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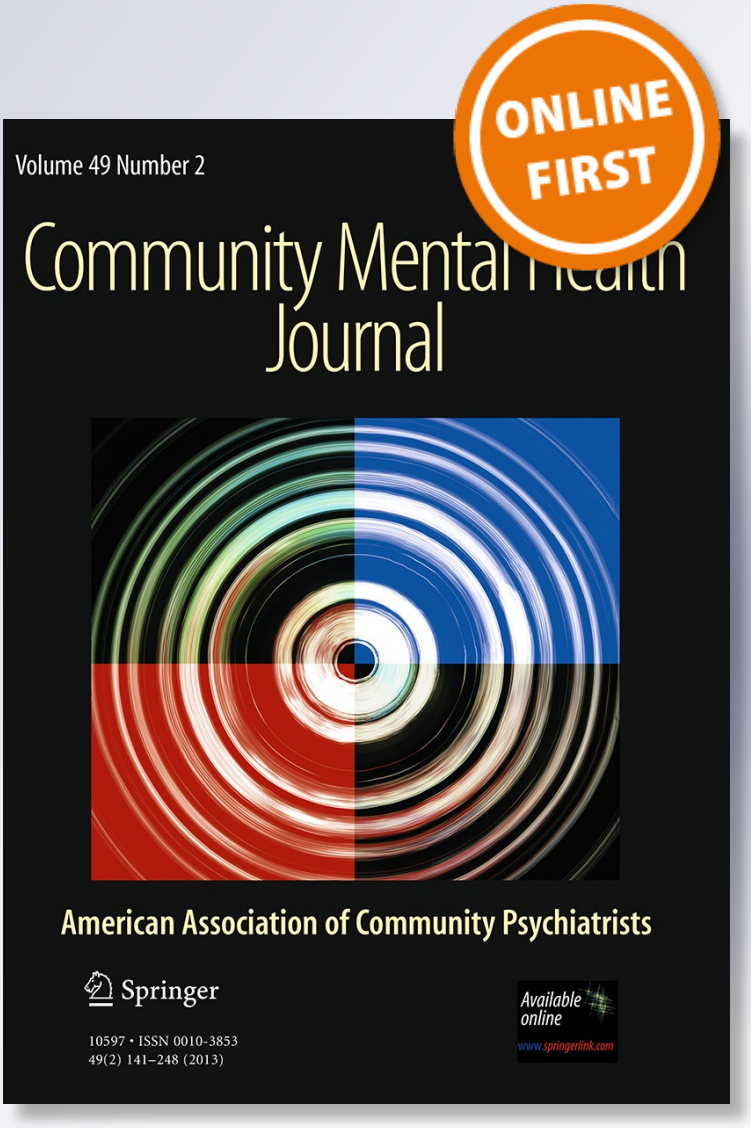

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BRIEF REPORT

Community Resilience and Sense of Coherence as Protective Factors in Explaining Stress Reactions: Comparing Cities and Rural Communities During Missiles Attacks

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Abstract Based on the salutogenic theory, the aim of this study was to examine sense of coherence and communal resiliency as related to stress reactions during missile attacks. Data were gathered in August 2011 while missiles were being shot from Gaza to the Negev communities in Israel from approximately 150 participants, aged 15–85. Participants lived in cities and different types of small rural villages. Self reported questionnaires were administered via the internet and included demographic data, coping resource of sense of coherence and community resiliency as coping resources, as well as state anxiety, state anger and psychological distress as stress reaction outcomes. Overall, the participants in our study reported strong personal and communal resources and relatively low levels of stress reactions. Personal and communal resources were linked negatively to the different stress reactions. However, some differences emerged when we compared participants from different types of communities. The most resilient group was composed of people who lived in the rural and communal communities. Differences also emerged on patterns of relationships between the community resource and state anxiety. While among the rural citizens, community resilience was strongly linked to anxiety, no relationships were revealed in the urban citizens group.

Keywords Community resiliency · Personal resiliency · Stress

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Introduction

The literature on the psychological and behavioral effects of political violence on individuals, report a wide spectrum of outcomes (e.g., Braun-Lewensohn et al. 2010a). Individuals who have been exposed to political violent events tend to be vulnerable to developing psychological and social problems (e.g., Slone and Shechner 2009; Khamis 2008). However, although some people suffer from a variety of psychological difficulties, a majority of individuals exhibit resilience, cope well independently and do not suffer major emotional problems as a result of violent events (Sagy and Braun-Lewensohn 2009; Zeidner 2005). Thus the aim of this study was to examine personal and communal resiliency of individuals who were living in the exposed area during the week long escalation of intensive missile attacks. We compared the personal and community coping resources and stress reactions of rural and urban residents.

