The influence of the second Lebanon war on traumatic experiences and on the robustness of Jews and Arabs in the north of Israel

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How Jewish and Arab Parents Perceived Their Children's Resiliency During The Second Lebanon War

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Introduction

The Second Lebanon War was the second time since the War of Independence (1948) that Arab countries attacked the Israeli home front with missiles and rockets. For the first time in 60 years the entire population of northern Israel (1.1 million people), without differentiation between Arabs and Jews, were attacked. The attacks lasted 33 days. According to formal data, 3,970 bombs fell on the northern settlements, thousands of homes were hit, 44 inhabitants were killed and around 2,000 were hurt.

In all of the previous missile attacks on northern Israel that we researched (Shacham, Lahad, Sela and Shacham, 2000; Shacham and Lahad, 2004), only a small percentage of the settlements were shelled, and the attacks were classified as military operations, not as war.

This war broke out without any previous preparation of the population, a state of emergency was not declared, and the authorities did not conduct an organized population evacuation.

This research was conducted in two stages: the first stage, one month after the war and the second stage, ten months after the war. It examined the impact of the war on representative samples of the Jewish and Arab population in the settlements that were bombed .The population was sampled by Dahaf Public Opinion Research Institute directed by Dr. Mina Tzemach.

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In this article we will discuss the part of the research that dealt with the parents' perceptions of their children's stress reactions and coping resources. The goals of this section were:

A. To examine whether or not there was a difference in the level of exposure to threat among Jewish and Arab children

B. To observe how the Arab and Jewish parents perceived their children's stress reactions

C. To study the Jewish and Arab parents' perceptions of their children's coping resources, and how they supported their children during the war.

Theoretical background

Numerous studies in Israel and around the world have examined the relationship between exposure to threat and children's stress reactions**.** Mansdorf & Weinberg (2003) found that parents residing in Israel in areas exposed to more terrorist attacks reported higher levels of stress reactions among their children than did those exposed to fewer attacks.

A positive relationship was found between the level of exposure to a threat, both of a physical and psychological nature, and the level of both children's and adults' stress reactions (Vogel & Vernberg, 1993; Lahad, Shacham & Niv, 2000).

As a result of trauma, preschool children may exhibit symptoms of regression, aggressive behavior, sleep disorders and somatic complaints. School children will tend to develop obsessions about the details of the trauma and as a result, become tense and aggressive, develop attention deficit problems, and may complain about physical problems Teenagers are inclined to be aggressive and isolated. They may drop out of school or take part in dangerous behavior (Wooding & Raphael, 2004).

Studies that examined parents' accuracy in assessing their children's reactions showed that parents underestimate the severity and frequency of their children's stress reactions (Yule & Williams, 1990).

In a research conducted during the Gulf War (Rosenbaum & Ronen, 1993), the parents gave accurate assessments. According to the researchers, the fact that the

parents observed their children in closed off safe spaces over a long period of time resulted in reports given with a high level of credibility. Other researchers (Chimienti & Abu Nasr, 1993) claim that parents' reports should be carefully interpreted. In cases in which the parents are also exposed to a threat (such as in war), it is possible that their own stress reactions will influence their perceptions of their children's stress reactions. Likewise, children's stress reactions are influenced by stress reactions of a "significant adult." Lahad & Kaplinsky (2007) showed that parents living in danger zones tended to assess their children's distress level as high (even higher than their own).

A study of post-trauma stress symptoms among Croatian schoolchildren who were exposed to massive Yugoslavian military attacks, showed that, despite the gradual decline of emotional distress, 10% of the children still exhibited symptoms at severe levels 30 months after the war (Kuterovac-Jagodic, 2003)
Ajdukovic & Ajdukovic (1993) researched the impact of war and evacuation on stress reactions of children in a refugee center in Croatia. They interviewed the children and their mothers three times over a period of three years. Despite the cumulative impact of numerous stressors, the children's stress reactions declined with the passage of time. The findings also proved the importance of family support for the children's coping with war.

