their Jewish identity. The fact that they practiced a different form of Judaism constituted a threat to the Israeli rabbinical orthodoxy and their definition of Jewishness (Ben-Ezer, 1992; Shabtay, 1999). With the rabbinate in Israel arguing that any Ethiopian immigrants would have to undergo conversion in order to become bona fide Jews, one might assume that there were significant psychological obstacles to *aliyah* for people who considered themselves to be full-fledged members of the House of Israel already.

The year 1974 brought a Marxist revolution in Ethiopia, the beginning of a long civil war, and many social changes that affected the Jewish community. Jewish traditions were weakened, modernization processes in the country were stepped up, and the Jews of Ethiopia felt in danger of total annihilation, both physically and culturally (Ki-Tov &

Ben-David, 1993; Westheimer & Kaplan, 1992). Their community was threatened by many forces, including the chaos of civil war, a program of forced population migration within Africa, and the natural migration from villages to the city. These factors led the Israeli government, in 1975, to apply the Law of Return to the Ethiopian Jews, which meant that upon immigration Ethiopian Jews could become full-fledged Israeli citizens with equal rights and obligations.

The mass immigration of Ethiopians to Israel began in 1977, with some 7000 Jews arriving in Israel from the Tigrai region of Ethiopia, one of two areas in which Ethiopian Jews had traditionally lived. During 1984's *Operation Moses*, another 7000 Jewish Ethiopians were airlifted to Israel from the Gondar area, the second traditional region of residence. *Operation Moses*, however, was cut short for political reasons, leaving many intended immigrants behind. *Operation Queen of Sheba* brought another 1200 immigrants, but immigration was then suspended until 1991, and many people struggled with their separation from loved ones that had not yet made it to Israel. Family members had been forced to separate, to leave at different time periods, or to join people belonging to other villages. Some older people and children had had to stay behind for fear that the trip would be too difficult for them. During the course of the grueling journey, death was not an uncommon event (Ben-Ezer, 1992; Shabtay, 1999; Westheimer & Kaplan, 1992).

This fracturing of communities and families led to changes in role definition and division of authority within family units. The familiar and cohesive community model was destroyed, including the traditional family constellation and normative familial patterns (Ben-Ezer, 1992; Ki-Tov & Ben-David, 1993; Shabtay, 1999; Westheimer &

Kaplan, 1992). Nearly every one of the Ethiopian families that set out on the voyage to Israel experienced some kind of change in their family structure. The pain of separation and the aspiration for reuniting were significant parts of the feelings of these fundamentally family-centered Ethiopian immigrants (Ben-Ezer, 1992; Ki-Tov & Ben-David, 1993).

In 1991 the dream of reuniting came true for some when *Operation Solomon* brought half of the Beta Israel community to Israel. Some 14,500 immigrants from Addis Ababa and its environs were transported to Israel, leading to the reunion of many families, but the legacy of years of loss and separation remained. Many authors have argued that it is impossible to understand the Ethiopian Jews' absorption into Israel without recognizing the mourning associated with loss of culture, society, employment, family members, and friends (Ki-Tov & Ben-David, 1993; Sluzki, 1979).

In their immigration to Israel, the Ethiopian Jews left behind a politically unstable country with border disputes and wars, where their status as Jews prevented them from buying land or from fully taking part in local economic and social life. In theory, they came to a country where they were to be granted equal rights as citizens (Ben-Ezer, 1992; Shabtay, 1999; Westheimer & Kaplan, 1992). However, in making their *aliyah*, they also left behind a place where they were strongly identified with their Jewishness, both religiously and socially, and came to a country where their status was more ambiguous.

On the one hand, Israelis were excited at the notion that the Ethiopian Jews were the "Lost Tribe" that had finally returned to the bosom of the People of Israel, and the Ethiopians were admired for having preserved their Jewishness for so many centuries in the face of such hard conditions. Israelis showed sympathy for the high price Ethiopian

Jews had had to pay on their journey to Israel, as well as for the trials and tribulations they had to undergo in their effort to adjust to the new Israeli culture (Shabtai, 1999). On the other hand, the Israeli Rabbinate doubted the Ethiopians' Jewishness and demanded they undergo formal conversion, and the presence of racist attitudes in Israel meant that the black color of their skin was associated with low status (Ben-Ezer, 1992; Kaplan, 1992; Shabtay, 1999).

Ethiopian immigrant families in Israel (Ki-Tov & Ben-David, 1993), living as Israeli citizens but with the more complex social and cultural identity that goes hand-in-hand with any experience of immigration, acculturation, and assimilation (Berry, 1958, 1985; Dothan, 1985; Hunt & Walker, 1979; Rinder, 1970; Wirth, 1970). They are the product of a cumulative process of censure and preference of certain cultural codes from both Ethiopian and Israeli cultures. An individual Ethiopian Jewish émigré may see him- or herself in any number of ways. One might perceive and present herself as exclusively Ethiopian although living in Israel; another might feel exclusively Israeli in his identity. Another may be in a state of "combined identity," which Shabtay (1999) defined as "someone who has an intercultural identity and enables himself to behave according to cultural patterns that he prefers in different situations" (p. 185). Yet another may have a "marginal identity," in that she does not feel that she belongs to any of her past or present cultures or societies (Berry, 1990; Berry & Pandey, 1997).

The process in which Ethiopian immigrants form and consolidate their identity in Israel is very complex. They swing back and forth between the desire to adopt the Israeli national identity and culture and the desire to preserve various significant elements from their original identity. Some research indicates that the majority integrate the two

cultures (Lifshitz et al., 1998; Shabtay, 1999). In any case, the particular sense of identity experienced by an Ethiopian émigré to Israel will affect not only how that individual sees him- or herself; it will also influence how he or she interacts with society, the way he or she makes use of social services and – particularly in the case of mothers – how the children in the family are reared and educated.

Immigrant Status and the Education of Special Needs Children

Some studies (Harry, 1992, 1999; Nazarro, 1977; Padilla & Medina, 1996; Rosenman, 1983) have pointed to the educational challenges and difficulties faced by the children of immigrants and minorities. Minority students in the United States do less well in school, and they are overrepresented in the special education system (Chin & Hughes, 1987; Harry, 1992). Children from minority families who live below or just above the poverty line have special challenges; financial struggles combine with differences in language, culture, race, and identity to produce a particularly difficult situation. As Harry (1992) claims in her research on the parents of poor, minority, and handicapped children, "many of the generalizations made about ethnic minority students' difficulty in American schools are most relevant to those from poor or working-class backgrounds, and whose sense of identity, as well as behavioral patterns, is tied to a culture that is generally devalued and rejected by schools" (p. xiv).

Those challenges are only increased when some type of developmental disability, emotional problem, or dual diagnosis encompassing both is present. Children who cannot function well emotionally and/or cognitively would ideally need the full support and understanding of their families, the full support and understanding of the educational system, and cooperation between their parents and their educational system. When

cultural, linguistic, and social barriers create a divide between the parents and the educational system, significant difficulties arise (Harry, 1992; Lifshitz et al., 1998).

As will be described in more detail in the next chapter, Israel does have well-developed special education and social service systems in place to provide services for children with developmental disabilities and emotional problems (Lifshitz et al., 1998). The children of Ethiopian Jewish émigrés have the same rights as any Israeli to access such services. However, based on the existing literature about children of immigrant parents (Harry, 1992; Kao, 1999; Winquist Nord & Griffin, 1999), it seems doubtful that children of Ethiopian Jewish origin are accessing and benefiting from the services that would be useful and appropriate for them.

The majority culture, from its position of greater power, education, and influence, tends to be responsible for making medical and psychiatric diagnoses and providing medical and social services (The Network for the Advancement of the Ethiopian Immigrants, May 2000). Harry (1992) emphasized that "People who have lived all their lives within the dominant group of a society often think that they have no culture; they tend to think that culture is something that belongs to minority groups" (p. 2). Members of the majority culture often fail to recognize the need to explain or justify themselves to society at large, since they belong to the group that holds the power in the society. If a child from a minority culture has a developmental disability, an emotional problem, or a dual diagnosis, the parents of that child may have issues with the majority culture that hinder them from accessing help for the child (Kaplan & Solmon, 1998; The Network for the Advancement of the Ethiopian Immigrants, May 2000; Olson, 1994). Indeed, in Israel, it has been found that parents' resistance to a specific diagnosis and/or a specific

intervention often comes from miscommunication and disagreement with the educational/psychological system (Ben-Ezer, 1985; The Network for the Advancement of the Ethiopian Immigrants, May 2000). Despite this link between multicultural issues and the utilization of special education and social services, it seems that few studies have sufficiently explored the role that parents have in adequately utilizing the services for these children. Few studies have examined how the cultural background and ethnic identity of the parents relate to their perception and comprehension of the diagnostic process and contribution to it, as well as the influence these factors may have on help-seeking behaviors (Bolton-Brownlee, 1987; Galloway et al., 1994; Geisinger & Carlson, 1992; Gersten & Woodward, 1994; Nazarro, 1977; Olson, 1991; Padilla & Medina, 1996).

Overview of and Rationale for Study

The research subjects for this study will be drawn from the population of Ethiopian Jewish mothers in Israel. The study will seek to establish whether there is a relationship between the following variables: (a) the identity type assumed by the mother (primarily Israeli, primarily Ethiopian Jewish, combined, or marginal); (b) the mother's perception and understanding of the diagnoses of her special needs child; and (c) the extent to which the mother utilizes existing social services, in particular the special education system and the various social services to which an Israeli child in special education is entitled. The study will use qualitative research methods, to include an in-depth interview with each of the mothers using an original questionnaire, developed by the researcher and designed to examine the relationship between the above variables.

The demographic information gleaned from this data will be examined for response patterns.

There are several reasons why studying this particular problem in this particular population is both important for and relevant to the fields of education and psychology. First, as noted above, there is insufficient research examining the relationship between multicultural issues and utilization of social services, and the results of this study will be a contribution to this body of literature. Data from this study will not only advance the understanding of the Ethiopian Jewish population in Israel, but may add to our understanding of other immigrant populations as well. Understanding of this issue is important since studies have shown that children of immigrants are more frequently diagnosed with mild mental retardation (Harry, 1992), and this phenomenon needs to be more clearly understood. The study's ethnographic approach, which will emphasize the role of culture, identity and cross-cultural communication in determining the meaning that mothers attach to their children's diagnosis and to their special education placement, will ensure that multicultural issues are fully considered and integral to the study.

Second, it is important to study the role of the mothers and the way they perceive the special education system, with specific attention to their perception of the process by which their children are diagnosed and designated. The choice of women as a principal research group was made on the basis of the key role they assumed in their immigration to Israel whether at home, in the community, or in relation to the education system, as well as on the basis of existing research demonstrating that women who have immigrated to the United States and Israel have been significant agents of change (Montalvo & Gutierrez, 1988). It is hoped that the results of this study will contribute to our

understanding of the mother's role within the Ethiopian ethnicity and in other minority groups within the Western world.

Third, it is hoped that this study will produce useful information regarding how minority parents are included in or excluded from the educational decision-making process regarding children with special needs, and that this information will point towards potential solutions and improvements.

Finally, it is believed that, through examining the microcosm of Ethiopian Jews' utilization of Israeli social services, broader observations might be made about the miscommunications and gaps in understanding that occur between majority and minority cultures.

Research Questions

Multiple research questions will be investigated as part of this study of Ethiopian mothers who will be interviewed individually by the researcher and a translator.

This study will explore the questions that have not been satisfactorily answered by the existing literature.

Question One: Will a mother's sense of identity reflect a correspondence between her level of identity and her understanding of her child's diagnosis? The hypothesis is that the higher a mother's identification with the Israeli identity, the more she will understand her child's diagnosis, and that the lower her identification with the Israeli identity, the less she will understand her child's diagnosis.

Question Two: Will a mother's level of identity reflect her acceptance of her child's diagnosis? The hypothesis is that the higher a mother's identification with the

Israeli identity, the more she will accept her child's diagnosis, and that the lower her identification with the Israeli identity, the less she will accept her child's diagnosis.

Question Three: Will a mother's level of identity reflect on her utilization of social services? The hypothesis is that the higher a mothers' identification with the Israeli identity, the greater will be her use of the existing social services, and that the lower her identification with the Israeli identity, the less she will use social services.

The hypothesis is that the higher the mothers' identification with the Israeli identity, the greater their desire and openness for internal change and the less their use of Ethiopian customs. Also, the lower their identification with the Israeli identity, the less they will be ready and open to change and the more they will adhere to their Ethiopian customs.

The literature review revisits the issues introduced above in more detail and examines the existing literature on Ethiopian Jews, the Ethiopian family, their clash with Israeli society, their assimilation and acculturation process, special services and education, developmental disabilities and dual diagnosis in general and particularly in Israel and in Ethiopia, the challenge of cultural diversity, and Ethiopian mothers' gender role and sense of identity.

Chapter 3 provides a detailed description of this study's research methods, including the selection of participants, the assessment tools used, the design and procedures of the study, and the methods of analysis employed. Chapter 4 discusses the research results, and Chapter 5 will integrate and summarize the results and present the implications for clinical practice.

Chapter 2: Review of the Literature

The purpose of this chapter is to examine the literature pertaining to multicultural issues of mental health and retardation, specifically in regard to Israeli Ethiopian mothers seeking services for dually diagnosed children and in relation to the mothers' perception of the problem and their comprehension of the services. In order to understand the mothers' culture, the identity type assumed by them and its effect on the use of social services, it is necessary to address the related theoretical issues.

Central to the success or failure of any kind of intervention with children is their parents' understanding of the child's problem and their acceptance of the intervention. Acceptability, in general, refers to the overall evaluation of the procedures (Kazdin, 1980). Parents' resistance to a specific diagnosis, and/or a specific intervention comes from miscommunication and disagreement with the educational/psychological system (The Network for the Advancement of the Ethiopian Immigrants, May 2000). Several studies show that teachers adopt intervention based on pragmatics and not only on effectiveness (Witt and Martens, 1983). The goal of this study has been to expand the criteria by which parents' perception are evaluated.

Ethiopian Jews and Immigration

In order to understand how the Ethiopian parents (the older generation) of the immigrating society perceive the education system and the way it absorbs, diagnoses and performs interventions on their children in the Western world, it is important first to understand the history and ethnography of the Jews in Ethiopian society even before we try to expand on upon their immigration to Israel.

From Falasha to Ethiopian Jews

In 1974, the advent of the Marxist revolution in Ethiopia led to many social changes, which, consequently, also had its effects on the Jewish community. Jewish traditions were weakened and modernization processes in the country were stepped up (Ki-Tov & Ben-David, 1993).

The Falashas, which means "invaders" (see Chapter 1), is the term Christians used to call Jewish Ethiopians. Members of the ethnicity call themselves "Beta Israel" (Cohen, 1972). Ethiopian Jews were isolated for a long time from the rest of the Jewish diasporas in the world. As time passed, a different variant of Judaism evolved in Ethiopia which included the way in which the religious dictates (mitzvot) were fulfilled. This development went against many of the normative forms and patterns especially practiced by the rabbinical orthodox current in Israel (Ben-Ezer, 1992). The immigrants in fact constituted a threat to the rabbinical orthodox definition of, "Who is a Jew?" In this fashion, an unresolved conflict with the rabbinate in Israel emerged, with the latter arguing that Ethiopian immigrants had to undergo conversion in order to become bona fide Jews. This created an additional obstacle for the immigrants.

Jewish Ethiopians consistently maintained their faith and the dream to immigrate to Israel, which they called "Zion-Yerussalem." Their *aliyah* was deferred for generations because of these matters of ambiguity regarding their identity and the essence of their Jewishness (Ben-Ezer, 1993). The danger of annihilation that threatened the Jews of Ethiopia, the fear that the community might become totally extinct, the civil war in Ethiopia, the forced population migration within Africa, the natural migration from the

villages to the city and other processes of assimilation brought the Israeli government, in the year 1975, to the decision to apply the Law of Return to the Jews of Ethiopia.

Israel was viewed by the Ethiopians in utopian-ideal terms – both spiritually as well as materially – as a "land flowing with milk and honey," and the end to their economic hardships and an opportunity to complete their education. The *aliyah* of Ethiopian Jews to Israel brought them closer to a feeling of wholeness, as defined by Ben-Ezer in his study, "the part returns to the whole" (Ben-Ezer, 1993, p. 87). The mass immigration of Ethiopians to Israel began in the year 1977. The first Ethiopian wave of immigration, which consisted of some 7000 Jews, came from the Tigrai region.

In "Operation Moses," which began in the year 1984, another 7000 Jewish Ethiopians from the Gondar region and its environs were airlifted to Israel. This operation was carried out together with American and international assistance and with the silent compliance of leaders in Sudan, a country through which the immigrants had to pass in order to reach Israel (Ben-Ezer, 1993). "Operation Moses" was cut short before it was completed due to a leak to the newspapers which led the government of Sudan to announce that it was not able to continue its passive acceptance of the operation. At a later stage, another 1200 immigrants were brought to Israel in "Operation Queen of Sheba," and then immigration was suspended until the year 1991 when approximately 14,500 Ethiopians immigrated to Israel.

The Ethiopian Family

The Ethiopian immigration involved the difficulty of separating from families that were left behind for various reasons in Ethiopia or on the way to Israel – in Sudan, for example – a situation that led to changes in the familial composition even back in

Ethiopia. There were family members who were forced to separate, to leave at different time periods or who had to join people belonging to other villages. There were circumstances in which older people and children had to stay behind for fear that the journey would be too difficult for them. During the course of the grueling journey, death was not an uncommon event. As a result of this and other developments, the definition of roles and the division of authority within the family changed. The familiar and cohesive community model was destroyed, including the traditional family constellation and normative familial patterns (Ki-Tov & Ben-David, 1993; Kaplan, 1992; Shabtai, 1999; Ben-Ezer, 1992). Nearly every one of the Ethiopian families that set out on the voyage to Israel underwent some kind of change in the family structure. An individual from this culture, fundamentally a family-centered culture, will not feel complete if one of the members of his or her family is in distress, so, therefore, the pain of separation and the aspiration for reuniting were a significant part of the feelings of the Ethiopian immigrant (Ben-Ezer, 1992).

"Operation Solomon," in May, 1991, closed a circle by bringing half of the "Beta Israel" community to Israel. Some 14,500 immigrants, who came from Addis Ababa and its environs, were transported to Israel, leading to the reunion of most of the families. Therefore, it is important to stress, that a component vital to the understanding of the processes of absorbing Ethiopian immigrants in Israel is loss and mourning; the loss of culture, society, employment and family members or other close relations (Sluzki, 1979; Ki-Tov & Ben-David, 1993).

Assimilation and Acculturation

Absorption is a process of mutual learning in which each side brings with it the elements and cultural codes that are unique to it, beginning with spoken language, patterns of communication, religious perception, and historical and political beliefs. Additional cultural norms involved in the absorption process are ways of expressing difficulty and coping with problems, the means of defining crisis and pathology, methods of intervention and, of course, the expectations of each group of the other side.

In Ethiopia, the Jews lived as a closed community with clear rules of separation from their Christian neighbors. The severe attacks, the missionary activity and the internal wars in recent years provided the incentive for their immigration to Israel, in addition to generations of longing for Jerusalem. These factors explain their high motivation, their readiness to suffer the hardships of the journey to Addis Ababa and then to Israel, to suffer the agony of their daily lives in the absorption process, and perhaps even their identification with the state.

Rosenthal and Feldman (1992), argued that "invisible" elements (e.g., cultural values) of ethnic identity are harder to change and will present a lower level of acculturation than the "visible" elements (e.g., ethnic behaviors). Sodowsky and Carey (1987, 1988) in another study which involved Asian Indians in the United States indicated integration into the dominant culture in terms of ethnic behaviors, such as, consumption of customary foods, use of the English language, dress, etc., in contrast to a lower level of acculturation of cultural values. Since it is possible to identify distinctions among members of the minority, it is probably preferable to relate to the process of the

acculturation of the minority member as a more complex process which cannot be defined by a single score but rather by a composite profile (Sodowsky et al., 1991).

Ethiopian Women's Sense of Identity

Identity Theories – Change versus Preservation

In her comprehensive research on "The Identity Journey of Ethiopian Immigrant Soldiers," Shabtai (1999) examines the construction of the identity of immigrants. She demonstrates the redefinition and reassessment of Ethiopian Jews' identification with their culture of origin while being exposed to Israeli culture; a process which made it possible for them to make a choice among alternatives.

The "melting pot" ideology was customary in the Western world when there were many waves of immigration. This orientation espoused assimilation and uniformity, but today more popular is the "salad bowl" approach in which the various elements maintain their identity (Topler, 1992). New immigrants face the dilemma of change vs. preservation (Karrer, 1990), which produces different types of identity in Israel, a country where half of its inhabitants are immigrants. It has become necessary to shelve melting pot ideologies in order to prevent the denial of all of the unique distinctions of the various cultures in Israeli society, a mistake that was made in the immigration waves of the 1950s and 1960s. New immigrants may feel "swallowed up" in the homogeneity of the dominant culture and thus incapable of developing a sense of belonging and identification with the country. Therefore, the pluralistic perspective – in which variety is emphasized as the ideal – is more suitable to the modern human who is frightened and strives for change, together with the desire to feel special and to belong. The negation of the

immigrant's culture by the absorbing society may create an oppressive vacuum and feeling of emptiness.

If so, it is important to learn which cultural elements were considered desirable and therefore preserved by the Ethiopians and which were perceived as hindering integration and therefore rejected. The cultural concerns that will surface in the interviews with the mothers will enhance our understanding of Ethiopian culture as the interviewees see it through their own eyes. In this fashion, we will be able to find out how mothers' perceptions of the diagnosis of their children are formed, and in what way this affects how they make use of the social services offered by the educational and psychological system in Israel.

The important customs and features to be examined are:

1. The code of honor – which signifies total respect for one's parents, older siblings, elders, and every other authority figure.
2. The custom of counting generations – the prohibition of marriage between partners that come from a similar genealogy seven Jewish generations back.
3. Appealing to a religious priest (kess) or community elder (shemagleh) for guidance.
4. Commitment to the extended family – attending numerous family events and supporting the extended family seven generations back.
5. Hospitality – the principle in which one's house is open to both spontaneous and long-term visits.
6. Maintaining customs and ceremonies; traditional foods, the ceremony of preparing and drinking coffee (buna), traditional wear, the niddah (ritual segregation of women during their menstrual period), Ethiopian music, speaking the Amharic language.

7. Preserving characteristic traits and behavioral distinctions; modesty, congeniality and respect in the relations among friends, both with regard to language use and attire, in particular, applying to girls. In addition, the traits of reservedness and internalization, creating an attitude in which the individual does not object or argue on any issue especially when it comes from an authority figure

Some of the above customs and distinctions are hard to maintain in the absorbing society and some practices are perceived by the Ethiopians as hindering their integration in Israeli society or imparting a negative image to the Ethiopians and therefore not desirable. However, other practices indeed are respected and meaningful to the immigrants despite the fact that they sometimes contrast with Israeli cultural features, such as, the Ethiopians' appreciative attitude towards the elderly or the reserve displayed in certain circumstances and so on.

Identity Types

Scholars have offered a number of identity types that have developed among the immigrants. Berry (Berry, 1990; Berry & Pandey, 1997) proposes a typology which includes four possibilities: separation – preserving the original Ethiopian identity; assimilation – adopting the new Israeli identity in place of the old identity; integration – integrating the two identities, Israeli and Ethiopian; and marginalization – a state of alienation in which the immigrant rejects both identities and, in effect, lives in a sort of identity vacuum.

Lin & Masuda (1981) put forward a different type classification: traditional marginal, over-acculturated and bicultural. They suggest that the new immigrant starts off with a marginal identity type until he reaches a balanced identity type.

In research on Ethiopian and Eritrean women who immigrated to Canada (Moussa, 1993), one of the terms that emerged on the subject of identity construction was the "intercultural identity." This is a state which enables the individual to integrate cultures, as defined by Shabtai (1999): "a type which enables the integration of a number of cultures, including the possibility to feel that they belong to two countries and two cultures" (p. 184).

Research examining the identity of Ethiopian mothers (Lipshitz et al., 1998) found that 72% of the mothers combine Ethiopian tradition with Israeli customs. However, when they were requested to locate themselves somewhere on the continuum between "completely Israeli" and "completely Ethiopian," the majority chose "completely Ethiopian" or in that vicinity. The assumption put forward by the researchers was that it is likely that the mothers still actively felt "Ethiopian," however, ideologically, they tended towards integration.

Intervention

There is a dearth of research on the subject of the psychological treatment of Ethiopian Jews but there are many studies that discuss problems of race, gender, class and culture in family therapy (McGoldrick, Pearce & Giordano, 1996; Falicor, 1983; Turner, 1991; McGill, 1992). Therapists ministering to families of immigrants are retreating from "melting pot" ideologies (Hardy, 1990) and are searching for alternative ways of coping with ethnic-cultural as well as gender-sensitive problems.

Fear of change for both therapist and client is the focus of treatment of new immigrants from a cultural background that is different from the dominant culture (Ben-Ezer, Mendelssohn and Peleg, 1990). The immigrant is anxious about change in all

aspects of his or her life and doesn't understand the system of therapeutic evaluations, distinctions and interventions performed on his or her family and children, all the more so when a member of the family is referred to the special education system.

The position of the objective specialist for a therapeutic problem or specific family also holds power. Therefore, the therapist, psychologist, educator or representative of the education system may be concerned that his or her therapeutic tactics are subject to change and consequently his or her expert status will be jeopardized. It is important to take into account the expertise knowledge of the family regarding its own cultural traditions, while; conversely, the therapist is more the expert on Israeli society and culture. Thus, it is suggested that the therapist adopt more a role of collaborator than of superior. This is particularly true when one is speaking of Ethiopian culture in which compliance and respect towards authority figures are pivotal and revered. There is risk of getting a distorted picture from the mother in the wake of her perception of the problem and the treatment of her child if she lacks other alternatives in order to express her genuine opinion. At the same time, respect and sensitivity for her position must be maintained – one of the significant procedures that will lead to collaboration for the benefit of the child and improving his or her situation.

The therapist should be conversant with the mother's culture and be able to diagnose the identity type she has developed. This will help the therapist present the mother with different options and help her find one that is suitable to her cultural circumstances (Turner, 1991). The mother, on the other hand, is fairly set in the identity type she has developed. This identity also serves as a prism through which she understands and perceives the absorbing Israeli society affecting, for example, her trust in

the new culture and the different systems she comes in contact with, her ability to communicate, and so on. These mothers carry the potential of being major contributors to the child's treatment and the betterment of his or her situation.

Gender Role in the Ethiopian Family

As part of the traditional patriarchal family structure in Ethiopia, Ethiopian women held a lower status in comparison to the men. The man's duties included farming and representing the family in broader social circles. The woman worked mostly at home, raising the children, cooking and performing other household chores (Shabtai, 1999; Barhani, 1990).

Ethiopian women in Israel have greater contact with Israeli culture and with other women undergoing adaptation to the local culture and therefore have an advantage over their husbands.

In Ethiopia, the woman's status was inferior in relation to the authoritative status of the Ethiopian man, yet there was mutual respect. Housework was the responsibility of the women (even if they were carrying a baby on their backs), such as, slowly preparing the Ethiopian bread (ingera), which would take a number of days, retrieving pitchers of water, preparing the traditional coffee (buna) as part of the guest reception ceremony, weaving and embroidering the traditional dress (shamma), weaving baskets, making pottery and more (Ben-Ezer, 1993). In the first stage of their marriage, the couple would live with the husband's parents. Afterwards, they lived in a separate house close to their parents. At the age of marriage, the woman, typically a girl of 14, went to live with the parents of her husband and would receive a new name from her mother-in-law while her maiden name (the name of her father) became her second name (Brahani, 1990).

During the niddah (menstruation), the women would retire to a special hut where they would spend time with other women and engage in conversation, gossip and stories; in the meanwhile, the women neighbors would carry out their household chores and prepare food (Ki-Tov and Ben-David, 1993).

An Ethiopian woman was not allowed to live on her own, even if she was a divorcee or a widow. She was under the responsibility and protection of the extended family which was headed by the family elder (Barhani, 1990). All these customs changed in the wake of the cross-cultural encounter with the Westernized Israeli society, particularly when the Ethiopians immigrated to urban locations where they became isolated and distant from the emotional support provided by the family and were left without role models.

In Israel, most immigrants are hired workers (wage-earners), while many receive an income supplement from the National Insurance Institute. This situation undermined the family constellation and the father's status as the family's breadwinner. The Ethiopian woman took more quickly to the language and Israeli culture and became the family's "spokeswoman." A similar phenomenon can be witnessed in the Russian immigration to Israel (Ben-Barak, 1989). Russian women displayed greater openness and were quicker in their adaptation to the new society. They were therefore absorbed quicker and the Russian woman typically became the contact person in the dialogue with the various institutions.

The status of the Ethiopian woman immigrant as a woman and mother in Israeli society became stronger as she became exposed to women who held authoritative roles in the establishment world, such as, the supporter at the absorption center, the social worker,

educator, kindergarten teacher, nurse, school principal and others. In Ethiopia, authority figures were solely men. In addition, the Ethiopian woman in Israel went out to work, received stipends, such as, the children's allowance from National Insurance, and learned of the more equal status of the Israeli woman and in this way became less dependent upon her husband and more autonomous. At the same time, her husband suffered a significant loss in the part of his role and authority. Gender roles also changed (Ben-Ezer, 1989; Barhani, 1990).

It is important to note that half of the Ethiopian fathers belong to a relatively older age group – 55 years old and above – and that about 24% of them are 65 and above. This disproportionate age distribution is another element that has affected the acculturation process of the Ethiopian family and made it more difficult for men to assume authoritative roles like in Ethiopia. Hence, these men have not been able to take on the role of mediator with the education system, for example, as would be expected of them. On the other hand, Ethiopian mothers in Israel are younger; only 20% are above the age of 55, 16% are in the 55-65 age group and only 4% are 65 years old and above (Lipshitz et al., 1998).

Research findings on Ethiopian youth and their mothers in Israel show that a significant percentage, about 17%, live in single-parent families, while in 82% of these families, the mother is head of the family, and in a small percentage of these families, 18%, the father heads the family (Lipshitz et al., 1998). The above information leads to the conclusion that it is desirable to examine the *mothers'* perception of the diagnoses of their children and methods of intervention, for, these will have a significant influence on

the future of their children and the methods of treatment and assistance that they are willing to receive.

The woman represents change and also seeks it. The moment she becomes aware of the personal potential embedded in herself, she seeks to take advantage of it by going out to work and developing connections with the new society until she is able to reach equality and control over resources (Ki-Tov and Ben-David, 1993).

Special Education

Special education is defined as the "methodical instruction, learning and treatment which, on the basis of law, are accorded to the exceptional child" (Special Education Law, 1988).

Background

Awareness of the problems of the exceptional child who is not capable of functioning in regular educational frameworks began to develop in the 20th century. However, already towards the end of the 18th century, work was conducted with populations of exceptional children. Involved in this type of education were pioneers such as pedagogues Johann Pestalozzi (1746-1827), Friedrich Froebel (1782-1852), Maria Montessori (1870-1952) and Rudolph Steiner (1861-1925). Steiner created the anthroposophist movement in education as a method that was suitable for children with severe limitations. People such as these educators acted out of a general feeling and deep sensitivity to the problems of children who suffered from difficulties in education, although accurate diagnostic tools and knowledge which could have helped define and treat retardation did not exist at the time (Gilboa, 2000).

In the year 1924, an international commission of the League of Nations reached the decision that every child has the right to an education. This decision insisted that each child be granted the conditions necessary for his/her natural development. Included in this decision were all the children who were characterized as exceptional, from physical impairments to mental, behavioral or emotional problems (Gilboa, 2006).

Special Education in Israel

In Israel there has been open-mindedness in all aspects related to the exceptional child as far back as the British Mandate period, which began with the institutionalization of the treatment for the blind, deaf-mute and mentally-retarded populations. After the State of Israel was established, and under its auspices, the orientation towards the rest of the populations of exceptional students was developed and expanded. This was made possible by means of the development of psychological research and more precise diagnostic tools. The system that dealt with these populations was organized and divided among all the associated remedial institutions. Special classes were created, and remedial classes, special centers, institutions and hospitals were established. The Mandatory Education Law (1949) also addressed the populations of the students who were different from the accepted norm in schools. In the year 1950, the Department of Special Education in the Ministry of Education was initiated (Gilboa, 2000).

