



Living in the shadow of occupation: Life satisfaction and positive emotion as protective factors in a group of Palestinian school children[☆]

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ABSTRACT

Starting from perspectives on functioning and wellbeing, the aim of the present study was to investigate positive and negative affect, self-perceived life satisfaction and happiness in a group of 74 Palestinian children exposed to political violence. We hypothesized that the children in our sample would display generally satisfactory wellbeing and good functioning in terms of positive affect, life satisfaction and happiness, despite their negative life conditions. Both quantitative and qualitative analysis of the dimensions of participants' wellbeing was carried out. In particular, we explored the ecological dimensions affecting the wellbeing of Palestinian children through content analysis of narratives produced by the group of participants. Positive emotions were found to contribute to wellbeing and life satisfaction in children, acting as protective factors in dealing with daily violence. The children displayed a range of personal resources facilitated above all by the functioning community structure supporting them. Implications for clinical intervention are discussed.

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1. Introduction

Numerous epidemiological investigations carried out in post-war contexts have examined mental health and dysfunction in adults and children in both refugee settings and country of origin (De Jong, Komproe, Ommeren, et al., 2001; Neugebauer et al., 2009). Considerable attention has also been devoted to the long-term effects of exposure to war and political violence on children as victims, perpetrators or both, as well as to the rehabilitation needs of children growing up in such contexts (Denov, 2010; Dubow et al., 2010; Kohrt et al., 2008). Several studies on child and adolescent refugee populations report a high incidence of mental disorders, particularly within the diagnostic category of posttraumatic stress disorder (PTSD) (Fazel & Stein, 2002; Lustig et al., 2004; Miller, Kulkarni, & Kushner, 2006; Pynoos, Kinzie, & Gordon, 2001; Thomas & Lau, 2002).

On the other hand, many studies on children living in war contexts examine the construct of resilience (Betancourt & Khan, 2008; Massad et al., 2009; Thabet, Ibraheem, Shivram, Winter, & Vostanis, 2009). Resilience is part of a dynamic process characterized by positive development despite significant adversity such as war and military violence (Luthar, Cicchetti, & Becker, 2000; Masten & Obradovic, 2006; Ungar, 2011). Bonanno (2004) defines resilience as a trajectory along which

the individual maintains a stable equilibrium following adversity, while Boyden (2005) and Roisman (2005) view it as a process of adaptation following on a period of maladaptation. It is widely-acknowledged in the literature that the resilience construct is somewhat ambiguous and difficult to pin down. To unravel its complexity, in-depth understanding of the environmental factors contributing to children's wellbeing at both social and cultural levels is required; such understanding may best be attained by working within an ecological framework (Ungar, 2011). Furthermore, the concept of resilience arises within a predominantly Western perspective that tends to overlook individual resistance to psychological and emotional suffering and the associated biomedical needs, as well as undervaluing the importance of positioning individual resilience within a context of 'social suffering' (Nguyen-Gillham, Giacaman, Naser, & Boyce, 2008; Ungar, 2008).

For these reasons, we chose not to use any measures of resilience in children in this study. In our opinion, such instruments reflect a 'disease' oriented framework, rather than the 'ease' driven perspectives inspiring our research (Giacaman et al., 2011). Instead we elected to focus on children's positive functioning and wellbeing, which we consider to be more comprehensive and understandable constructs (Barber, 2008; Veronese, Said, & Castiglioni, 2010). In line with our focus on functioning and wellbeing, the aim of the study was to explore positive and negative affect as well as self-perceived life satisfaction and happiness in a group of Palestinian children living under occupation and life-threatening conditions. We hypothesized that the children would display generally satisfactory wellbeing and functioning in terms of positive affect, overall life satisfaction and happiness, despite their negative life context.

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We also aimed to explore the dimensions affecting the wellbeing of Palestinian children by carrying out content analysis of narratives produced by the same group of participants.

We believe that reinforcing dimensions of wellbeing can help to reduce the negative consequences of exposure to political violence and war. In fact, positive emotions and relative life satisfaction may be protective factors which enable positive adjustment to trauma in children (Bonanno & Mancini, 2010).

Implications for clinical work will be discussed.