Though the picture is complex it can be said that in most of the studies the symptoms spontaneously decline within weeks to months, unless the personal damage (injury/loss) or the indirect damage (ruined houses, buildings, etc.) were to such a high degree, that the individual or the community could not overcome them.

In an article about ways parents help their children**,** Bradley (2007) presents a broad holistic gamut of the roles of parenting. There is evidence that parents usually do not understand the gravity of their children's symptoms and their longterm effects (Van Horn & Lieberman, 2004).
Osofsky (1999) claims that the most important protective element for children living in violent conditions is a strong bond with a positive, caring, significant adult.
The presence of a calming, loyal and strong person allows the children to process information and to develop normal and realistic coping (La Greca & Prinstein, 2002).

Research Design And Methodology

Population

One Month after the War

A representative sample of 299 adults in the affected area comprised of 170 Jews and 129 Arabs, was drawn and interviewed. A sample drawn from this population included all the children of the interviewees, with allocation of the appropriate weight to Jews and Arabs residing in bombed settlements. The sample was made up of 381 children: 174 Jews and 207 Arabs.

Ten Months after the War

A representative sample of 378 adults (211 Jews and 167 Arabs) was drawn and interviewed. The sample was composed of 171 children: 121 Jewish children and 50 Arab children. The research population was taken from the Dahaf Public Opinion Research Institute's data bank, which is based on data of the Central Bureau of Statistics.

Data Collection

Data collection was conducted by telephone interviews guided by a structured questionnaire. The interviews were held one month and ten months after the war in the language preferred by the interviewee (Hebrew, Russian or Arabic).

One month after the war 1,188 households were contacted and a representative sample of 950 responded (80% response). Out of this group 500 agreed to be interviewed; thus, the final response was 52%.

Ten months after the war an attempt was made to conduct a follow-up interview with the original interviewees. 60% responded, the remaining 40% were added in accordance with their representation in the population.

The Research Tools

The research tool was a structured questionnaire that included the following measures in accordance with the research goals:

A. Exposure to Threat - Staying in a Bombarded Area:

The parents were asked with respect to their children: "Were they all in the bombarded area during the entire war, or were some evacuated to another region, or were they all evacuated from the settlement?"

If the response entailed evacuation, the respondent was asked how many days the children stayed out of the bombarded area.

B. Post Traumatic Stress Reactions

The parents reported the frequency of their children's stress reactions in a PDS (Post Traumatic Diagnostic Scale) questionnaire (Foa, Cashman, Jaycox & Perry, 1997), made up of 15 statements on a four point Likert scale, from 0 (not at all) to 3 (frequently). The statements represent the main PTSD symptoms, and their summation (scores from 0-45) represents the severity of the stress. The cut-off measures for the levels of the severity of the symptoms are: 1-20 (low), 20-25 (medium), 25-30 (high), 30-35 (very high), over 35 (acute). In the past this tool exhibited satisfactory levels of reliability, consistency, and validity with an internal reliability of 0.92 (Cronbach's alpha). Repeat reliability after 2-3 weeks of 0.74 (Kappa), and a good correlation between the two measurements (0.83). Examination of criteria validity showed 83% correlation between the PDS and the PTSD clinical interview. Internal reliability in this research was 0.9 (Cronbach's alpha).

C. Coping Resources - were looked into using open-ended questions composed by The Community Stress Prevention Center, based on the BASIC Ph model (Shacham & Lahad, 2004; Lahad, Shacham & Niv, 2000)

The parents were asked what helped their children cope during the war. The answers were classified by three judges (expert psychologists from the CSPC), according to the Basic Ph Model- six categories of coping resources. After the judges classified the answers and reached a general agreement, the analysis was recorded as the data base of this research. There was a 90% agreement among the judges, which indicates the face validity of the tool.

D. Parents' Supportive Behavior to their Children - were measured by an open-ended question addressed to them: "What did you, as a parent, do to help your children cope

with phenomena related to stress during the war?". Three expert judges analyze the responses by the BASIC PH model.