Special Education Law

The Special Education Law was legislated in the year 1988 and was a turning point in providing special education services to students with special needs in Israel. Its intention was also to lay guidelines anchored in the law that did not exist prior to its legislation. Before this law was passed, most of the special education guidelines were

based on personal and nonofficial negotiations among the student's family, the school, and the Ministry of Education and Culture. Negotiations were managed on the basis of the Compulsory Education Law (1949) and the State Education Law (1953) (Gumpel, 2001).

Following is an elaboration of the Special Education Law – 1988 (most recent update: 2005, Booklet 1979, p. 128, Amendment 8). In this law:

"Special education" – the methodical instruction, learning and treatment provided according to this law to a child with special needs, including physiotherapy, speech therapy, occupational therapy and treatments in other fields that will be determined, including related services, all according to the needs of the child with special needs;

"Child with special needs" – a person age three to twenty-one with a significant disability who, as a result of this disability, his/her ability for adaptive behavior is limited and he/she requires special education;

"Disability" – physical, mental, psychological, emotional-behavioral, sensory, cognitive or lingual limitation or generalized developmental limitations;

"Recognized institution of education" – as specified in the Compulsory Education Law, 1949;

"Special education institution" – a recognized institution of education where special education is provided, including a class in a recognized institution of education where special education is provided;

"Related services" – transportation and meals services, medical aids, medical, paramedical, psychological and social services and any other service that the minister established according to order, by consultation with the minister of health or with the

minister of labor and welfare, according to the matter at hand (Special Education Law, 1988).

In accordance with this law, special education includes not only education (instruction and learning), but also paramedical treatments, therapies and related services, such as the services of a pedagogical assistant, psychologist, etc. In effect, special education is a model of instruction that was devised specifically in order to provide a solution for the unique traits of children with special needs, needs that are not met by the school curriculum (Ronen, 2005).

Schools of Special Education: Multidisciplinary Integration

Special Education is an autonomous branch of the Ministry of Education. Its purpose is to provide suitable solutions to students with special needs on the basis of the recognition and acceptance of the fact that their difference is a natural and basic component. This recognition is anchored in legislation which underscores the imperative to promote respect for the individual as well as equal opportunity, and is aimed at developing educational and learning adaptations (Brands and Nesher, 1996, in Brands, 1996).

The school for special education is meant for children with limited cognitive, emotional or physical abilities. Its distinction is in its approach and multidisciplinary implementation. In the Special Education Law (1988), there is an emphasis on the work of paramedical services as an inseparable part of the rehabilitation process (Brands & Nesher, 1996, in Brands, 1996; Ofek, Hamdani & Tal, 2001).

The referral to institutions of special education is determined after examination and deliberation by a placement committee, despite the preference for integration in

mainstream education. Integration as an overall goal is manifested in the roles of special education: "to help its students integrate into society and make the most of their embedded physical, emotional and mental abilities" (Brands & Nesher, 1996, in Brands, 1996). The integration process can take place at any point in time, when the child reaches a level of capability and adaptation. The law underscores the integration into educational frameworks and when the child completes his/her education, at maturity, the imperative is to integrate him or her into the social and labor spheres as much as possible. The Special Education Law (1988) laid the legislative underpinnings for the principal of "equal opportunity." The imperative for equal opportunity raised the level of anticipations and requirements from special education frameworks and necessitated the construction of a process of personal advancement out of the anticipation and belief in the exceptional individual's progress and ability to change. The construction of physical, psychological and cognitive learning and advancement processes was therefore initiated by means of an "individualized education program" (Director General's Circular, 58, 7; Cline, 1992).

On the 20th of February, 2000, a public commission was established in order to examine the processes of the implementation of the Special Education Law (1988). The commission recommended a multidimensional model of treatment, development and learning. Its role would be the construction of adaptive behavior while emphasizing the developmental aspect and possibility of change in suitable conditions in the frameworks of special education. The commission recommended that schools of special education be defined as autonomous and distinctive, that they provide solutions to children with

similar special needs, and be defined as educational-treatment centers catering to a number of limitations (a non-categorical approach) (Margalit, 2000).

The supervision and Ministry of Education examined the most effective ways and means in accordance with the law. On April 1st, 1998, the "individualized education program" (Director General's Circular, 58, 7) model was published. A master plan was devised which provided details of the target populations, the needs and frameworks (Brands, 1996). In the year 2001, the Ministry of Education issued an instruction booklet on special education frameworks which complemented instructions provided in the Director General's Circular (58). Its aim was to assist in the preparation of the "individualized education program" (Ofek, Hamdani and Tal, 2001).

The "individualized education program" (IEP) is intended for special education students and is required by law. As the law dictates, the school's multidisciplinary team is required to devise an IEP for each child in special education (Manor-Binyamini, 2004). As indicated by the Ministry of Education, the goals of the IEP were designated goals representing flexibility and leaving space and freedom for the creative and independent expression of the educator while also helping to maintain both uniformity and pluralism (Shamir, 1978). The IEP emphasizes a holistic orientation and the law puts an emphasis on instruction and learning (Brands, 1996; Ofek, Hamdani and Tal, 2001) that stem from the approach of the ability to help the exceptional child change and develop. When the goal is to cultivate the full personality of the exceptional child, the focus does not have to be only on his/her deficient abilities but rather use should be made of his/her non-deficient abilities in order to help cope with difficulties. "In many cases, education and treatment, together with a suitable environment, are capable of generating significant

changes in the individual's level of performance and achievement" (Ronen, 1990 in Ronen, 2005).

In the Director General's Circular (58, 7, 5.1., 5.2), the division of roles is defined with an emphasis on the teacher's role as leader and case manager (5.1), together with the integrative work of a multidisciplinary team (5.2). The work of the teacher in special education is more complex in terms of the contact and coordination which he or she must maintain with the rest of the multidisciplinary team as well as with related services, parents, etc.

Role of the Homeroom Teacher (in Hebrew, literally, educator)

The role of the homeroom teacher is central and unique in the special education system. He or she is responsible for the instruction and learning of the child while accounting for the child's special needs. The teacher also functions as a case manager for the child's "individualized education program." The teacher's work is even more complicated because he or she must maintain and coordinate relations among the parents, multidisciplinary team and related social and welfare services (Director General's Circular, 58, 7, 5.1, 5.2).

In the new programs, which include the social cognitive theory, the role of the homeroom teacher is regarded as an "historical role." He or she is considered the mediator between a certain "world of content" and the learner. This role involves the mediation between the society's tradition (including its qualities and values) and the student. The personal involvement of the homeroom teacher also contributes to the creation of a student-friendly environment (Reiter, 2005).

The didactic method in the program, "Towards Matriculation – Lev 21," is based on a humanistic educational perspective (the internalization circle model of Professor Shunit Reiter). The principle basic assumptions of this method are based on the constructivist approach (Fon-Glazraft, 1996). This program is based on a humanistic philosophy and its derivative concept of "quality of life" is the connection to students with various disabilities. The concept of "quality of life" is the underlying assumption of the ecological model and is based on a number of fundamental principles, which include equal opportunity for all people, a feeling of subjectivity regarding the individual's life experiences, as well as embedding the quality of life in the social relations system of the individual (Reiter, 2004). According to this model, at any time and at any given moment, the individual is the product of the interaction between him/her and others. Moreover, there is a greater opportunity for the internalization of certain values when learning takes place together in a group and not in social isolation (Reiter, 2005). Therefore, the function of the homeroom teacher becomes even more complex and requires much personal involvement and multi-system connections.

Therapeutic Interventions among the Mild Mentally Retarded Population in Israel

In recent years, other than the educational personnel whose main role is teaching and instruction, professionals in various fields of expertise have joined special education schools in order to work with students with special needs. These include psychologists, counselors, doctors and paramedical professionals, such as, art, music and movement therapists, occupational therapists, speech therapists, physiotherapists, etc. Together, they comprise a multi-professional or multidisciplinary workforce (Manor-Binyamini, 2003).

In this educational-therapeutic approach, the educational, emotional, and behavioral needs of the children are addressed and treated. Freud (1925) contended that a significant part of the child's development is determined in the relation between the child, the home and the school, particularly in the fields of learning and socialization. Both the educator (the homeroom teacher, in this case) and the therapist draw on their knowledge about the processes of a normal functioning development and its stages in order to provide the child with a suitable treatment. These various applications and insights help distinguish between treatment and education (Case and Dali, 1993).

The collaboration among these fields provides an advantage in the work of the multidisciplinary team in special education. Some examples are a joint planning of the treatment of the students' problems, ensuring a more comprehensive fulfillment of their needs, and improving the quantity and quality of the treatment that students receive. Furthermore, every professional in the multidisciplinary team thus gains a holistic view of the students that he or she works with (Lacey and Ranson, 1994).

There are many goals in the work with special education students that are shared by both the fields of treatment and education (Essex et al., 1996; Moriah, 2000). Therefore, cooperation among members of the team is important. Some of these common goals are: improving organizational abilities, developing creative skills, developing task performance skills and problem-solving skills, improving motivation and the ability to withstand pressure. Additional goals are: increasing self-awareness, release from tensions, strengthening self-control, identifying and internalizing emotions, enhancing communication skills, improving oral expression skills and more.

Mental Retardation and Dual Diagnosis in Children

It is likely that cognitive problems in cases with a dual diagnosis are more pronounced compared to cases with a single diagnosis. In the present study, the second diagnosis is mainly attention deficit hyperactivity disorder (ADHD) and/or conduct disorder (CD) children with a normal intelligence.

The prevalence of ADHD/CD in children with mental retardation is considerably higher (ranging from 9 to 18%) than in children with an IQ in the normal range (3 to 5%) (American Psychiatric Association, 1994; Ando and Yoshimura, 1978; Epstein, Cullinan, & Gadow, 1986; Jacobson, 1982).

A diagnosis of mental retardation is made if an individual has an intellectual functioning level well below average and significant limitations in two or more adaptive skill areas. Mental retardation is defined as an IQ score below 70-75. Adaptive skills are the skills needed for daily life. Such skills include the ability to produce and understand language (communication); home-living skills; use of community resources; health, safety, leisure, self-care, and social skills; self-direction; functional academic skills (reading, writing, and arithmetic); and work skills.

Symptoms of mental retardation may appear at birth or later in childhood. Time of onset depends on the suspected cause of the disability. Some cases of mild mental retardation are not diagnosed before the child enters preschool. These children typically have difficulties with social, communication, and functional academic skills.

Mental retardation varies in severity. The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV, 1994) is the diagnostic standard for mental

healthcare professionals in the United States. The DSM-IV classifies four different degrees of mental retardation: mild, moderate, severe, and profound. These categories are based on the functioning level of the individual.

Research suggests that individuals with mild mental retardation exhibit behavior similar to those with ADHD and those clinicians with mild mental retardation may be led to false conclusions (Smith, 1994).

Definitions and Characteristics of Mental Retardation

The DSM-IV (1994) and the American Association for Mental Retardation[1] (AAMR, 1992) define mental retardation as an intellectual functioning that is significantly lower than the average which appears together with significant limitations in adaptive behavior, its course is persistent, and it emerges during the period of development.

In 1992, Luckasson et al. formulated a definition of mental retardation which was later revised in 2002 (Luckasson et al., 1992, 2002). The new definition represents an egalitarian perception of mental retardation and is based on an environmental ecological model. In other words, the educational-social aspect has a decisive effect on the level of functioning of mentally retarded individuals. According to the 2002 definition, mental retardation is a disability featuring significant limitations both in intellectual terms and adaptive behavior. This is manifested in the cognitive, social and practical skills of the child's adaptive behavior. This disability evolves during the young person's developmental period before the age of 18 (Luckasson et al., 2002). The new definition

[1] In the year 2006, the AAMR changed its name to American Association on Intellectual and Developmental Disabilities (AAIDD).

According to this definition, mental retardation refers to three aspects: a limitation in mental functioning, a limitation in adaptive behavior, and the emergence of the disability before the age of 18. It is not possible to determine that an individual functions at a level of mental retardation according to only one condition. Furthermore, each one of the three conditions should be considered of equal value when collecting information and attempting to establish the level of functioning, types and extent of support, and ways of intervention. According to the definition, therefore, one condition (such as an intelligence quotient that is lower than 70) is not enough in order to assert whether the individual is mentally retarded. The degree that he or she functions in society – his/her adaptive behavior – must also be taken into account.

Following is a detailed explanation of the three aspects of the definition of mental retardation:

1. <u>First condition – limitation in mental functioning</u>

Intelligence refers to a general mental capability. It includes the ability to reach conclusions, plan, solve problems, think abstractly, understand complex ideas, learn quickly and learn from experience. Intelligence quotient (IQ) scores are obtained from standardized intelligence tests that have been administered by professionals. The average IQ is 100, and a score of 2 standard deviations below the mean, that is, 70 points and below, is considered a significant limitation in mental functioning. Because there is a possible error of 5 points on intelligent tests scores, the ceiling of the quotient can go up another 5 points but no higher than 75 points. This evaluation should be based on one or more intelligence tests and has to be validated by additional tests or evaluative information provided by professional bodies (Arvey et al., 1994; Gottfredson, 1997 as cited in Luckasson et al., 2002).

2. Second condition – limitation in adaptive behavior

Adaptive behavior is a set of conceptual, social and practical skills that people need to learn in order to function in their everyday lives (Luckasson et al., 2002). A significant limitation in adaptive behavior may have a negative impact on the management of one's normal daily life and his/her personal independence. The limitation can have a detrimental effect on the person's ability to respond to specific situations or on the person's behavior in his/her environment, as such that is expected from persons his/her age and his/her cultural group. The relevant skills in each area of a person's adaptive behavior change with his/her chronological age; therefore, an evaluation of his/her functions must take into account the person's chronological age. Following is an elaboration of the three areas of adaptive behavior:

A. Conceptual skills – cognitive, communicative and academic skills (such as writing and reading, lingual comprehension and expression, self-direction, money concepts).

B. Social skills – obeying laws and following rules, responsibility, interpersonal relations, self-esteem, being able to withstand deception, exploitation, trickery and naïveté.

C. Practical skills – self-care, daily skills (transportation, housekeeping, etc.), employment and safety (Ronen, 2005).

3. Third condition – manifestation of the disability before the age of 18

This condition is included in order to rule out adults who have been disabled in accidents or by illnesses *after* their nerve system has matured and reached its full potential (Luckasson et al., 2002)

Levels of Mental Retardation

In order to provide appropriate education and treatment, the population of people with mental retardation was divided into four levels according to their intelligence quotient and adaptive behavior level of functioning. The four levels are:

Mildly retarded – educable children (IQ = 56-70). Children on this level are capable of acquiring academic skills, such as, reading, writing and arithmetic. They are generally independent in daily life, they live in the community and reside within it, and are integrated into the community in educational and occupational frameworks (Aminadav, 1987). Their retardation is detected usually after starting school – when they encounter academic difficulties. Generally, their achievements in math and reading are at a level that is below the anticipated for their mental age and they have difficulty incorporating all the school material. Over the course of years, there is a gradually accumulated learning retardation (Ronen, 2005).

Moderately retarded – trainable children (IQ = 40-55). Children on this level are capable of acquiring academic skills such as reading and writing mostly in a technical way. They are usually moderately socially capable, slow, childish and naïve. They are able to engage in simple, unvarying tasks such as weaving, knitting and art. Some live in the community and some live in institutions.

Severely retarded – children requiring therapy (IQ = 25-39). These children are capable of acquiring self-help skills by means of training and behavioral shaping methods. In occupational terms, they are able to engage in basic, unvarying tasks that require one simple action. They usually live in institutions; however, in view of the tendency towards integration, parents of these children are requesting that community housing frameworks be provided that are suitable to the children's needs.

Profoundly retarded – dependent children (IQ = 24). Children on this level require constant supervision and care. They respond to only basic stimuli. This group includes those who suffer from physical disabilities, and who require medical treatment and supervision (Aminadav, 1987; Ronen, 2005).

The Emotional Aspect

As a direct outcome of their cognitive difficulties and their difficulties in adaptive behavior, this population also suffers from emotional difficulties. Generally, it is possible to say that children who are mental retarded are a heterogenic group with a wide diversity of qualities. Individual and comprehensive testing of the child will help determine his/her unique characteristics. The behavior of children who are mentally retarded is affected not only by their cognitive limitations but also by their life experiences, which is mainly distinguished by failures, social deprivation, rejection and

stigma. As a result, they develop traits and predispositions that negatively affect their behavior and achievements, in addition to the impact of their intellectual limitations (Ronen, 2005).

Zigler et al. (2002; in Ronen, 2005) indicate the following traits and tendencies to be the most prevalent among the mentally retarded in comparison to their non-retarded counterparts:

* a strong inclination towards interaction and dependency on people who support them;
* significant trepidation and aversion at initial contact with unfamiliar people;
* low expectations regarding their chances of succeeding and high expectations regarding their chances of failing when approaching a new task;
* external-orientation – a tendency to look to others for hints and help in the solution of problems instead of relying on themselves;
* a low level of internal motivation – among non-retarded children, motivation is typically found in the child's internal pleasure at dealing with a challenge involved in solving a problem, whereas the source of the retarded child's motivation is more likely to be external factors;
* low levels of curiosity and creativity and a tendency to adhere to the concrete;
* over-obedience as a result of the over-authoritativeness of others towards them;
* unreal self-image. Due to their low achievements they develop a negative or over-positive self-image as a defense mechanism;
* limitations in social and adaptive skills. Members of the mildly retarded population have difficulties in a number of social and cognitive processes – identification and

interpretation of social cues, establishing goals, creating and assessing a strategy (Leffert and Siperstein, in Ronen, 2005).

The Challenges of Cultural Diversity

It is also important to note the difficulty in the detection of mental problems among the Ethiopian community. This is because it is most common for members of this ethnicity to contain and internalize emotions, including all mental distress and pain, in the stomach area. Therefore, realizing that Ethiopians tolerate and internalize all emotions in the stomach area, which often leads to the non-expression of the trauma (Ben-Ezer, 1992), is highly significant in order to comprehend the cultural-internal system of the Ethiopian immigrant in general and sufferers of mental distress in particular.

It is difficult to identify mental ailments or disorders among Ethiopian immigrants if we are not familiar with and able to recognize cultural-typical signs such as facial expressions or cultural versions of eating disorders, etc. In a similar vein, understanding their language or intention goes beyond simply grasping the spoken word; their discourse is distinguished by respect, reverence and a clear hierarchy through metaphors and expressions (Brahani, 1990; Ben-Ezer, 1993).

Ethiopian children and adolescents have to deal with special difficulties that are part of the development process of each one of them as well as problems that are associated with immigration and the need to fit into the new society. The special conditions that accompanied Ethiopian immigration and particularly the dramatic transition from a traditional society to a Western and modern society often have the potential of aggravating these problems. In addition, it is important to note that the majority of immigrants came to Israel with very limited financial and educational

resources and that most of the older immigrants, the parents, still do not have a good grasp of the Hebrew language (Noam et al, 1997). As Feldman (1995) maintains, "It can be said, with careful generalization, that the majority of the Ethiopian parents are not capable of helping their children in closing the gaps in school studies. The same goes for Israeli-born children of Ethiopian immigrants" (p.77).

During the course of the trek to Sudan in "Operation Moses," the Ethiopians were often forced to rely on "survival behavior" (Ben-Ezer, 1992), which occasionally clashed with the more accepted norms of their culture. For example, youths took on the roles of their elders, which can be a significant departure from traditional authority relations in Ethiopian society. Ben-Ezer and Perry wrote a report on the state of Jewish children in Addis Ababa prior to their immigration to Israel (Ben-Ezer and Perry, 1992). The key conclusion of their report was that these children should urgently be settled in Israel, a proposal which was in fact implemented in "Operation Solomon" in May, 1991. An additional important aspect of this report was that it revealed serious emotional and physical effects in the cognitive maps of these children. Therefore, in the present study, it is important to learn about Ethiopian community life in general and to find out, among the research group, when each family immigrated, and record a description of each family's trip to Sudan or Addis Ababa, including, the length of time spent there as refugees and whether each family eventually was reunited. It is also important to take into account which behaviors were a result of the period in refugee camps and which behaviors were due to the encounter with the absorbing Israeli culture.

Individualism and personal achievements were not values that played a significant part in the typical Ethiopian social consciousness. In Ethiopia, people had lived in

villages, the extended family would lead back seven generations, and the men were chiefly in charge. The extended family, which was called in Amharic "zemed," constituted the social-community-economic basic unit; it provided support for its members and upheld norms of respect.

The overrepresentation of minority members in special education – particularly, overrepresentation among those suffering from developmental delay – is a common occurrence in the West. Bilingual children or those who were not fortunate enough to have a proper education in the past are referred to special education by the various educational systems (Chin and Hughes, 1987). This policy is a result of a systemic orientation that underestimates the value of members of the minority group (Rudner, 1992; Galloway et al., 1994).

The dominant culture may demonstrate bias due to a lack of understanding of the cultural codes of "the other." Minority members may bring with them different types of information and expectations to testing conditions, for example, and end up achieving lower results than the majority (Padilla and Medina, 1996). Also, the cultural background of a minority individual taking a test might influence the interpretation of his or her behavior (Geisinger and Carlson, 1995). Nazarro (1977), for example, specifies a series of behaviors that distinguish various groups based on race and ethnicity in the United States. The subject matter of the test and its structure are liable to be biased to the detriment of the child who is a member of the minority. For example, an erroneous assumption might be that the test will not evoke negative feelings for the examinee, such as, heightened anxiety and impairment of the person's functioning (Padilla and Medina, 1996).

Additional misguided assumptions might be that the examinee does not find the language difficult or that the level of the exam is suitable to the examinee, completely ignoring the fact that the minority member may have previously learned in an education system whose level was lower, if it existed at all. Furthermore, the minority member might not be familiar with the method in which the test is conducted and it is not obvious that he or she has the motivation to succeed at the test, for, some have inevitably failed in the past and may not trust the examiner (The Coalition for Advancing Ethiopian Education, 2000).

Examiners may disregard the disparity between the child's writing abilities and his or her oral skills, especially children coming from a bilingual home or from a family of immigrants (Rosenman, 1983; Geisinger and Carlson, 1995). Teachers sometimes mistakenly identify language difficulties as a cognitive problem (Gersten and Woodward, 1994). Research has proven that the abilities of individuals of Ethiopian origin are higher than the levels attributed to them (Horovitz, 1994) and that this is a population where the children in fact excel; they commonly have a normal intelligence quota, high potential (Rosenman, 1983), and do not have difficulties in abstract thinking (Haaronof, 1989).

Minority members receive lower grades on American tests because these tests have not been adjusted to the cultural experience and learning environment of the examinees. Subsequently, this predicament may lead to the negative labeling of the minority student, harm to his or her self-image, and to a decrease in the level of learning motivation (Pedilla and Medina, 1996).

The diagnosis process is also an important factor. Certain environmental conditions at the time of the examination are liable to bring down the level of anxiety or

in fact exacerbate it (Klingman and Popco, 1990). The examinee may perceive him or herself as under threat and might feel anger, distrust of or disappointment with the examiner. Consequently, the latter may interpret these reactions as an expression of lack of ability or a sign of some deficiency.

Family crisis situations, whether personal or social, and difficulties in social integration, may cause the child's levels to be lower than his or her capabilities, which becomes manifest in low results in intelligence tests and learning motivation. As for social isolation and discriminating attitudes (a lack of formal education, discrimination in educational integration and appearance, cultural differences, language difficulties and adaptation, low social and economic status), Ethiopians are often subject to racist attitudes. The high level of technological development in Israel plays a significant part in the tendency of many Israelis to label Ethiopian immigrants as "primitive," "suffering from retardation" and "naïve" (Kaplan and Salomon, 1988).

There is also a possible bias in power relations regarding diagnosis and placement procedures due to different interests, such as, the system's needs or social and/or political interests. For example, the teacher may prefer a quieter class in order to advance excelling pupils or maintaining school standards. Empirical proof of this has been shown with regard to children with emotional and behavioral disturbances (Galloway et al., 1994). In this way, conservative institutions succeed in preserving social control and consequently preserving the system. In these relations, teachers and psychologists have a lot of power while parents and pupils have little. In many cases, in the negotiations between teachers who have a stake in removing a child who is disturbing the special education program, and psychologists, the teachers usually come out with the upper hand.

Parents have a marginal role and the authority of the systems prevails over the power of the parents and children (Galloway et al., 1994).

Parents are supposed to take an active role in the process by rule of the Mandatory Education Law, however, most immigrant parents are not proficient in the world and definitions of Western psychology and medicine. Therefore, they find it difficult to express the capable knowledge they have with respect to the situation and abilities of their son or daughter. The parents lack the professional jargon, and they feel confused and isolated in the decision-making process. Including the parents in the decision-making is occasionally performed simply as a means for receiving their stamp of approval for the professionals' own agenda. In the beginning, parents were inclined to adopt and take for granted the assumption according to which professionals understand and know what is good for their children. They weren't aware of the consequences of the labeling of children who are referred to special education or the implications it has for their future. The exclusion of parents at diagnostic and placement stages has a great effect on the little willingness there is to collaborate in the rest of the treatment process – this is because the family feels helpless (The Coalition for Advancing Ethiopian Education, 2000).

The danger is that following the many complaints and feelings of discrimination of members of the Ethiopian ethnicity, the trend might reverse completely and lead to an under-representation of minority children in the special education system the way it happened in the United States (in the latter case, there was also the fear of lawsuits). At any rate, once again, this predicament will lead to a discrimination against members of

the minority (Olson, 1994) by creating a situation in which children should be accepted to the special education system but are not referred to it.

In the United States, the parents' right to inclusion in the various matters, such as, the right to appeal decisions, is anchored in law as well as in their right to receive information via any means of communication that they require (Goldberg, 1982). This is the principle of including the parents in the education of their children (Aloni, 1997), which states that the education system must find a solution that suits the means of communication required by the parents, such as, the multicultural nature of the population of the children being treated.

Ethiopian Jews and Special Education

The Situation in Ethiopia

So far, in-depth research has not been conducted on the subject of treatment and intervention in the families of physically- or cognitively-exceptional children and/or children that suffered from mental problems in Ethiopia. Most of the firsthand information on this subject was collected only by questioning the main activists in the Jewish community. Therefore, it is possible to find only very limited material in the interviews conducted by Ben-Ezer and Perry (1992), who primarily emphasized that these children were treated in their country of origin by the nuclear and extended family. It is quite evident that these exceptional children require special attention from the Israeli system in order to survive conditions that are more difficult for them since they are often more vulnerable than their siblings. Providing support for these children will also protect the parents and other children in the family, who often carry the heavy burden of caring for the special child who suffers from a physical and/or cognitive and/or mental problem.

During the course of the stopover in the refugee camps, there was an outbreak of psychological problems among the children. In most cases this was related to the stress children and youth were subject to due to the rushed transition to a new place and the ensuing difficult conditions. Therefore, professional psychological care was necessary.

The Situation in Israel

The Network for the Advancement of the Ethiopian Immigrants (2000) submitted a report to the Ministry of Education in Israel on the subject of: "The referral of Ethiopian children to special education as a result of diagnostic and placement mistakes."

The authors of this report explain that the cases of mistaken referrals of Ethiopians to special education are due to a number of reasons, among them, misguided referrals of minority members on the basis of what is appropriate in the Western world, difficulties in adapting to the educational system, and flaws in diagnostic and placement procedures (The Network for Advancing Ethiopian Education, 2000).

Use of Social Services

Ethiopian mothers in Israel are faced with a wide diversity of educational and welfare services that are accessible to them in time of need. These include homeroom school teachers, teachers, psychologists, psychiatrists, school counselors, social workers, professionals from the Kupat Holim (HMO) institution, community center services, Youth Advancement Program services or a truant officer.

Research investigating the mothers' use of education and welfare services and the degree of their satisfaction with these services (Lipshitz et al., 1998) demonstrated that 86% use the Kupat Holim services, 35% of the mothers applied to the welfare office and

28% used the community center services or educational services. Only 2% took advantage of the Youth Advancement Program or a truant officer.

The Ethiopian mothers expressed their satisfaction with Kupat Holim and the local community center services but were less satisfied with education department services and the welfare office. Mothers who had spent more time in Israel expressed less satisfaction with the various services than the "new" mothers who had arrived in Israel at a later stage (Lipshitz et al., 1998).

Eli Amir, general manager of the Department of Education and Instruction (1997), emphasizes the importance of parental participation combined with the use of professionals: "...I would like to bring the parents of the Ethiopian immigrants into the education and rehabilitation process of their children, and to turn them into active and willful agents, to preserve their status, their worth and their self-image, as well as their image in the eyes of their children. I would like to see combined work programs of the absorption centers and Alyat Hanoar in the areas of social work, psychological services, preparation of parents and their children for absorption into the country" (p. 24).

The present study will attempt to address these theoretical issues as well as serve as a basis for further studies regarding the relationship between Ethiopian immigrant children's mild mental retardation and emotional disorders and their parents' identity and use of social services. The next step should be toward more effective interventions.

Chapter 3: Methodology

This chapter will describe research methods used in this study to investigate the association between Israeli Ethiopian mothers' perception of their children's mild mental retardation / emotional disorder, their seeking out and using of social services, and their own ethnic identity. Following are the theoretical rational of the design, description of the participants, informed consent information, methods for data collection, and the methods analyzing the data.

Theoretical Rationale of Design

The research subjects for this study were drawn from the population of Ethiopian Jewish mothers in Israel. The study seeks to establish whether there is a relationship between the following:

(a) Identity type assumed by the mother (primarily Israeli, primarily Ethiopian Jewish, combined, or marginal).

(b) Mother's perception and understanding of the diagnoses of her special-needs child.

(c) Mother's utilization of existing social services, in particular the special education system and the various social services to which an Israeli child in special education is entitled.

The study used qualitative research methods, to include an in-depth interview with each of the mothers with a questionnaire, developed by the researcher and designed to examine the relationship between the above variables.

Studying this particular problem in this particular population is both important for and relevant to the fields of education and psychology. First, as noted before, there is

insufficient research examining the relationship between multicultural issues and utilization of social services, and the results of this study could be a contribution to this body of literature.

To insure that multicultural issues are fully considered and are integral part of the study, the study utilizes a phenomenological approach, which will emphasize the role of culture, identity and cross- cultural communication in determining the meaning that mothers attach to their children's diagnosis and to their special education placement. A qualitative methodology is important because it gives a deeper understanding of these families from their own perspective (Kvale, 1996). In particular, interviews have been found to be a valuable way of studying the experiences of people and their perceptions (Berger& Luckman, 1966; Kvale, 1996; Lather, 1995) from the subjects' point of view (Kvale, 1996). An important methodological question needs to be taken into consideration whether the interview responses should be treated as relating to experience or to constructed active narratives (Holstein and Gubrium, 1995; Silverman, 2000). In this study the research will be treating conversation as an essential form of human interaction, interviews will be treated as giving direct access to mothers' experience through trying to understand the mothers' experiences, feelings, hopes and words/perceptions. Sandal and colleagues (2002) emphasize that qualitative research is especially suitable when you want to give voice to the various participants by listening and relating to their voices in the full context of their experiences (Sandal et all, 2002, in: Manor Benyamini, 2004). The knowledge that can be drawn from a sensitive interview and its closeness to the subject's living world can enhance the human condition (Kvale, 1996).

A criticism is usually raised against two aspects of qualitative research: that collecting data and analysis are continuous processes that at times can occur simultaneously (Sidman, 1991). It is important that the researcher will be open to her immediate experience in order to gain a meaningful interpretation later. It is recommended for the researcher to keep a journal so that when analyzing the interviews, predetermined biases will be taken into consideration and allow objectivity (Kvale, 1996; Sidman, 1991). Also, within the questionnaire, there is no hierarchical order of importance to the different sections or to the subjects' responses. This study is not strictly following the phenomenological approach since areas and categories for investigation are pre-planned. Still, the above suggestions will be used for the data analysis. The researcher will approach the interview process with an open perspective without emphasizing any section/category over the other as well as keep a journal.

Validation and reliability are important aspects in qualitative research. It is important to achieve validation by allowing meaningful and direct responses to the research questions through the participants' perspective (Kvale, 1996). Even though, it is assumed that the women can speak Hebrew and prefer to speak Hebrew; the researcher will be accompanied by an Amharic speaking interpreter that is well versed in Hebrew in the case that there are words to translate, etc. That interpreter can act as a second reader providing a check on the researcher's conclusions. In the case of discrepancies in their interpretations, those will be presented in the discussion section or added as new information. A large amount of qualitative data can be difficult for interpretation and may risk the reliability of the study. The same translator, who will be someone that works within the Ethiopian community and will be familiar with nuances and barriers of

language and culture, will serve as a second reader who will analyze some randomly selected interviews. It may not cover fully the issue of reliability, but it will create a certain control of biased subjectivity when analyzing data. And as Kvale noted (1996), divergent interpretation can be used and reported in research analysis.