Employing the salutogenic theoretical approach (Antonovsky 1987), we investigated Antonvsky's construct (1987), of sense of coherence (SOC) as an explanatory factor in reducing distress reactions and enabling individuals to stay healthy despite the stressful situation. According to the model, SOC has implications for individual responses in various kinds of stressful situations. It affects how individuals perceive the world and the events that happen to them, as well as the extent to which they perceive these events as manageable. The salutogenic model as well as accumulative research suggests that an individual with a strong SOC is less likely than one with a weak SOC to perceive many stressful situations as threatening, and, thus, anxiety provoking. Thus, it is assumed that SOC could serve as a personal protective factor when facing political violence (Braun-Lewensohn et al. 2010b).

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When investigating individuals during or following collective and community crisis, it is important to take into consideration individuals' ecological context (Bronfenbrenner 1979), such as community affiliation. The community context can influence not only reactions to crisis but coping and adjusting to the crisis as well. Thus, community resilience is considered a potential protective factor when facing events of violence and disasters (Braun-Lewensohn and Sagy 2011; Kimhi and Shamai 2004; Norris et al. 2008).

Community resilience dimensions include community readiness for such events as well as social support, social ties and commitments in the community, which are assets in times of threat (Kaniasty and Norris 2000; Ahmed et al. 2004). Moreover, social cohesion is an important part of building resilient communities (Vinson 2004). When facing potential events of collective stress, the community preparedness and the ability to cope well with the crisis depends on the community leaders who provide authentic and grass-roots leadership (Ganor and Ben-Lavy 2003). Such leaders can create community competence with the capacity for collective action and decision making which results in empowerment of members of the community (Norris et al. 2008). Community resilience and wellness emerge from a range of abilities which are dynamic and thus, must be strengthened and preserved. While most studies agree that community resilience is an important asset for community members and that it facilitates adaptation (Kimhi and Shamai 2004), studies which ask about different types of communities are sparse (Dekel and Nuttman-Shwartz 2009). The few studies which have compared small towns with other rural communities in Israel (like kibbutzim) have found that sense of belonging was linked differently to stress in the different types of communities. Thus, it seems that sense of belonging is linked to social context and does not operate by itself as a component of resiliency (Dekel and Nuttman-Shwartz 2009; Nuttman-Shwartz and Dekel 2009).

The present study focuses on community resilience in a variety of communities. We grouped the different communities into two major categories: the "rural communities" are comprised of communal villages, moshav and kibbutz communities, while "urban communities" include individuals who live in cities. A new measurement of community resiliency, which is based on two factors: the leadership-emergency factor and the social-communal factor, has been developed recently by a group of experts in the field (Aharnonson-Daniel and Lahad 2012). Besides exploring the level of community resiliency as perceived by the individuals belonging to these communities, we investigated the way community resiliency operated in the two major types of communities.

Socio-Demographic Factors as Explanatory Factors of Stress Reactions

Age

Age appears to be a significant factor when considering the severity of psychological outcomes in the context of stressful situations with equivocal results (Reed et al. 2011). In some cases, younger adults are found to exhibit more severe psychopathology than middle aged or older adults (e.g., Acierno et al. 2006; Cardena et al. 2005; Cohen 2008). In other cases, middle aged adults have been found to be the most resilient group compared to younger or older adults (Hagstrom 1995).

Socio-Economic Status

The role of socioeconomic status as a differential factor among individuals is well documented. Several studies have indicated different kinds of stress challenges for individuals who come from a lower socioeconomic status (Evans, 2004; Grant et al. 2006) as well as relationships between SES and stress (Goodman et al. 2005). Generally, individuals from low SES reported lower levels of perceived health and more psychosomatic symptoms compared to higher SES individuals (Piko and Fitzpatric 2001; Berntsson and Kohler 2001). One of the reasons for being more vulnerable is that low SES individuals are assumed to lack psychological and/or other resources and therefore their ability to cope with threats decreases (Finkelstein et al. 2007).