Findings

Exposure to Threat

Table 1. Staying in a Bombarded Area (N=368)

	Children		
	The entire sample	Jews	Arabs
All were in the bombarded area the entire war	47%	23%	79%
Some were in the bombarded area, and some were evacuated	20%	25%	13%
All were evacuated	31%	51%	4%
Did not respond	2%	1%	4%
Total	100%	100%	100%

As seen in Table 1 there is a significant difference in the way Jews and Arabs view the question of evacuation to a safer place. Only 23% of the Jewish children stayed with their families in the bombed area during the entire war, and 51% were evacuated. In comparison, 79% of the Arab children stayed with their families in the bombarded area, and only 4% were evacuated. Hence, their exposure to threat was greater. This difference was found to be significant ($\chi^2 = 81.0$, $p < .01$).

Among children who were evacuated, Jewish children stayed out of their settlements for 19.3 days. Arab children stayed out of their settlements for 9 days (on average).

Children's Stress Reactions

Stress reactions are described in figures 1 & 2.

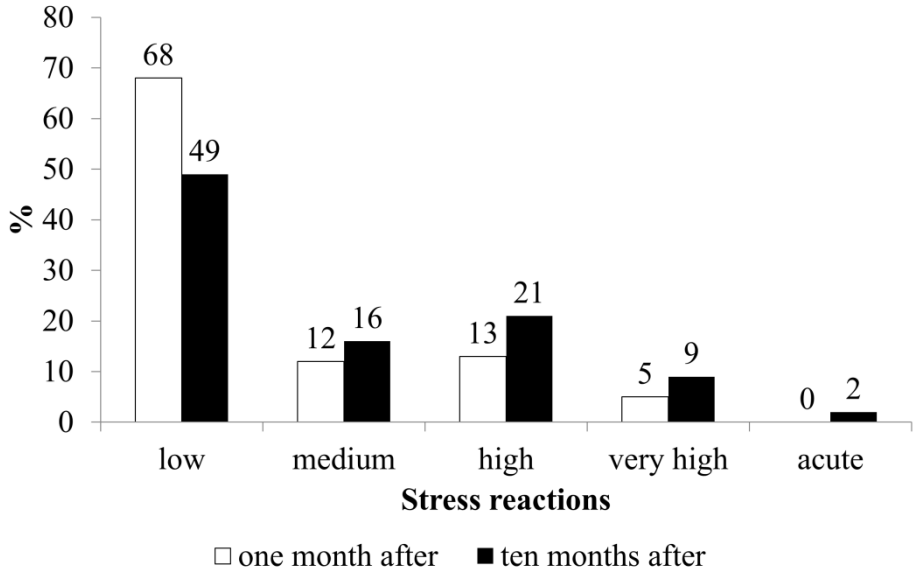

Figure 1. A comparison (in percentages) of Jewish children's stress reactions one month (n=381) and ten months after the war (n=171)

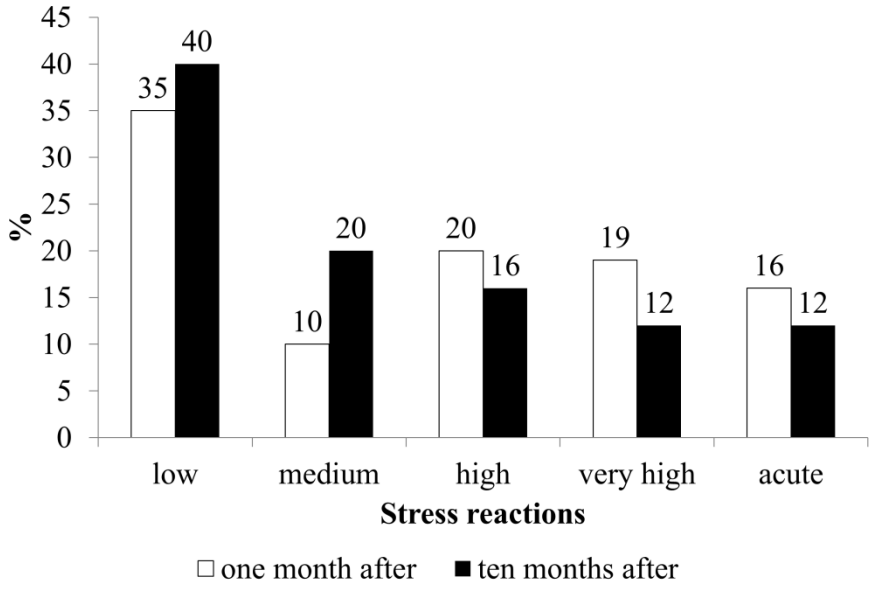

Figure 2. A comparison (in percentages) of Arab children's stress reactions one month (n=381) and ten months (n=171) after the war.

