Psychological resilience among Palestinian school students: an exploratory study in the West Bank

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Abstract

The purpose of this study was to explore the factors in which the individual skills, family support and contextual components contribute in the psychological resilience among Palestinian school students who are living under adversity in the West Bank. The participants comprised 537 students (50% male and 50% female) in the 8th and 9th grade who live in urban and rural areas of the northern West Bank. The researcher used the CYRM-28 scale to measure the psychological resilience and their factors (Individual Skills, Family Support, and Contextual Components). The results revealed that the mean of resilience over the Palestinian schools was quite high being significantly higher for older male students living in villages rather than cities. In order to improve resilience on Palestinian children, contextual components (spiritual, educational and cultural) and family support (physical and psychological) are key areas that could be fostered through social and educational policies.

Keywords: Psychological resilience, individual skills, family support, contextual components, school students, trauma, Palestine.

Background and Literature Review

For more than half a century, Palestinians have suffered from various levels of traumatic experiences as a result of the Israeli occupation. Since the beginning of the second Intifada, which began in September 2000, the Palestinian people have been exposed to violence. The Palestinian nation suffers from traumatic events imposed by armed and/or military violence together with restriction of movement through checkpoints, closures and curfews. Traumatic events such as shootings, bombings, destruction of houses, fields, physical violence and deaths occur on a daily basis (Abdeen, Qasrawi, Nabil, & Shaheen, 2008; Qouta & Sarraj, 2004; Rytter, Kjældgaard, Brønnum-Hansen, & Helweg-Larsen, 2006).

The Palestinian children who are part of the society living under occupation suffer from insomnia, fear of the dark, phobias, depression, bedwetting, social withdrawal, negative social-interaction, aggressive behaviour, forgetfulness and truancy from school. These

indicators reveal that it is almost impossible to have a normal childhood in Palestine under the current circumstances and it is affecting their future psychological well-being (Altawil, 2008).

Most of the studies regarding psychological health and recovery in Palestine were conducted in the Gaza Strip. The results have revealed that Palestinian children who live in war zones are at high risk of suffering from PTSD, somatic disorders and psychosocial problems (Kanninen, Punamäki, & Qouta, 2003; Qouta & Sarraj, 2004; A. A. Thabet & Vostanis, 2000). Furthermore, the number of traumatic experiences was related to higher levels of neuroticism and the lack of attention, concentration and memory (Qouta, Punamäki, & Sarraj, 1995).

Previous studies confirm that Palestinian children are surviving from traumatic events. They need to stand up, adapt, bounce back, recover and endeavour to overcome all difficulties in spite of the circumstances that surround them. Given that the majority of the people are exposed to traumatic events, the question is not only the type of oppression from which they suffer, but how to foster the capacity to overcome such difficult circumstances. Researchers and psychologists have emphasized disappointment and unhappiness as well as anxiety and depression rather than the strengths and potentialities of the people of Palestine. Recently, a new trend has risen in APA researchers' attitudes toward the positive aspects of human strengths, specially conducted under the trustworthiness of Martin Seligman, (Furnham & Cheng, 2000; Khanzade, Moltafet, & Sadati, 2007).

Positive psychology has a brief history (less than a decade) and an extensive background (Greece philosophers and oriental thinkers) (Campbell-Sills, Cohan, & Stein, 2006). The final target of this approach is identifying methods that follow human's well-being and happiness. According to this approach, resilience is a construct that has a significant position in field of psychological studies, especially health psychology, family psychology, developmental psychology, and mental health. Research in this construct is increasing (Kaydkhorde, 2014).

Resilience research has developed over the last three decades as a target of social policy initiatives. Initially the aim was to increase the capacity of children and adolescents to reduce the psychosocial impact of adversities and subsequently, to help communities to resist adverse experiences and community wide exposure to traumatic events. Rutter (1993) defined resilience as the capacity of individuals, schools, families and communities to cope

successfully with everyday challenges, including life transitions, times of cumulative stress and significant adversity or risk. It refers to those characteristics of students and their experiences in families, schools and communities that allow them to thrive despite exposure to adversity and deficiencies in the settings of their daily lives (Khanzade et al., 2007).