A qualitative research is a meaningful methodology to use given the purpose of this study. This method will maintain focus on the experiences of these Ethiopian mothers in a meaningful way and illuminate from their own perspective what is like to be an Ethiopian immigrant mother in Israel to a child with emotional disorder and/or developmental disability. In addition to their struggles to adjust to a new country, they had to struggle with their child's special situation. Who are these mothers and how do they live? What is the nature of their connectedness to Israeli society and particularly with the special education system?

Participants

The participants for the study were consisted of fourteen Israeli/Ethiopian mothers of children between the ages of 7 and 14 who were diagnosed with an emotional problem and/or mild mental retardation. The participants were derived from local community centers in Israel; mothers of children that were placed in a self-contained special education class school or transferred to a school of special education. This study included women who emigrated from Ethiopia to Israel between 1996-2002 when they were between 30-54 years of age and who are called the 'new immigrants' within their community in Israel. Only participants whose children met the age and diagnostic criteria for inclusion were included in this study. Mothers who have more than one

diagnosed child were not considered because that might introduce additional factors not taken into consideration in this study.

Contact with the mothers was established through community centers staff that runs projects that include Ethiopian children from special education schools or their parents. These community centers were provided with information regarding the research. They identified the students who are diagnosed with developmental disability / emotional problem and / or study in special education schools, then, they asked the mothers whether they consent to participate in the research. The researcher together with the translator approached the mothers who agreed to participate in the study and interviewed them in the community centers.

This data collection process required extensive cooperation, beginning with the community center manager or project manager who had to set up the preliminary contact between the researcher and the staff working with the Ethiopian community, through contacts with the coordinators, to finally selecting a suitable translator acceptable to the community center staff and the researcher. Most of the preliminary work was done by the community center staff who located the mothers of the children in special education schools or in special education classes, and meticulously approached those mothers who would be suitable for the study. Since the mothers do not know how to read or write, the entire process was done by telephone or in individual meetings. At the end of the process, only mothers who had a good relationship with the coordinator or translator, and who believed in the importance of the research, agreed to participate in the study and take part in an interview. Of course, at the start of the interview they were still examining the objectives of this study with the researcher during the translation from Amharic to

Hebrew. The mothers who participated were those who were able to dedicate two or three hours of their time, were open, and who were concerned about the future of their children and the Ethiopian community in Israel. Some of the mothers had to obtain the consent of their husbands to give the interviews.

The researcher wrote a log where she described her expectations and thoughts before and after each interview. At the same time she recorded the translator's expectations and thoughts before and after the interview and used this material when analyzing the interviews. The main translator in this study also acted as the second reader.

Procedure

Each mother was interviewed at length. After each interview, the mother received $20 for the food market or for school equipment. Each interview was professionally analyzed. First, the researcher collected demographic and background information. Next, the interviews were organized around three categories that were partially derived from previous studies and partly from the researcher's professional experience. The categories are: mothers' perceptions of child's problem/diagnosis/intervention, mothers' use of social services, and mothers' ethnic identity (see Appendix B). A translator from the Ethiopian community joined the researcher before any formal interview began. In addition, after an initial sample of questions has been prepared for interviewing the mothers, the researcher passed it among her colleagues who work in the therapeutic field with minorities and other cultures in Israel. The number of questions was reduced to eleven items which were deemed fitting the population and can be answered by the mothers. Also the researcher conducted a pilot interview of two Ethiopian mothers in order to assure that the language and style of the questions are appropriate. This pilot

study revealed that some of the questions were too complicated and thus the researcher redesigned the interview questions to be simpler and comprehendible. In addition, an expert in the field of ethnic identity and minorities in Israel (a clinical psychologist and a researcher in the field for over ten years) reviewed the entire proposal and the categories to verify that the questions were adequate and representative. The interview is semi-structured allowing the participants to be open with their ideas and perceptions.

Informed Consent

The study was conducted with the consent of each of the subjects. It was read and explained to each participant in Amharic and made sure she understands the purpose of the study and details of the interviewing process (see Appendix A). Participants were notified on their own right to refuse participation or withdraw from the study at any time. Participants' names were kept confidential. The translators signed an authorization form after describing the study in full details to the mothers and informing them that after collecting and analyzing the data, the interviews will be destroyed. That was agreed after the mothers refused to sign due to bad experiences with signatures in Israel.

Sources of Data

The research interviews in this study consisted of several sources of data that were used to assess the study variables. First, the relevant demographic variables were discussed. Next, the interviews that were used to assess the variables were described. In addition, the researcher kept a journal describing her ideas, feelings and reactions before and after each interview.

Demographic Variables

The participant presented information about demographic characteristics of herself, the family, and the child during the interview. The variables included: mother's age, marital status, number of children, date of immigration to Israel, place of residence in Ethiopia and in Israel, name of arrival operation to Israel, identified child's age, child's gender and birth order in the family, education, employment, languages, identified child's date of diagnosis and date of placement in special education school.

Interview

The data for this study were driven from a semi-structured interview with each of the mothers that included an original questionnaire, developed by the researcher and designed to examine the relationship between the variables as it is presented in Appendix B. Shabtai (1994), in her comprehensive research on "The Identity Journey of Ethiopian Immigrant Soldiers," examines the construction of the identity of immigrants. She demonstrates the redefinition and reassessment of Ethiopian Jews' identification with their culture of origin while being exposed to Israeli culture; a process which made it possible for them to make a choice among alternatives. Some of the questions in its structured interview were adapted to this study, especially the questions under the identity category. This interview includes three variables/categories that can be analyzed after interviewing all the Ethiopian mothers. The variables are: mothers' perceptions of problem/diagnosis/intervention (questions 1-6), use of social services (question 7-8), and mothers' Ethnic identity (questions 9-11). Question 12 is open to add anything that is meaningful for the mothers.

Systematic Journal

The researcher kept a journal of her ideas, feelings, and reactions before and after each interview, as well as her own ideas and attitudes regarding the themes in this study. The same process was done with the translator who is a student in the field of education. It is considered that the researcher and the translator, both hold their own ideas regarding the themes and by using the systemic journal, it would have minimized the bias in the data analysis.

Data Analysis

In qualitative research, the researcher is interested less in the products and more in the processes (Bogdan & Bikien, 1982). Processing of the data began during the course of the study in accordance with the circular model of qualitative research. The final processing of the raw data was done at the conclusion of the study, while studying the data and identifying the categories and content units (Bogdan & Bikien, 1982).

The data was analyzed using qualitative methods, as was described above. The information from the interview was recorded from each category in order to examine and find the thematic issues within each one of the categories and the relationship between the different variables. A translator was also used as a second coder for some of the analyzed information that was randomly selected. During the study the researcher expressed her stance in a journal which was taken into consideration during the analysis of the study. This process enabled to establish reliability and further contextualized to the researcher's stance.

Chapter 4: Results

Overview

The purpose of Chapter 4 is to present the demographic information of each mother, the research questions and the results of the study. As in most qualitative studies, the narratives of the mothers were used to explain the results of the present study. These narratives were conceptualized first according to three predetermined categories or content areas and then according to the themes that emerged from the study. The results focused on the three major research questions, underscoring the perceptions these mothers had of the experience of raising a child who was diagnosed with an emotional disorder and/or a mild mental retardation, the mothers' communication with the educational system, and the mothers' identities and relationships in regard to the use of social services.

Additional important topics that emerged were: the mother's relationship with her children, her perception of Israeli mothers, her perception of the special needs of the Ethiopian children, and how the child's difficulty would have been perceived—if at all—had they remained in Ethiopia. Additional subjects that were raised: leisure hours, the obstacle of languages, the role of the translator, employment, etc.

Demographic Information (see Table 1)

Fourteen mothers of children ages 7 to 14, five girls and nine boys, were participants in this research. All the children were born in Ethiopia and were diagnosed in Israel with mild mental retardation and/or an emotional problem, and all of them had learning difficulties and were therefore placed in a self-contained special education class (from hereon: special education class) or transferred to a school for special education.

All of the children live at home. All of the mothers emigrated from Ethiopia between the years 1996-2002 and are therefore defined as "new mothers" who arrived in Israel. All of them married at a young age to an older husband (generally, a marriage arranged among families) and emigrated from villages in the Gondar region (except for two mothers who lived in a small town that resembled a village in its structure and way of life). They are all uneducated and do not know how to read and write.

All of them reported hearing stories about Eretz Israel (Land of Israel) and of talking and planning to immigrate to Eretz Israel for years before actually setting out on the journey. Thirteen out of the fourteen mothers had families waiting for them in Israel and only one feels "alone in Israel" because she still has family left behind in Ethiopia. (The women do not necessarily live in close proximity to their relatives in Israel because the absorption system in Israel wasn't always able to arrange it. This is in sharp contrast to the collective life of family members of seven generations in the same village in Ethiopia.)

The mothers' ages range from 30 to 54 (the mean is 37.2), all of them are mothers to more than one child, seven of them are married, five are divorced, one is a widow and one is unmarried.

In Israel, all of them report a low socioeconomic status, a lack of information in regard to the child's rights and obligations in the educational system, and a lack of information regarding the precise process and existing optional courses in the special education system.

The mothers speak Amharic and most often make use of the services of a mediator. The mothers make an effort to speak more often in Hebrew and to

communicate in Hebrew on the school premises in order to avoid dependency on the mediator's whereabouts at school (three of them are able to realize this more fully). Nine mothers do not engage in work other than housework and five mothers work outside their homes.

The mothers were generally recruited in the various *matnasim* (plural of *matnas*, community center for culture and sports) where they take part in the various activities and courses or where they are in contact with project coordinators as a result of their children participating in *matnas* activities.

It is important at this juncture to stress that the recruitment process took much longer than originally estimated, with many stumbling blocks on the way due to a number of obstacles that created a contradiction between an organized and proper research process and the mothers' understanding and perception of the objective of this research. As it was explained to me by the mothers and a diversity of function-holders in the community and the *matnasim*, generally, individuals in the Ethiopian community ask for the ethnic group's permission for any activity or research that is conducted on or related to the Ethiopian community in Israel. The present research was sensitive because it was important to prevent the identification of the children learning in special education so as to protect their privacy and immunity. Therefore, mothers who asked for a meeting or demanded to meet with the rest of the mothers in the research (despite receiving an in-depth explanation from the researcher, translated by an interpreter who was familiar to them and who came from their specific *matnas* community) did not partake in the research.

During the course of more than one year, any type of contact with any of the *matnasim* was carried out by means of the *matnas* director or senior figures who worked with the Ethiopian community in creating the contact between the researcher and the *matnas* directors, project coordinators, etc. First, a significant number of meetings and conversations took place during which an explanation was given in regard to the goal of the research, its methodology, the immunity of the participants, the university's approval of the research, and the cultural sensitivity of the researcher towards each participant. In the next stage, it was established that the people who were to translate the research—at any chosen place—would have to be candidates with a degree in education or proximate field and also be capable of maintaining confidentiality. Moreover, they had to be sensitive and professional enough in order to carry out the work of simultaneous translation and also be accepted by the *matnas* staff and the participant mothers.

Mothers arrived on their own initiative to the interview, asked questions, showed interest in the benefits that could come from such research, etc. At this point, another obstacle surfaced: signing the consent forms. There wasn't a single mother who was willing to sign this form. The mothers explained how they had already signed mortgages or forms for placement in special education and to this day they are suffering from the problematic consequences of this act. Once again, research was held up and finally it was agreed upon that the interpreters would sign the form after translating the consent form and translating all the answers to the questions of all the participants.

The mothers who ultimately agreed to take part in the research were called the "new mothers." Perhaps these particular mothers consented because they were less experienced in the matter of the "signatures" in the Ethiopian community and had not

been subject to the anguish that Ethiopians who immigrated in the years 1984 and 1991 subsequently suffered.

In the interview itself, it was not clear from the very beginning to what extent the mothers were willing to reveal the fact that their child was in a different framework. Therefore, in the beginning we beat around the bush for a while until the mother was ready to call a spade a spade and to actually say "special education class" or "special education" in relation to her child.

Since a qualitative/phenomenological method was used for this study, the demographic data is presented for each mother in a narrative format, in addition to Table 2. All the information came from the mothers. The details of each mother's profile varied because of their personal story and also depended upon their level of comfort in discussing their lives.

Naturally, the names of the mothers or identifying details were not mentioned. It is important to note that the language of the mothers underwent two stages of translation and therefore also interpretation. The first stage was when the mother's narrative was translated by the original translator, who also acted as an interpreter, and the second stage was the translation of the Hebrew text into English. Furthermore, the mothers' language may sometimes sound a little awkward in English because of the attempt to adhere to the style of the mothers' original spoken language.

Table 1

Mother	Age	Year of immigration	Family status	Hebrew language	Employment	Child gender; position among siblings	Child's age	Year of placement in special education
1	43	2001	M + 4	Beginner	Not working	Fem. (second)	7	2007
2	40	1997	W + 3	Beginner	NW	Masc. (youngest)	13	2002
3	42	1998	M + 2	Beginner	NW	Masc. (eldest)	13	2001
4	47	2000	M + 6	Beginner	NW	Masc. (fourth)	14	2003
5	40	2000	D + 5	Beginner	NW	Masc. (fourth)	9	2006
6	45	1998	S + 4	Beginner	NW	Fem. (youngest)	12	2006
7	31	1996	M + 5	Intermediate	Working	Masc. (eldest)	13	2005
8	54	1997	M + 4	Beginner	Not working	Fem. (second)	12.5	2004
9	44	2002	D + 4	Beginner	NW	Masc. (third)	13	2002
10	30	1998	M + 4	Beginner	Working	Masc. (eldest)	12	2005
11	30	1998	D + 4	Intermediate	Working	Masc. (eldest)	12	2002
12	34	2001	D + 3	Beginner intermediate	Not working	Fem. (second)	10	2005
13	39	1998	M + 4	Beginner intermediate	Working	Fem. (third)	9	2004
14	33	1998	D + 2	Intermediate	Working	Masc. (eldest)	9.5	2005

Second Reader

The second reader is the main Amharic-Hebrew translator in this study. She is a law student, who, at the age of 12, emigrated with her family from Ethiopia to Israel. She is a likeable young woman who created a trusting relationship with the mothers, was very patient and always provided additional information regarding the community center. Her broadminded and receptive attitude contributed greatly to the cooperation and openness of the mothers during the interviews. The second reader and an additional translator predicted, even before the start of the interviews, that the mothers of children who were referred to special education classes or special education schools would view the referral

as a negative move that would have a bad influence on the child and his motivation in the future.

They claimed that there was an excessive tendency to send children from the Ethiopian community to special education, mainly because they spoke Amharic and didn't have a good command of the Hebrew language, and because they weren't very familiar with the absorbing culture. As one of the translators said,

"When I was in third grade, they sent eight students, including me, to an absorption class, because we were new immigrants. One of these students recently finished studying at the Technion (Israel's MIT) and works today at the Ministry of Defense in a very high position. He was an outstanding student. I completed my undergraduate degree and am currently working here at the community center as coordinator for community programs, and will soon start postgraduate studies. Another one is a lawyer, and yet another studied at the university and is today an officer in the army, working at the government offices in Jerusalem. Out of the eight, five studied and developed and are currently working in high positions and functioning well in the community. We were in the absorption class for two years, and then afterwards they occasionally sent us, during lessons, to study mathematics. As far as I am concerned, the absorption class is like a special education class or special education school, whatever that is. I do not think that we progressed because we studied in an absorption class. At the same time, I already noticed that there were good students among us, some even rising to the level of the 'whites.' Undoubtedly, this is fine for a small group, but when you take an entire group of only Ethiopians together, this lowers the morale. This is what energized us and gave us more strength to continue and to succeed. Later, in grade nine, I studied in a high school session…I was the only Ethiopian there and I had better grades than the 'whites'…"

Of course, we cannot know what contributed to the success of this group: the absorption class itself, or the desire and motivation to succeed in spite of the absorption class, or maybe both. It is important to look at how the translator perceives this subject today. Still, when the researcher asked the translators what they thought about the special education class, they thought it was good and important, but only for the children that truly needed it. The concern was that an erroneous placement could occur due to cultural differences, and because there was no parental investment.

"The parental component is very important. The student comes home, the parents are oblivious to the need to check if he did his homework, if he needs books, equipment,

etc…All these things influence the child and cause him to appear weaker, but not because he doesn't know. This is a problem even in kindergarten, because the parents have no awareness of the need to develop certain skills necessary for proper development in school, etc…"

The translators emphasized the main problems in the Ethiopian culture as expressed in the neighborhoods in Israel: a lack of knowledge of the language, the inability of the parents to read and write, the breakup of families (there are family members who remained in Ethiopia), single-parent mothers, divorce, some husbands living separately, expensive parties and affairs ("If you don't go to an affair and give money, they won't come to your affair. In Israel, they still haven't internalized that some affairs are only for the immediate nuclear family. A bar-mitzvah or even a housewarming are considered general events. This creates a situation where there is not enough money to provide school materials and books for the children because of all the gifts that have to be bought"), and a difficult economic situation ("In Ethiopia, when things were lacking, people helped, there was no social security. In Israel, it is out in the open. People talk about it, complain and are not embarrassed"). Another important subject concerns recreational activities. In Ethiopia there was no such thing. There, all the time was taken up in doing ("courses, activities and trips; this is not something they understand, and they don't think they need it"). There exists a feeling of discrimination against Ethiopian society. The role of the go-between has become difficult, due to high but irrational expectations.

Research Questions

Multiple research questions will be investigated as part of this study of Ethiopian mothers who will be interviewed individually by the researcher and a translator.

Question One: Will a mother's sense of identity reflect a correspondence between her level of identity and her understanding of her child's diagnosis? The hypothesis is that the higher a mother's identification with the Israeli identity, the more she will understand her child's diagnosis, and that the lower her identification with the Israeli identity, the less she will understand her child's diagnosis.

Question Two: Will a mother's level of identity reflects her acceptance of her child's diagnosis? The hypothesis is that the higher a mother's identification with the Israeli identity, the more she will accept her child's diagnosis, and that the lower her identification with the Israeli identity, the less she will accept her child's diagnosis.

Question Three: Will a mother's level of identity reflects on her use of social services? The hypothesis is that the higher a mothers' identification with the Israeli identity, the greater will be her use of the existing social services, and that the lower her identification with the Israeli identity, the less she will use social services.

Interviews

Mother: R

A is 43 years old, married and a mother of four children. Her seven-year-old daughter, second oldest among the siblings, in the year 2007 was transferred in first grade to a special education school.

The family immigrated to Israel in the year 2001 from a village in the Gondar region. A was a housewife and helped out with work in the field and at home in Ethiopia. She didn't acquire a formal education and does not know how to read and write.

A is married to a man who held an important position in Ethiopia. She remembers that there were plans for her to travel to the city and learn but since the betrothal offered to

her parents was considered worthwhile she was married at the age of 9 and therefore did not go to school.

In Israel she has not yet worked but she takes care of her children at home. They live in a small apartment they purchased when they immigrated and they are still paying back a mortgage taken out on it. A speaks Amharic and she speaks Hebrew only after first preparing herself for what she has to say but she is not capable of conducting a conversation, expressing or communicating in Hebrew.

A emphasizes the strength mothers from the Ethiopian society have. "They have more strength because they raised their children on their backs, not in strollers but while they were working." She explains that the fathers also raise the children together with the wives but they do not take part in the education of the entire family—it depends on how much the man cares for this. In her case, "the family unit is strong and united."

<u>The major difficulty of the girl as defined by the mother:</u>

"The teacher said that my daughter is very weak, particularly in reading. It would have been possible to help her out if the teacher would have showed me her grades at an earlier stage. I saw no problem with the girl."

The family was happy to immigrate to Israel, despite all the difficulties in the adaptation process; the mother always "thinks positive and not negative" as she explains herself. The method, according to her, is to tell the child what he is good at and to instill motivation in his life and not to emphasize what he is not good at and what is difficult for him; this will raise the child's morale and lead to improvement.

The mother describes herself as Ethiopian-Israeli.

<u>Mother: B</u>

Mrs. B is 40 years old (she is not certain of her age), a widow and mother of three children. Her son is 13 years old (not certain), the youngest child out of three siblings, and in 2002 when he was in second grade he was found suitable for a school for special education.

The mother and her children made *aliyah* (immigrated to Israel; literally, comes from the verb "to step up") in the year 1997 from a village in the Gondar region. The mother did housework and worked in the fields when it was necessary. She doesn't have any school learning and doesn't know how to read and write.

They always thought of making *aliyah*. They moved from their village to Addis Ababa and remained there for eight years until it was possible for them to immigrate. In Ethiopia she could not learn at school because they did not have the means. Presumably the children wouldn't have attended school as well. In Israel she does not work outside of the house. She is a housewife and tends to the children.

In Israel, she is disappointed when many authorities say things "will be all right," leading the Ethiopians to believe that when they go home everything will turn out all right but then nothing really changes.

<u>The main difficulty of the child as defined by B:</u>

The main difficulty is related to the school system where the child has been defined as having reading difficulties. In the mother's opinion, "my son does not have a problem, maybe there is difficulty in reading. The moment he receives help he gets good grades, this raises the morale." The mother is in the process of filing a lawsuit against the Ministry of Education.

"In Ethiopia it was different, he used to tend to the flock or work in agriculture—there, he was equal to all the children."

The mother describes herself as Ethiopian-Israeli.

Mother: C

C is 42 years old, married to her husband who is 68; she married at the age of 12. She is the mother of two children, a boy and a girl, after a number of births in which the babies died.

She came from Ethiopia with her son when he was three and gave birth to her daughter in Israel. Her eldest son is today 13 years old. He was transferred to a school for special education when he was 6½ (first grade) on the basis of the staff's recommendation at the kindergarten where he attended.

The family made *aliyah* in the year 1998 after receiving a letter from the husband's family who had been residing in Israel already for 11 years. C grew up in a village in the Gondar region and afterwards with her husband in Ethiopia they lived in a small town. She did not learn in an educational framework and doesn't know how to read and write. In Ethiopia she worked in the fields, helped out with the harvesting, gathering wheat and so on.

In Israel, she became pregnant near the time of her arrival and so she didn't really learn Hebrew at the *ulpan* (Hebrew school for immigrants). She feels that she hasn't acclimatized, the weather is different: "In Ethiopia it was also hot, but there we were in nature." She and her husband are not working in Israel.

The main difficulty of the child as defined by C:

"After we arrived, the child was in kindergarten for two years and nobody said anything to me. When it was time to advance to first grade, they said there was a problem, that he can't sit [still], he was not ready for first grade, that he was disturbing [the class]…they said that it was a good place where only a few pupils learned. I didn't see any special problem." To this day, C is in a struggle with the Ministry of Education in an effort to return him to mainstream education. She describes a difficulty in communicating and holding her ground because of the language obstacle. She feels that there is racism here and takes it particularly as a personal affront due to a lack of respect for people. Nevertheless, her appreciation for progress in Israel is noticeable and she maintains that "here one can expect a better future." Consequently, she is also disappointed at the placement of her child in special education and perceives it as an act that harms the child's future and stigmatizes him. She describes herself as "a happy person, who wants to help out my child, so that he will be happy and satisfied with himself and therefore I am not deterred by anything."

C talks frequently about a person's strengths and refrains from stressing or talking about weaknesses.

Her entire family is still in Ethiopia. Her husband is supportive and tells her to hold on but doesn't offer any options. It is relieving for her to tell her story and she is thankful that there is someone who is listening.

C defines herself as Ethiopian-Israeli.

Mother: D

D is 47 years old ("approximately"), married and a mother of six children. Her 14-year-old son (approximately) is the fourth child and was assigned to a self-contained special

education class (from now on: "special education class") in third grade when he was ten and to a school of special education at the age of 14.

When they made *aliyah* in the year 2000, the mother was confused: "I didn't know the age of the children and I wasn't familiar with the system in Israel, but I knew in which season each child was born (winter, summer, etc.)."

The child who was supposed to attend kindergarten was asked how old he was and they replied that he was 10 years old according to his appearance. He was assigned to second grade but he didn't manage and it was difficult for him and so he was transferred to kindergarten and afterwards to first grade with the daughter of D's husband. The girl received preferential treatment because she had lost her mother whereas the boy felt discriminated against by the regular treatment he received. So they would often fight and many warnings on inappropriate behavior and falling behind in his studies were entered in his personal file.

The mother came from a village in the Gondar region ten years after making the decision to immigrate to Israel. The mother didn't acquire formal tools of education and doesn't know how to read and write. In Ethiopia she would help out in harvesting the crops and straining and separating the grain from the straw.

In Israel she doesn't work outside of the house; she raises her children and does housework.

<u>The main difficulty of the child as defined by D:</u>

"The child has a problem in studying and behavior as noted by the school. Everything began with the age confusion, when he was placed in a class that was too advanced. Afterwards personal warnings were entered in his file when he fought with his sister and

this also had an effect. I don't see a special problem or anything different in [his] development. Because of this it hurts me that they decided that he has a problem when he doesn't."

The mother stresses that there is a lack of a feeling of [working] together in decision-making and raising the children. Removing the children from the system creates a sense of betrayal "like sticking a knife in the back."

The mother explains that she is the one who is involved and takes care of all the concerns, without the husband. "I mostly deal with it alone. I don't share things with the husband. We don't talk often; it's hard to keep everything inside the stomach on your own."

The mother defines herself as Ethiopian-Israeli and stresses that "What was in Ethiopia, remained there. Now we're here, so we'll strive to be like everybody."

Mother: E

E is 40 years old, divorced and a mother to five children. Her nine-year-old son, the fourth child among siblings, was assigned to a special education class at the age of eight, at the beginning of fourth grade. The family immigrated to Israel in the year 2000 after a delay of two years in Addis Ababa. E's parents immigrated later on. Her husband was much older than her; approximately 3 years ago they divorced in Israel. He comes for short visits to the children, pays low alimony because she was a new immigrant and did not realize at that time that this was a low sum.

E grew up in a village in the Gondar region and doesn't have any formal education but describes herself that constantly "I was interested and learned on my own." She does not

know how to read or write. In Ethiopia she worked at grinding wheat grain and weaving carpets. In addition, she took care of the children, cleaned the house and cooked.

In Israel she doesn't work outside, she takes care of her children and registers at the employment agency hoping to find work.

The main difficulty of the child as defined by E:

She remembers that about a year ago the homeroom teacher approached her and the son in question translated the teacher's words. The homeroom teacher said that her child had difficulties in reading and understanding the school material and therefore is in need of a small class where he could receive help. She asked for the mother's signature giving her consent so that the child could attend a special education class. The mother says that during the course of the meeting she didn't sign as the teacher requested but she recalls that she signed previously for the first grade and perhaps the child is attending a special education class already since then. The mother is confused in regard to the dates of the placement committee, the transfer of the child to the special education class, etc., but is very certain that the child is normative, and just fine as far as studies are concerned. "In the beginning, everything was good, the grades were good but in my opinion they were given low grades because they are Ethiopians." After making this statement, the mother insists that there isn't discrimination but stresses that "If the children go to special education [school] or to a special education class, this is the system's problem; this in effect is a failure of the Ministry of Education."

She describes a situation where "I don't have someone to share things with and I keep it all in my stomach, I have nobody to consult with. Nobody understands me, that I am a

single-parent mother. They don't understand my problems and the economic problems as well. Nobody understands."

She defines herself as an Ethiopian-Israeli. "Whoever is open and gets closer to me, I'm happy; if they keep their distance from me, I don't have a problem to stay away."

Mother: T

F is 45 years old, single and a mother of four children. The father of the first three children passed away and the father of the little girl doesn't see his daughter. Her daughter, the youngest among the four siblings, is today 12 years old and is entering the sixth grade. She was assigned to a special education class in fifth grade.

F grew up in a village in the Gondar region. They decided to immigrate already 15 years ago. "God said that the time had arrived, the vision had come true." After a stopover of six years in Addis Ababa, F and her family immigrated to Israel in 1998. She lacks a formal education and doesn't know how to read and write. She worked in sewing and embroidery including preparing the wool itself, as well as cooking and other housework. In Israel, she has been working for 4 years caring for the elderly.

The main difficulty of the child as defined by F:

"At school, they claimed that the girl had difficulties in learning and the mediator [a professional who mediates between Ethiopians and Israeli society] translated the principal's words who said that there was a lack of teachers at school and therefore there was aid from the Ministry of Education and this would help with the shortage of teachers and therefore it was important that she sign." She signed but she later learned from her neighbors, "that if they had her sign something like this, it was definitely connected to the girl's studies."

The mother reached a decision and fought to keep her daughter in a regular education school, which was successful for one year. The mother is certain that her daughter is being treated unfairly because she spoke out against the school staff. "Perhaps I should have kept silent like everybody," F claims.

The mother gives a list of many reasons for incidents that took place at school that led the girl to be disruptive, but her conclusion is "There is no difference from all the other children, my daughter is a special girl."

The mother claims that "In principal, it is important that the children learn [with others] on their level, but the children shouldn't be removed just like that from school and downgraded."

In Ethiopia she recalls that they worked hard and supported themselves. According to her, it has an important benefit that a state like Israel cares for its citizens that are not working and pays them an allowance through *Bituach Leumi* (National Insurance; also includes social security, child allowances, etc.). When it is difficult for her or she is sad she closes up inside herself or talks with her eldest son who is 22 years old and understands Hebrew and also with her older daughter.

F defines herself as Ethiopian and a little Israeli as well.

Mother: G

G is 31 years old, married and a mother of five. She married at the age of 17 in Ethiopia. Her eldest son was also born in Ethiopia and is today 13 years old. When he entered the sixth grade, at her initiative he was assigned to a special education class—this took place one year ago. Already when he was in third grade, G understood that her son had difficulties in learning. When he told her that it was hard for him and that he couldn't

"find himself" among the other 33 pupils in class, she decided to make it easier for him and sent him to a school for special education.

G immigrated with her family in the year 1996 after a long delay of 8 years in Addis Ababa. She remembers that many years before they had already thought about immigrating to Israel. Her family lived in a village in the Gondar region. She did not learn in a formal educational framework and she doesn't know how to read and write. In Ethiopia she was a housewife and also helped out with work in the fields. In Israel she studied Hebrew and despite the fact that she doesn't speak it fluently she can hold a conversation and communicate with the educational authorities, etc., without need for a translator. In the interview for this research a translator was necessary in order for her to understand every word (and also in order to be fully understood). She is a cleaning woman in Israel and on this job she made friends and feels comfortable in Israel.

<u>The main difficulty of the child as defined by G:</u>

When her son was in the third and fourth grades, the mother noticed that the child was having difficulties at school in arithmetic, Hebrew and reading. At a certain stage, he approached her in despair and described to her his great difficulty and loneliness among the 33 pupils in the class. She decided on her own initiative to go to the principal and to recommend a transfer to a special education format until a more creative framework could be found for him. She says that the child is good at art and drawing and perhaps in an art school he would be more successful. The placement committee decided on assigning him to a special education class and today efforts are being made to find the child an art school.

G's husband is well-informed and there is full agreement between the two. In parent-teacher meetings she is in contact with Israeli mothers that, "tell everything, [who] don't hold it in their stomachs like we do. I certainly also tell and cooperate."

G stresses that "parents have to know if it is difficult for their child. It is important to send the child to a place that is suitable. [It is important] that the child will enjoy himself, that he learn and have a positive experience."

G defines herself as Ethiopian and wants to preserve the tradition.

Mother: H

H is 54 years old, married and a mother of four children. The second eldest daughter was assigned to a special education class in the fourth grade on the basis of a school recommendation. Her family immigrated to Israel in 1997 after the extended family, who immigrated several years before, approached the *Sokhnut* (the Jewish Agency) and asked them to help find her family. H grew up in a village in the Gondar region. She didn't learn in a formal educational framework and did not acquire any education. She doesn't know how to read or write. In Ethiopia she did housework and helped out with work in the fields.

In Israel she is a housewife and does not work outside the house.

The main difficulty of the child as defined by H:

School authorities claimed that there was a decline in the girl's learning levels and that she was slowing down. The placement committee maintained that the girl was basically capable and they wanted to know where the change came from. The child is learning in a special education class with an option of transferring to a school for special education. The mother at first did not make a connection between the girl's decline in the levels of

study and a traffic accident that the she suffered from four years earlier. She stated that since the accident, she discerned several changes in the girl despite the fact that the girl underwent a series of head examinations at the hospital and they reached the conclusion that everything was all right.