Figure 1 shows that according to the parents' perceptions, there was a significant rise in the Jewish children's stress reactions ten months after the war, in the high, very high and acute degrees, in comparison to one month after the war ($\chi^2 = 7.8$; $p < 0.05$). Figure 2 shows that there was a significant decline ten months after the war in the Arab children's stress reactions, in comparison to one month after the war ($\chi^2 = 11.3$; $p < 0.01$).

Figures 1 & 2 reveal that one month after the war, a greater number of Arab children suffered from stress reaction symptoms than Jewish children did (54% of the Arab children in comparison to 18% of the Jewish children).

Children's Coping Resources

Parents' perceptions regarding their children's coping resources are presented below.

Table 2. Coping resources according to BASIC PH model (n=381)

Coping Resources	The Entire Sample (in percentages)
Beliefs and values	3%
Affect	28%
Social	37%
Imagination and creativity	21%
Cognition	52%
Physiology	31%

Note: percentages do not sum to 100 due to multiple choice selection

The resources the parents report as most effective in helping their children cope were the *Cognitive* (52%), *Social* and family support (37%) and the *Physical* resource of physical activity and playing (31%).

There were no significant differences between the Jews and the Arabs or between boys and girls regarding the kind of coping resources that children applied.

Parents Support Of Their Children

The coping resources that parents had used to support their children during the war are described in table 3 and figure 3.

Table 3. Parents support of their children: Coping resources (in percentages)

Coping Resources	Jews	Arabs
Beliefs and values	2%	4%
Affect	59%	56%
Social	18%	20%
Imagination and creativity	28%	25%

Cognition	49%	10%
PHysiology	52%	31%
There was no need	6%	15%

Note: The total of the percentages exceeds 100% because it was possible to present more than one coping resource.

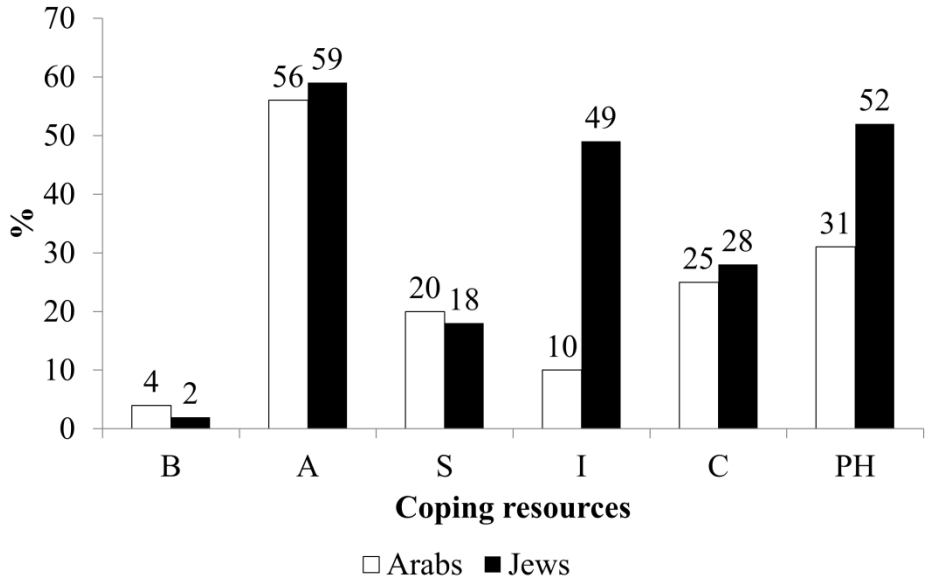

Figure 3. Differences between Jews and Arabs regarding supporting their children (in percentages)

Both the Arab and the Jewish parents reported that they helped their children most by employing **A** (Affect resource) and **PH** (hugging, physical closeness and playing).