Resilience in children is considered the capacity to resist negative psychosocial consequences resulting from adverse events. It is not just the absence of psychopathology following a potentially traumatic event, but an active process, which maintains personal stability in difficult circumstances over time. It developed originally from interest in the prevalence and risk factors for psychosocial morbidity in children and young people and then onto protective factors, which identify those whom seemed to be less vulnerable to adverse experiences (Rutter, 1993).

Within the last decade certain psychologists and researchers have tried to bring new definitions for psychological resilience (Kaydkhorde, 2014). Bonanno (2004) has defined resilience as the ability to maintain a state of normal equilibrium in the face of extremely unfavourable circumstances. To enhance resilience, it is necessary to have an understanding of its determinants. Various factors such as beliefs, attitudes, coping strategies, behaviours and psychosocial cohesion have been suggested as conveying protection or endorsing resilience in the face of trauma (Bonanno, 2004). It has been argued that factors that produce resilience such as religious faith and socio-political effectiveness induces a sense of self control (Janoff-Bulman, 1998).

Almedon (2005), as cited in (Suarez, 2011), asserts that comprehensive review on resilience concluded that all the theories of resilience ultimately show "that a number of alternative pathways and scenarios are possible and observable among disaster victims-survivors" (Suarez, 2011). A multidimensional view of resilience has been developed recently by Masten and Obradovic (2008). This view holds that resilience can adopt three different forms: first, as a capacity to overcome odds: how to achieve better than expected outcomes; second, as a resistance factor to stress: how to keep functioning well in very difficult conditions; and third, as a pattern of recovery: how to regain effective functioning after exposure to traumatic stress. This definition clearly suggests that resilience is a positive adaptation that is dynamic and open-ended.

Masten and Narayan (2012) suggest fundamental adaptive systems that are vital to resilience in war conditions: children's own problem solving, self-regulation and social connection, supportive and effective care giving, and societal hope and belief systems.

Studies that examined the resilience as the absence of PTSD, depression and other signs of emotional distress, also confirm the relation between social and individual factors. A sample of children in the Gaza was studied after the first intifada (89 Palestinian children younger than 14). The data revealed that those who reacted passively to the violence, perceived one parent as rejecting, had high intellect but low creativity and showed high level of PTSD symptoms (R.-L. Punamäki, Qouta, & Sarraj, 2001).

Interdisciplinary scholars who examined this topic (e.g. (Konner, 2007; Rechtman, 2000)), often question whether local cultures offer more effective tools to manage their traumatic experiences (Suarez, 2011; Ungar, 2008). Studies that have specifically focused on the resilience of children exposed to community violence have identified social support from a child's family (parent), school, and peer group to be important in resilience from repeated violence exposure (Hill & Madhere, 1996; O'Donnell, Schwab–Stone, & Muyeed, 2002). Family cohesion and positive coping on the part of parents also appear to lessen the negative impact of community violence (Buka, Stichick, Birdthistle, & Earls, 2001; Plybon & Kliewer, 2001).

Studies of people living in war zones highlight the significance of interdependent coping, confirming that the level of emotional upset and anxiety displayed by parents, not the war itself, is the most important factor in predicting a child's response (Garbarino, Kostelny, & Dubrow, 1991). Ozer and Weinstein (2004) found that specific aspects of social support in the children's family (e.g. perceived parental helpfulness) and school (e.g. a teacher's helpfulness) provided some level of protection against the deleterious influence of community violence exposure.

Thabet and Sabah (2014) studied a sample consisting of 502 randomly selected parents and 502 children aged from 9-18 years, in 16 districts in the Gaza Strip. The study showed that the highest factor for resilience was contextual components facilitating a sense of belonging. Children, who were proud of their citizenship and ethnic background, felt safe when they are with their caregivers, have more spiritual beliefs and scored higher on resilience. Furthermore, girls presented more resilience. They displayed more personal skills, peer

component, social skills, spiritual beliefs, culture, and educational items while and those children living in refugee camps and villages, also presented a higher resilience.