Research Background

This research was conducted among southern Israeli citizens who were living in the exposed area during the escalation of one week of intensive missile attacks at the end of Aug. 2011. This was not the first time that Israeli citizens in southern Israel had been exposed to intensive missile attacks. From time to time there have been several strikes, lasting from one day to approximately a week.

The missile strikes in August were a dramatic common stressful situation for Israeli citizens. We examined the relationships of personal and community resiliency as potential factors for protecting individual from developing adverse stress reactions.

The following are our research hypotheses:

1. We hypothesized that urban residents would report more severe stress reactions and weaker community resilience (Dekel and Nuttman-Shwartz 2009) while no differences were expected in personal SOC (Eriksson et al. 2007).

2. We hypothesized that the middle aged group would be the most resilient (Hagstrom 1995), with fewer symptoms of stress and stronger coping resources. Further, we considered that the lower socio-economic group would reveal more severe stress reactions and weaker resilient resources (Finkelstein et al. 2007).
3. We expected negative links between the coping resources and the different stress reactions (Sagy and Braun-Lewensohn 2009). However, while no differences were expected in the relationships between personal SOC and stress reactions in both groups (Sagy and Braun-Lewensohn 2009), significant differences were expected between community resilience and stress reactions, where, for rural residents the link would be stronger (Dekel and Nuttman-Shwartz 2009).

Method

Participants

The sample in this study was comprised of 150 Israeli citizens living in the area under attack during the time of the study. Participants were grouped into two major categories according to the study's aims: city—urban residents (35.9 %) and community village (25.4 %), moshav (16.2 %), and kibbutz (22.5 %)—rural residents. The study was comprised of individuals aged 15–86 years old. Participants were grouped into 4 age groups—adolescents [15–19] (11 %), young adults [20–39] (31 %), middle aged people [40–59] (49 %) and the oldest [60–86] (9 %). Females accounted for 73 % of the sample. The majority (73 %) had academic degrees and 60 % reported that their family income was above average.

Procedure

Questionnaires were administered via the internet using the Qualitrics program. The authors sent emails to their mailing lists and asked only individuals that live in the area of the attacks to respond to the survey. In addition, we asked the participants to send the request to their local community mailing list so that a snow ball sample was created. Based on reports of the participants' place of residence, we could monitor the sample to include only those who were living in the area under attack during the examined period. Participants filled out the questionnaire during the escalation or up to one week after it ended. The questionnaires were administered to the participants in Hebrew, their native tongue. No identifying personal data was requested in this research.

Measures

Demographic Background Data was collected relating to gender, age, education and family income (below average, average, above average).

Sense of Coherence (SOC) (Antonovsky 1987) was measured using a series of semantic differential items on a seven-point Likert-type scale with anchoring phrases at each end. High scores indicated a strong SOC. An account of the development of the SOC scale and its psychometric properties, showing it to be reliable and reasonably valid, appears in Antonovsky's writings (1987, 1993). In this study, the SOC was measured by the short form scale consisting of 13 items, which has been found highly correlated to the original long version (Antonovsky 1993). The scale includes such items as: "Doing the things you do every day is"—answers ranging from (1) "a source of pain and boredom" to (7) "a source of deep pleasure and satisfaction." In the present study, the Cronbach alpha was .84.

Conjoint Community Resilience Assessment Measure (CCRAM[1])

This is a 32 items scale on a five point Likert-type scale ranging from do not agree at all (1) to definitely agree (5). The scale is constructed to include two main factors- the emergency and leadership factor (17 items) which loaded with 28.13 % of the variance, and the social community factor (15 items) which loaded with 21.53 % of the variance (Aharnonson-Daniel and Lahad 2012). Examples for items in the emergency-leadership factor are: Citizens will continue to have municipal services during crisis; The municipality gives decent services; Officials will exhibit leadership in times of crisis etc. Examples for items in the social and community factor are: I feel that I belong to the place where I live; I am proud to tell others where I live; I believe that my community has the ability to overcome crisis etc. Cronbach alpha for the entire scale was .94; for the emergency-leadership factor- .94 and for the social community factor- .92.