In a different section of our research (Lahad, Schacham & Schacham, 2010), parents reported that they themselves mostly use the **C**ognitive and **S**ocial resources in order to cope with their own stress during the war, and the resource they used least of all was **A**ffect.

Discussion

Up to the Second Lebanon War Israeli Arabs were not attacked. Actually, since 1948 the Israeli Arabs and the government have believed that whenever a war breaks out, the Israeli Arabs are not in direct danger. In the Second Lebanon War children and adults of both populations were direct targets of bombs and rockets. (It is important to

note that demographically, according to the Central Bureau of Statistics, the Arab population at the beginning of 2007 was 53% of the population in the Northern District, compared to 47% Jews and others.)

Exposure To Threat

The research findings show that the level of exposure to threat changed during the war, as most of the Arab population stayed in the bombarded area, while the majority of the Jewish population was evacuated from the danger zone.

To examine the reasons why the Arab population preferred not to evacuate we conducted in- depth interviews (Lahad et al., 2010) with a representative sample of Arabs (N=50). The aim was to obtain more information and to understand the influence of culture on this phenomenon. The residents noted that the main reasons that they preferred not to evacuate were: a sense of security stemming from family (82%) and community support (73%), the lack of a desire to leave the Galilee (75%), and an attitude that one does not desert one's home in times of danger (57%). Another, less common reason was that there was no organized evacuation center for the Arab population (45%).

In light of this, it is not surprising that Arab children, who were exposed to war for more than a month and heard the hits their settlements had suffered, developed a high degree of severe emotional symptoms

Stress Reactions

From a previous study (Lahad & Kaplinsky, 2007), we learned that parents who live in danger zones tend to perceive their children's distress levels as high (even higher than that of the parent). However, in this research, as in the work of Rosenbaum and Ronen (1993), the fact that the parents stayed with their children in shelters or places of refuge outside of their settlements ,makes it possible to ascertain whether this assessment is accurate.

The findings show that Jewish parents saw an increase in symptoms in their children ten months after the war. Following the Gulf War, a gradual decline after four months was reported (Tubiyana, Goldstein & Har Even, 1992), and this is the process expected in the literature (Ozer, Best, Lipsey & Weiss, 2003). Even though it is well known from other studies that Arabs tend to report higher levels of stress reactions of children, in this research the intensity measured is very acute. Solomon and Lavi (2005) reported that during the Second Intifada, they found PTSD symptoms among 50.2% of Israeli Arab children, even though these children were not exposed directly to the terrorist attacks, compared to these symptoms among 27.9% of the Gush Katif (Gaza Strip) children, or 27.4% of Efrat children (West Bank). We separated the intensity levels, from low to acute, and we found a worrying situation regarding the acute level of symptoms in this population. In our research, the stress reactions reported by parents are significantly higher in the Arab population than in the Jewish population.

It seems to us that one of the reasons for this is that the Arab population in the Galilee was less prepared physically and emotionally for the war than the Jewish population, due to the historic premises that they are not targets for attack by Arab countries. In Nasrallah's broadcasts to the Israeli Arabs he emphasized that he was not interested in harming them and apologized for it. Emotionally, the fact that their "brothers" harmed them was a surprise, a disappointment and an injury to their feelings of security. The physical preparedness, the shelters and the psychological preparedness for emergency in the Arab local authorities were all on a very low level.

In another part of our research, when we examined the perception of community resilience, it turned out that the Arab community resilience was lower than that of the Jews. They believe that the local authority exhibited a low level of leadership and that it did not address the needs of the population (Lahad ,Shacham and Shacham, 2010).