Adequate monitoring, support, and affection are consistently found to predict resilience as a result of the protective role displayed by good parenting. For instance, a study from the Middle East and Balkan ratified that children's aggression and depression did not increase through intensive exposure to war trauma if their parents used supportive, reliable and no punitive parenting methods (Kerestes, 2006; Qouta, Punamäki, Miller, & El- Sarraj, 2008). Social support, emotional bonds with siblings and confidence in family resources are considered key to regulating resilience to traumatic stress (R.-L. Punamäki et al., 2001). Experts have shown how good-quality parenting (Raija- Leena Punamäki, Qouta, & Sarraj, 1997), family cohesion (Laor et al., 1997), and a sense of consistency (Barber, 2009), help develop resilience in contexts of military violence. On the other hand, an increase in stress response in the child's micro (family) and macro (community) social environment makes childhood particularly vulnerable to trauma (Burlingham & Freud, 1944; Laor et al., 1997; McFarlane, 1987; R. L. Punamäki, 1987).

In conclusion, many researches point out that family support, and contextual components (education, culture, spiritual) are crucial to foster resilience. Therefore, in those contexts of collective exposure to violence, such as occupied Palestinian territory, individual explanations of distress (such as PTSD) and individual therapeutic approaches, have limited relevance. On the contrary, more research should be done in order to explore the different factors that predict resilience, looking at not only individual components but also including family and contextual ones. More research will provide valuable information to help design specific and successful psychosocial interventions thereby improving contextual and family factors (Rabaia, Giacaman, & Nguyen-Gillham, 2010).

Purpose and Scope

In the Palestinian context, the country is constantly confronted by violence, where children are espoused in a regular basis to traumatic events. Data from the West Bank is scant. Additional information would be useful to explore the weight of the different factors on global resilience (individual skills, family support and contextual components), and their implications on social and educational policies for civil society.

Questions

1. What is the level of psychological resilience among Palestinian basic school students in the West Bank (eighth and ninth grades)?
2. Are there significant differences in the level of psychological resilience according to gender, place and grade?

Participants

A list of all the students attending the 8th (13 years old) and 9th grades (14 years old) of the 2014/2015 academic year in the northern directorates of the West Bank, itemized by school and grade, was provided by the Palestine Ministry of Education and Higher Education. A representative sample of the students was selected from this list using random cluster sampling from cities and villages, which represented all the northern directorates of West Bank.

The approval for the study was obtained from the Ministry of Higher Education, West Bank. The relevant ethical issues were considered for this study such as informed consent, confidentially and consequence of participation.

The researcher excluded schools located in the refugee camps because they neither fall under the supervision of the Palestinian Ministry of Education nor are they considered public schools. In fact, these schools fall under the supervision of UNRWA and special permission is required for access them.

The sample consisted of 537 students from 25 schools representing the all-northern directorates (see table no. 1); 242 (45%) were males and 295 (55%) females. There were 341 (64%) students from villages (Rural areas, population less than 10.000) and 196 (36%) students from the cities (Urban areas, population more than 10.000). In addition, there were 268 (50%) students from the eighth grade (13 years) and 269 from the ninth grade (14 years), as indicated in Table no. 1.

Instrumentation

The Child and Youth Resilience Measure [CYRM] was selected for this study. The CYRM-28 is composed of three sub-scales which reflect the major categories of resilience. The first

sub-scale is called "individual factor" that included personal skills (5 items), peer support (2 items) and social skills (4 items). The second sub-scale explored "family support", as reflected in physical (2 items) as well as psychological care giving (5 items). The third sub-scale comprised "contextual components" that facilitate a sense of belonging in youth, components related to spirituality (3 items), culture (5 items), and education (2 items). The responses were scaled from 1 to 5 (1 = "never" and 5 = "always"), (Ungar & Liebenberg, 2011), as indicated in appendix no. 1.

The validity of the original CYRM-28 was tested with two Canadian samples of youth with complex needs. The findings confirm the CYRM-28 as a reliable and valid self-report instrument that measures three components of resilience processes in the lives youth with complex needs (Liebenberg, Ungar, & Van de Vijver, 2012). Furthermore, the CYRM-28 was adapted and translated to the Arabic environment in Gaza-Palestine (Thabet & Sabah, 2014).