Still, according to the mother, the child has no problem and she did not notice any change until she was summoned to school. She hopes that the girl is improving and will return to a regular class.

H talks about the situation with her family; all of them are aware of the situation and also the husband is very much involved.

H defines herself as an Ethiopian-Israeli.

Mother: J

J is 44 years old according to her identity card but is most likely closer to 50. When she arrived in Israel, the authorities did not know how to conduct a proper evaluation and today it is very complicated to change her age at the Ministry of Interior. J is divorced and a mother of four children.

Her son is 13 and third in the order of siblings. When he arrived at Israel he was referred to the school's second grade and from there he was assigned to a special education class on the basis of the school staff recommendation.

The family immigrated to Israel in the year 2002. Since the year 1985, they had hopes to immigrate after some of their relations made *aliyah* to Israel. They had to wait for four years in Addis Ababa before making *aliyah*. In Israel, the parents divorced two years ago.

J grew up in a village in the Gondar region. She lacks a formal education and does not know how to read and write. In Ethiopia she helped out with work in the fields, grinding the grain, and of course housework. In Israel she is not working and is looking for work. She finds that the language is an obstacle each time she interviews for a job. She very much wants to assimilate into Israeli social and cultural life but due to many worries she does not continue her Hebrew studies.

<u>The main difficulty of the child as defined by J:</u>

The child was in second grade when they immigrated to Israel. She was summoned to a committee at school and they told her that the boy suffered from emotional and behavioral problems and that he must go to the hospital for tests. The school said he claimed that he wanted to commit suicide but at the hospital they ruled out this allegation. "The psychodiagnostic tests were not good; he was defined as a child with a problem in paying attention: he receives Ritalin for this condition."

The mother maintains that in Ethiopia she worked hard and she wasn't able to notice every problem. Here in Israel, she heard and learned about attention and concentration problems only when the child entered school.

She has positive thoughts towards Israel but she is concerned about the changes and transformations that Ethiopian society is undergoing in Israel: "The children here do not respect us. There is a language gap that restricts the parent; the Ethiopian husbands respected and did not murder their wives, and their status was good."

J feels Israeli and wants more than anything to acclimatize and be a part of society in Israel.

Mother: K

K is 30 years old, married and a mother to four children. Her 12-year-old son, the eldest of the four, was transferred to a special education class in the third grade. When the child was in kindergarten her husband signed without knowing what he was signing permission for the child's transferal to special education. When they realized this, a struggle with the school ensued until the school returned him to a mainstream school and so he had to do first grade again. When he was ten years old, a placement committee discussed his status. The mother maintains that because of the lack of a possibility to continue and struggle, and due to the situation where members of the extended family lived on the other side of the country, they conceded and signed.

The family immigrated to Israel in the year 1998 after a wait of four years in Addis Ababa. Her uncles and father immigrated to Israel 13 years before so that the notion of making *aliyah* to Israel had existed for years.

The mother comes from Gondar with no formal education and no knowledge of reading or writing. In Ethiopia she worked at many jobs, such as cooking and sewing, and she also worked in the fields at planting and harvesting but not plowing. In Israel, she works as a cleaning lady at a court of law.

The main difficulty of the child as defined by K:

The placement committee said that the child has a problem with his studies and therefore he was being transferred to a special education class. Since the third grade he has been prescribed Ritalin because they said "that it would help him with [his] studies."

The mother maintains that he has no learning problem especially since he is the best student and receives good marks in the class that he attends today. He helps out at home, organizes things and takes care of his brother until she comes home from work at 7 pm. The mother saw no change in his development and claims that if he had a command of the language and if his relatives had lived closer and helped out "then today he wouldn't be were he is." To this day, they are persisting and engaged in a struggle with the Ministry of Education in the attempt to return him to a mainstream class.

The mother feels isolated due to her lack of knowledge of Hebrew. She converses with her husband but doesn't share much with him and therefore she feels that she hasn't yet acclimatized: "I don't have the language and my rights aren't respected." She also feels that the mediators are "generally not so helpful." They don't always understand what is going on and they don't always arrive on time when it is necessary to meet with school representatives.

The mother defines herself as Israeli and Ethiopian. She adds that the attitude of the educational and consulting systems should be respectful and direct when addressing the mother. Finally, she says it is especially important to give an explanation of the degree of severity of this or other behavior of the child so that the mother will be able to know to take it seriously.

Processing of Interviews

After an extensive explanation about the research, ensuring the mother's understanding of the aims of the research and her part in the research, her consent to participate in the research is obtained. Then, directly after listening to the first question in the semi-structured interview, the mother typically ignores the question and

emphasizes her narrative, that is, her perception of her child's situation. For each mother, the reasons leading to the situation are evident and there is a clear narrative, a story of the circumstances, that the mother relates. The story is also associated with the family's system of beliefs or the type of logic that the mother constructs explaining her child's experience. This narrative is repeatedly emphasized throughout the course of the interview and is the explanation for many things that take place. It begins as a simple story of the inability to attend a parent-teacher meeting because the homeroom teacher sent the letter to the mother on the day of the meeting. The mother was therefore notified at the last moment and was not informed in an organized fashion several days in advance as is the custom. "We may in fact not know how to read and write but we are not stupid; if the teacher thinks that she can send the letter at the last moment so that we [have no choice but to] accept it in silence and take no notice of it, then, no."

In addition, the teacher explained that the child "just has some difficulties in her studies, after all," but did not present any of the child's grades. If the teacher would have shown her the grades, it would have been possible to address the issue more seriously and, according to the mother, also provide help in time. Consequently, it wasn't possible to help out the girl in time and so she fell into such a predicament. And "when the child is told all the time that it is hard hard hard, it brings her down, it brings down her morale and motivation."

Another mother told straight off at the beginning of the interview how difficult it was to determine her child's age so that he was initially placed in school by mistake. Afterwards he was returned to kindergarten and then transferred *again* back to school together with her husband's daughter, who received preferential treatment because she

arrived in the country without a mother. Her child was jealous of the girl, they would often fight and there were many warnings in his file on inappropriate behavior. This was the story and the reason for the child's deterioration and his eventual placement in the special education class. During the interview, the mother displays much pain and repeatedly returns to this unfair initial point of her son's initial contact with the education system in Israel.

Another mother stresses a different point of view describing an incident that happened to her daughter when she was in the third grade; a friend of her daughter informed her that she was raped and asked her to tell the school guidance counselor. She did this and then the situation deteriorated to "low levels." They took her daughter to the police for further examination; they wanted to check if she had also been raped. The school didn't consider notifying the mother and asking her to come to the school, perhaps because of the language difficulties. The mother was summoned to the police and this was the first time she heard about the whole incident. She did not understand why the school staff did not think to inform her of the affair. After this point, more complex situations developed in the relations with the school staff and a year later they informed the mother that the level of her daughter's studies began to decline. The mother believes that her daughter is being treated unfairly perhaps because the school staff is angry that the mother went against them. She herself is angry when she says: "Since then, they are resentful and the attitude towards the girl has changed."

It is possible to hear many other stories such as: The child is being disruptive in class on days when she is preoccupied with her hair. "It's my mistake that I don't pay attention." Another narrative is about the child whose father remains behind in Ethiopia:

"I was left without a husband, [it] could very well be that he [the child] has problems [in school] because he worries about me."

The mothers tell their stories with fervor, pain and a full belief that they understand the reason why their child is in special education.

Mother's Perception of the Child's Diagnosis

The way in which the mothers perceive the diagnosis and their child's situation influences the way they bring up their children and the experiences they have with their child.

Mothers of a child who was diagnosed as suffering from mild mental retardation and/or an emotional diagnosis will have to "wear more hats" than the parent of a typical mainstream child. This affects the relationship with the child, other siblings and the staff at school. The situation becomes more sensitive and complex when the children are immigrants who are in the midst of adapting to a new society, and are undergoing acculturation and processes of creating a new identity and/or preserving the identity of origin. Additional variables in the equation are the task of creating trust vis-à-vis the state and absorption policy, understanding the special needs of the child in the context of the special needs of the family undergoing absorption, and the use of available social services while attempting to preserve or modify elements and behaviors of the tradition of origin.

Table -2 – Flow Chart – Mother's Perception of the Child's Diagnosis

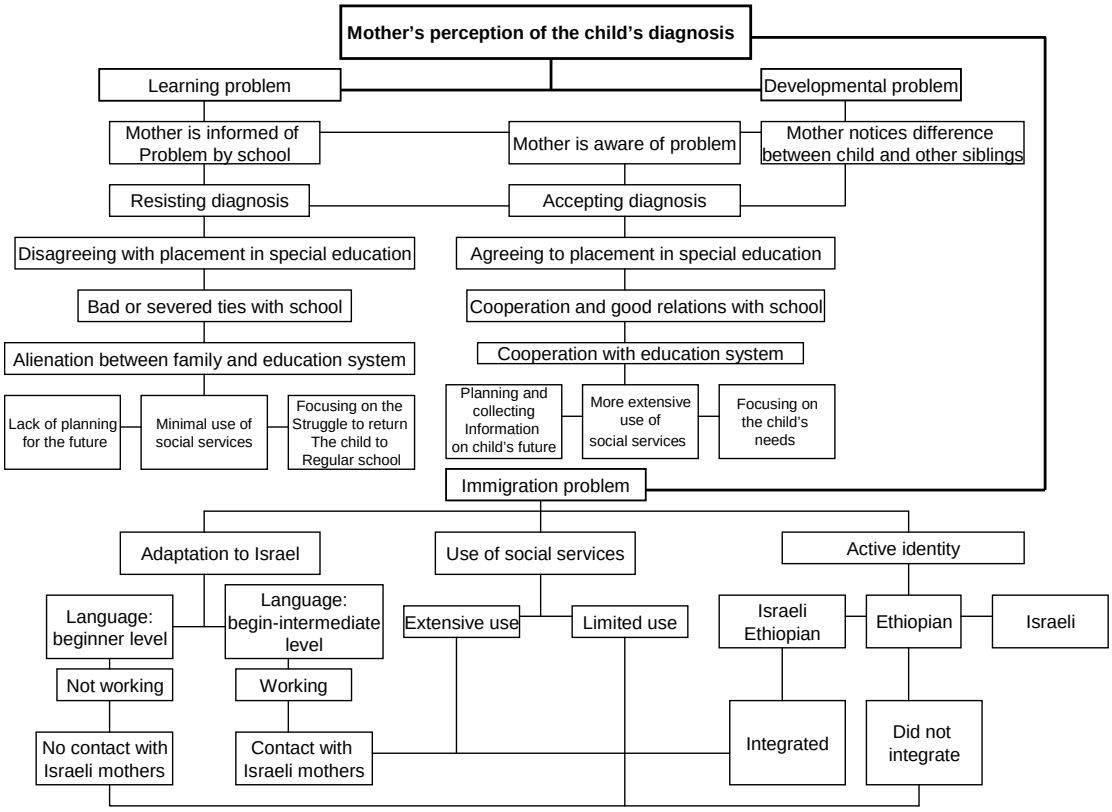

Table A2 – Flow Chart – Mothers' Perception of their Child's Diagnosis

The category of the perception of the problem as displayed in the flow chart in this chapter begins with the mother's understanding of the problem first of all in relation to the developmental problem of the child, or solely in relation to the school system (a learning problem). The mother is asked how she describes the difficulty of the child who is learning in the special education framework (i.e., a school for special education or a self-contained special education class) and whether she notices any differences between him/her and his/her other siblings. She is asked to elaborate about her relations with the child and how this affects the relationship with the rest of her children. Does she share her deliberations about her child's difficulty with her family members or with professionals in the field, and how did she becomes aware of any problem with her child

and does she at all agree that there is a difficulty or problem? How does the mother perceive the school system? What is her attitude towards and understanding of the placement committee and what social services have she used? What is the role of language in these meetings? Moreover, the Ethiopian mothers' perception of the Faranji (in Amharic it means foreign, in this case, Israeli) mothers who have children with similar problems is also investigated. In the same vein, Ethiopian mothers are asked to address the approach used in treating Ethiopian children with special needs and to compare it with the approach used for Faranji (Israeli) children.

Finally, the mothers explained the perception of the term "difficulty" in Ethiopia, how this subject was perceived in Ethiopia and in what ways was the problem dealt with.

Mother R:

My daughter is seven years old; the teacher said that she is mostly weak in reading. The teacher did not show me her grades. I know that it is difficult for my girl but she is after all only a child. I did not see anything different with the child, other than her learning problem. I wasn't aware of it until the teacher summoned me and reported it to me. I was also angry that the teacher informed me about the parent-teacher meeting at the last moment. She said that the child didn't have ability. I don't remember such a situation where the children remained at home in Ethiopia and didn't go to work on a regular basis because of a lack of ability. I never in my life saw children that didn't have ability, or suffered from retardation. There even wasn't a hospital in Ethiopia and the women gave birth at home.

Difference from the other siblings

For the most part, I don't see a difference between the girl and the other children. All the children are the same. I see it this way. They study well and are good children. Also, this girl doesn't make any problems.

The mother's relationship with the child and the other siblings

My relations with my daughter are good; I talk with her and understand her. She isn't different from the other children. It's true that with you [Israelis] the woman is closer to the child, but in my case, we raised the children together, the husband helps out and is supportive.

Placement committee and relations with the school

At school, I don't know if the meeting was with the placement committee. The teacher invited me to come speak with her; I came. If there is something that I want to say I go and say in Hebrew what I have to say but I cannot reply if they ask questions. The teacher said that the girl has no ability; I got angry at that moment. I shouldn't have gotten angry. There was nobody with whom I could talk to at school—I approached the Ethiopians coordinator at the *matnas*; he is the project coordinator and also fills the role of a counselor for me.

My relations with the homeroom teacher are not good. Sometimes the parents say things that are not correct. The moment that the daughter says I didn't do anything, the principal agrees, but sometimes the teacher doesn't talk forthright.

Relationship with self-contained special education class or special education school today

I go to parent-teacher meetings and I am in contact with the homeroom teacher. I don't agree with the method; they tell the child what he is not good at, this brings down the [child's] morale.

Mother B [she is very upset and defensive in regard to her son]:

The child has difficulties in reading and this year he relatively improved. Therefore there is no problem except for the reading problem. The problem is that the child finishes school at 12:00 noon and I can't help him or keep him busy during the day. He has changed schools five times; that is not normal. He is a good student but he has been hurt. He wants to learn and he is not given help. He doesn't have a neurological problem. In the neighborhood, they think he is not ok because he returns home early each day. This reduces his motivation. In Ethiopia, he had more space, he use to tend to the sheep or work in agriculture. He doesn't make progress in his studies because he is in special education and learns until 12:00 each day.

Difference from the other siblings

Today I see a difference. At first, when they were born, they were equal. I saw the difference only when he was disturbing at the kindergarten and afterwards at school when he moved from one framework to another. I think he is ok; it's just that he doesn't manage with the school requirements.

The mother's relationship with the child and the other siblings

The relations are good with all the children. It pains me that the child is worried about what others think of him. It doesn't take much time from the relations with the other children.

Placement committee and relations with the school

When he entered second grade, I was called to a meeting. They said that he needed to move to another school. Special education wasn't mentioned and it wasn't explained why. After the meeting, I asked the mediator why; she had been told that it was difficult

for the child. When I asked her why he wasn't given remedial lessons, they said that this was the suitable framework for him. The people at the meeting were the teacher, the mediator and I. I signed something and I didn't know what it was. Nothing was explained to me.

Relationship with self-contained special education class or special education school today

Today, I am not even invited to parent-teacher meetings. There is no contact. I am involved and I ask questions but it doesn't help. I spoke about this with the community social worker but [people] only talk and there is no help. It has already turned into a lack of interest on behalf of both sides. I am filing a lawsuit against the Ministry of Education: Either he should finish school at a later hour (and not at 12:00 noon) and receive help or he should be transferred to another school.

Mother C [she is hurting and crying, but glad that someone is listening to her story]: My child is 13 years old today; he immigrated to Israel when he was three. He is the eldest. From the start, he was a healthy boy, fine, dear to me—after many struggles and several births in which the children died. With the help of God, I was able to raise him. In Ethiopia, until the age of three, everything was fine. In Israel, it is hard for him to sit and study. I didn't know that he had a special problem; I heard about it the first time from the kindergarten, when he was about to enter first grade, they already wanted to send him to special education. They said that there was a problem, that he couldn't sit. They said that it was a good place, where only a few students were learning there; I didn't understand what special education meant. They spoke [only] about the good things at the school, not what type of school it was, what it means socially.

There was an Ethiopian woman who registered the children. I followed it on an Ethiopian radio station. There [on the radio], I heard that children who disrupted class were sent to a school for special education. Therefore, I was very much against it. They didn't allow him to stay one year in kindergarten; they said, that, as it was, he was too big. They sent a letter and we couldn't find anybody to read it and explain what was written there. When school started, he went like all the children to the same school. The father tried to put him on the bus and they didn't agree; he wasn't on the list. The special education bus arrived and the father, for lack of any other option, went along with the child. At the end of the year I tried to transfer the child and I wasn't able. At the municipality they said when it comes to educational issues, the child was registered according to what was appropriate for him. There were another two Ethiopian families who fought and were able finally to return their child to mainstream education. There is no one who can talk for me [at this point, she starts crying]; there is no family around me. Once there was a meeting with a psychologist who said that the child might have a problem that is not visible to the eye, perhaps a problem in his head and therefore he makes problems. I still think that there is a lack [of compatibility] between the teacher's report and what was written in the child's file. The things that were written in the file were very severe, they will ruin his life, because it will stay with him all his life and these are false accusations.

Difference from the other siblings

I didn't see a difference between him and his sister.

The mother's relationship with the child and the other siblings

My child and I have very close relations; I love him very much. We sit together, we talk. I try all the time to teach him values, so that he won't hang around outside and be exposed to things that endanger him.

It is true that I have to invest a lot of effort in the child and perhaps even more, but I try hard to invest effort in her as well [his sister]. She is a good girl. And despite the fact that I can't help her out with school, I still try hard.

I have to invest more effort in him also because he was born in Ethiopia. I went through very hard things together with him; that's why I have feelings towards him and love him a little different. When he goes out, I'm sometimes afraid that he won't come back.

Placement committee and relations with the school

I don't remember and don't know if there was a placement committee. At the end of the first school year, the teachers and the principal invited us together with another two families who have children who learn together with our son. They wanted to transfer my son to another school and I didn't agree to sign. I fought to return him to regular [mainstream] education and I didn't succeed.

I was very hurt by their ugly attitude towards me. Disrespect for people. At one meeting, the staff of teachers, a representative from the Ministry of Education, a social worker, a translator, and the school guidance counselor all took part. I told them that I was really on the verge of committing suicide and [having] a breakdown from the nightmare they were causing me. At that moment, the social worker supported me a little. Once, when the child went with his father, he signed some kind of form and I was very angry at this.

Relationship with the self-contained special education class or special education school today

After a week, they came and said that the child continues to interfere even in special education. Every day I went with him to school and stayed there with him. I wrote a letter to the Ministry of Education with the social worker's help who translated and this didn't help. At school they decided to send the child to a psychologist who said that the child was normal and ok except for his disrupting class, so they decided to give him a tranquilizer, Ritalin, for a week or two and afterwards [the psychologist said] to get back to him. I thought that it was helping him but then the child became sick, he had fever, he was close to death. I stopped the pills and I didn't continue [to administer the pills] even when they asked me to.

The person who works together with me is generally the homeroom teacher; I have some contact with her.

Mother D [her speech is very flat, not forceful even when angry; she speaks with a lot of pain]:

I didn't notice anything different about the [child's] development; it was solely the school that made a decision. He doesn't have any special problem—because of this I am so hurt that they decided he has a problem when he doesn't.

At the beginning, there was confusion about his age. He started school, then he was transferred to kindergarten, then he was assigned to another class at school…There were fights with my husband's daughter who received preferential treatment…perhaps he [her son] was jealous. When they put things [warnings, remarks] in his personal file related to his behavior and his lack of learning and this stays with him…the bad beginnings influences what comes in later years.

For about a year he studied at a regular [mainstream] class with his friends; I don't remember which grade it was. One year later, somebody called up from school and said that he had difficulties learning in a big class and it was better that he learn in a small class. They asked me to sign and I did. I didn't understand what I was signing. The woman who spoke with me was a translator working for the municipality or the Ministry of Education.

I did not understand the implications of these actions. All the [other] students learn until late and only the students of the special education class come home at 12:00 noon. The children there are not regular [typical], my son doesn't belong with them, they have problems that are more severe than his. At that time, I also didn't know essentially what was going on, what the negative consequence of this thing might be. There wasn't an explanation. Now I understand the implications from which my child suffers. Cultural implications of the future education.

Difference from the other siblings

He is a regular child just like the rest; he grew up in a regular way and developed regularly, ordinary birth, healthy. It saddens me and I am angry that he is in a place that isn't suitable for him.

The mother's relationship with the child and the other siblings

I have a good relationship with the child; it is hard for me that it is difficult for him. There was a stage that when he went there [special education] he would cry and so would I. He said to me: What have I done to you that made you put me in this school? Do you want me to smoke cigarettes? That I'll do bad things? The most difficult thing is that he is the first son (after three daughters), it saddens me. I would like very much to help him

to be like everybody; I don't know how to help him. He has older sisters who have families and one is in a boarding school and they don't have time to help him out. The rest are smaller. To a certain degree, I invest more effort in him. I try and make an effort to tell the younger ones not to reach his situation. I am more cautious with them.

Clearly the relations in Ethiopia were different. In Ethiopia there is not a lot of awareness of learning and the children are shepherds, but at the same time we could understand each other. And in Israel—because the parents don't understand the language, there is a gap and the children don't understand the parents.

If the teacher would have really told me the problems and we would have talked and together solved them (because of my desire and the teacher's to take care of the child), it would have been different.

The Ethiopian mother protects her child, she doesn't leave him and she takes care of him. But [I] don't know how to communicate with the professional staff. It's all through talking, proposals: If you will learn…I will give you, I will buy you; I try all different ways of helping.

Placement committee and relations with the school

There was a meeting, I signed and I didn't know what I was signing. There was an Ethiopian translator at the meeting, the teachers, the principal, and I don't know if there were more people. At that time I didn't know who the teacher was and who the educational counselor was. On the whole, I feel that they lied to me because I didn't know. When they spoke of a different school, I thought of a regular [mainstream school] and not special education. I don't know anything about evaluations, only that when I received a letter I would show it to the children and they would translate.

Relationship with self-contained special education class or special education school today

When the child was first at school there wasn't any information about what was going on at school. Afterwards, when he transferred to a small class (a special education class), I would go to ask and I learned all that they were doing. There, they also said that he was ok after all. Therefore, I accepted this as [meaning] he was all right.

When he transferred to special education, to a different school, most of the children there are not regular, it's as if he is not normal, the children there are very different. Also it takes time to get to the school and then what can you learn in 3-4 hours when you go home at 12:00 noon? I watch over him more often, I check his notebooks if there is homework and I make sure that he does his homework.

Today I am helpless in regard to the child's future. I don't know today with whom to speak; the mediator isn't always available. I think that perhaps the boarding school will help him out.

Today I am in contact with an educational counselor at school who's trying to find a boarding school for the child. It's also hard to find activities for the child around noontime.

The school counselor had several suggestions, even a school where he will return home at 3:00 pm, but there are many Ethiopians who attend this school and this could be a problem because I want a school that is integrated (Ethiopians and Israelis). There are many Ethiopians together in special education and because they didn't grow up with the idea of studying, they don't learn at home. The Israelis are familiar with this idea; therefore, it is important that the class be integrated.

Mother E [she speaks in a soft voice; she is reserved, she sounds confused, and feels much pain at what happened to her child]:

If the children go to special education [school] or a special education class, it's the system's problem; it's essentially a failure of the education system. I am a single parent (divorced with five children) who raises the children on my own and it causes me pain that I have to send the child from one place to another. If they taught the children and helped them out as they should…

Basically, it is hard for me to accept the fact that he has problems. I don't think that he has problems. When he was in kindergarten, he was a good kid. It began now. They're after all children. Children usually fight, argue, it's normative. It's inseparable. At school they said, when the child in question was in the role of the translator, that the child had difficulties in reading and understanding the material being studied. I wanted to meet the school principal but she didn't have time, it's very difficult. I didn't talk about it with the family members; the husband was no longer in the picture and he is also elderly so I don't consult with him. I don't know if he is in special education and since when, perhaps a special education class [she sounds confused]. I didn't agree; at school everything was all right but in my opinion, although they are good and successful, they are given low marks because they are Ethiopians.

They call me up from school [to tell me] he is disturbing and they tell me to come pick him up or to calm him down, but I think that they need to manage on their own, without me, because he [the child] claims that they always start [trouble] with him and not him with them.

I try to give the children what they lack: writing tools, etc., to give them what they need so that the children fit in. I try to provide them with the best although there isn't enough money.

Difference from the other siblings

He was a regular child, he disturbed a little more at home, but the older and more mature he got, his behavior changed for the better.

The mother's relationship with the child and the other siblings

The relationship with the child doesn't affect relations with the other children. I give the child special treatment because most of the time they summon me and tell me that he is hitting this one or that one. The child always claims that the [other] children are the first ones to start; I explain to him that there is a lot more to lose than to gain. Therefore, yes, I have less time to invest in the other children. He listens to me when I get angry at him, calms down and hugs me…

At school they asked me if I loved the child; I was hurt, of course I love him. What [kind of] mother hates her child, who she takes care of so much and raises?

In Ethiopia, the relationship was different. There, they learned the meaning of responsibility and did important things. Here, [they are] only at home, [there is] no outside, everything is electric. In Ethiopia, on the other hand, my youngest three-year-old daughter would tend to the herd and was responsible for 9 cows. The child [in question] was a baby and was always on the [my] back. There [in Ethiopia], we would talk about work, about marriage arrangements (at a very early age). I worked at everything; I cooked, took care of the children. In addition, I would go out to the fields

and help the husband. I sowed and helped glean, every thing and its time. The children were disciplined and also there was respect and there was a lot of [time spent] outside.

Placement committee and relations with the school [sounding a little confused]

I recall that already in the first grade there was an Ethiopian translator who worked at school and said that because he was having difficulties in his studies, he should receive help and I have to sign a document, so I signed. This was at a meeting. Present were the translator, teachers and others (I don't remember). Perhaps since then, the child is in a special education class. I signed [the document] then and I regret it to this day (the boy is in fourth grade). They said he would receive help in the afternoon and therefore I signed. I'm worried that they will send him to the wrong place, to a school for special education. [I'm worried that they will] take him out of this school [today he is in a mainstream school with the rest of his siblings in a special education class] and send him to a place with hyperactive [children].

I have no one to talk to, or consult with. The school principal doesn't provide the required information, future plans, professions, etc. She doesn't have time to talk.

Relationship with self-contained special education class or special education school today

I am trying to arrange a meeting with the school principal and she doesn't have time. I am in contact with the homeroom teacher and the mediator, but there isn't enough information in regard to future possibilities, proper guidance, rights and obligations.

I am not educated although I am trying to learn Hebrew. I don't know how to help the children; however, I invest a lot of effort in them and worry about them to the point where I already have a heart disease from worrying so much. I have language limitations and there aren't always translators around and therefore I cannot communicate with the

school staff. I also have money problems and nobody is there to understand my problems or listen to me; how it is to be a single parent [she describes a situation of a difficult divorce process which caused harm to her self-image].

Mother T [she speaks quietly with restrained anger and a lot of pain]:

I didn't see anything different. The moment that the school said she was having difficulties and they also wanted her to repeat a grade or send her to a special education class, then I understood there was a problem.

The girl has a tutor from *Perach* [similar to the Big Brother/Sister program in other countries] and she is going to have lessons in a learning center in the *matnas* where they said that the girl is smart and she doesn't have to be in special education [school] or in a special education class.

I fought so that it wouldn't happen. The whole process was dishonest. In the end, [the school] decided that the girl would continue with her class, but it appears that she will go to a special education class [the mother is not clear].

It's related to an incident that happened to the girl at school last year with a girlfriend who was raped and who asked my daughter to tell the school counselor…She was summoned to the police station and they demanded that the girl also be examined because they were worried that she was also raped. I only heard about it from the police. I don't understand why the school didn't inform me and involve me in the matter. Perhaps the girl took it hard—the girlfriend's incident. I was angry: at the principal…I took the school to task for collecting cross-check evidence from my daughter without talking to me. Since then perhaps they bear a grudge towards me and therefore their attitude towards the child changed…perhaps I should have kept silent like everybody.

Difference from the other siblings

There is no difference from the other children. She is a special girl.

The mother's relationship with the child and the other siblings

With the other children I didn't have to go to the school, to the police station and so on. Therefore I have to invest more time in this child. But the relations with all the children are good. When it is difficult or sad, I talk only to the children or withdraw into myself. I mostly talk with [my] older 22-year-old son who understands Hebrew, or with the eldest daughter.

In Ethiopia the children were more obedient. They would receive a punishment such as a slap in the hand with a lash or they would position themselves on the floor on their knees. The children would make an effort and do their utmost in order not to be punished. Here, they do what they want and therefore they allow themselves to be late for school. Sometimes they don't have respect and this affects the relations. In Ethiopia, the girl would have learned to sew and embroider and also would have worked from eight in the morning until six in the evening. She wouldn't be running around outside all the time, doing whatever she wants.

Placement committee and relations with the school

I was summoned this year apparently to a placement committee. The principal said there was a shortage of teachers at school and therefore assistance was coming from the Ministry of Education to help out with the shortage of teachers and therefore I should sign. So I signed. Later, I talked with the neighbors and with people who said that if they wanted me to sign something like that, it was surely had to do with school studies. I went to the school mediator who asked me to bring the form which the principal asked

me to sign. I told her, why didn't you tell me that I was signing [something] related to the child's learning difficulties. You told me that I was signing for adding on more teachers.

Relationship with self-contained special education class or special education school today

The girl apparently will be in a special education class. I don't trust anybody at the school; all of them are my enemies. I tried to change schools and I wasn't allowed; I also tried at the Ministry of Education and I wasn't successful. The child is receiving help from the learning center at the *matnas*. The father of the first three children passed away and the father of the little girl doesn't see her. The older children help out. I don't receive tools, explanations on how to help the girl, only that to change schools is not a solution.

Mother G [the mother is cheerful, speaks with tenderness and joie de vivre]:

My child has difficulties in learning. Aside from that, he is normal and all right; now he is progressing well [since third grade, the boy is in a special education class]. If he would have continued in a regular [mainstream] class, he would have lost hope and left school. In the end, I decided to send the child to a special education framework. He received a tutor from *Perach*. One day my child was sitting and reading. He asked me to speak with him. He told me that learning was very difficult for him. He was getting lost among the 33 children in class. He said that the whole time it was difficult for him, not only in arithmetic, Hebrew and reading. I could see that he had difficulties with perception.

I went to the school, spoke with the principal and asked her to find a solution for the child, some place where he could "find himself" and wouldn't feel deprived in his studies. He has now been studying for a year in a special education class. He is talented

at drawing and I looked for an arts school for him. We (me and my husband) found an arts school but it is for older children. Apparently he will study one more year in a special education class and afterwards he will go to a professional arts school where he will attend a regular class and develop his talent for drawing.

Difference from the other siblings

He is different from the other children who catch on quicker. He has difficulties in arithmetic and his little brothers knew and he didn't. He is slower. Today he is progressing even more (after a year in a special education class). There is no difference between Ethiopia and here in terms of [his] investment. If he has a will to learn, he will be able to do here like there. The place doesn't matter. Here, [children] receive a lot of remedial lessons and there they had to manage on their own.

The mother's relationship with the child and the other siblings

I have a good relationship with my son and the rest of the children. I devote more time to him in arithmetic and so on; I feel that I have to make sure he does more than is required. He had a tutor; that didn't help so much. Father helped out in arithmetic homework and this left less time for the other children. I listen to him, understand him; when I saw that it was difficult, I tried to help and find a framework that suits his needs. I also talk with the other children.

Placement committee and relations with the school

The principal set up a [meeting with a] placement committee in which a social worker, a mediator, the principal, the teacher staff, a psychologist and I took part. They did tests on him but they didn't tell me what the results were; they only recommended that he attend a special education class. The father was included; we spoke about it and there is

agreement but I did all the necessary actions and conversations. There was full agreement between me and my husband.