The above facts may provide a partial explanation of the intensity of the Arab children's reactions, especially the most acute. The grounding necessary for the development of acute anxiety among the children was a result of a combination of reasons: long exposure to threat; inadequate physical protection; feelings of

helplessness and confusion, and the adults' lack of belief in their ability to help themselves. This finding supports the explanation proposed by Wiesenberg et al. (1992) that a situation of little activity and limited ability to solve problems, together with high emotional exposure causes many symptoms and little ability to cope. It is also possible that the fact that most of the information in the Arab sector was taken from Arab media sources, added a threatening and horrifying interpretation of the war experience and contributed to the high anxiety level.

Kalb and Saivetz's study (2007) showed that the emphasis in the broadcasts of the Arab networks was on showing horror scenes from Lebanon, and presenting Israel as the aggressor, while totally ignoring Hezbollah's attacks on Israeli citizens. Most of the photos were unedited pictures of death and destruction in Lebanon.

Lack of psycho-social services trained to give emotional help explain, at least partially, the fact that the distress did not fade after ten months. However, we believe that the explanation is more complex, and we will address it further in the research.

The follow-up, ten months after the war, indicates that a high percentage of the parents reported that their children were suffering from severe symptoms of post trauma of a high to acute degree. In the Jewish sector, one month after the war, parents reported that 18% of their children were suffering post trauma symptoms. Ten months after the war, the symptoms were not fading. According to the research findings in the Arab sector ten months after the war, 40% of the parents reported that their children were experiencing post trauma symptoms , in comparison to 54%, one month after the war.

The degree of suffering reported by the parents is higher than expected in the literature. Usually the expectations are like those that we have seen in studies in New York after the Twin Towers disaster (Galea et al., 2003), where there was a decline in the measurements taken from 2002 to 2003 from 20% to 14%, while only 4% had PTSD and 4.7% had PTS.

Pat-Horenczyk (2005) researched youth in Jerusalem, and found that even though 67% of the youth reported high levels of anxiety, only 5.1% were diagnosed as suffering from PTSD.

In our opinion, beyond the ethnic explanations we discussed above, the reasons such a high percentage of both Jewish and Arab parents reported that their children were still suffering stemmed from a number of socio-ecological factors:

A. The psycho-social meaning of the Second Lebanon War caused a general atmosphere of failure and defeat. In many ways, it brought to mind the 1973 war defeat. The atmosphere of insecurity prevailed in all sectors of the society and projected onto the parents' sense of security and that, in turn, radiated onto the children. Both the parents and children felt that another war was going to break out. The media intensified this notion daily by discussing Iran's growing nuclear power, Syria's intentions to go to war, and Hezbollah gathering strength for the next round. The parents' lack of faith in local and central government and the sense of failure, were surely absorbed by the children, and that is why we believe that parents reported that their children were not calming down, and that the expected spontaneous recovery was not taking place.

B. In another section of this research, the adults reported that they did not have faith in themselves; they did not believe they could cope appropriately if another war broke out; and they doubted whether the civil authority would be able to function any better. In Lahad's summarizing article (2008), this situation was defined as harming the family's resiliency and as a risk factor for the family's ability to cope. We believe that all of this added to the children's anxieties and helplessness, and harmed the expected recovery process.

C. In addition, the educational system, which a few days after the war provided psycho-social aid to children, very quickly resumed routine activity. It was explained that this was for the good of the children. In our opinion, terminating the aid stemmed mostly from the helplessness of the system in light of the meaning of this war. In addition, it lacked the means and personnel needed to deal with the psychological damage caused by the war (especially in the Arab sector), together with the conscious and subconscious efforts to maintain the feeling that the world is good (Lahad & Abraham, 1983, Janoff-Bulmann, 1989) – a feeling that if we only deal with positive things and adhere to a welcome routine, all will be well. The willingness of school principals and teachers to activate a continuation program declined drastically within a month after school started. At a meeting with principals from the North six months after the war, there was a general understanding that they had hurried to act as if

everything had gone back to the way it was, and they were willing to admit that many difficult behavioral problems derived from the children's war experiences (such as an escalation of violence, nervousness and academic dysfunction). However, there was a big gap between understanding this and acting on it.