For the purpose of this research a pilot study was conducted to adapt the CYRM-28 and evaluate its validity. The results revealed a correlation coefficient of greater than 0.30 ($p < 0.001$) which included the dimension score and the total score. Therefore, CYRM-28 was measured using 28 items. The Cronbach alpha coefficients were calculated for each dimension in the CYRM-28, being alphas of individual factors, family support, and contextual components dimensions of 0.80, 0.78 and 0.84 respectively. Cronbach's alpha for the total scale (28 items) was 0.92.

Procedure

Once permission was obtained, the researcher and the school counsellor distributed the information sheets and the questionnaires to the participants and their head teacher. The participants completed the questionnaires under the direct supervision of the researcher and school counsellor. The questionnaires were administered within two months, during the second semester of the 2014/2015 academic year.

Results

The general average of resilience in the three factors was measured at 3.9 in total, taking into consideration that the responses were scored from 1 to 5. This result revealed a quite high

level of resilience factors on the sample studied. The highest factor was the family support (4.00) (see table no. 2).

In order to test the differences between the respondents in resilience subscales according to gender, grade and place of residence, the researcher used the independent sample t-test (see Tables Nos. 3, 4 and 5).

As illustrated in table no. 3, there are a few significant differences between males and females, that is, in the spirituality and cultural dimensions (both belonging in contextual component factors). In both dimensions the male scores were higher ($p < 0.05$), and no differences on the total score of resilience between both genders.

With regard to testing the differences between the respondents in resilience subscales according to place, urban or villages, the independent sample t-test was used, as indicated in table no. 4.

As illustrated in table no. 4, there are significant statistical differences between the respondents from the villages compared to those from the cities in the three factors (individual skills, family support and contextual components), and in the total score of resilience in the benefit to the villages ($p < 0.05$). This result indicates that the respondents from the villages are more likely to be resilient than the respondents from the cities.

In order to test the differences between the respondents in resilience subscales according to grade, the researcher used independent sample t-test, as indicated in table no. 5.

As illustrated in table no. 5, there are also numerous significant differences between the respondents in the 8th and in the 9th grade in the three factors measured and also in the total score of resilience. Higher scores were revealed among the respondents in the 9th grade. It can be inferred from the respondents in the 9th grade that they are more likely to be resilient than the respondents in the 8th grade in terms of individual factors such as personal skills and peer support, family support in physical and psychological care giving, and contextual components in education and culture.

Discussion

The results revealed that the average resilience of the Palestinian students from the Northern areas of the West Bank is 3.9. The score indicates the level of resilience is quite high. The family support factor was the highest (4.0), followed by the contextual components (3.9) and personal skills (3.8). These results validates the findings of other researchers that family support is significant to foster resilience (Buka et al., 2001; Hill & Madhere, 1996; O'Donnell et al., 2002; Ozer & Weinstein, 2004; Plybon & Kliewer, 2001).

The importance of spiritual faith (Janoff-Bulman, 1998), or beliefs and social support (Bonanno, 2004), is supported by this study. The results are consistent with those of Thabet (2014) who also found that children with better feelings of belonging to their community and proud of their identities, are associated with better scores and better prediction of resilience.

This study found that males have better scores on resilience than females, but only in two dimensions, namely: factors and on total resilience scores. These results are coherent with Punamäki et al. (2011), who found that males are more resilient than females. However, these results do not support Thabet (2014), who found that females were more resilient. These differences in the results could be explained if the level of trauma and adversity is considered. Punamäki pointed out that parental mental health problems were especially high among traumatized females, suggesting that they can be more vulnerable when falling victim to severe trauma (Schaal, Elbert, & Neuner, 2009). Therefore, the level of traumatic experience should be explored in order to interpret the different results and the impact of the high traumatic situation of the female and male resilience.

A comparison of the 8th grade (13 years) results to those of the   9th grade (14 years), the older students showed better scores on resilience   in the three dimensions assessed (individual, family and contextual components). In the three dimensions and the total score, the older students showed better conditions to foster resilience, scoring higher on personal skills, peer support (supported from friends), family support (physical and psychological support), better education (school belonging, have future expectations) and cultural factors (enjoy community, being proud of belonging). These findings were consistent with study conducted in the Gaza Strip by Punamäki et al. (2011), which revealed that older children were often more resilient than the younger ones.