Relationship with self-contained special education class or special education school today

I am in continuous contact with the homeroom teacher, the school principal. I go to parent-teacher meetings where we sit, converse; we talk about everything. Personally, I don't know how to help in professional terms. I am happy that there is planning for the future, a school for the arts; there he will express his talent and develop it. Both in regular [mainstream] education and special education, children don't always learn what they need and [we] don't know if the children were outside or in class during the whole time. Parents need to check out and know what their children are doing and how and if it is difficult for them. The child needs a framework that suits him, that the child may learn and undergo an experience. In this way, the child will not be frustrated and make problems because he doesn't understand.

Mother H [quiet, she speaks softly, with a lot of pain]:

As far as I'm concerned, the child has no problem. At home, she writes, does things, reads. Even in comparison to her older sisters, she is better. So that when I was summoned to the school I got very irritated when they said that she [her daughter] was slow and there was a deterioration in her studies. Before fourth grade (four years ago) she was in a traffic accident and since then they have said she is slow; I didn't connect it to the accident. But perhaps she was frightened by the accident and therefore she doesn't grasp so well the things taught in class. She was transferred to a special education class. [The accident: The girl crossed a street in a sidewalk and a car hit her. She sustained injuries to her head, receiving a blow from the car's side-view mirror. The driver put on

the brakes, by chance she was saved. As a result of the accident, she suffered some bleeding. The police were informed and the girl was hospitalized for two days.] At home, I don't see any change in the girl, only what they said at school. The child is generally smart and now also at school it appears that she has begun to pull herself together, although she still has difficulties. At school, they recommend that she be transferred to a school for special education. I don't agree.

Difference from the other siblings

There is no difference from the rest of the siblings.

The mother's relationship with the child and the other siblings

My relationship with the daughter is good; a mother-daughter relationship. We spend time together, she helps in the housework. I devote time to the daughter and care for her. Today, I think that if she hadn't been in the accident, she would have continued to be smart and to be successful at her studies. I also have good relations with the rest of the children.

Placement committee and relations with the school

When the girl was in fourth grade, there was a meeting in which the following [people] took part: the translator, the school principal, the homeroom teacher and the school guidance counselor. They said that the child was good and they wanted to know where the change came from. Then I understood that perhaps there was a connection to the accident. I told them about the accident she was in. They were concerned when they heard about the traffic accident, and said that perhaps because of this [accident] there was a decline in her studies. The grades were all right, the only problem was that she would

write slowly and this only [happened] after the accident. She went through a series of head examinations at the hospital and the conclusion was that everything was all right. The meeting was conducted in order to receive permission from the mother so that the girl could study part-time in a special education class—that she go out and receive reinforcement. I spoke with everyone in my family; the whole family took part and the husband was very much involved. I gave my consent to a special education class.

Relationship with self-contained special education class or special education school today

I can't communicate because of the language. I also don't know how to help, mostly because I don't agree that the girl should be transferred from a special education class to a school for special education, like they are now recommending.

I am in contact with the homeroom teacher who generally is obliging and sometimes also with the school guidance counselor.

Mother J [she speaks quietly, sounds very concerned, and expresses her gratitude several times for the fact that we are listening to her story]:

In Ethiopia, I worked hard and I didn't notice any problem. In Israel, when we arrived, when he entered school in the second grade, I heard about attention and concentration problems from the school. At home, he is generally all right; sometimes he hits his brothers a little. He is very caring towards me and considerate. He gets angry about little things but can also be happy about little things. When I ask him why he interferes [at school], he replies that at school he doesn't feel like listening to the teachers or doing homework.

When I speak to him and explain to him the importance of learning, that in Israel you can achieve nothing without studying, he listens but in practice he does nothing about the matter.

At home, he is very helpful, puts things in their places, cares for me, listens or even wants to hear more and more things about Ethiopia. He is a child that knows a lot. Perhaps he has problems because he cares for me. This is perhaps connected to the fact that I was left without a husband. His father remained in Ethiopia. In the village I got married to somebody else and in Israel I got divorced from him. The child was very close to his father in Ethiopia. Also here at school they were concerned that perhaps the problem was more an emotional problem because [the child] was separated from his father and cares for his mother. It's hard for me to talk with his father in Ethiopia on the telephone because it is expensive.

Difference from the other siblings

There is a difference in the fact that he suddenly gets irritated about little things, doesn't do homework like he's supposed to, and only because of him I am asked to come to the school.

All the rest of the children are very much all right, quieter.

The mother's relationship with the child and the other siblings

I am a woman who likes to gather the children around and talk with them, tell them experiences. He is very attached to me and cares for me very much. I devote a lot of time to him, talk to him, try to help him to improve his behavior. It is at the expense of the time with the others. He likes it when I give him attention; it bothers him when I am with the others.

In Ethiopia, there was also his biological father. Life is better in Israel and we lack for nothing. There are many options to do things and learn. There, life was much more difficult.

In any case, there in the village, he used to be involved in other things and [people] didn't say that he wasn't doing well with studies…When they were outside all day, they would go to work, there was a purpose. Here, outside, there are dangers, there is drinking, smoking, drugs, hashish and therefore it is necessary to keep your eyes open all the time.

Placement committee and relations with the school

I was called to a meeting at school. The principal, teacher, translator, school guidance counselor were there and they told me to take him to the hospital because he has problems and he needs treatment. They also thought at school that he wanted to commit suicide. At the hospital, he underwent several tests where he was questioned and he said that he doesn't want to commit suicide and that school was boring. The results of the psychodiagnostic tests were not good. They said he was hyperactive. He was diagnosed as suffering from attention and concentration disorders and therefore he receives Ritalin. He was placed in a special education class at school with my consent.

Relationship with self-contained special education class or special education school today

I am in contact with the homeroom teacher; she helps the most. She has a lot of endurance even when the child is disruptive and makes problems. There is also contact with the new principal and she helps a lot and it's important that she has a translator.

I very much want the child to find a right course for the future, a right way and therefore I ask and inquire. I want the child to find his way and be like everybody. I am missing the tools, the language and information.

This year he had a tutor from *Perach* who helped significantly. The child played with him and was happy. The child is looking for attention and, thanks to the tutor, his attitude towards the whole family changed.

I also asked for a psychologist and I signed for it but they told me that they didn't find one.

Mother K [she smiles, glad that she can tell the story; she is emotional and feels the child's pain]:

I don't see any difference; [his] development is regular like all the children. His report card was also excellent. In general, he doesn't have any particular problem; at school he is the best pupil in [the special education] class. I don't understand why he is in special education. Today his grades are good, I asked them to return him to regular [mainstream] education and the principal is hostile and doesn't cooperate.

When my son was still in kindergarten they had my husband sign without knowing that the child was to be transferred to a school for special education in the first grade. Afterwards, we struggled with the school until they consented to return him to mainstream education, where he started first grade all over from the beginning (therefore he learned two years of first grade).

In third grade, they said that he suffered from learning deficits and transferred him to a special education class in the same school. Since third grade he has been taking Ritalin; I was told that this would help him at school. The school principal offered this. In the beginning, I refused but they didn't leave me alone and gave me a referral to a family doctor.

I had a language deficit and I didn't explain and I didn't insist on things like I should have. There was no one to help me; otherwise he wouldn't be where he is today. I would say that if there is a problem with his studies and he has difficulties, then help him out with his studies. A person who doesn't know the language is like an animal; he does what he is told. That's what happened with me.

I don't know about behavioral problems. Today [he is entering sixth grade], he still takes Ritalin, during the summer [vacation] he doesn't, but during school he does. Today, his grades have improved. The child always asks me, what am I doing there? It's unpleasant that he isn't in the company of his friends and he doesn't want them to know that he is in [a] special education [class]. He is very careful that they don't find out.

Difference from the other siblings

There is no difference between him and the rest of the siblings [two boys and two girls]. He takes charge of them and helps and supports. The child functions very nicely at home; I go to work from 12:00 noon until about seven in the evening each day [to clean]. The son, who is the eldest, puts the house in order and arranges everything.

The mother's relationship with the child and the other siblings

The relationship with the child is very good and warm. He hugs and receives me with open arms when I come home from work. My children are really good and incredible. I devote more time to him because of the special education issue. It takes more time than the relationship with the others. The three others go to the same school; I go to visit them every day in the middle of the day. The eldest learns in a special education class and at the end of the day, he brings them home from school.

I support him and reinforce him and tell him that [things] will be all right; improve your grades so that we can fight on your behalf.

Placement committee and relations with the school

In the placement committee (third grade), they said that he had fallen behind in his studies and therefore he is being transferred to a special education class. The committee consisted of an Ethiopian mediator, the principal, the homeroom teacher, the school guidance counselor and the teachers' council. I didn't give my consent to sign and they sent me a letter once or twice to my house and in the end I signed. Today I am trying to return him to the regular [mainstream] education because his grades are good.

Relationship with self-contained special education class or special education school today

Among all of them, the only one who helped the most is the school mediator; she used to advise me also on what to do, she encouraged me, proposed that I write a letter. We the Ethiopians, uneducated parents, we can only tell the children to learn and that's all. We cannot help and reinforce. We don't have the tools and nobody gives us the tools like in the after-school child care facilities in the *matnasim*, where they did this with the children and helped them.

At school, they are always telling me that I am a caring mother who comes and checks out how the children are, but so far I haven't got any help at all.

Mother L [smiles and is pleasant, is in a hurry to work and inquires about the timetable]: I don't see a big difference from his brothers and sisters. He is a little bit slower than they are but he functions and helps out. I didn't see any problem at first. He is the eldest. When we arrived in Israel, in the first grade, I was asked to come to school and I was told that the problem was that the child is slow, he doesn't grasp well the material. He has a

learning problem mostly in reading. He was transferred to a school for special education. I didn't agree immediately but the mediator explained and said that it was important for the child so that he wouldn't be frustrated in class. In the end, I agreed and signed.

I spoke Amharic and the translator translated to Hebrew but I speak a little Hebrew and I listen to her.

Difference from the other siblings

There is no big difference. I noticed that he is a little bit slower than the others.

The mother's relationship with the child and the other siblings

The relations are good and warm, especially when the father is not in continuous contact with the family and this is hard for them. I am attached to the child. He is the eldest, born in Ethiopia and I think that this is difficult for him. I have good relations also with the rest of the children but the special education is time-consuming. Too bad that I don't have the tools to help him at home with his studies. I think that in Ethiopia this matter would not have taken place, even if he is slow; he would have worked outside and found a suitable job. He wouldn't have been considered exceptional. Here, the special education is also until 12:00 noon and it is a problem to keep the child occupied, especially when I am working.

Placement committee and relations with the school

I don't know if there was a placement committee. There were a lot of meetings. At one meeting, I signed my name after the mediator explained to me that it was important. I don't know what is right. At some of the meetings there was a larger staff from the school and at some of the meetings only the homeroom teacher and the mediator [were present].

Relationship with self-contained special education class or special education school today

In the beginning, I was more hurt and I didn't have good relations with the school. Today, one year after, there is a good relationship principally with the homeroom teacher who loves the child, so the contact is continuous.

Mother M [sad, tells her story quietly]:

I and the girl saw that it was difficult for her. She cried and said that she doesn't understand what the teacher is saying. I didn't do anything in the beginning; I said things will be all right. They invited me to school and said that she has an attention and concentration problem and it is difficult for her to listen to the teacher. In the beginning, they called a lot and said that she is disturbing class and that I should come to calm her down.

The family doctor gave her Ritalin and they said that they are transferring her to a special education class, where there is a smaller class and more attention. I had no choice so I agreed. The problem is that it is for a short day, only until 12:00 noon and that is difficult.

Difference from the other siblings

She is a little more active than they are, jumping around and doing things. It is hard for her to sit and sometimes she hits them, but there isn't a big difference, all of them are the same.

The mother's relationship with the child and the other siblings

I have a special connection with her, she knows I love her and I try to help her. It takes away time from the rest of the siblings, but I also talk with them and explain things all the time. Their father sometimes comes to visit and this also helps.

Placement committee and relations with the school

There was a committee; they explained to me what attention and concentration problems were and why she is receiving Ritalin and that it calms her down and helps her. It is difficult because I think she is a regular girl like everybody else but if it would help her, I agreed and signed. Here and there I spoke with Israeli and Faranji mothers; they said that [in their case] they identified the problem sooner. But they can also help out the children because they have the tools.

Relationship with self-contained special education class or special education school today

I am in contact with the homeroom teacher who is supportive and explains things. She has patience for the girl and that is important. I am generally together with an Ethiopian mediator but sometimes also on my own.

Mother N:

I was called to the school and they said that the child has a learning problem in arithmetic, Hebrew and reading and mostly that the child is disruptive in class. The child was referred to psychodiagnostic tests and ultimately they decided to give him Ritalin. I was against and I didn't understand why they were doing this to him. I have an Israeli friend at work and she said that it was good and relaxing for the child when he takes Ritalin. After a year, I agreed to this. He was transferred to a special education class until 12:00 noon each day.

Difference from the other siblings

There is not a big difference. He has a little bit harder time of it and says that he doesn't understand the teacher. He doesn't listen like they [the other siblings] do at home and I have to explain to him that it is important to be respectful and then he listens.

Placement committee and relations with the school

The committee included the homeroom teacher, the school principal, the mediator, the school guidance counselor, a social worker and representatives from the teachers' council. It was hard for me to give my consent. They talked about a small class, less pupils and in the end I signed for them. I spoke also Amharic that was translated and also a little Hebrew.

Relationship with self-contained special education class or special education school today

I have a good relationship with the child's homeroom teacher who reports to me about his progress in his studies. Sometimes I also meet with the educational counselor with a mediator or without her.

I try to get information about what is going to happen, the child's future and I don't know enough.

Mother P:

I and the school noticed that it was difficult for him in class. He was not doing well and was not successful so he was frustrated. He yelled at home and at the teacher, interfered with the teaching and it was difficult. I heard about this in a parent-teacher meeting and afterwards at the placement committee. They said that he was disruptive and hitting children. In second grade he was transferred to a school for special education. He takes Ritalin during the school year and that helps a little. I am frightened at what will happen later and [I hope] that I am doing the right thing. I am alone and [there is] the economic situation and I need to know about his future.

I learned Hebrew and I am still taking courses and that is good because I can speak more with his homeroom teacher and take interest and I don't always have to wait for the mediator to see if she is there or not.

Difference from the other siblings

He is different. He is the eldest and always helps at home, but he yells more than they do, they are quiet.

The mother's relationship with the child and the other siblings

My relations with him and his siblings are good. I think about him a lot and am concerned for him. It takes a little bit more time from his siblings.

Placement committee and relations with the school

At the placement committee, the whole school staff was present; I identified the homeroom teacher, the principal, and the mediator. I signed what they asked me to. They explained that in special education he would receive help and support. It's frightening; I hope he won't be stigmatized and that it won't ruin his future.

Relationship with self-contained special education class or special education school today

I am in contact during the parents meetings and when necessary with his homeroom teacher. She is the one who is supportive and helps out.

I wish I had the tools to help him with his studies. This they don't teach us. Mothers at work and at school have the language so they can help more and this also gives more confidence to their child. I hope that if he works hard he will be successful and manage later on down the road.

Findings

Every encounter with an Ethiopian mother was fascinating, sincere and filled with pain. After the mothers put to the test the abilities of the researcher of this study and ruled out any connection to the Ministry of Education or the possibility that their statements would be used against them or their children, they swung over to the other side. This meant that they made genuine contact with the researcher and told everything from the heart. They were also thankful for the attention given to them and to their story, which in some cases was the first time it was told in its entirety.

Their attitude was not one of complaint or accusation, perhaps even an attempt at understanding the other, but their story was in touch with their pain, the narrative of "everything we had to go through until now." The story that they told now was another stage, or another journey, related to the special education system, to a child with difficulties, to a first acquaintance with the world of schooling and education that started off "on the wrong foot."

The perception of the mothers begins with the question, who thinks the child has a problem? Do the mothers identify the problem? Do they see a difference between the child with the difficulty and the other children?

As Kazdin (1980) maintained that "acceptability refers to overall evaluation of the process," it is important to understand the perception of the mothers, the whole process starting from the diagnosis and concluding in the proposed ways of intervention, in order to understand the meaning of their actions, behavior and mode of cooperation with the various systems that treat their child. Miscommunication and disagreement between the mothers and the education and psychology system lead to a resistance to the diagnosis

and any intervention in the treatment of the child (The Network for the Advancement of the Ethiopian Immigrants, May 2000).

Seven out of fourteen of the children whose mothers took part in the research were placed in a self-contained special education class and seven were placed in a school for special education. In eleven cases, the school approached the mother and informed her of the child's difficulties, of the referral to evaluation, a family doctor and the placement committee. In two cases, the mother and the school were simultaneously aware of the problem and in one case the mother initiated the approach to the school and the transferal of her son to a special education class. Eight of the mothers refused this option, two agreed after one year, and four mothers gave their consent already in the early stages of the process (one of them in fact initiated the process).

On the basis of the interviews a subject perceived as central in the mother's understanding of her child is the way in which the mother perceives the difference between the identified child (IP) and the other siblings in the family. This is a significant key point. The findings show a direct relation between the mother's description of the equally normal and healthy development of both the identified child (IP) and the rest of his/her siblings, and her complete disagreement with the school staff's definition of the IP's difficulty and diagnosis as well as her consequent objection to the IP's placement in a special education class or school of special education. As a result, communication with the school is not good and accompanied by struggles and occasionally lawsuits against the education system (at least one case among these mothers) and in fact total disengagement on behalf of both sides. On the other hand, when the mother notices a difference between the IP and the rest of the siblings—even if she becomes aware of this

only after the school points out the child's difficulties—there is acknowledgement (not necessarily immediate, but still in the early stages) that there is a difficulty and acceptance that the special education option is suitable for their child. Consequently, communication with the school staff was partly good to very good in terms of participation in parent-teacher meetings, contact with the homeroom teacher, the mediator and educational counselor.

All the mothers were concerned about the future and maintained that there wasn't enough explanatory information in relation to the procedures that paved the way to boarding schools, professional schools and other options that may suit the children. Culturally, they were used to a situation that when people "spoke" of doing something, this meant they "did" it. As several mothers explained in the research, "we speak with the social worker and she says things will be all right," and then they are very disappointed because talking, as far as they are concerned, means to guarantee something. They really find it difficult to understand why after one conversation there is no progress, why the appropriate action doesn't take place. The feeling that they shared their problems with someone and then there are no consequences leads to their frustration.

This important point, which often recurred in the interviews, explains the difficulty of the cross-cultural encounter. "In Israel, because the [Ethiopian] parents don't understand the language, there is a gap and the children don't understand the parents." Following this description given by one of the mothers, with great pain she explains what she regards as self-evident: "If the teacher had really…and if we had talked things over and solved them together, as if it was our [the mother's and the teacher's]

child, it would have been different." The feeling is essentially one of alienation and loneliness. The Ethiopian mother understands that in Israel she is the primary one who has to take care of the child and she greatly misses the support of the whole village which consisted of one big, cohesive family.

Mother-child relationship

Most of the mothers described good, warm and close relations with the IP. They described their attempt to converse with their child, support and explain the importance of learning so that he/she would progress and not fall behind. The mothers are concerned about their child's future which is not so clear due to the possible social and learning implications that result from learning in a special education program. Most of the mothers maintained that they invest more attention, time and money in the IP and therefore they have less time to spend with the rest of the children. The child's difficulty puts a burden on the relations with the mother because it becomes necessary to continuously remind the boy, "study so that you will succeed, you must do more…" and as described by one of the mothers, "when it is necessary to tell the child that he/she has to succeed, then, the difficulty begins, it creates tension…and when they say, 'you don't know how to read,' it brings down the child's morale." The mothers maintain that it shifts the focus in the relationship to a more supervisory role whereas the emphasis should have been on "emotions and affection."

In this relationship, the mother often develops over-concern for the child associated with and identifying with the child's difficulty and his/her feelings because of various reasons: "It hurts me when he/she is worried about what [others] think of him/her," "I have to devote more time to him because he was born in Ethiopia…[there]

we went through hard things together…when he goes out, I am sometimes afraid he won't come back," and "when he used to go there [to the school of special education], he used to cry and so would I."

The Ethiopian mothers' perception of Faranji (Israeli) mothers

The mothers were asked if they knew Israeli mothers who had children with similar problems and if they thought that Israeli mothers feel like them and go through experiences similar to their own. In addition, they were asked to give their opinion of the manner in which they perceived the Israeli mothers' relationship with the school staff and professional staff. Eight of the mothers stated that they don't have any connection with Israeli mothers and they are not personally familiar with Israeli mothers. These mothers also didn't agree with the placement of their child in the special education format and do not find any difference between the IP and the rest of his/her siblings. On the other hand, six mothers are familiar with and are in contact with Israeli mothers, if by way of school or by way of work (five of them work). These mothers agree with placement of the child in special education format and do find differences between the IP and the rest of his/her siblings.

<u>Mother R:</u>

I am not in contact with other Israeli mothers but there is no difference in comparison to Israeli mothers aside from the fact that they know Hebrew. When you immigrate, it is difficult in terms of the language—there isn't always a mediator or translator who can come to a certain meeting at a certain time. And the interpreters are not all the same, capable of getting across what is in my heart.

Mother B [smiling]:

I am not on familiar terms with Faranji Israeli mothers whose children are in special education. It could be that they manage because they are familiar with all the rules and know who to turn to. We are at an old age and not able and also don't know how to help and approach these people.

Mother C:

I am not familiar with Israeli mothers who have similar problems. Could be that they have problems like mine. But I think that with me everything is more complicated and difficult, because of the difficulty with the language. They are able to communicate more easily and get their meaning across in a more direct manner. My language limits me. I cannot express my need, I feel very hurt.

Mother D:

I don't have personal contact with Israeli mothers. I see them and think that they don't take it as hard as we in the community do. Their children have a real problem whereas with us [the children] are placed for no reason and therefore we take it hard.

[The mother is asked how she knows this.]

I know this from my impressions because the Israeli mothers sit with their children and help them out and understand the subject of the homework, the studies and the language. So, from the very start, they know their children's problems. The Israeli mothers wouldn't give their consent to have their child placed in special education if they thought he wasn't suited to special education from the start. I think they feel like I do; it's true that it's not easy for everybody. It's not easy to accept the fact that the child is going to special education but they understand the way things work better than we do. The

relationship of the Israeli mothers with the school staff is different; they know the language and they are capable of giving answers in connection to what they are told. It's self-evident that there is a difference here; we can't give answers like they can. They already understand each other directly, without a need for a translator. I can't tell how the translator is translating me; it could be that she is missing important things; it's not direct. It's like when I am talking with you; there isn't the…primary connection that leads to understanding...

Mother E:

I don't know other Israeli mothers. It's obvious that their connection is different, especially because of the language and their ability to communicate directly and to stick to their rights.

Mother T [with some embarrassment]:

I don't know Israeli mothers in a similar situation. There is no connection. I only know about my daughter. Obviously there is a problem of language and culture.

Mother G:

Yes, I know other mothers. They go through the same experience. In parent-teacher meetings we sit and talk, gossip about the children. The Israeli mothers speak about everything; they don't keep it in the stomach like us Ethiopians. Of course I also speak out and cooperate when I am with them. I don't know what goes on among them, but I personally call and ask what each one does in regard to their child, for the future, and so on. Also at work (cleaning), I talk with friends about many things, it's relieving.

Mother H [laughing]:

I don't know [any Israeli mothers]. Because they don't have the language problem, they can talk and get their meaning across with no problem. We can't speak Amharic with the school staff. When they used to tell me that there are problems I could have said what I had to say from a primary source. I could have said what I thought and I would have learned what I had to do in order to help my daughter and how I would have received more information.

Instead of being dependent on someone and having to look for a translator, it would have been possible to approach directly and ask what they want and to answer accordingly.

Mother J [with pain]:

I don't know [any Israeli mothers]. There is an Israeli child who learns in the special education class and his father speaks with the homeroom teacher and the counselor. He speaks with her from "heart to heart" and I also want to talk that way, but I have a problem with the language and I can't.

It's not easy to get people who are willing to right away translate. Sometimes there is a translator at school and sometimes there isn't. The older girl who can translate, studies at a boarding school and comes home once a week.

Mother K [smiling, embarrassed]:

I know Faranji mothers. With similar problems, there are such [mothers], but I don't know personally. They have the language, they can solve the problem in their language; because of the language, I can't solve the problem. I believe that only because of the language, they [the problems] are not solved. If I knew the language, I would be able to reach the right offices. I wouldn't have to plead to be helped.

[In their contact] with the school staff, the Faranjis know this type of communication, they know the culture, they know how to approach and talk. I am a new immigrant, I haven't yet acclimatized, I don't have the language and therefore my rights are not respected.

The mediators aren't really informed in regard to what is happening and don't always help…One day they called the police for my son; according to them, he hit a teacher with a chair. He said that he hit her with the chair unintentionally.

…By chance, I arrived at the school and I found the child shaking and crying in front of the police. I was very upset and angry at how they let him remain in such a condition. A Faranji Israeli mother would have been respected because she knows the language and knows how to talk. And certainly then, the principal would have been punished; you don't call the police because of a mistake that happened. A Faranji mother would have made a scene. Me, I didn't have the power of the language and I didn't do anything.

Language

As demonstrated in the interviews, the mothers describe a great degree of frustration related to their inability to communicate fluently in the Hebrew language. In their view, knowledge of the language creates a connection to and understanding of Israeli culture. Eight of the mothers with only a beginner's level grasp of the language aren't able to speak it. Three mothers on a beginner-intermediate level try to communicate and succeed only partially and three on an intermediate level are slightly more capable and therefore able to communicate at a reasonable level. Nevertheless, even if they come prepared to the meeting at school, they may be able to express their

opinion but they are not capable of conducting a dialogue and standing up for themselves and instead they generally stay silent for the rest of the meeting.

The approach to Ethiopian and Israeli children with special needs

Almost all the mothers maintained that the Ethiopian children are in need of a different approach than the Israeli children because the Ethiopians don't have the mentality of the Israeli culture, including the language and skills required for learning at school. They are in need of emotional support and are at the same time coping with immigration to a new place and all the inherent implications of such a move, including racism and discrimination.

Mother R:

Ethiopian and Israeli children should receive equal help. If it depends on the budget, whoever needs it more should get it. I want someone who really understands the problem and knows how to deal with the issue.

Mother B:

I don't want it to be different. I want the same approach for the Ethiopian children. I am not sure but I think it [the approach] is not the same. Ethiopian children receive less consideration; the parents are not invited to parent-teacher meetings, etc. Also I wouldn't approach the school of special education myself; I wouldn't meet with the teachers.

Mother C:

It's true that the [Ethiopian] children should receive emotional support because they still aren't familiar with the Israeli mentality. I could see it in the racism when he [her child] learned in the previous school; the school educational counselor said that the child should undergo a bone examination because there was something wrong with his [body]

structure. I went to a doctor who was shocked by the letter. In the end, they didn't do a bone examination because I decided it was a racist act and the child doesn't really have such a problem.

At school, they also wrote that the child has one large eye and one small eye. This too was examined by an eye doctor and no problem was found, not even the need for glasses. The Israeli children are familiar with the language and the mentality.

Mother D:

An unequal approach is really not needed. I don't want separation; on the contrary. I want things to be done in an equal manner. Perhaps in the future both Israeli and Ethiopian teachers can be involved.

Mother E:

Ethiopian children need a lot more help with the language, reading and writing. I don't know, the parents don't talk and it's hard. The parents of Israeli children talk.

Mother T:

As a principle, it is important that each child learn at his level, but not just remove the children to another framework and only reduce their level.

If the main goal is to help the children progress…this should be done, but if the children are removed just like that and are not helped to progress, it's a shame.

The same thing for Ethiopian children and Israeli children.

Mother G:

Ethiopians and Israelis have the same needs in special education. The problem is with the parents; I personally don't know how to help the child professionally, therefore, perhaps everything should be concentrated and the children should be helped together.

Like homework in the afternoon, collective meetings only for Ethiopians. An Israeli friend of mine who is also a mother to a child in a special education class said that she stopped working because her child is in a special education framework. She can't work while her son is in such a situation. Ethiopians can't do this, otherwise they have nothing financially to live on.

Mother H [with some embarrassment]:

I don't feel comfortable in answering that question.

Mother J:

I think that perhaps a different approach would help the Ethiopian children. Someone is needed who understands these children, who knows where they came from. That every disturbance, every [emotional] distress has a reason, something that would help them to guide them on their way. Perhaps to let them refresh a little, to release, to "open their heads" on school trips, activities. Instead of continuously thinking about the problems and bad experiences that they have gone through. They shouldn't be punished all the time. The things that are not all right shouldn't be stressed [all the time], this [is something that] doesn't help.

Mother K:

Ethiopian children should receive different [types of] help, they should be reinforced because we are not learned. We can only say "learn" and that's all…We don't have the tools like the Faranji parents have, to strengthen and reinforce [the children].

Life and relationships with the children in Ethiopia

The mothers' descriptions: "In Ethiopia, things were different. [The child] would go and tend the flock or work in an agricultural job; he wasn't told all the time what to do."

"In Ethiopia, everything is measured in terms of work. I never saw children who didn't have the ability…" "If a child is sent to plough and instead he goes and plays, he is irresponsible, but he will be taught and he will learn from the others and in the end he will plough."

"My feeling towards the child, whether here or in Ethiopia, wasn't different. The difference is that here there are dangers such as drugs, cars, cigarettes, and this makes things more difficult."

"In Ethiopia, [the child] would work in the fields; he would look healthy, sleep and eat regularly, not like here, like there is a problem with learning and so the child is labelled. This would not happen in Ethiopia, however, here there is a future and [one can] expect a better future."

"In Ethiopia, we raised our children together, we understood each other, there wasn't an awareness of [the need to] learn and the children tended to the flocks. If there was a problem, we would solve it together."

"In Israel, everything in the house is electric whereas in Ethiopia, my first girl who was three years old tended to the flock and was responsible for four cows. The boy [who has a learning problem in Israel] was a baby on the [my] back. In Ethiopia, [the children] would learn the meaning of responsibility and would do important and responsible things; here, it is only [being] at home."

"In Ethiopia, everything is outside and there are no dangers like there are here. There, [we] would talk about work, make marital arrangements at a young age. I worked, cooked, and took care of the children. In addition, [I would] go out to the fields and help the husband."

"In Ethiopia, the children had respect. They would make an effort and do their utmost in order not be punished (a slap on the hand with a lash, etc.). Here they do whatever they like." "The girl learned from eight in the morning until six in the evening to sew and embroider, not to run around outside all the time and do what they like."

One of the mothers who initiated the placement of her son in a special education system maintained that "there is no difference between here and Ethiopia. If he has the will to learn, he will do here what he did there, the place doesn't make a difference. Here, [children] receive a lot of remedial lessons [this is after her son was transferred to a special education class] and there [they] need to manage on their own." But, in the same breath, she also adds that "investing effort in the child leaves less time for relations with the other children" and that Ethiopian parents "don't have the tools to help their children because they didn't learn at school."

A number of mothers also stressed that "in the village, the child had a close relationship with his father," and this changed in Israel in the wake of the decline of the father's status or because the father remained behind in Ethiopia as a result of a divorce or for other reasons.

Use of social services

Most of the mothers, despite their objection to and disagreement with the placement of their child in special education frameworks, maintain a constant connection with the homeroom teacher and school mediator. Five of these mothers also report that communication with school is good and very good (one mother reports partly good communication). These mothers make a distinction between different rates of development, perception, studies, etc. Furthermore, these mothers also agreed at a

certain stage to placement in special education and are not resentful or engaged in a struggle with the education system. As a result, they take advantage of educational system services, particularly the close connection with the homeroom teacher, the mediator, the education counselor, professional teachers as well as the principal. The mothers spoke about having good relations with the school mediator but qualified their opinion with the statement that "she doesn't have enough ability to move things; generally, she is only a translator."

As for the other related social services, all the mothers make use of the services of a social worker but also raise a number of associated obstacles such as language problems when the social worker is Israeli, or a large rate of replacement among social workers, or the problem that "she talks and doesn't provide solutions." In the interviews, the mothers' need to tell their story and share it with someone was rather prominent. In fact, they were grateful and happy about being granted the opportunity to do this. They approach social workers in the wake of "financial problems, problems with the children or the family." Meetings with social workers are brief and do not involve a therapeutic orientation. At the same time, it appears that despite the fact that they are not aware of such a therapeutic possibility and its significance, they would make use of and it had the potential of empowering them if they were to receive it.