State Anxiety (Spielberger et al. 1970)

This scale consists of eleven items on a four point Likert scale (1- almost never 4-almost always). Examples of

[1] The Conjoint Community Resiliency Assessment Collaboration (CCRAC) is coordinated by Limor Aharonson-Daniel and Mooli Lahad. Partners are: Bruria Adini, Miriam Billig, Orna Braun-Lewensohn, Daphna Canneti, Odeya Cohen, Paula Feder-Bubis, Avi Israeli, Shaul Kimhi, Dima Leykin, Sabina Lissitsa, Yochanan Peres, Carmit Rappaport, Avi Sender, Shifra Sagy and Michal Shamai.

questions are: I feel peaceful; I am afraid of disasters; I am worried. The mean score was used and Cronbach alpha reliability was .89.

State Anger (Spielberger et al. 1970)

This scale consists of six items on a four point Likert scale (1- almost never 4-almost always). Examples of questions are: I am angry; I want to scream at someone; I feel frustrated. The mean score was used and Cronbach alpha reliability was .82.

Psychological Distress (SPD) is a six-item psychosomatic symptom scale on a four point Likert scale (1- never 4- very frequently), referring to frequency of occurrence of familiar psychological symptoms. The scale was developed in Hebrew (Ben-Sira 1979) and has been used in a number of studies, with satisfactory psychometric properties (Ben-Sira 1988). Examples for items are: Have you had headaches, problems falling asleep etc. In the present study, the Cronbach alpha was .74.

Statistical Analysis

First, t tests and one-way Anova were conducted to evaluate differences between the study groups on the study's variables. Then, Pearson correlations were run for the two groups separately. Finally, the Fisher z test evaluated differences between the groups on the relationships of the variables.

Results

Results show that urban citizens reported more severe reactions of anxiety (Urban: $M = 2.19$ SD $= .57$; rural: $M = 1.92$ SD $= .48$; $t = 2.67$ $p < .01$) and of SPD (Urban: $M = 1.76$ SD $= .66$; rural: $M = 1.54$ SD $= .41$; $t = 2.07$ $p < .05$) but not of anger. Significant differences were also found among the groups on community resilience but not on personal resilience. Urban citizens reported lower community resiliency ($M = 3.18$ SD $= .60$) compared to rural residents ($M = 3.69$ SD $= .59$; $t = -4.52$ $p < .01$). Further exploration of the CCRAM measure revealed that on both community-social (Urban: $M = 3.07$ SD $= .78$; rural: $M = 3.70$ SD $= .59$; $t = -4.49$ $p < .01$) and leadership-emergency (Urban: $M = 3.23$ SD $= .67$; rural: $M = 3.67$ SD $= .75$; $t = -3.03$ $p < .01$) factors, rural residents reported stronger resources compared to urban residents.

Regarding age, results show significant difference only in state anxiety but not in the other reactions. Younger adults (20–39) reported this stress reaction as stronger ($M = 2.25$ SD $= .59$) compared to the middle aged group (40–59) ($M = 1.92$ SD $= .48$; $F = 3.19$ $p < .05$). Further differences between these two age groups were also observed on sense of coherence where the middle aged group ($M = 3.54$ SD $= .63$) reported stronger SOC compared to younger adults ($M = 3.24$ SD $= .71$; $F = 3.97$ $p < .01$).

The last comparative question regarded socio-economic status. Congruent with the literature, differences were found between 'above average' (1) and 'below average' (3) groups with the weakest group reporting more severe stress reactions (Anger: (1) $M = 1.31$ SD $= .38$; (3) $M = 1.56$ SD $= .39$; $F = 3.19$ $p < .05$; SPD: (1) $M = 1.50$ SD $= .40$; (3) $M = 1.77$ SD $= .75$; $F = 4.38$ $p < .01$) and weaker resources (SOC: (1) $M = 5.55$ SD $= .72$; (3) $M = 4.91$ SD $= 1.01$; $F = 5.14$ $p < .01$; CCRAM: (1) $M = 3.57$ SD $= .56$; (3) $M = 3.15$ SD $= .80$; $F = 3.73$ $p < .05$).

Overall patterns of relationships are the same in both groups meaning that the coping resources are negatively linked to the different stress reactions. (SOC-anxiety: urban- $r = -.41$ rural- $r = -.55$; SOC-anger: urban- $r = -.45$ rural $r = -.42$; SOC-SPD: urban- $r = -.35$ rural- $r = -.28$; CCRAM-anxiety: urban- $r = -.09$ rural $r = -.40$; CCRAM-anger: urban $r = .08$ rural- $r = -.12$; CCRAM-SPD: urban- $r = -.10$ rural $r = -.13$). Moreover, in most cases the strength of the relationships in both groups is the same. The exception is the relationship between community resilience and state anxiety ($z = 1.77$ $p = .03$), with rural citizens having stronger relationships among these variables.