D. Another explanation is that when the follow-up research was conducted, findings of the Winograd Commission of Inquiry into the dysfunction and irresponsibility of the various authorities during the war were being made known. This was followed by resignations of high ranking officers and the Minister of Defense. These all served as external verification of the interviewees' feelings of instability, insecurity and uncertainty, which they naturally radiated onto their children.

E. During the follow-up research, the situation in the South began to escalate, including massive shelling of Sderot. Many interviewees noted that photos of desperate evacuees climbing onto buses provided by the millionaire Gydamak, took them back to the war and their hasty evacuation.We believe that the residents of the North were worried about the tangible danger of another upcoming war, and therefore did not allow themselves to reach a point from which they could calm down and recover. Ten months after the war, the children's main concern was that the war would resume shortly or that there would be a war with Iran.

Coping Resources

The main resources the parents attributed to their children in their attempt to cope were the Cognitive, the Social and the PHysical resources. In the parents' reports, no significant differences were found between Arab and Jewish children or between boys and girls, regarding the kinds of resources they used. This finding is in correlation with findings of numerous studies that discuss social support, understanding reality and solving problems as central coping resources in times of war and terrorist attacks (Black,2001; Lahad, Shacham & Niv, 2000; Norton & Cohen, 2000; Shacham & Lahad, 2004).

Both the Arab and the Jewish parents reported that in order to cope with their own stress they used the Cognitive and Social resources far more than the Affect resource, but that they helped their children mostly with the Affect resource (Lahad et al.,

2010). A possible explanation for this is that parents perceive their role as giving emotional support to their children when their lives are in danger.

Studies that examine the role of parenting during war focus mainly on mothers as key factors in explaining children's resilience, as well as in the escalation of their difficulties (Garbarino & Kostelny, 1996). According to Feldman, Greenbaum and Yirmia (1999) parental capability greatly determines the child's ability to cope with stressful events. It is therefore not surprising that we found compatibility between parents and children in most of the coping resources they used. However, it must be noted that parents tended to hide their feelings regarding events and mostly reacted to their children's feelings. This finding is similar to that of Lahad and Kaplinski (2007).

Conclusions

This primary research presents a complex picture, requiring critical thinking about the research design and its findings. Regarding the research design, we are aware of the well known bias of telephone interviews. However, the ability to get a representative sample that encompasses a diverse population in a wide geographic region close to the time of the events justifies using this tool. We have no doubt that face-to-face interviews would have resulted in different findings, but the intensity of the reactions and the fact that we succeeded in returning to 60% of the interviewees ten months later fortifies the validity of the findings.

The fact that symptoms are very severe one month and ten months after the war requires that the Ministry of Education and the Ministry of Health continue supplying children and families with a continuous solution. Due to the fear of another war, special plans should be drawn up to strengthen the resiliency of the population in general and especially that of the educational system. The fact that when they help themselves, the parents use different coping resources than when they help their children demands specific training for the parents in helping themselves and their children.

Providing treatment in a family context, strengthening the parents' and the family's ability to cope with life's events are clear and immediate needs.

One solution already being implemented and in our opinion is a step in the right direction, is the establishment of Resiliency Centers. These centers assemble representatives of the local authority, government offices, professionals and the third sector in order to create programs and provide answers for the population, so they can be best prepared for a time of emergency. We recommend to decision makers to invest means in developing these centers and to examine their influence on the community resiliency.

In our opinion, the steps taken in the settlements in the North by the various authorities are insufficient. It is imperative to involve the residents themselves in order to strengthen community resiliency. It is vital to supply the citizens with practical tools for coping with various scenarios.

Regarding the Arab population in the North: It is well known from studies that when there is no physical and emotional preparedness for a threat, the stress reactions intensify, and the population is more vulnerable. This situation demands establishing unique therapeutic services for the Arab population (a field that is much neglected). To strengthen the resiliency and coping resources of the parents and their children, this system will have to take into account cultural aspects and religious beliefs.

This article presents a pioneering research of Arab and Jewish parents' perceptions of their children's experience and resilience in a war situation. Further research of sub-groups in the population will provide a deeper understanding of these processes, shed light on the children's inner worlds and become a basis for guidelines for organization and services which treat these populations.

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