Going to a *kess* or a *shemagleh* no longer seems appropriate "because they don't have recognition and authority in Israeli society." As one of the mothers noted, "During the divorce, we approached a *shemagleh*, but in the end, we got divorced."

All the mothers receive services from *Kupat Holim* (the Israeli version of HMO) and children allowances (and those who are not working receive a guaranteed minimal

income) from National Insurance. Mostly inadvertently, there is contact here and there with an employment counselor, a youth coordinator, and a lawyer from the Ministry of Absorption.

The services provided at the *matnas* are of significant importance to the mothers. According to the mothers, most of the project coordinators who are at the disposal of Ethiopian children and their families are Ethiopians who have a constructive and decisive influence on the mothers and the children. The mothers send their children to *matnas* activities, and avail themselves of the coordinators and project managers who are supportive and give advice. They feel comfortable talking with them, sharing their thoughts, asking for help, and they assert that it is very helpful for them.

The most common and often heard recommendations offered by the mothers to improve social facilities are as follows: prepare a suitable staff at the schools and in the community who should be culturally sensitive to the Ethiopian community, instructive and able to provide a solution to children in the school framework without it being necessary to transfer children outside of the framework and in this way label them deviant; integrate Ethiopian teachers into the educational system ("but not only Ethiopians"); provide more information and explanation to parents, particularly in regard to the evaluation process; invest more resources in order to maintain school preparation programs for Ethiopian children; provide a course for parents that will equip them with the proper tools to work and support their children; more integration among the various systems that provide services; involve parents in decision-making processes in regard to their children while at the same time social welfare workers should also pay due respect to the parents.

In the next section, we will present some examples, in the mothers' own words, of their relationships with and use of the educational system, the communal system and the welfare services.

Mother R

In the education system, if the subject is difficult, I will go to the Ethiopian mediator. I don't go to the educational adviser because she does not speak Hebrew. In the community, in general I will go to the social worker and not the kess because he lacks authority in Israel.

Mother B

In the education system, I usually turn to the teacher. At parent-teacher meetings, there are the teachers, the principal, and the adviser, but the main connection is with the teacher. I make the contact with her, not vice versa. The mediator for the school doesn't have enough ability to move things. She generally just translates. In the community, when I need help, it's generally from the various Ethiopian coordinators and professionals at the absorption center or the community center. There is also a lawyer, the employment adviser, the youth coordinator etc. I do not often turn to the school and the welfare office.

Mother C

In the education system, the teacher collaborates and helps. In the community, the person responsible for projects in the community center is very helpful to the children, and also supports the parents that speak and consult with him about their problems. He gives special lessons to the children that need them, as well as courses and excursions. I am very happy and I truly value this matter. The social worker used to give a little financial

support for taxis and transportation, but didn't really help as much as she could have. She talked but didn't do.

There was a meeting with a psychologist at the school. They said that there is a problem that is not very apparent to the eye. Initially I didn't agree because he is a healthy child and okay, but they [the school] harassed me every day and didn't stop until I agreed. The psychologist did some tests [psychodiagnostic diagnosis], but I don't remember what happened afterwards. There was a lack of agreement between what the teacher reported and what was written in the file. I felt a certain hopelessness that I wasn't able to stand by my child.

Mother D

With regard to the education system, I go to the parent-teacher meetings and am mainly in contact with the teacher. They recommended that maybe boarding school would help the child. The mediator wasn't always available to translate. Today there is contact with the educational advisor in the school and she is trying to find a boarding school for the child. In the community, I usually turn to the social worker, and that was in the early years when I first arrived. This is about finances, help for the child's dental treatment etc. She talks but doesn't help the way I want. I am a little disillusioned and angry. Maybe if they had helped treat the child's dental problems, he might have had more self-confidence…

In spite of the disappointment, I am still going to the social worker, because she is the only one that can help in the Ethiopian community. What is lacking is someone that can provide information and ways of coping with the child's problems. If we knew our rights

and responsibilities, if there was information, that could have helped the relationship with the children.

Mother E

In the education system, I am mainly in contact with the mediator and the teacher. I have difficulties with the language and therefore I cannot communicate with the staff. In the community, during my divorce, we turned to the shemagleh, but in the end we got divorced. I get income support from Social Security. The social worker is the only thing there is, but I don't really feel helped by her. She talks but doesn't supply solutions.

Mother T

In the education system, I don't rely on anyone, but [there is] contact with the class teacher or the [educational] advisor, but only when they call me. So I don't speak with anyone, because of the situation (that I complained about their decision for special education), so they don't respect me. I am angry at the system. In the community, one time I turned to the social worker concerning my daughter. Every year there are new social workers, and this is a problem. There was one social worker who came to me and gave financial help for the Passover [holiday] but nothing beyond that. About seven years ago, as a new immigrant, I received help for a refrigerator and dental treatment for my daughter, but nothing more.

Mother G

In the education system, teachers, administrators, school staff, [I] have a good and constant connection with them, mainly with the school principal and the teachers. In the community, I am not in contact with anyone.

Mother H

In the school system, I initially turned to the class teacher, and if [she] referred me to the principal, I went [to her]. Usually, the teacher would help. Sometimes the [educational] advisor of the school helped. In the community, [I] go to the social worker when I need different help, not for the children. An Ethiopian social worker usually helps. In the Ethiopian community, we usually only go to the kess for problems with the husband. We [my husband and I] get along like brother and sister.

Mother J

In the education system, this year he had a teacher from the tutoring project (something akin to the big brothers, big sisters) who helped significantly. Because of this tutor, there was a complete change of the child's relationship with the family, he [the tutor] played with him [and the child] was happy. I requested a psychologist and signed up for one, but they said they couldn't find one. In school, the principal is very helpful, and I have a good connection with her. She has [the principal] tremendous endurance, even when the child disturbs and causes problems. In the community, [I] only talk with the social worker (an Israeli with a good Amharic translator). She is like a sister and a mother. I told her about my desire to get a divorce, which I didn't tell to anyone else in the Ethiopian community.

Identity of the Mothers

It was necessary in this research to examine two critical subjects: First, to what degree is it important for the immigrant mothers to preserve the tradition and customs of Ethiopian Jews? Second, how important is it for them to change and assimilate behaviors like those of veteran Israelis? They were asked two questions. First, how do the immigrant mothers define themselves (Ethiopians, Israelis, both, or neither one of these)

and how does this express or manifest itself? The second question was: Do they feel conflict in belonging simultaneously to two cultures? What would they like to retain or what would they like to change in the Ethiopians customs and why?

The important customs and features that were examined are:

1. The code of honor—which signifies total respect for one's parents, older siblings, elders, and every other authority figure.

2. The custom of counting generations—the prohibition of marriage between partners that come from a similar genealogy seven Jewish generations back.

3. Appealing to a religious priest (*kess*) or community elder (*shemagleh*) for guidance.

4. Commitment to the extended family—attending numerous family events and supporting the extended family seven generations back.

5. Hospitality—the principle in which one's house is open to both spontaneous and long-term visits.

6. Maintaining customs and ceremonies; traditional foods, the ceremony of preparing and drinking coffee (*buna*), traditional wear, the *niddah* (ritual segregation of women during their menstrual period), Ethiopian music, speaking the Amharic language.

7. Preserving characteristic traits and behavioral distinctions; modesty, congeniality and respect in the relations among friends, both with regard to language use and attire, in particular, applying to girls. In addition, the traits of reservedness and internalization, creating an attitude in which the individual does not object or argue on any issue especially when it comes from an authority figure

All the mothers indicated that it was important to preserve Ethiopian tradition and customs but it was also important for them to become integrated into Israeli society, but not necessarily to behave like veteran Israelis.

Eight mothers reported that they felt both Israeli and Ethiopian to an equal degree (among them, one defined herself as Ethiopian and also a little Israeli). Five mothers described themselves as solely Ethiopian and one mother felt Israeli.

These findings are in fact commensurate with research conducted among soldiers emigrating from Ethiopia in relation to the construction of their identity (Shabtai, 1995). This latter study found that a combination of Ethiopian cultural identity and Israeli cultural identity is the most common type of contemporary identity among these soldiers. Furthermore, the soldiers identified with the main values of their culture of origin.
An analysis of the mothers' interviews on this issue indicates a number of major tendencies. First, most of the mothers define themselves as Ethiopian-Israeli yet describe a situation in which they would like to become integrated into Israeli society. Actively, however, they still felt more "Ethiopian"; this was expressed in their behavior, language, and contact with Israeli systems or institutions and in their desire to preserve their culture of origin in practice.

For example, in the interviews with the mothers who described their identity as Israeli-Ethiopian, the following sentences could be heard: "I am Ethiopian because I was born in Ethiopia and Israeli because I came to Israel, there is no difference." "I am Ethiopian-Israeli. Israeli is because I am a resident of Israel. The question is when I am modern. The moment I am at home, everything is Ethiopian, culture, food; outside, perhaps, when the children want Israeli food, then we buy [it]…[I] prefer the Ethiopian

culture because it is familiar, mine, I can express my opinion, in the language as well." "Israel, I take it straight to religion, everybody is Jewish, there is nothing that separates. The Faranji-Israeli knows the culture and the language; we, as adults, don't know anything, we don't understand anything." "Both; both Ethiopian and Israeli. When we came from Ethiopia, we are Ethiopians. And in Israel, we do what the Israelis do. In Ethiopia, people would have respect for each other and this norm should be respected here." "We are at the beginning of assimilation, [I am] trying to assimilate."

In the present study, the mothers were asked about subjects such as their contact with Israeli mothers, ability to conduct a conversation in Hebrew, relations with their children, occupation, communication with the school system, use of social services and more. The mothers who defined themselves as "Ethiopian-Israeli" are typically older, not working, do not speak much Hebrew, and have difficulties communicating without an interpreter. Their contact with the school staff is not as good as the others and they make minimal use of social services. In ideological terms, they might be inclined towards integration, but in practice they feel more Ethiopian.

Four out of the five mothers who defined themselves as Ethiopian explained that "culturally, I am Ethiopian," but they also describe a situation where they have actively integrated themselves into Israeli society, and at the same time they want to preserve Ethiopian tradition and emphasize its uniqueness. They are younger and make efforts to speak in Hebrew whenever a mediator or translator is not available. Most often, they have some type of employment, made contact with Israeli mothers, and in fact talk about "release," "reducing tension," "cooperation…" When they communicate with Israeli mothers, their relationship with the school staff is better and they take greater advantage

of the availability of professionals (particularly in subjects that are related to school and children). Because these mothers are more integrated and feel more comfortable in Israeli society, they want to stress their desire to preserve the central values and customs of their culture of origin. One mother who did not assimilate so well and who defines herself as "Ethiopian" explains that "I am not educated, I feel Ethiopian. We are at the beginning of integration, trying to integrate into Israeli society"; then, she immediately adds, "what was in Ethiopia will remain there. Now we are here so we will try to be like everybody."

The mothers are inclined to define themselves in relation to what they would have *aspired* to be in terms of their identity, despite understanding that the question refers to the definition of their identity here and now. One of these mothers defined her Israeli identity: "I feel Israeli, I want to integrate and be part of Israeli society and I want to acclimatize." It would be difficult to say that the way in which she defines her identity demonstrates "assimilation" into Israeli society, especially in view of the fact that over the course of the interview, she revealed that she was not working, does not speak Hebrew and is not in contact with Israeli mothers.

None of the mothers reported indications of alienation in the definition of their identity.

The preservation of customs and tradition

All the mothers were of the same opinion regarding the preservation of the majority of the Ethiopian customs and ceremonies, while a special emphasis was put primarily on the subject of honor. The <u>code of honor</u> is important as a significant imprint and representation of the culture of the ethnic group. In Israel, this code received more prominence in the context of the relations between children and their parents and between

parents and the education system. As one of the mothers noted: "It is very important…In Israel the Israelis don't have respect for the Ethiopians [as an ethnic group]; also the [Ethiopian] children [don't have respect] for Ethiopian adults. I would like to preserve [this code of honor]. Here in Israel, [the children] don't even respect their mother. It's because of the child's rights and his freedom."

Another mother described how "at our home [in Ethiopia], the little ones have respect for their elders; they don't call their brothers by their names. At school, I am not respected, therefore I can't…If someone is not given respect, [he/she] will not reciprocate with respect."

In regard to the following customs: coffee-drinking ceremony (*buna*), Ethiopian traditional cuisine, traditional Ethiopian dress, Amharic music, Amharic language, maintaining modesty, especially in dress, and respect for others, there is full and unequivocal agreement that these traditions should be practiced.

As for the customs of counting seven generations, commitment towards the extended family, and practicing hospitality, there is still a majority (10 to 12 mothers support practicing these customs) but there are also certain cracks in the agreement due to the difficulties in fully adhering to these customs in Israel.

Twelve mothers support the seven generations custom. Five of them state that at least a gap of 5-6 generations should be maintained and two mothers think that this practice should not be upheld. The reasons for counting seven generations in the marital arrangements between a man and woman are: "In terms of health, it is good, because when you marry a distant [relative], the child comes out healthy. When there is a closer

affiliation, the child comes out impaired." "When you marry with your relatives, there is a stigma, [they are] not respected."

"This is a difficult subject that creates a serious problem. The parents have difficulties deciding for the children, because they decide among themselves who the children are going to marry. I would like to maintain the seven generations [prohibition]; there is no lack of men or girls who are not relatives and therefore it is possible. Furthermore, if marriage is [performed] among relatives, this causes rifts, because the parents or relatives who disagree with breaking the tradition and do not attend the wedding—they don't talk afterwards. This is a very unique culture and it should be upheld."

The mothers who are ready for compromise and adaptation to the Israeli society say: "In Israel I would like [to preserve a] 5-6 generation [prohibition], to reduce it a little [from seven] because the children might not like it and this will be difficult. They want to be part of the society; they would like to be like everybody." Two mothers simply explain that this tradition should be kept and in fact this practice must be performed in order to preserve Ethiopian culture.

Ten mothers support the preservation of the <u>commitment to the extended family</u>, also up to seven generations or "a little less." Two mothers state that a compromise should be reached; therefore, the commitment must be maintained but less than seven generations. Two mothers oppose this commitment, which includes participating in every event, marriage, bar mitzvah, funeral and more. According to them, this is "really a serious problem. It is hard to attend all the events. There are a lot of reasons: A person misses a day at work, or someone who is not working and receives an allowance from National Security needs to use money that they don't have and if you don't attend [the event], they

will turn their backs [on you]…[I] hope that in the future this [custom] will stop because here [in Israel] it has already become a burden. In Ethiopia, this was a tradition, a part of the culture and it wasn't difficult. [They] didn't know anything else. In Israel, [the Israelis] are not familiar with this culture; the employers don't understand this and don't easily give you a day off…[one] needs to integrate into the society. In Ethiopia, it was possible to give bread or a goat; in Israel, it's like opening a bank account, because afterwards one has to give back to the other."

During the interview stage, there were a number of times in which the author of this study arrived for a day of interviews arranged in advance together with the translator, and the mothers did not show up. In addition, the mothers did not notify the translator because it was clear that "when someone from among the [Ethiopian] ethnic group has a funeral, we will be at the funeral." Therefore, if the mothers do not arrive the researcher and the translator are required to find out for themselves the reason for their absence. When guests are invited to a wedding, it is "not known how many will show up." Invitations are sent to the closest relatives and the rest arrive without advance notice. This can lead to absurd situations such as "not enough room in the [wedding] hall or not enough food for the guests."

According to one of the mothers, another reason why this custom should not be preserved is that "many are invited and mostly the young ones show up and they drink and this may even lead to murders, for example. In Ethiopia, a youth would have respect; he wouldn't even sit next to an adult at an [important] occasion, let alone drink…"

Eleven mothers support the preservation of the hospitality custom at all times. Three mothers object and think that this custom must be changed because it is not suitable to the Western world and the absorbing country.

"There is no such thing as someone staying as a guest for a week or several days; there is perhaps an overnight stay." "In Ethiopia, because people came from faraway places, they stayed for a longer time. In Israel, [people] are busier; it's not convenient and not appropriate." "A lot of people cannot be put up outside in a tent like in Ethiopia; here, everything is [done] in houses."

In regard to the following customs, i.e., approaching a *kess* or *shemagleh*, the *niddah* (or ritual segregation of women during menstruation), internalization (or suppression of emotions) and reservedness during an argument or disagreement (as was custom in the Ethiopian tradition), the majority of mothers are in favor of change. The reason for this is that these customs are not considered suitable to Israel and may in fact even be at odds with Israeli culture (principally, on the matter of suppressing emotions and keeping one's distance).

As for approaching a *kess* or *shemagleh* for counsel and/or support, ten mothers opposed the continuation of this custom. This majority thought that these roles must be changed or abandoned, whereas four mothers thought that this custom should be preserved as part of the Ethiopian tradition.

The mothers who were against keeping this custom maintained that "It's good, but when there is a dispute, it appears that they are not able to solve the problems. It doesn't work out in Israel. [These elders] don't have the required authority. There was a case of murder in which a husband murdered his wife. The husband was counseled by

the *shemagleh* after leaving the social worker [who dealt with the relationship between the husband and wife before the murder]. This [his failure to prevent the murder] proved that his capability [vis-à-vis the authorities] is weak and that a professional handling of the affair by a social worker is preferable." "…In Ethiopia, this was acceptable. If a woman erred or a man, they would approach a *shemagleh* and he would tell them [in what they erred] and they would correct [their ways]…They are both similar: The *kess* is more inclined to religion and is capable at this and the *shemagleh* is more expert in matters related to the wisdom of life and day-to-day problems. For example, in Ethiopia, when the children tended the flocks, there might be a dispute among the children and the *shemagleh* would help solve the problem." "If there is a problem at school, I will go to the school and not to the *kess* or the *shemagleh*." "In Ethiopia, if there was a quarrel between a husband and a wife, the wife would go to the parents and he [the husband] would stay with the property and the apartment. Here [in Israel], the husband leaves the house. …the *shemagleh* cannot help because there is no one among the authorities who listens or shows respect. The Ethiopians themselves prefer to turn to authorized figures."

The mothers who support the preservation of these roles in the Ethiopian ethnicity in Israel argue that "it is very good to listen to the knowledge of adults who have [significant] life experience and knowledge."

Only five mothers supported the preservation of the *niddah* (during this period, the women in Ethiopia would reside in a hut outside the house which also provided them with time to bond, discuss, etc.) but with some flexibility and adaptation to what is possible in Israel.

"In Ethiopia, there was a hut where it was possible to reside during menstruation. In Israel, there is not enough space, so the [menstruation custom] is practiced in rooms, [for] seven days, [and] afterwards [the woman] goes to the *mikveh* [Jewish ritual bath] and that's it." "This was good in Ethiopia, when it was appropriate. Time off, a break from life [relatives and neighbors would take care of the children and cook for the rest of the family], maintaining purity." "In Israel, whoever cares [about it] and wants to, can sleep in a separate bed, etc."

The subject of emotional suppression or internalization and reservedness provoked anger among the mothers, particularly in regard to the issue in question, i.e., the placement of their children in special education. This subject took on a negative aspect when the mothers became frustrated at the fact that "speaking" with authorized and professional figures in Israel did not guarantee that "something would be done [about their issue]"—a set of circumstances that was generally more unambiguous in Ethiopia.

Twelve mothers objected to maintaining this behavioral practice which had existed in the Ethiopian society and whose meaning was "to honor the adult, the authority, the other." The mothers explained that "when [people] were fighting or having an argument, one must show respect [for the other] and [at the same time] put him in his place so that the argument would be about the justice of the matter. At school, I won't accept anymore something that I don't agree with [e.g., in regard to an issue with the teacher]. I won't shut up."

"We mustn't bow our heads and leave. If it is necessary to argue or even sue the person, [we] must protect our rights." "I must stand up for my [rights]. In Israel, if you remain

silent, the problems will only gradually multiply and get worse. Therefore, [one] must talk, do [things] and be active."

Two of the mothers favored upholding this practice and were against changing it. They explained their standpoint: "Instead of fighting, it is better that one [of the sides] will yield."

Chapter 5: Discussion of Findings

Overview

Chapter 5 discusses the results in relation to the three initial research questions. In particular, the themes are discussed within the general predetermined categories and in terms of the theory that was proposed. Practical and methodological implications of the study are offered from a qualitative and phenomenological research perspective. Also, the shortcomings of the study, ethical issues and general impressions of the author, in regard to both the interview process and analysis, are discussed. Finally, the chapter concludes with recommendations for future research and with implications for practice and for educational and social support.

Discussion of findings in regard to subjects and theory

This study examines Ethiopian mothers' perceptions of the diagnosis of their children, who were diagnosed with an emotional disturbance and/or mild mental disability, as well as its relationship to the mothers' identity and the use of the social services offered by the education system and community.

The results of this study were examined in accordance with contemporary research which examined the ethnic identity of immigrants and the relationship between this identity and the way in which the mothers perceive their children, the presented problem and their use of social services. The principal goal of this study is to increase our understanding of how it is for immigrant mothers to raise a child who is diagnosed and subsequently placed in a school for special education. How do the mothers receive this diagnosis, and what is its connection to the degree of their acculturation into the

absorbing society? Furthermore, do these mothers take advantage of the available social services in order to enable their children to receive proper assistance and support?

Fourteen mothers were interviewed. The results were analyzed in a qualitative method; a thematic analysis of the stories of each respective mother was conducted.

The analysis of the interviews revealed that the mothers perceived the issue of raising their child who was placed in a school for special education as a problem of the whole community and in fact of the whole educational system. However, simply because they had no other option, and as a result of their own disappointment, they were forced to accept it as a (nuclear) family matter or even a personal matter that the mother had to deal with (particularly in the case of a single mother family). This problem is an additional aspect out of a myriad of issues related to immigration and absorption with which the mothers have to cope. The mothers find themselves facing a challenge that is a difficult task which also distinguishes them from the rest of the ethnic group and subjects them to even greater feelings of isolation and alienation from their Ethiopian ethnicity.

Particular attention is given to the mothers' perception of their children's diagnosis and its effect on the mothers' identity and their use of special education services.

Mothers' perceptions of their children's diagnoses

Children of immigrants and minorities face educational challenges and difficulties (Harry, 1992; Nazarro, 1977; Padilla and Medina, 1996; Rosenman, 1983) and their educational achievements are lower. They are also overrepresented in the special education system (Chin and Hughes, 1987; Harry, 1992; The Network for Advancement of the Ethiopian Immigrants, 2000). The Ethiopian children in this research come from

families with a low socioeconomic level and are often plagued by financial problems. These children are likely to experience difficulties in communicating in a foreign language and struggling with a new and different culture, race, and identity. In addition, their family structure must undergo change and adapt to the new culture. At the same time they are confronted with an education system they are not familiar with.

These challenges are augmented when a type of developmental disability, emotional problem or a dual diagnosis encompassing both is present. These children are in need of full support from their parents and family as well as the education and welfare service system. Full communication and exchange of ideas among the three is vital.

The Ethiopian mothers, who are also in the midst of an absorption process into Israel and suffer from a lack of schooling and educational background and are not yet capable of fully communicating in the new language, describe a large gap between their expectations of Israeli society in general and the education system in particular, and the reality that they ultimately found. They don't feel that their children have received the support that they are in need of and they explain their own helplessness in providing the proper support (didactic, schooling, educational) to their children as a result of their lack of experience with and understanding of the system and also due to a lack of appropriate tools necessary in order to help their children integrate and improve.

Significant difficulties may arise when culture, language and society become barriers that hamper the communication between the parents and the educational system (Harry, 1992; Lifshitz et al., 1998). This already becomes evident in the initial perception of who the mothers think is responsible for raising and educating their children. It is also reflected in the issue of "talking" which means "doing" for the mothers

or even their great difficulty in accepting and internalizing concepts such as "individualism" and "personal achievement," which are both cornerstone values in much of the Western world.

Culturally, according to the Ethiopian mothers, when people "talk" among themselves, this indicates "doing." It is hard to describe the mothers' level of frustration and disappointment after they have shared their thoughts and feelings in the narrative of their immigration story (as well as the absorption hardships and problems associated with their child) with someone who is generally a social worker, a homeroom teacher, or a regular teacher, without receiving "immediate results and actions."

This important point, which often recurred in the interviews, explains the difficulty of the cross-cultural encounter. The Ethiopian mothers and their children come from a world where "individualism and personal achievements were not values that played a significant part in the typical Ethiopian social consciousness." In Ethiopia, the "zemed" (extended family) formed a whole community, an entire village (seven generations) might support all of its members economically, and the highest value was the importance of honor and respect.

In Ethiopia, together, everybody took care of each child; there was no such a thing in village life where "someone gave his or her promise and did not do anything for the members of the family." Even more, they watched over and took care of each child, adult and elder in every possible respect. Therefore, we are witness in these interviews to the feelings of frustration of these women who maintain that the mutual understanding and cooperation that existed in Ethiopia does not exist in Israel.

In this study, the subject of over-placement in special education is stressed by the majority of the mothers as something that should be ceased. Eight mothers emphatically objected to this course of action.

The mothers who objected to the diagnosis described the problem as primarily a difficulty in learning, a difficulty that was reduced by the mothers to a "reading problem" or an "arithmetic problem," a "problem in Hebrew," "learning difficulties," a "learning deficit," "the child is disruptive," "he/she cannot sit," "it is difficult" for the child. The above is accompanied by an extensive narrative that explains why the school representatives think in this way. In addition, while describing the problem, which is entirely and solely related to the school, the mothers give their opinion about the general method in Israel, and how it should have been. As the numerous above examples demonstrate, there were mothers who claimed that their child didn't have enough "room" and this makes the child's day-to-day living very difficult. The child has to work hard "because he/she isn't good enough," he/she has no help at home because his/her parents do not have the appropriate tools, and the child returns home at 12:00 noon. In regard to the disturbances at school, the mothers maintain that this is normative, the children are always at home, everything is electric in Israel and the children don't have a way of letting loose. As one of the mothers indicated, if it is necessary to remove the child from mainstream to special education, particularly if one is speaking of immigrants who need to receive more support and feel accepted and contained, this is the school's problem and in fact a failure of the education system. These mothers claim that the attitude towards Ethiopians is discriminatory: "They are given low grades because they are Ethiopians," and one mother claimed there was "racism." Most of them objected to the method in

which the child is removed from the normative framework, a fact which the children subsequently try to hide from Ethiopian society so as not to be perceived as deviant.

When this happens, the problem also becomes the mother's and she has to make sure that at such an early hour the child will not linger "outside," a place which is perceived as dangerous in comparison to Ethiopia. In Israel, the "outside" involves "cars, smoking cigarettes, drugs, drinking, and crime." Furthermore, medication treatment (Ritalin) is perceived as a calming medication (tranquilizer) so that the child will learn better without understanding the connection to the attention and concentration disorder and without learning the way in which the medication works and its effects, or without understanding the side effects, etc. Generally, the mothers get in touch with the family doctor in order to obtain the medication.

The mothers did not fully know how to describe the process that their child went through and did not always understand that there was a placement committee making these decisions. Additionally, they did not always know the aim of the placement committee or about their right to appeal against a certain decision. Their descriptions had to do solely with learning issues without explanations about the normal developmental stages, the child's ability and rate of perception, the results of the psychodiagnostic tests, cognitive level, threshold of frustration, the objective of the medication treatment (Ritalin), and so on. They only spoke about the child's level of academic achievement in school.

In contrast, there was a group of mothers who understood and were aware of the fact that there was a difficulty and gave their approval to special education providers' use of terms such as "he/she has difficulties in perception," "he/she is slow and having

difficulties," "he/she is slowing down," "he/she has been diagnosed with an attention and concentration problem," "there is also an emotional problem of separation from the father," "he/she has suicidal thoughts," "treated with Ritalin," "he/she has difficulties in listening," "he/she is hitting and yelling." The conceptualization of these mothers is closer to the professional diagnostic description of the child. They relate to internal processes that the child goes through. They also speak about the connection between Ritalin and ADHD. At the same time, however, they also feel helpless because they do not have the appropriate tools to be of assistance to their child.

These mothers spoke more often about professional factors, referral to a psychologist, school counselor, and devising a school curriculum that suited the child's needs. Moreover, they reported being able to communicate and having a good and even very good relationship with the homeroom teacher, the mediator, the educational counselor and in fact the school principal.

As emphasized previously and illustrated in the flow chart in Chapter 4 (Table 2), the way in which a mother perceives the difference between her own child and his or her other siblings becomes a significant key point in the mother's understanding of her child and her perception of his or her diagnosis and placement in a school for special education. It is possible to assume that the five mothers who became aware of the existence of a problem—whether they noticed a difference between the child and his/her siblings on their own or learned of the problem from school—and accepted the diagnosis and the process of placement in a special education format, were in fact cooperative and maintained a good relationship with the school and the education system. These mothers established for themselves the goals of caring for the child's needs; they generally plan

and collect information in regard to the child's future and make greater use of the community's social services. These mothers turned out to be younger and have found employment in Israel. They speak Hebrew on a beginners-intermediate level with the school staff and associate with other Israeli mothers.

These findings may help explain why some of these mothers are able to perceive their child's problem as a developmental problem. Their use of the terms and concepts, in order to describe the internal processes that the child undergoes, suggests a conceptualization that is closer to the description of the formal diagnosis. These mothers also spoke of psychodiagnostic tests and were familiar with the connection between pharmacological treatment and ADHD (attention deficit hyperactive disorder). In other words, accepting the diagnosis, agreeing with the special education placement process, and maintaining a closer connection with professionals can prove to be an explanation for their more professional language and the perception of their child's problems in Western terms which they just now learned because of their child's problems.

On the other hand, the mothers who were informed by the school of their child's problem did not find any difference between the IP and his or her siblings and when they were opposed to the diagnosis, they did not consent to placement in a school for special education. These mothers were older, did not work, did not speak Hebrew and did not associate with other Israeli mothers. They saw the removal of their children from the mainstream education framework as a failure of the educational system. Their relationship with the school was not good, and alienation developed between the family and the school system. There are studies that demonstrate that teachers adopt intervention methods that are based on pragmatic reasons and not only on effectiveness

(Witt & Martens, 1983), a finding that reinforces the mothers' perception. Therefore, the focus of these mothers was on the struggle to return the child to mainstream education. These mothers also made minimal use of social services. They were distressed and did not focus on the child's future in the education system. Indeed, the literature points out that miscommunication and disagreement between the mothers and the educational and psychological systems may often produce resistance to the diagnosis and to any intervention in the treatment of the child (Ben-Ezer, 1985; The Network for the Advancement of the Ethiopian Immigrants, May 2000). It is important to address this subject because it indicates the necessity for a deeper understanding of the immigrant ethnic culture. This implies the need for promoting communication in a different way that is more adaptive to the immigrant culture and in a sympathetic manner that will thus lead to the creation of a more reliable relationship between the immigrant society and the host (absorbing) society.

The subject of the child's diagnosis is a complex subject in itself. As mentioned in the literary review, this study suggests that students with mild mental retardation demonstrate behaviors that are similar to children with ADHD and on some occasions, clinicians arrive at erroneous diagnoses (Smith, 1994). It is important to make a precise diagnosis in order to devise an intervention plan that is suitable for each respective child. The mothers in this study were not included in the diagnosis process. In the majority of the cases (especially the group of the less aware mothers), they weren't capable of describing in detail what the diagnosis was and whether or not the child was administered psychodiagnostic tests. In addition, they could not distinguish between an educational

counselor and a psychologist and in fact could not unambiguously confirm that there was a placement committee.

Therefore, it is not clear which tests and evaluations were conducted and whether the texts were adjusted to the cultural experience and learning environment of the examinees. The risk of the above is that it may lead to the negative labeling of minority students, thus harming their self-esteem and undermining their level of motivation (Padilla & Medina, 1996).

In a similar vein, it is not clear to the mothers whether the issue of literacy skills in comparison to oral skills was taken into account and whether it was adequately understood. As shown in research conducted on immigrants who speak two languages at home, there is a gap between the child's literacy skills and his or her oral skills (Rosenman, 1983; Geisinger & Carlson, 1995). Immigrant children are generally more proficient in their oral skills in the new language and therefore it would be more to the immigrant children's advantage to perform oral tests instead of written tests.

Furthermore, it is not at all clear what kind of environmental conditions existed at the time of the tests and diagnosis and whether or not factors that were capable of reducing the child's anxiety were taken into consideration (Klingman & Popco, 1990). It is interesting that most of the mothers were concerned about the negative self-image that the children might develop subsequent to their placement in special education. They were moreover concerned that this would make it difficult for the children and would negatively impact their motivation. Existing research (Ronen, 2005, as cited in Zinger et al., 2002) shows that a negative self-image and reduced motivation are some of the prevalent traits and tendencies among the mildly retarded population in comparison to

their non-retarded same-age counterparts. In our case, it is difficult to confirm or validate these findings since the children did not undergo assessment in this study prior to their diagnosis.