The study found that the students from the local villages have better scores on resilience in the three dimensions, especially relevant to the differences in spirituality and social skills in the community. This result is consistent with Thabet's (2014) study in the Gaza Strip of 502 children. The study revealed that the total resilience scores and contextual components were more in children living in refugee camps and villages than in the city.

Conclusion

This exploratory research showed that Palestinian students have a high level of resilience. However, resilience is even higher for those who live in villages and senior students. The following three factors of resilience were explored: the highest was family support, followed by contextual factors and personal skills, support the need to develop resources to improve community, educational and family as protective factors and fostering resilience.

Higher resilience in villages, older and males can be understood taking into consideration that males (14 years old) from villages suffer are exposed to direct Israeli military attacks. Since they are closer to Israeli settlements, they suffer from additional restrictions and adversity. Consequently, they remain exposed to direct oppression (Zakrison, Shahen, Mortaja, & Hamel, 2004). According to the authors who are experts on oppression; confronting violence on a daily bases helps to develop a clear "perception" of the daily oppressive occurrences. They have inculcated a critical awareness of the limits on their lives (Freire, 1970; Memmi, 1965). They are more conscious of the whole community. Even if they suffer from psychological challenges, they are in a better position to face the oppression (Hanna, Talley, & Guindon, 2000; Memmi, 1965). More research should be undertaken to explore the relationship between level and frequency of traumatic events and its impact on psychological resilience.

In order to improve resilience among Palestinian children, contextual components (spiritually, education and culture) and family support (physical and psychological) are key areas that need to be fostered. Individual therapy is not the best way to deal with improving resilience. On the contrary, collective interventions, either at community level or school level should be encouraged in Palestine, and in all areas, villages and cities including the whole community (Rabaia et al., 2010).

Intervention to foster psychological resilience and general well-being are highly recommended. Interventions should aim to increase the feeling of belonging, being socio-emotionally supported and feelings of self-competence in the three main contexts: family, school and community. For example, a psycho-educational program called Golden5 which aims to increase self-determination on children fulfilling the three basic psychological needs (relatedness, competence and autonomy), was implemented in 16 schools on the West bank. The preliminary results revealed a positive impact on psychological development on children and teachers (Lera & Castellano, 2014). Currently, the Golden5 is being implemented in 20 Gaza schools which has had a positive result on the school children and teachers.

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Table no. 1: Demographic characteristics for the participants

Demographic Variables (N = 537)		Frequencies	(Valid Percentage N = 537)
Gender	Males	242	45
	Females	295	55
The grade	The 8th	268	50
	The 9th	269	50
Place of residence	City	196	34
	Village	341	66

Table no. 2: Means and standard deviations of total resilience and resilience factors of children (N = 537)

Descriptive Statistics			
	N	Mean	Std. Deviation
Individual factors	537	3.82	.674
Family Support	537	4.00	.814
Contextual component	537	3.90	.790
Total Resilience	537	3.90	.682

Table no. 3: The results of Independent Sample T-Test for the differences in resilience sub-scales according to gender

Resilience Subscales	Males N = 242		Females N = 295		T-Value	P-Value
	Mean	S.D.	Mean	S.D.		
Personal skills	3.88	0.73	3.86	0.78	0.308	
Peer support	3.70	0.94	3.83	1.08	-1.546	
Social skills	3.85	0.73	3.76	0.73	1.389	
Individual factors	3.84	0.63	2.82	0.71	0.280	
Physical care giving	4.14	0.87	3.99	0.99	1.808	
Psychological care giving	4.05	0.84	3.94	0.93	1.467	
Family Care giving	4.08	0.76	3.95	0.85	1.742	
Spirituality	4.13	0.89	3.88	1.03	2.979	0.003**
Education	4.02	1.00	4.05	1.06	-0.359	
Culture	3.89	0.73	3.74	0.76	1.976	0.049*
Contextual component	3.98	0.70	3.85	0.85	0.308	
Total Resilience	3.949	0.619	3.863	0.726	1.455	