Discussion

Our study aimed to investigate population under rocket fire. We examined residents of urban and rural communities, who had faced missile attacks during the last week of August, 2011. This was not the first time this population had been exposed to such an experience. In the past three years the population in the attacked area have experienced periods of violence and rocket fire. We wanted to examine the reactions and resources of the residents during the acute escalation.

The first question related to differences between rural and urban communities in levels of stress reactions and resources, both personal and communal. The results confirm our hypothesis. Urban residents indeed suffered from more severe reactions and from weaker communal resources than rural community members. Both social-community and leadership-emergency factors had stronger scores for those who lived in rural communities. This means that rural residents trust their community leaders more and believe their community is well prepared for times of emergency. Furthermore, they feel that they receive better social support

from other residents in their community compared to those who lived in urban style communities. It appears that the rural communities could be better protectors for their members, and this was expressed in weaker stress reactions.

The second question related to differences in stress reactions and coping resources according to socio-demographic factors. We found interesting results relating to age, with the middle aged group reporting fewer symptoms of anxiety compared to the younger adults. It appears that younger adults are more anxious. This result is supported by previous findings from similar contexts (Cohen 2008; Hagstrom 1995). Additionally, also regarding coping resources, we found SOC to be strongest among the middle aged group compared to young adults. These results add to accumulative data which suggest that SOC continues to strengthen throughout life (Feldt et al. 2011).

We further compared groups from different socioeconomic levels. Confirming previous findings (e.g., Finkelstein et al. 2007), our results show that the most disadvantaged group is the lowest socioeconomic group which exhibited more stress reactions and weaker resiliency resources. Once again, it seems that social inequalities are not a matter of daily hardship only but also have implications that should be taken into account in times of crisis.

Our main questions, however, related to the link between the resources and the stress reaction variables. Indeed, personal SOC was strongly related to anxiety, anger and SPD in both groups. This means that when facing acute missile attacks, personal SOC is an important coping resource regardless of place of residency, age and socioeconomic status. These results strongly support the salutogenic model and Antonovsky's (1987) notion that SOC is an important asset when dealing with different situations as well as in different groups and cultures. Thus, it seems important to focus on strengthening personal coping resources such as sense of coherence in order to prepare people to cope with these continuous potential stresses.

The picture is quite different regarding community coping resource. In this case, community resiliency was found to be strongly related to anxiety among rural residents only. It appears that, in times of threat, trusting community leaders, community preparedness for emergency and social-communal activities or ties were indeed important for rural but not for urban residents. The 'urban' individual is much more individualistically oriented and thus s/he relies upon personal resources in order to cope in times of threat. In contrast, community is an important resource among 'communal' residents.

Study Limitations

Beyond the suggestions enumerated above, we must consider the limitations of the study. The sample is neither representative nor random but rather consists of people whom we were able to reach during the acute state of missile attacks. Thus, some degree of potential sample bias should be taken into account. Apparently, the distribution according to socio-demographic criteria was not sufficient. For example, the sample included a higher percentage of women than men and respondents had higher than average socioeconomic status. Therefore, our comparison and results should be viewed with reservation.

Additionally, since all the data are self-reports, the extent to which participants' experiences of stress converge with external observations remains to be investigated. Although people's self-reports are generally a reliable source with regard to internalizing and stress experiences, an assessment of outcomes may benefit from multiple informant evaluations (Koplewicz et al. 2002). In spite of these limitations, the importance of this study is in its being field research carried out in the midst of the stressful situation.

In conclusion, this study aimed to examine communal and urban residents in times of acute missile attacks. First, we found communal rural residents to be more resilient than urban residents in terms of anxiety and psychological distress. Second, while the personal resource SOC was reported by the two groups in approximately the same manner, community resilience and its subscales were reported to be stronger by communal residents. Finally, we found the personal resource of sense of coherence to be of importance for both urban and communal residents. On the other hand, community resources which combine leadership, preparedness and community relationships seem to be especially important for communal residents. The results of such studies can assist policy makers and health practitioners in developing interventions which consider and address the uniqueness and the needs of each group.

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