However, it is important to address the mothers' assertions: Perhaps the mothers should be included in the diagnosis and decision-making processes and the subject brought to their attention before completing the diagnosis and making decisions.

As noted in the literature review in Chapter 2, the Special Education Law in Israel that was enacted in 1988 also provides for "related services" which includes: psychological services, social workers, pedagogical assistants, with an emphasis on the work of the paramedical services as an integral part of the rehabilitative process (Brandes & Nesher, 1996, as cited in Brandes, 1996; Ofek, Hamdani & Tal, 2001). The Special Education Law set the legal principle of "equal opportunity" which raised the level of expectations and demands towards the special education system.

The law stipulates the enhancement of learning processes and the student's physical, mental, and cognitive advancement by means of a "individualized education program" (IEP) (Director General's Circular, 58, 7; Cline, 1992). This was a requirement stressed by the public committee established in 2000 (Margalit, 2000).

The IEP became mandatory on the basis of the law and the multidisciplinary school team was responsible for devising and implementing it (Manor-Binyamini, 2004). According to the Director General's Circular, the homeroom teacher functions as the principal director and case manager (5.1) who is in contact with the multidisciplinary team, the parents, and others.

In the present study, the above subject was not mentioned by any of the mothers and when asked about this matter, they didn't even know what the interviewer was talking about. An IEP is devised for each child who attends a school for special education. Including the parents and keeping them informed about their child's individualized education program may help both to understand the child's needs as well as direct the parents' attention to the areas of strength and weakness in the child's functioning.

A holistic perception of the child is important; didactic and learning objectives should not be the only aspects to be emphasized. Intervention conducted among the mildly-retarded population in Israel consists of an educational-therapeutic approach which aims to underscore the students' educational, emotional and behavioral needs (Essex et al., 1996; Moriah, 2000). Lacey and Ranson (1994) indicate the importance of cooperation among the multidisciplinary team in order to foster a holistic perspective of the students. A more meaningful and closer relationship between the mothers and the homeroom teacher can be beneficial for the child. It will promote the parents' understanding of their child and encourage them to provide the child with more suitable support. In this fashion, the child is also more likely to feel that there is continuity between the goals and work at school and his or her schoolwork at home. Finally, including the mothers in this process will help create trust between the mothers and the homeroom teacher.

All fourteen of the mothers (i.e., both the groups which accepted and objected to the diagnosis of their child and his/her placement in special education) still think that there isn't enough information about and explanation of the subject and there is not

enough preparation for the anticipated future of the child. All the mothers argue that they lack the appropriate tools to help their children since they themselves have not acquired the necessary education. They are not capable of serving as a role model for their children and they haven't received the training for ways of coping with their child when he/she first enters the school system, all the more, when the child is assigned to a school for special education and is in need of support and must learn how to cope with the new situation. Most of the children in a special education school (until sixth grade) attend school for fewer hours and return home at 12:00 noon. Therefore, the mothers spend much time with their children. This underscores the mothers' lack of proper training and the lack of suitable tools and support for the child. These results reinforce the research that found that parents were not capable of helping their children close the gaps in their academic achievement (Feldman, 1995).

In the report, "A Review of Evaluation Studies and Reports on Programs and Projects in the Field of Education for/of Ethiopian Immigrants" (Hacohen, Wolf & Amzaleg-Bahar, 1999) that was commissioned by the Coalition for the Educational Advancement of Ethiopian Immigrants, one of the educational programs reviewed was the "home program" for kindergarten children. This program was designed to achieve two goals: first, to help the children progress and, second, provide the mother with tools to continue the process on her own.

The assumption was that the mother would learn by observing the instructor. During observation, the mother was asked questions about the quality of learning and an emphasis was put on a verbal explanation of the aim of each activity to the mother. This study found that instructing the mothers led to a change in the atmosphere at home. It

promoted the implementation of the tools they learned in the program with the children at home. In other words, work with the mother turned out to be a facilitating and promoting factor for the children (Dgani-Zemel et al., 1997).

In another program, the "Etgar" ("Challenge") program (Hacohen, Wolf & Amzaleg-Bahar, 1999), the following two main goals were established: improving the children's preparedness for school and increasing the mothers' involvement in the education of their children. In this program as well, focusing on the instruction of the mothers resulted from their being perceived as agents of change (Levine-Roslis, Reikin & Bar-On, 1998; Montalvo & Gutierrez, 1988). With this in mind, it is possible to assume that strengthening the relationship with the school system, the homeroom teacher and the multidisciplinary team, while at the same time upgrading the mothers' knowledge in regard to her child when they take part in the decision-making process, can potentially be a source of significant empowerment and support for the student.

Despite all that has been said, the argument stated above by a significant group of the mothers in the present study should not be dismissed. These mothers claimed that their child's difficulty was principally a learning problem (each mother knew how to explain in detail the learning problem of her child) and they were also angry at the over-placement of the Ethiopian population in schools for special education. Indeed, this argument should not be disregarded, especially when there is research warning against such a tendency in Western education (Chin & Hughes, 1987; Harry, 1992, 1999; Lifshitz et al., 1998; Padilla & Medina, 1996) and in view of the fact that in 2000, a special committee was established on this issue (The Network for the Advancement of the Ethiopian Immigrants, 2000). Therefore, it is important to relate to this tendency as a

valid concern and view it as a confirmation of the mothers' argument. In fact, more caution should be exercised when intending to refer Ethiopian children to the special education system. This type of decision should be made while taking into consideration cultural differences.

Mother-child relationship

Most of the mothers described good, warm and close relations with their child. They described their attempt to converse with their child, support and explain the importance of learning so that he/she would progress and not fall behind. The mother's status in Israel as an immigrant from an underdeveloped country also has an effect and deprives her of authority in her relationship with the child, which also leads to the children's lack of respect for their parents. Generally, she doesn't work, doesn't speak Hebrew, and the child is the one who does the translating for her. The mother's frustration that she does not have the tools to help out the child with his studies or with his difficulty creates among some of the mothers feelings of helplessness and guilt (especially if there isn't a father who lives at home) towards the child with a need to make it up to him for his situation. On the other hand, the mothers also develop a sense of anger towards Israeli society because it doesn't provide support and does not take a dominant role in the raising and cultivation of the child as they would have expected from the culture that they came from. The way the mothers see it, a lack of education means an inability to plan the child's future, as well as their own future, and the emphasis is particularly on the dictum that "knowledge and information represent power." Some of the mothers describe how naturally they would want the relationship to be founded on cultural stories that were learned by rote and passed on down from generation to

generation, on experiences and descriptions of Ethiopia, and of the family culture and tradition in Ethiopia. Accordingly, these are aspects that bring people closer together and develop an attitude of respect and understanding in family relations as they remembered from the period of their childhood and youth.

The Ethiopian mothers' perceptions of Faranji (Israeli) mothers

All the mothers stressed that the significant difference between them and other Israeli mothers was the knowledge of the Hebrew language and the ability to communicate in the language of the culture that is personally familiar to them, which includes the possibility of expressing a personal opinion and insisting on the principles that they believe in. As the descriptions in the examples in Chapter 4 demonstrate, important issues were raised such as: the problem of translation which changes from one interpreter to another; Israeli mothers have knowledge and information and therefore they have more power to stand up for their rights and plan the future of their children; Israeli mothers have considerable knowledge of the subject and they have the tools to know that their child really has to be in special education, otherwise they wouldn't agree and give their consent to such a process ("their children really have a genuine problem").

The six mothers who are in contact with Israeli mothers (five of them work) believe that they go through the same experience (for example, see mother G in Chapter 4), but they know well enough to tell everything and let it all out and not "hold it inside their stomach" as the Ethiopians are wont to do.

The economic issue came up in this context. For example, some Israeli mothers decided to fully devote themselves to their children to the point where they resigned from

their job in order to be with their child, something that the Ethiopians cannot do because of their difficult economic situation.

Language

The results in the current study support other study (Noam et al., 1997) which claim that most of the Ethiopian immigrants have not yet reached a good level of communication using the Hebrew language. As demonstrated in the interviews, the mothers describe a great degree of frustration related to their inability to communicate fluently in the Hebrew language. In their view, knowledge of the language creates a connection to and understanding of Israeli culture. Language facilitates a faster assimilation and adaptation to the absorbing Israeli society and also makes it easier to communicate with the various offices, at the supermarket, on the street and with the children.

Their low level of command of the Hebrew language leads to a situation where their own children progress faster than they do and sometimes in fact translate for them, a predicament that creates a gap between the generations and reinforces the lack of respect that the children have for their parents. Language affects relationships and can be a decisive factor in one's chances to gain employment (especially if the entire job interview takes place in Hebrew).

When the child has difficulties and the parents must be sent for, this creates a dependency on the interpreter of the specific meeting (without the option for the Ethiopian parent of choosing a translator) and principally an inability to conduct a meeting directly between the two parties. This makes it harder for the mothers to express

their opinion and "stand up for [their] rights," as many of them similarly described in the interviews.

The mothers describe how they feel the absence of "the primary connection that leads to an understanding…" whereas the Israeli mothers "can get the message across without any problems," "can get the meaning across from heart to heart." When there is a common language, there are closer relations and more frequent meetings between the school staff and the Israeli mothers.

In the meeting with the school staff, the mothers therefore don't always receive all the necessary information, and the school staff, as they see it, doesn't always explain and provide all the information. They don't always use a direct language (with terms such as mental retardation, this or that disorder, etc.) but rather are careful because of the limitations of the language and the alienation that such a situation creates. Notwithstanding, the six mothers that make an effort to speak Hebrew appear to better understand and accept the diagnosis of their child.

Translation

Many Ethiopians work as mediators in various fields (education, the social system, the law and court system, etc.). Their function is to mediate and translate between Amharic and Hebrew for Ethiopian immigrants. The translators are usually Ethiopians that arrived to Israel in earlier waves of immigration.

One of the mothers described the difficulty in being continuously translated by alternating translators and not by a translator that she chose. In these cases, it wasn't possible to be able to create "a primary contact that leads to understanding":

"Although I believe the translator, and I want to say what is in my heart, [the situation where] there are translators limits the opportunity of saying the things I want to say and how I want to say them. The translator is doing a job; she puts things forward in a professional manner like she wants [the translator sometimes represents an organization]. "It could very well be that today a certain translator will translate exactly what I said, but at the next meeting another translator will come and translate my words in a different manner." There is a lack of continuity when translators are changed.

The translator has a very important role and on some occasions the mothers are in continuous contact with the mediators at the schools. The present researcher worked with three different translators and differences were evident in the rate of translation, the level of direct or indirect translation they chose to use, and in their relationship with the mothers. The mother always feels that when a translator is being used she is not fully understood. When it was noted that also in this interview there is a translator, her answer was "You want to hear us; [you] won't say things about our children or try to convince [us] to sign [something] so they will go to special education."

The problem is worse when the child translates for his/her mother because he/she generally translates things that the educational system says about him/her. Mothers who don't need constant translation sound more satisfied with the relations with the school and employ emotional language that isn't so common among the Ethiopian community using terms such as: "we gossip…we are interested…ask questions…it's relieving, creates a closeness…breaks the tension."

The approach to Ethiopian and Israeli children with special needs

Most of the mothers maintained that the Ethiopian children are in need of a different approach than the Israeli children. Economically, the Ethiopian children have very little money at their disposal; the parents usually don't have a good command of the language and lack the suitable tools to help the children and reinforce them. The relationship with the school staff is deficient on both sides. The Ethiopian mothers think that there should be someone who understands the Ethiopian culture and the children themselves. This person should know how to strengthen and reinforce them while relating to the fact that they are immigrants attempting to adjust, immigrants that came from an underdeveloped country and all the implications of this immigration. This includes a different system of values, beliefs, and behavioral patterns. In addition to all the above, children of immigrants with special needs require special attention.

The mothers who argued that the approach to Ethiopian and Israeli children should be equal think that all the children in special education have similar needs. Therefore, they object to separation, preferring equality both in the approach and instruction of the children, for example, perhaps employing both Israeli and Ethiopian teachers in the future. It is important for these mothers that their children learn together because in this way the Ethiopian children will be able to better adapt to the education system and learning, something that was foreign to them until now; they did not witness this kind of learning in their homes back in Ethiopia, where the parents did not study at all.

In Ethiopia – perception of the terms "difficulty," "mild mental retardation," "emotional disturbance"

The results of this study suggest that Ethiopian mothers don't understand the terms "mild mental retardation," "developmental delay," or "emotional disturbance." They understand when one speaks of a "problem" or "difficulty"; however, they prefer not to use these terms as well. Instead, they stress the importance of "flow" in the relationship and communication with the child, providing the child with "space" and to see what "there is" (the positive qualities) instead of what "there isn't" (the negative qualities). In fact, the general attitude is "to speak positively and think good, and this will also lead to a better future."

Difficulty is a term that was not emphasized in Ethiopia because it was important to stress the existing strengths and not the weaknesses, principally in view of the fact that it was not "necessary to succeed." "There [in Ethiopia] you wouldn't say difficult, [or] not difficult, there are no such terms. When speaking about difficulty, you would speak of a difficulty that one can deal with. The difficulty here [in Israel] starts at school, when you need to succeed."

Mild mental retardation and emotional disturbance: Ethiopian mothers are generally not familiar with these terms. They have never used them and they don't understand them. Neither are they prepared to use these terms in regard to their child. In Ethiopia, "everything was measured in terms of work." The mothers describe how "I never saw in my life children that didn't have the ability or suffered from mild mental retardation. There wasn't even a hospital there and the women gave birth at home." Another mother told how "I don't remember a situation where the children stayed at

home because of a lack of ability." Every child was assigned some type of work or task, "even the grandmothers were given work."

Life and relationships with the children in Ethiopia

Life in Ethiopia was entirely different. There, people lived in villages and in mostly uniform shacks. The people spoke Amharic and worked outside in the pasture or in the fields. Each child had a responsibility that suited his/her ability. The entire village took care of each member of the community. "The outside was also a type of home" for them, and there weren't dangers or threats like there are in Israel when a child spends a whole day outside of the house. In nearly every place in the Ethiopian village there were also adults and each one knew what the other was doing. The concept of leisure culture did not exist; rather, the "doing" or "making" was the center of life. Even drinking coffee (*buna*) was a ceremony that was practiced three times whenever a guest arrived and this too involved a purpose: During these meetings, information was exchanged in regard to work, family, betrothals, and also political affairs. Everybody was in on everything: weddings, funerals and other events (These customs are still practiced in Israel; however, they are much more difficult to carry out due to the new time pressures, distances, and budgetary considerations for both the guests and the hosts.)

There were no schools in the villages; only certain individuals studied at schools in the city. In every village, about four or five people knew how to read and write and everybody would approach these particular individuals for these services.

In Ethiopia, the child's future generally did not depend on learning at school but rather was solely determined by marital arrangements (the parents betroth their children at an early age). The child learns from his/her parents and from the entire village or

community about responsibility, respect/honor, working outside and he/she continues along this course when he/she becomes an adult. There are no programs or courses for acquiring a profession at school with such a close connection to and implications for the future. Furthermore, when there is a problem, the child is not removed from the framework but rather an attempt is made to teach responsibility and to leave the child within the existing framework, "like everybody else."

Use of Social Services

The results of the present study reinforce the findings of the literature on children of immigrants (Harry, 1992; Kao, 1999; Winquist, Nord & Griffin, 1999), which casts doubt on the fact that these children are accessing and benefiting from the services that would be useful and appropriate for them (see the reasons listed in Chapter 4). Mothers who didn't make full use of the existing services did not know how to provide their children with the proper support. They found themselves to be powerless, they lacked the necessary tools, or did not know where to refer their children in order to access the appropriate help in the various areas.

The mothers of children with mild mental retardation or an emotional disturbance are aware that various types of social services exist which can help their child and family learn about ways of coping, as well as provide educational help, consultation and guidance, emotional support, medical treatment, financial aid, etc.

The mothers make a direct connection between "we spoke and I told her about the problem" to a solution and assistance with the problem that they talked about. It seems that the mothers have yet to make a clear distinction among the educational system, the community-social system and the mental health system.

First, it is important to note, as already mentioned in the literature review, that "mental treatment" (psychotherapy), "psychologist" and similar terms were uncommon in Ethiopia. In Israel as well, these terms have not yet been internalized by these immigrants and there is some difficulty in referring members of the Ethiopian community to this kind of treatment.

The mothers turn to the community social worker or the project coordinators at the *matnasim* and tell them about the problems which are related to school. The social workers listen to them and occasionally offer advice, but the mothers again feel disappointed and frustrated ("because we talked [about it] and nothing was done"). The trust they put in the social worker and the fact that they shared their problems with him or her leads to a set of expectations, and when these expectations are not met with some action or resolution, they feel as if the welfare workers did not really listen to them.
It appears that the mothers are still not aware of the distinctions between education, mental health treatment and community needs. At the same time, they continue to be consumers of these services and choose to meet with the people with whom they feel comfortable. They perceive this person as someone with whom they have a trusting relationship and receive some kind of support while ignoring the professional constraints of his/her role.

The encounter with the school system is difficult not only because it is unfamiliar and did not previously exist in Ethiopia, but, here in Israel, it also constitutes a basis and starting point for development and advancement in society. It is a daily part of the child's life, generates competition with Israeli society and even among the Ethiopians

themselves, and inculcates individualism and achievement-oriented values as an integral part of Western society.

This study supports the argument that the mothers expressed their satisfaction with the local *matnas* services, which include the providing of counseling, projects and programs for children and parents (Lifshitz et al., 1998). Those mothers who accepted the diagnosis of their child and his or her placement in special education cooperated with the homeroom teacher and the school mediator and expressed their satisfaction in regard to their relationship with them. Lower rates of satisfaction and cooperation were found among those who used the welfare bureau's services, similar to the results of Lifshits et al's study (1998) on youth and their mothers in this field. Similar to the latter research, in the present study as well, the mothers reported different problems that arose in their contact with the various professional bodies, such as, a disrespectful attitude, difficulties in understanding the meaning of the service providers, or difficulties in communication resulting from the immigrant's inadequate command of the Hebrew language.

From the perspective of the special education of the immigrant children, in any case, and as stressed in the literature review (Chapter 2), the homeroom teacher plays a meaningful and important role, and the important triad of child-mother-homeroom teacher in effect proved to be a central factor. By means of this triad, a good and continuous relationship with the homeroom teacher contributed to the child's progress and also to the mother's better understanding of her child. As demonstrated in the flow chart (see table 2), this study found a correspondence between the mother's acceptance of her child's diagnosis and the mother's cooperation and greater use of social services, particularly services provided by the educational system.

Aspects of Identity

The argument that maintains that new immigrants are required to contend with the conflict of change vs. preservation of their culture (Karrer, 1990) is very applicable to the case of the Ethiopian mothers in this research (all are "new immigrants" from the years 1996-2002). New immigrants may get "swallowed up" in the absorbing society and as a result may be unable to develop a sense of belonging and identification, and at the same time they may lose the feeling of being unique.

The immigrant mothers were asked to express their attitude on two main issues: first, to what degree are they interested in accepting the culture, customs, and national identity of the host country; and second, to what degree do they want to preserve their original identity. The three options that emerged from their answers were: separation, i.e., preserving their original identity as an Ethiopian while renouncing the new identity; assimilation, i.e., renouncing the identity of origin and accepting the new Israeli identity; and integration, i.e., combining the two identities, the Israeli and the Ethiopian.

Berry (1990) and Berry & Sam (1997) also raised a fourth possibility: marginalization, i.e., a situation where the immigrant doesn't define him or herself as adopting neither the old nor the new identity. This situation of alienation is believed to be a distinction of at-risk youth (Lifshits et al., 1998) and, in fact, not a single mother in the present study described her identity in this manner.

Most of the older mothers (eight) defined themselves as Israeli-Ethiopian, that is, possessing an integrated identity, which generally is considered the most successful solution. However, when they were asked to elaborate on this identity, they described an active Ethiopian identity which preserved their original identity of a person from

Ethiopia. This is perhaps because ideologically they believed it was necessary to integrate and become Israeli.

In the second group (five mothers), the mothers defined themselves as possessing a solely Ethiopian identity, i.e., separation, while actively they were more likely to describe an integrated Israeli-Ethiopian identity; that is, preserving both identities at the same time. This dual identity process was expressed also in their behavior, language, in their contact with Israeli systems and welfare services, in the field of employment, in their relations with Faranji Israeli mothers and in the actual preservation of the system of their country of descent. These mothers were younger, spoke Hebrew and were not totally dependent on the mediator. They worked and made contact with Faranji Israeli mothers. These mothers accepted the diagnosis of their children and agreed to have their child placed in special education. Their connection with the school staff was better and they made use of existing professionals and social services.

For Ethiopians who immigrate to Israel, their immigration is an encounter with the history of Israeli culture. It is a very important encounter with multiculturalism. They emigrated from an underdeveloped country, a place where the entire village came from the same extended family, to the State of Israel, which for them was an absorption process into a multicultural country in the modern world. In Israel, they had their first encounter with different ethnic groups; Ashkenazi, Sephardic, Russian, Iraqi, Polish, Moroccan, and more. Each ethnic group takes pride in its own tradition and customs—the prime minister, other ministers, and presidents in fact celebrate together traditional holidays. Schools for certain populations have been established (for example, for Russians), as well as theaters (e.g., the Gesher Theater which stages primarily in

Russian), newspapers in various languages, radio and television programs, ethnic cuisine, holidays, etc.

The mothers who have actively become integrated into Israeli society want to define themselves as "Ethiopian" in a way that means "special" or "unique." They describe a situation in which they want to preserve everything as well as things that are no longer possible. This corresponds with Shabtai's (1995) theory which underscores the "at home Ethiopian and outside Israeli" dictum. Since they noticed in Israel the distinctiveness of each ethnic group and the desire of each ethnic group to preserve its culture, they seek to act in a similar fashion in order to also stress their uniqueness.

These mothers in effect created an "intercultural identity," a term coined by Moussa (1993) in a study on Ethiopian and Eritrean women who immigrated to Canada. As explained by Shabtai (1999), this is the formation of an identity which enables integration between two cultures and the ability to feel that one belongs simultaneously to two cultures. It is possible to intertwine threads from existing theories and studies on the subject of ethnic identity development that will constitute a base and reinforce the results of this research; Rosenthal and Feldman (1992), for example, argued that "invisible" elements (e.g., cultural values) of ethnic identity are harder to change and will present a lower level of acculturation than the "visible" elements (e.g., ethnic behaviors). In another study which involved Asian Indians in the United States (Sodowsky & Carey, 1987, 1988), the authors indicated integration into the dominant culture in terms of ethnic behaviors such as consumption of customary foods, use of the English language, dress, etc., in contrast to a lower level of acculturation of cultural values. Since it is possible to identify distinctions among members of the minority, it is probably preferable to relate to

the process of the acculturation of the minority member as a more complex process which cannot be defined by a single score but rather by a composite profile (Sodowsky et al., 1991).

Still, in the present research, all the mothers were in favor of preserving the majority of the Ethiopian customs and rituals, which they associated with the code of honor as the most important and meaningful supreme value in Ethiopian society and culture. The results of the present study indeed indicate less acculturation in terms of "invisible" elements which are generally more resistant to change.

In addition, this study also shows a significant correspondence between the "invisible" and "visible" elements. This is evident in the way that the mothers who made a great change in the "visible" elements—that is, the use of the Hebrew language, finding employment in Israel, forging relations with Israeli mothers, making good contacts with the educational system and professionals who provide social services—assert the importance in preserving the "invisible" elements, specifically, an internal value system that as far as the mothers are concerned preserves their uniqueness and stresses the important values of the Ethiopian culture. In their important encounter with multiculturalism in the Western-modern world, they regard traditional values as features that distinguish them from others and reinforce them. The group of mothers who were engaged in active integration (visible elements) wants to give prominence to their Ethiopian identity and the importance of the "invisible" elements. So, unlike previous research (Rosenthal & Feldman, 1992; Sodowsky, 1991; Sodowsky & Carey, 1987, 1988;), where apparently there was integration and acculturation because of the implementation of visible elements (while there were no changes in the invisible

elements), in this case, the mothers developed a need to present the invisible elements and underscore them as values that they don't want to consciously change.

All this in view of the fact that following the Ethiopian immigration to Israel, the various authoritative roles in the Ethiopian community (such as the ethnic group's elders, the kess, the shemagleh, and others) became empty of content and in this way the Ethiopian immigrants lost to a great degree their traditional cultural character as a cohesive community.

In summary (see flow chart in Chapter 4, Table 2), all the mothers in this study identified with the core values of the culture of origin (Shabtai, 1995). Those mothers who actively integrated themselves into Israeli society (the younger mothers, approximately in their early 30s, who work and earn a living, speak Hebrew whenever possible, and are in contact with Israeli-Faranji mothers) are interested, at the same time, in emphasizing their uniqueness by defining their identity as "Ethiopian" and are more inclined towards a general preservation of their traditional customs. These are the same mothers who identified a problem in their child's behavior and who observed developmental and educational differences between their child and the rest of the siblings. The mothers who agreed to their child's placement in special education were more aware of the child's needs and subsequently arranged remedial lessons for him or her. They try to plan out the child's future, inquire about appropriate schools for the future and are in continuous contact with the homeroom teacher. They are in continuous and good contact with the school staff and the education system and they tend to make more use of the available social services in the community.

The more integrated they are, the more they stress the uniqueness of their Ethiopian culture and want to be called "Ethiopians." These mothers are well-versed in Israeli culture and understand the culture of the other, but also appreciate the value of their traditions and customs in the multicultural discourse characteristic of the Western country to which they immigrated. Therefore, they want to preserve all of the elements of this culture that do not clash too much with life in Israel.

Interestingly, the mothers who defined their identity as Ethiopian-Israeli but who were not able to actively integrate into Israeli society (these mothers were generally older, did not work, do not speak Hebrew, and did not make contact with Israeli mothers) *also* tend towards the preservation of most of the core values of Ethiopian culture. These are the same mothers who didn't believe that their child had a problem, or if there was a problem, they regarded it as solely a learning problem. They did find any developmental differences between their child and his/her siblings. These mothers were concerned about what they perceived as the over-placement of Ethiopian children in special education. They did not agree with the diagnosis of their child and objected to the placement of their child in a special education system. Their relationship with the school staff and the educational system is not good and they are often engaged in a struggle to remove the child from special education. Their focus is on the struggle so that consequently the child's immediate needs are neglected and the relations between the mother and the school staff are marked by a lack of cooperation. Furthermore, they are less inclined to avail themselves of the community social services.

All of the mothers regard the value of education in Israeli culture as meaningful. Since they are not able to read or write, did not attend school and do not have a

profession, they tend to highly appreciate the learning institution. They indicate that it opens a broad and prospective window of opportunity for their children in the Western world. As they see it, learning helps with basic things such as a person's ability to stand up for his opinion, writing a letter, reading rules or instructions, enjoying a book, or other aspirations such as the possibility of being a teacher, a doctor, an engineer or other professions that will help and develop the person and his/her world.

Isolation and Alienation

The feeling of belonging that was so meaningful and constituted a great part of their culture when they lived together in Ethiopia increases the feeling of alienation in the Western world where each nuclear family must take care of its own children. The extended family, in Ethiopian terms, included a large number of family members, often consisting of a genealogy of seven generations or, in effect, an entire village. Together, this larger family group raised the younger generation. Due to the constraints of life in Israel, this family model ceased to exist, leading to a geographical fragmentation of families so that members of the extended family now lived at a considerable distance from each other.

The mothers therefore did not inform their relatives living in distant places that their child was in special education "because they are not here and were not involved in the process." The mothers expected support to come from the absorbing community. They expected Israeli society to fulfill this role, function in a similar way and take responsibility for raising the children and when this did not take place, they became frustrated and disappointed.

Feelings of loneliness and isolation also exist among members of the nuclear family who immigrated together. The women generally do not share all the details with their husbands and don't talk about their emotions. Most of the husbands are old, do not work and are less involved in what goes on in the educational system. In addition, some of the mothers are single parents and have to raise their children on their own, a task made more difficult when members of the extended family live at a significant distance from each other.

One of the mothers, age 42, whose husband is 68, recounts how she married at the age of 12 (she is glad that her daughter is growing up in Israel so that "she will not [have to] think of marriage at the age of 12"). She describes how her husband is "supportive, tells me to hold on and yet he knows nothing, not the language, [he] doesn't offer solutions…[he] doesn't work. I am the one who tries to do everything…" The placement of the eldest son in special education disturbs her and evokes concerns about the future principally due to the expectations traditionally required of the eldest son: "It is hard; he is in special education and maybe this is ruining his future. I was counting on him—that he would go far. The father is old and all [our] hopes are pinned on him because he is the eldest son in the family. [We want to] see him succeed." At this juncture, the issue of family honor also surfaces; the son's success is also important because it will lead to "family honor."

Both the structure of the Ethiopian basic family unit in Israel and the extended family, which once included the entire village, have therefore undergone fragmentation. In addition, there is the undermining of the male status and the strengthening of the woman's status. Finally, a gap has developed between the parents and the children, who

speak the language and translate for the parents when the latter have to engage in conversation with legal authorities. All these developments have created a sense of frustration, disappointment, low self-esteem and a feeling that "it is impossible to fight the system or to get justice if [one] feels alone."

As Montalvo and Gutierrez (1988) maintained in regard to immigrant mothers and their capability for being significant agents of change, in the early stages following their immigration, the Ethiopian mothers became a dominant and flexible factor at home which made contact with the school system. The problem was that this created a conflict among these women because it undermined the formerly important status of the husband in Ethiopia and as a result also harmed the familiar and safe structure of the family institution. On one hand, the mothers were empowered and found new windows of opportunity but, on the other hand, this weakened the parental system and damaged the father's self-esteem and at times the woman's as well (a change that is too fast like a hasty divorce led her to be perceived by the Ethiopian ethnic group "as a weak woman without a man," even if she receives reinforcements from the absorbing host society).

Those children, who were accustomed to the guiding principle of the veneration of their parents, felt that the frameworks were breaking down as they became aware of the relegated status of their father in Israel. Parental authority suffered a blow: "It reduces the strength [of the parents] vis-à-vis the children." Furthermore, the punitive methods that were the custom among the immigrants in Ethiopia ("slaps on the hand with a lash" and similar) were unacceptable in Israel while, on the other hand, the parents didn't have the appropriate tools in order to establish an alternative parental authority using other methods.

The Ethiopian woman found herself up against a paradox on nearly all fronts. On one hand, she had the strength and ability to be flexible and to communicate with the various authorities, to work and develop; on the other hand, this also undermined the husband's status and damaged the structure of the stable family cell. She could gain progress as a woman in the Western world and be a single parent and in this way in fact receive more financial support from National Insurance, but at the same time she was perceived by the Ethiopian community as an "un-whole" woman, without a man, and therefore "weak." She could detect humiliation or the Israeli education system's over-placement of Ethiopian immigrants in special education, but she also wants to hope and believe that if she talks positively about integration, the good things in Israel and about a better future, the situation would improve. Therefore, a sentence such as, "The teacher gave him low grades because he is Ethiopian" can be heard spoken by an Ethiopian mother while at the same time she can also explain that she thinks "there isn't discrimination in the educational system." This internal conflict is prevalent among the Ethiopian mothers, and shows that their strength is also their weak spot and reinforces the situation in which the mothers "keep it all in their stomach" and subsequently feel lonely and unsupported.

Limitations

As in many studies, numerous limitations exist. The number of Ethiopian mothers interviewed for this study was small (N=14). Small numbers make it difficult to generalize the results to a larger population of minority mothers of children with emotional disorders and/or mild mental retardation. However, as previously stated (Kavale, 1996), smaller numbers of participants in qualitative research are often used

Another limitation of the study concerns the interview process itself. All the information the researcher obtained came from the mothers themselves, and thus consisted of information about which the mothers were willing to speak. After a long process of describing and explaining the meaning of a study, what the subject of the dissertation was, and what questions would be asked in the study, most of the mothers were open to being interviewed, but it was still difficult for them to talk about some of their own experiences. It is important to be aware of this limitation, and at the same time, to remember that the goal of the study was to understand, from the stories they related, the experiences and the perceptions of the mothers in raising children diagnosed with emotional disorders and/or mild mental retardation.