Table no. 4: The results of Independent Sample T-Test for the differences in resilience sub-scales according to place

Resilience Subscales	Villages, N. 341		Cities N. 196		T-Value	P-Value
	Mean	S.D.	Mean	S.D.		
Personal skills	3.905	0.717	3.813	0.823	1.351	
Peer support	3.805	0.982	3.724	1.089	0.879	
Social skills	3.872	0.681	3.677	0.802	2.983	0.003**
Individual factors	3.875	0.620	3.748	0.755	2.108	0.035*
Physical care giving	4.128	0.891	3.946	1.021	2.148	0.032*
Psychological care giving	4.045	0.865	3.890	0.919	1.958	
Family support	4.069	0.781	3.906	0.861	2.238	0.026*
Spirituality	4.110	0.894	3.794	1.096	3.628	0.000***
Education	4.117	0.981	3.895	1.112	2.402	0.017*

Culture	3.859	0.726	3.702	0.914	2.193	0.029*
Contextual component	3.986	0.700	3.768	0.913	3.098	0.002**
Total Resilience	3.963	0.615	3.795	0.775	2.606	0.006**

Table no. 5: The results of Independent Sample T-Test for the differences in resilience sub-scales according to grade

Resilience Subscales	The 8th N = 268		The 9th N = 269		T-Value	P-Value
	Mean	S.D.	Mean	S.D.		
Personal skills*	3.804	0.790	3.938	0.720	-2.052	0.041*
Peer support*	3.683	1.073	3.868	0.961	-2.107	0.036*
Social skills	3.740	0.793	3.862	0.663	-1.931	
Individual factors*	3.759	0.724	3.898	0.614	-2.395	0.017**
Physical care giving*	3.978	1.029	4.145	0.844	-2.061	0.040*
Psychological care giving*	3.910	0.979	4.067	0.780	-2.059	0.040*
Family support*	3.929	0.907	4.089	0.703	-2.288	0.023*
Spirituality	3.917	1.067	4.073	0.888	-1.847	
Education*	3.942	1.110	4.130	0.948	-2.110	0.035*
Culture*	3.714	0.877	3.889	0.711	-2.540	0.011**
Contextual component*	3.821	0.874	3.993	0.689	-2.533	0.012**
Total Resilience*	3.823	0.755	3.979	0.592	-2.663	0.000***

Appendix no. 1: the (CYRM-28) English Version

1. Individual Skills: Individual: Personal Skills	Not at all	A little	Somewhat	Quite a bit	A lot
2. I cooperate with people around me					
8. I try to finish what I start					
11. People think that I am fun to be with					
13. I am able to solve problems without harming others or myself.					
21. I am aware of my own strengths					
Individual: Peer Support					

14. I feel supported by my friends					
18. My friends stand by me during difficult times					
Individual: Social Skills					
4. I know how to behave in different social situations					
15. I know where to go in my community to get help					
20. I have opportunities to show others that I am becoming an adult and can act responsibly					
25. I have opportunities to develop skills that will be useful later in life.					
2. Relationship with Primary Caregiver: Caregiver: Physical Care giving					
5. My parent(s)/caregiver(s) watch me closely					
7. If I am hungry, there is enough to eat					
Caregiver: Psychological Care giving					
6. My parent(s)/caregiver(s) know a lot about me					
12. I talk to my family/caregiver(s) about how I feel					
17. My family stands by me during difficult times					
24. I feel safe when I am with my family/caregiver(s)					
26. I enjoy my family's/caregiver's cultural and family traditions					
3. Contextual components: Context: Spiritual					
9. Spiritual beliefs are a source of strength for me					
22. I participate in organized religious activities					
23. I think it is important to serve my community					

Context: Education					
3. Getting an education is important to me					
16. I feel I belong at my school					
Context: Cultural					
1. I have people I look up to					
10. I am proud of my ethnic background					
19. I am treated fairly in my community					
27. I enjoy my community's traditions					
28. I am proud to be Palestinian.					

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