It is possible that the people in this group represent a very select group of mothers who felt comfortable talking about their roles as mothers, the diagnoses of their children, and the various systems in Israel. This was mainly a group of mothers who had actively integrated into Israeli life, and were open to talking about all areas of life and their

perceptions of Ethiopian culture in the multicultural Western world into which they had immigrated.

Another limitation of this study involves the potential for bias by having another person read the results and give her feedback and analysis.

A second important area of potential bias to take into account concerns the translators that performed the interview translations. In spite of the researcher's position that the translations would be done word for word, as close as possible to what was said by the interviewees, there were times when the translator had long conversations with the interviewee in order to understand exactly what she wanted to say. In these cases, it was not always clear how exact the information passed on was.

The person who conducted the main Amharic-Hebrew translation of the mothers' statements in this study also served as a second reader, which placed her closer to the position of the researcher and more of a full partner in the research. However, she was also a translator, and an Ethiopian who had immigrated to Israel. This could have had an effect on the level of her objectivity.

On this same subject, the author of this study wrote down in Hebrew word-for-word the translated statements of the mothers, whereas the translation into English was conducted by a third party. This Hebrew-English translator served also as an editor and was asked not to edit the words of the interviewees (Chapter 4). Some level of inaccuracy may have been introduced.

An additional limitation of this study concerns the background of the researcher, an Israeli woman whose family immigrated to Israel in the 1960s from an Arab country,

which could possibly lead to misinterpretation of the experiences the mothers described. It was quite comfortable to listen to some of the mothers, and this constituted a source of identification with them, since they and their families had also experienced initial difficulties of immigration and adaptability. It was evident that this was useful for developing a rapport and helping the mothers feel more comfortable during the interview process. Of course, as already mentioned, the mothers agreed to be interviewed only after they understood that the entire staff of the community center backed and supported this study.

Ethical Considerations

Great ethical consideration was taken into account in the current study, in order to report the results in a manner true and faithful to the stories and descriptions of the mothers. Before each mother agreed to participate in the study, she was assured that her experiences and thoughts would be faithfully reported and presented. This issue was handled in various ways. First, the mothers' stories were transcribed word-for-word by a professional transcriber. This prevented the researcher from inadvertently changing the mothers' stories. Second, the subjects were taken word-for-word based on what the mothers said and according to the categories about which the mothers' had requested to speak. The main Amharic-Hebrew translator, who also acted as a second reader, translated most of the interviews. Her reactions were written down by the researcher before the interviews, after each interview, and at the end of the study. This person found the material to be representing the mothers' stories in a credible manner. Lastly, the researcher declared her biases, and presented results that both contradicted and supported her beliefs. The second reader also found this to be true. Hence, one can conclude that

the results of the study were reported by the researcher in the most credible and ethical way possible.

At the end of each interview, the mothers thanked us for our attention and the opportunity to relate their stories, in many cases, for the first time since immigrating to Israel.

Systematic Journal

During the research and data collection for this study, the researcher met and spoke with many individuals as well as project coordinators and program writers from the Ethiopian community in Israel, and with professional people (psychologists, social workers, program coordinators) from the field of special education, and more. Everyone was enthusiastic about the study and about the idea that Ethiopian mothers would have the opportunity to give voice to their experiences in face-to-face interviews. Various staff members in the community centers were willing to enlist participants from the community center and from within the community itself, and were open to learn about the mothers and their children. Since the researcher does not speak Amharic and was not acquainted with the mothers who were interviewed, this required a full commitment to and participation in the enlistment process which fell entirely upon the project managers and coordinators in the community centers.

Each mother told her narrative, and chose to emphasize the most significant subjects concerning her immigration to Israel, the absorption process that she and her family went through and are still going through, the interaction with the education system, the diagnosis process and the placement in the special education system. Most of the mothers told their stories with pain and sadness, and were worried about their child's

future. The majority said they had never been able to talk about such subjects and to tell their side of the story until they were given this opportunity. At the conclusion of each interview, the mother received ten dollars to buy goods at the grocery store or school materials for the child. All the mothers said that this wasn't necessary, and that they truly enjoyed and were pleased at the opportunity to speak and express their opinions in the interview, and they hoped something could be learned from their experiences. They also spoke of a feeling of release and alleviation in telling their story. There were even mothers who shed tears.

In Ethiopia, the Jews lived in a closed community with clear rules of separation from their Christian neighbors. The severe attacks, the missionary activity and the internal wars in recent years provided the incentive for their immigration to Israel, in addition to generations of longing for Jerusalem. These factors explain their high motivation, their readiness to suffer the hardships of the journey to Addis Ababa and then to Israel, to suffer the agony of their daily lives in the absorption process, and perhaps even their identification with the state.

The researcher of this study wrote in her field log that she was able to predict situations where the interviews would stop in the middle, and where the openness would be minimal. She prepared herself for situations in which she might have to find ways to develop each subject, and for times of complete silence, however, these things never occurred. In fact, it was just the opposite. Expectations like these were the result of previous unsuccessful experiences in a number of places where mothers arrived willingly but at the end did not agree to be interviewed. As written in the researcher's field log (the researcher's log, 04.29.07): "I found myself surprised and even perplexed by the

reaction of the mother. A woman in her forties, seems a little older than her years, her eyes radiating kindness, with a big smile directed at me and the translator. When she speaks, she turns completely towards the translator, with her back to me. The translator listens to her and translates her words for me: 'She asks who you represent? Has the Ethiopian community approved the study? Will this directly help the children? If not, then why perform a study like this?' This isn't going to work, I thought to myself. There is no chance that these people will complete an entire interview. They are suspicious and want immediate answers, which we don't have around here."

For mothers who participated in the full interviews, a good relationship was created, and their confidence in the researcher was built. They even added details beyond that which was expected.

The subject of time, as described in Chapter 4, was a little complicated. Some mothers came to the interview and after an hour said they had to pick up their children, even though they were told in advance that the interview would take from two to three hours. One mother requested to continue the interview at another time and returned for two more hours. Other mothers called at the beginning of the meeting and made arrangements for their children so they could stay until the end of the interview. There were two cases of a funeral during the period of the interviews, where the mothers did not arrive at all and did not inform us, claiming we should have known that "when there's a funeral, the entire community goes."

Except for these obstacles, when the interviewing process began and the mothers who were ready to cooperate arrived, one could clearly see how seriously they took the interviews and the importance they gave to all the topics that arose during the course of

the interview. After listening to the first question in the semi-structured interview, each mother typically ignored the question and emphasized her narrative, that is, her perception of her child's situation. For each mother, the reasons leading to the situation were evident and there was a clear narrative, a story of the circumstances that the mother related. The story was also associated with the family's system of beliefs or the type of logic that the mother constructed explaining her child's experience. This narrative was repeatedly emphasized throughout the course of the interview and was the explanation for many things that took place.

Most of the mothers immediately attempted to find the potential strengths and advantages in all the experiences they related, even if speaking about difficulties. They were constantly talking about how important it was to find and reinforce the child's strengths, to see "what the child is good at, to give him motivation and to help him." They spoke of "the power in a hug and of love." In the same manner, in spite of all the pain, sorrow and frustration that some of the mothers expressed during their stories, it was also possible to sense the hope, the aspirations for good and the ability "to enjoy what there is now." This helped create a pleasant and receptive atmosphere during the interviews. The researcher felt she shared many of her personal views and emotions with these mothers. At the same time, new points of view surprisingly emerged in the researcher, challenging ones she previously had. The researcher was left with the feeling that there is much to learn from those mothers and from their ability to function under difficult and complicated conditions.

Second Reader

At the conclusion of the interviews, the second reader noted that the majority of the mothers were using welfare services. In her opinion, the ones who didn't invest much time and effort and were not in regular contact with the various services, mainly due to language difficulties and the fear that they wouldn't receive a sympathetic ear for their negative opinions. Because of this, they neglected the subject and assumed that everything would take care of itself, and therefore the child at times didn't "find himself." In addition, in her opinion there is a connection between the problems at home, the conflicts between the parents, the inability to get suitable help from the welfare office and the children's difficulties at school. "In my opinion, the children take more care of the parents than the parents do of the children. The children still haven't found their place in the country, the anti-male attitude of the welfare office destroys the home, the children grow up without a father image, the wife is alone and this is difficult." Similar to this study's hypothesis concerning the mothers' identity, the second reader expected that the mothers who accepted the diagnosis and whose children were placed in special education would define themselves as "Ethiopian Israeli" and those that opposed the diagnosis would define themselves as "Ethiopian" "because they hadn't entered deeply into Israeli culture, and still do not understand what special education is."

The results of this study differed from what was expected concerning the way in which the mothers defined their identity. The second reader chose to explain this in the following manner: "Perhaps the mothers came from more developed areas, they better understand the value and have a greater awareness of education, and therefore define themselves as Ethiopian." All the mothers come from villages and towns in the Gondar

The independent reader asserts "the agents that intervene make the situation worse and it's too bad the State of Israel didn't accept the role of the kess and shemagleh

The role of men is not explored in this study. In the Israeli Ethiopian community, there is a new phenomenon of men that murder their wives. The men don't have any place or organization to turn to for support. "They remain alone, without respect, without authority, and in trouble." If this were a study of the men, they would have said they preferred to preserve the role of the kess and shemagleh. The second reader supports the recommendation of this study: further research is needed, mainly to investigate and compare the attitudes and feelings of the Ethiopian fathers and mothers concerning education, social services and identity. In addition, she supports the practical recommendations of the study.

Recommendation for Future Research

The current research was an exploratory, qualitative/phenomenological study that suggests there is a need to examine, from the mothers' perceptions, the phenomenon of raising children diagnosed with emotional disturbances and/or mild mental retardation, in order to gain a deeper understanding of their experiences, their lives and how the phenomenon relates to the mothers' identity and use of social services. Using the mothers' perceptions appears to be an important element in understanding, treating, and designing programs that meet the needs of these children and their families.

The positive reactions of the mothers in the current study with regard to the structure of the interviews stressed that it is advisable to continue to employ this

methodology in the study of mothers. There is a need for future studies in this area. It is worthwhile to compare mothers' perceptions of their children's diagnoses with mothers from various ethnic groups, and to examine the influence of these perceptions on the level of the mothers' involvement, as well as the connection between their perceptions and various support systems, especially the level of familial, educational and emotional support that the children receive through these or other types of service systems. An additional recommendation for future studies might be a comparison of veteran Ethiopian mothers to new Ethiopian mothers (the mothers in the current study) concerning their perceptions of the diagnoses of their children and the use of social services. The women in this study immigrated to Israel from towns and villages in the Gondar region. It is important to compare Ethiopians who came to Israel from villages with those who came from the cities, with respect to such subjects as education, social services and identity.

Throughout the interviews, the mothers frequently indicated the weakening status of the men in Israel, in Ethiopian society in general, in the Ethiopian family in particular, and the mothers' ambivalence regarding this subject. Moreover, there were times when the husbands appeared together with the women for the interviews and requested to be interviewed instead of them, together with them, or at least to receive information regarding the contents of the interview (in one case, a woman was not interviewed because her husband would not agree). In the current study, the mothers were interviewed mainly because it was found that women often played a role of agents of change (Montalvo & Gutierrez, 1988), and because the majority of them took on the role of educator at home and were the people who came into contact with the education system, the welfare system, and the community in Israel. This study showed that the

mothers are dissatisfied with the decrease in the men's status (some of them emphasized the recent phenomenon in Ethiopian society of husbands murdering their wives, and attributed this to the men's frustration at the change in their status). We recommend carrying out a study that includes men in Ethiopian society and the role they play in the care and education of their children. The study should also examine the relationships Ethiopian men have with the various systems in the absorbing society. Further studies may be useful in investigating how a mother's perception of her child's diagnosis changes during different periods after the diagnosis. Such information would be helpful on a theoretical, methodological and practical level.

Implications for Practice and for Educational and Social Support

An important initial recommendation that arises from this study is that more professionals should be trained in the area regarding the understanding of Ethiopian mothers' experiences and that more emphasis should be put on the importance of this understanding throughout the child's and family's treatment. For the professionals to practice competently, they need to take into account the mothers' perceptions of the situation, their ideas, and their suggestions.

Many of the interventions and implications that are presented in this section support those that currently exist. The following implications suggest that traditional modes of intervention for children who were diagnosed with mild mental retardation and/or emotional disturbance should be expanded to include their mothers/families' perspectives, cultural beliefs and the community in which the family is involved. The results indicated that the mothers have the capacity to tell their stories to others who are willing to listen and comprehend with an open mind, even if they do not get anything in

return. This information is important because it suggests that the mothers are eager to share their experiences and emotions with others.

During the entire study the mothers knew how to emphasize their needs in relation to their children. The practical recommendations arising from this study are:

(a) Professionals need to be culturally sensitive to the people with whom they are working, and to be trained in how minority groups perceive such subjects as education, literacy, diagnosis, societal deviation, intelligence (IQ), emotional intelligence, the process of loss and mourning, etc.

(b) Professionals need to understand the acculturation process that the families undergo from the moment they decided to immigrate until they receive their child's diagnosis.

(c) Professionals need to understand the mother's perception of her identity and her place in Israeli society.

(d) Professionals need to understand the mother's perception of her child's problem in relation to his/her brothers and sisters, and her perception of the proposed methods of intervention.

(e) Mothers whose children are diagnosed with emotional disturbances and/or mild mental retardation need to be suitably prepared with respect to the education system, diagnosis, treatment, special education, the application process for special education, courses and special programs in special education, professions in special education, and the rights and obligations of the parents.

(f) Information should be supplied to the mothers in regard to the professional help that is available to them in the education system, the welfare system, and the

community. These include educators, school principals, educational advisers, intermediaries, translators, caseworkers, and psychologists. Explanations should be given on how each one of them can be useful. Principally, it is important to emphasize the essential differences between educational, therapeutic, and communal intervention.

(g) Training courses should be provided to the parents in order to supply them with suitable tools for helping and supporting their children.

(h) Permanent translation services should be made available to the mothers in order to maintain and strengthen a continuous, stable relationship with the school staff.

(i) It is important to understand the significant and central role of the community center to life in the Ethiopian community. The community center fills the role of a significant meeting place for the Ethiopians. Some mothers relate to the community center as a resource sheltering the Ethiopians under one roof and helping them take care of their children, similar to the way in which the village played the part of the extended family. Other mothers relate to the community center as a last resort in providing an answer to the problems they are having with their children. At times, the project coordinator, who has built a good relationship with the Ethiopian community, was compelled to function as an advisor/counselor, albeit without the necessary qualifications. The mothers involve the coordinator in their problems and difficulties. He is generally an educated Ethiopian as well as an official delegate of the community center. This combination provides a greater level of confidence for participation (compared with the role of kess and shemagleh from Ethiopia who lost their authority in Israel because they are not officially recognized by the state). Indeed, we have seen positive results in the field, showing increased involvement of the children in education centers and in various

projects offered by the community centers for the children, parents, the elderly and others. It is very important to understand the high level of authority and power that the mothers bestow on the community centers and the managers and project coordinators who are both Ethiopian and official agents representing the community center and the state. As such, the mothers at times come "to talk" with them, meaning to participate and to consult.

On the one hand, the mothers expect action, in the form of solutions, to their problems. On the other hand, they feel a sense of alleviation and release that there is someone who listens to them. Educational programs and special projects that take into account the differences between cultures need to continue. It appears that they greatly support the Ethiopian community. The current study revealed the necessity of a specific program for children in special education and their mothers. This is a subject that should be examined in depth and which requires much professional planning and preparation. In addition, the need for consultation/treatment for the mothers became evident in the study. Some of the mothers ascribed the role of caregiver, adviser or psychologist to the community center's project coordinator. An examination of the type of needs the community center staff can provide answers for, and at which stage it is important to refer the mothers for treatment by accredited professionals (for treatment, consultation, support groups), should be carried out. This requires a case manager who accompanies the child placed in special education and his family from the start of the process. The case manager should know how to identify the needs of the child, his/her mother and his/her family, and understand how to provide the proper information when referring the child to professionals, if necessary.

(j) Psychological support should be provided for the child, his/her mother and his/her family. This should include sessions with social workers and psychologists in order to provide an opportunity for venting, communicating and lowering tension. The reason for this is mainly in light of the fact that the parents are embarrassed to put their child into special education and they don't turn to extended family members or people in the Ethiopian community for help and support. An ecological approach to the placement of children in special education will inform and include the mothers in the decision making. In addition it will take into consideration her family situation, ideas and cultural background (as has been detailed along the entire study). Systems approach is crucial to understanding the complex of the impact of referring an Ethiopian child to special education.

(k) Support groups should be set up for the mothers whose children are put into special education.

Most of the mothers spoke about the immigration process and mentioned in their stories the traumas and losses they endured on the way. As described in the literature review (Chapter 2), the Ethiopians were often forced to rely on "survival behavior" (Ben-Ezer, 1992), which occasionally came into contradiction with the more accepted norms of their culture, such as youths taking on the roles of their elders, etc. It is important to take into account which behaviors were a result of the period spent in refugee camps and which behaviors were due to the encounter with the absorbing Israeli culture. It is also important that the person treating the mother be prepared for strong emotional reactions that at times could be accompanied by symptoms that may be related to trauma and post-

trauma. Because this population is not a consumer of psychological services, situations may arise in which the class educator might be confronted with such reactions.

There is considerable difficulty in distinguishing between what was there and what is happening "here and now." This topic requires great sensitivity and a professional approach. Certainly, this subject needs more study, which will help benefit and provide more depth to work with the Ethiopian community in the future.

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Appendix A
Consent to Participate in Research Study Form

Israeli Ethiopian Mothers' Perceptions of their Children's Mild Mental Retardation and/or Emotional Disorder, Mothers' Ethnic Identity, and Use of Social Services

Informed Consent to Participate in a Research Study

We are inviting you to take part in a research study. This form will tell you about the study, but the researcher will explain it to you first. You may ask this person any questions that you have. When you are ready to make a decision, you may tell the researcher if you want to participate or not. You do not have to participate if you do not want to. If you decide to participate, the researcher will ask you to sign this statement and will give you a copy to keep.

Why am I being asked to take part in this research study?
We are asking you to be in this study because you are an Ethiopian immigrant mother to a child who was diagnosed with emotional disorder and/or mild mental retardation and thus was referred to special education program/school.

Why are you doing this research study?
The purpose of this study is to produce useful information regarding Ethiopian mothers' perceptions and thoughts about their child's diagnosis and about the special education school/program, and their use of social services that is available to them. This information will point towards potential solutions and improvements.

What will I be asked to do?
If you decide to take part in this study, we will ask you to be interviewed about your experience regarding raising your child, the connection with the school, community and social services systems, and your life in Israel after emigrating from Ethiopia. The interview will be tape-recorded.

Where will this take place and how much of my time it will take?
You will be interviewed at a time and place that is convenient for you. The interview will take between two to three hours.

Will there be any risks or discomfort to me?
There are no foreseeable risks, harms, discomforts or inconvenience that the participant may experience. However, if you feel any discomforts, you may contact the researcher directly during the interview or after.

Will I benefit by being in this research?
There will be no direct benefit to you for taking part in the study; however, the information learned from this study may raise your awareness regarding available social services in your community.

Who will see the information about me?

Only the researchers on this study will see the information that will identify you by name, in rare instances, authorized people may request to see research information about you and other people in this study. This is done only to be sure that the research is done properly. We would only permit people who are authorized by Northeastern University to see this information.
A translator to Amharic will be available if needed for clarification of concepts or more, according to your needs and decision. All records will be maintained in safe file in the researcher's office. All audiotapes will be transcribed and destroyed within one year from completion of this research.

Can I stop my participation in the study?
Your participation in this research is completely voluntary. You do not have to participate if you do not want to. Even if you begin the study, you may quit at any time. If you do not participate or if you decide to quit, you will not lose any rights, benefits, or services that you would otherwise have.

Who can I contact if I have questions or problems?
If you have questions, you should feel free to ask questions during the interview or later and Bracha Azoulay will discuss it with you personally at (052)3672932.

Who can I contact about my rights as a participant?
If you have any questions about your rights as a participant, you may contact Human Subject Research Protection, Division of Research Integrity, 413 Lake Hall, Northeastern University Boston, MA 02115 tel. 617-373-7570. You may call anonymously if you wish.

Will I be paid for my participation?
You will be given a $10 as you complete the interview.

Is there anything else that I need to know?
You must be at least 18 years old to participate in this study.

I have read the Consent Form, and my questions have been answered. My signature on this form means that I understand the information and I agree to participate in this study.

_____ _____
Signature of mother agreeing to take part Date

_____
Printed name of person above

_____ _____
Signature of person who explained the study to the Participant above and obtained consent Date

Appendix B
Interview

A. Background information

Date _____

Name _____ (Amharic and Hebrew)

Date of Birth_____ Age _____

Birth place in Ethiopia _____

Marital status _____ Number of children _____

Date arrived in Israel _____ Name of "Operation" ____ Places lived in Israel: _____

Number of years in Israel _____ IP's birth order in the family _____

Family members that stayed in Ethiopia _____

Schooling in Ethiopia: Elementary or higher_____ Number of years/months_____

Literacy: Writing / Reading in Amharic Writing / Reading in Hebrew

Profession / Work - in Ethiopia _____ in Israel _____

Language spoken at home (in Israel) _____

Language spoken when communicating with school representative _____

Gender and Age of child identified with learning problem_____

School description of child's problem_____

IP's (identified patient) year of diagnosis _____

IP's year of placement in special education _____

Comments by mother on the diagnosis and interventions by school, her identity and use of social services

Extended Interview

B. Questions about the child's problem, the educational system, the Ethiopian community, the use of social services, and the mother's Ethnic identity

Variable Definition: Mother's perception of child

1. How would you describe your child's problem/struggle?
   Do you find any differences between your child and his/her siblings?

2. Describe your relationship with your child (IP). Is it different from the relationship you would have in Ethiopia? Does it affect your daily life routine with your other children?

3. When did you first notice that there is something different about your child's development?

4. Tell me what happened when your child was diagnosed. E.g. who told you? Were you or anyone else from the family invited to school to meet with a teacher, social worker or counselor? Did you discuss the situation with your husband or another family member? What was said? How does the family feel/think about it now?

5. Do you know Israeli born mothers who have children with similar problems? Do you believe they are having the same feelings/experiences as you just described? If not can you tell me how you think it is different for them?

6. Do you think that Ethiopian children with special needs require a different approach from that applied to other Israeli children with special needs? How? What would you like to see?

Variable Definition: Use of social services

7. Which services in the educational system do you use and why?

8. Do you use social services for yourself, your child and/or your family that are offered in your area / community? Which ones do you use? What do you like/dislike in each one of them? Which one works the best?

Variable Definition: Mother's Ethiopian/Israeli Identity

9. How do you define yourself; Ethiopian, Israeli, both, or neither? How does it express itself?

10. Do you feel any conflict in belonging to two cultures (Ethiopian and Israeli) at the same time? How do you deal with it? What would you like to change and what would you like to preserve from the Ethiopian customs and why?

11. Do you have anything to add, that is important in order to understand the roles of the Ethiopian mothers and their perception of their children with special needs?

Appendix C

טופס הסכמה מדעת

אוניברסיטת נורטאיסטרן
פסיכולוגיה ייעוצית
בוסטון, מסצוסטס
ארצות הברית

ברכה אזולאי - דוקטורנטית
תפיסת אמהות אתיופיות את ילדיהן המאובחנים בבעיה רגשית ו/או פיגור שכלי קל, הזהות האתנית של האמהות, ושימוש בשירותים חברתיים קיימים.

טופס הסכמה מדעת להשתתפות במחקר

הנך מוזמנת להשתתף במחקר זה. טופס זה יתאר את המחקר, לאחר שחוקרת המחקר תסביר אותו. את רשאית לשאול כל שאלה שעולה. כאשר את מוכנה להחליט, תאמרי לחוקרת אם את מוכנה או לא מוכנה להשתתף במחקר. את לא חייבת להשתתף אם את לא מעוניינת. אם החלטת להשתתף, החוקרת תבקש ממך לחתום על הצהרה זו ותקבלי העתק ממנה.

מדוע מבקשים ממני לקחת חלק במחקר זה?
אנו מבקשים ממך לקחת חלק במחקר זה מפני שאת אתיופית עולה חדשה, אם לילד שאובחן עם הפרעה רגשית ו/או פיגור שכלי קל שבעקבותיו הופנה לתוכנית / בית-ספר לחינוך מיוחד.

מהי מטרת מחקר זה?
המטרה במחקר זה היא לאסוף מידע יעיל לגבי התפיסות והמחשבות של האמהות האתיופיות על הדיאגנוזה של ילדיהן ועל תוכניות/בתי-ספר לחינוך מיוחד, והשימוש בשירותים חברתיים קיימים. מידע זה עשוי להצביע על פתרונות פוטנציאלים ושיפור.

מה אני אתבקש לעשות?
אם את מחליטה לקחת חלק במחקר זה, את תשתתפי בראיון בו תשאלי על החוויה שלך לגדל את ילדך, הקשר שלך עם בית-הספר, הקהילה, ומערכת השירותים החברתיים, והחיים בישראל לאחר שהיגרת מאתיופיה. הראיון יוקלט.

היכן יתקיים הראיון ולכמה זמן?
את תרואייני בזמן ובמקום שנוחים עבורך. משך הראיון בין שעתיים לשלוש שעות.

האם קיימים סיכונים או אי-נוחות עבורי?
לא קיימים סיכונים, פגיעות, או אי נוחות למשתתפות הנחזים מראש. בכל אופן, במידה ותרגישי כל סוג של אי-נוחות, את מוזמנת ליצור קשר עם החוקרת במהלך הראיון או אחריו.

האם אקבל תועלת/רווח ממחקר זה?
לא תהיה כל תועלת/רווח ישיר עבור השתתפות במחקר זה. אך, המידע הנלמד במחקר זה עשוי להביא להעלאת המודעות בקשר לשירותים חברתיים הקיימים.

מי יראה את האינפורמציה לגבי?
רק החוקרים במחקר זה יראו את המידע הכולל את שמכן. במקרים נדירים, אנשים בעלי סמכות יכולים לבקש לראות מידע הכולל את שם המשתתפות. זה יעשה רק כדי להיות בטוחים שמחקר זה נעשה כראוי. נאפשר רק לאנשים בעלי סמכות מאוניברסיטת נורטאיסטרן לראות אינפורמציה זו.

מתרגם/ת לאמהרית תשתתף בראיון במידת הצורך, לתרגום והבהרת מושגים לא מובנים או יותר, בהתאם לצרכיכן ולהחלטתכן. כל החומר יישמר במקום בטוח במשרדה של החוקרת. כל הקלטות המוקלטות יתועתקו ויושמדו תוך שנה מסיום עריכת מחקר זה.

האם אני יכולה להפסיק את השתתפותי במחקר?
השתתפותך במחקר זה היא על בסיס התנדבותי לחלוטין. את לא חייבת להשתתף אם אינך מעוניינת. גם אם התחלת את השתתפותך במחקר, את רשאית בכל שלב לפרוש. אם החלטת לא להשתתף או לעזוב באמצע, זה לא ישפיע ולא קשור לזכויות או לשירותים אותם את מקבלת.

עם מי אני יכולה ליצור קשר במידת הצורך?
אם יש לך שאלות, תרגישי בנוח לשאול שאלות בזמן הראיון או מאוחר יותר את ברכה אזולאי בטלפון 3672932-052.

למי אני יכולה לפנות בקשר לזכויותי כמשתתפת?
אם יש לך שאלות את יכולה לפנות למחלקת מחקר באוניברסיטת נורטאיסטרן, רחוב לק הול 413, בוסטון, מסצוסטס, 02115. טלפון 617-373-7570, n.regina@neu.edu. ניתן לצלצל באופן אנונימי, אם מעדיפים.

האם אקבל תשלום עבור השתתפותי?
כל משתתפת תקבל 50 שקלים בסיום הראיון כתודה עבור התנדבותכן.

האם קיים משהו נוסף שעליי לדעת?
כל משתתפת צריכה להיות לפחות בת 18 ויותר.

קראתי את טופס ההסכמה מדעת, וקיבלתי תשובות לשאלותיי. חתימתי על טופס זה משמעותה שאני מבינה את האינפורמציה שלעיל ומסכימה להשתתף במחקר זה.

_____ _____
חתימת האם שמסכימה להשתתף במחקר תאריך

_____
שם מלא של המשתתפת

_____ _____
חתימה של מי שהסביר מחקר זה למשתתפת והיה עד לחתימתה תאריך

_____

Appendix D
ראיון

א. פרטים דמוגרפים

תאריך _____

שם פרטי ומשפחה _____ תאריך לידה _____ גיל _____

מקום לידה באתיופיה _____ מצב משפחתי _____ מספר ילדים __

מקום לידה בין אחאים של ילד מזוהה _____ תאריך החלטה להגירה _____

הגעה במבצע _____ מקום מגורים בישראל _____ מספר שנים בארץ _____

שנות לימוד _____ יסודי / תיכון / השכלה גבוהה, יכולת קריאה / כתיבה באמהרית

יכולת קריאה / כתיבה בעברית, מקצוע / עיסוק באתיופיה _____ בישראל _____

שפה מדוברת בבית (בישראל) _____ שפה מדוברת עם נציגי בית הספר _____

ילד מזוהה עם בעיות למידה: מין ז / נ, גיל _____

השנה בה אובחן _____ שנת השמה בבית ספר לחינוך מיוחד _____

תיאור הבעיה על-ידי מערכת בית-הספר _____

הערות ותגובות האם על הדיאגנוזה וסוגי ההתערבות של בית-הספר, הגדרת הזהות שלה והשימוש בשירותים חברתיים

ראיון מורחב

ב. שאלות המתייחסות לבעיית הילד, למערכת החינוך,לתגובת הקהילה האתיופית, לשימוש בשירותים חברתיים ולזהות האם

הגדרת משתנה: תפיסת האם את הילד

1. כיצד יראתת את הבעיה/קושי/מאבק של ילדך הלומד בחינוך מיוחד?

   האם את מוצאת הבדלים בין ילדך ליתר אחיו ואחיותיו?

2. תארי את היחסים שלך עם ילדך. האם הם שונים מהיחסים שיכלו להיות לכם באתיופיה?

   האם זה משפיע על שגרת חיי היומיום עם יתר ילדייך?

3. מתי הבחנת לראשונה שיש משהו שונה בהתפתחות ילדך?

4. ספרי לי מה קרה בזמן שילדך אובחן. מי הודיע לך על כך? האם את או משהו אחר מהמשפחה הוזמנו לבית-הספר להיפגש עם המורה, העובדת הסוציאלית, או היועץ החינוכי? האם דיברת על המצב עם בעלך או עם משהו מבני משפחתך? מה נאמר בנושא? כיצד המשפחה חושבת/מרגישה בקשר לכך עכשיו?

5. האם את מכירה אמהות ישראליות להן ילדים עם בעיות דומות? האם את מאמינה שהן מרגישות כמוך ועוברות התנסויות דומות לשלך? האם הקשר שלהן עם צוות בית הספר והצוות המקצועי דומה לשלך? אם לא, האם תוכלי לתאר לי איך את חושבת שזה שונה עבורן?

6. האם את חושבת שילדים אתיופים בעלי צרכים מיוחדים דורשים גישה שונה מזו שדורשים ילדים ישראלים שגם הם בעלי צרכים מיוחדים?

הגדרת משתנה: שימוש בשירותים חברתיים

7. באלו שירותים במערכת החינוכית את משתמשת ולמה?

8. האם את משתמשת בשירותים החברתיים המוצעים בקהילה/באזורך לעצמך, לילדך ו/או למשפחתך?

באלו מהם את משתמשת? מה את אוהבת/לא אוהבת בכל אחד מהם? איזה מהם הטוב ביותר?

<u>הגדרת משתנה: הזהות האתיופית/ישראלית של האם</u>

9. כיצד את מגדירה את עצמך? אתיופית, ישראלית, שניהם או אף אחת מהשניים?

כיצד זה בא לידי ביטוי?

10. האם את חשה בקונפליקט כלשהו בהשתייכותך לשתי תרבויות (אתיופית וישראלית) בו זמנית?

כיצד את מתמודדת עם המצב? מה היית רוצה לשנות ומה היית רוצה לשמר מהמנהגים

האתיופים ומדוע?

11. האם יש משהו שברצונך להוסיף, שהוא חשוב להבנת תפקיד האמהות האתיופיות והתפיסה

שלהן את ילדן בעל הצרכים המיוחדים?