2. Wellbeing in war contexts

Little is known about the wellbeing of children and youths living in war contexts or the factors affecting it. Subjective wellbeing generally refers to the way individuals relate to their quality of life (Diener, 1984, 1994) and consists of three principal, distinct but related, components: positive affect, negative affect and general life satisfaction (Diener, 1984; Huebner & Dew, 1996). Positive affect is assessed in terms of frequency of positive emotions such as happiness or tenderness, and negative affect in terms of frequency of negative feelings such as sadness or anxiety. Finally, general life satisfaction is understood as a "...cognitive judgmental evaluation of one's life" (Diener, 1984, p. 550).

What appears surprising at first is the large proportion of children exposed to conflict who do not develop symptoms, continuing to function well despite extremely negative environmental conditions (Barber, 2008; Barber & Olsen, 2009; Sack, Clarke, & Seeley, 1996; Veronese, Said, & Castiglioni, 2011). Research on war and political violence has shown how children learn to cope with political violence and how traumatic experiences influence their wellbeing (Tol, Reis, Susanty, & De Jong, 2010). Some studies indicate that contextual variables shape the relationship between war and psychosocial wellbeing (Boothby, Strang, & Wessels, 2006; De Jong, 2002; Miller & Rasco, 2004). For example, self-perceived wellbeing in Israeli children displaying strong ideological commitment appears to be greater than in children without ideological commitment (Punamäki, 1966). Finally, a recent study by Veronese and colleagues (Veronese, Castiglioni, Tombolani, & Said, *in press*) found Palestinian children in a refugee camp to display greater optimism, life satisfaction and perceived quality of life than Palestinian children living in Israel. The study showed how environmental factors such as freedom of movement and safety at home as well as individual factors such as positive emotions, a feeling of competence and life satisfaction, can help children to cope with trauma.

3. Palestinian children under occupation

The Occupied Palestinian Territories (OPT) are made up of two physically separated regions: the Gaza Strip and the West Bank (the latter including East Jerusalem). Since the Second Intifada (uprising) in 2000, poverty has increased dramatically along with difficulty in accessing jobs, schooling and medical care (Giacaman et al., 2009). The young population of the OPT (of which 46% is less than 15 years old) has been particularly affected by high morbidity and mortality rates (Morris et al., 2010; Palestinian Central Bureau of Statistics, 2008). The UNICEF (2009) under-5 mortality rate is four times that of the UK, although decreasing (22 per 1000 vs. 6 per 1000, 2008). It is estimated that 10% of children under the age of five are chronically malnourished, with an anemia rate of 38% (Palestinian Central Bureau of Statistics with Birzeit University & UNICEF, 2003). At least 55% of children experience cumulative traumatic life events (Khamis, 2000) while approximately 33% of children in Gaza have been diagnosed with acute and post-traumatic stress disorder (Qouta & Odeh, 2004). The childhood of Palestinian children living under Israeli military occupation is compromised by the extreme experiences to which they are exposed: these children are affected by curfews and night raids; they have lost, and witnessed assaults on, family members; and have themselves been injured or detained (Abu Hein, Qouta, Thabet, & El Sarraj, 1993;

Nixon, 1990; Quota, Punamäki, & El-Serraj, 1996). In addition, Palestinian children constantly witness severe internal (familial and societal) and external (due to the Israeli occupation) violence. Uncertainty, restriction of movement, and living in danger bring about increased incidence of internalizing behaviors, such as depression, and externalizing behaviors, such as aggressiveness and noncompliance (Lieberman, Van Horn, & Ozer, 2005). Reactions to exposure to violence increase in line with the levels of violence encountered (Engle, Castle, & Menon, 1996; Engle et al., 2007; Thabet, Abed, & Vostanis, 2002; Thabet, Karim, & Vostanis, 2006). Thabet et al. (2006) examined the behavioral and emotional problems of 309 Palestinian preschoolers and found that direct and indirect exposure to war trauma increases the risk of poor mental health.

It is self-evident that the majority of studies conducted in the OPT have emphasized dysfunction and maladaptation in Palestinian children, reporting a high incidence of severe mental disorders as well as behavioral and emotional problems (Espie et al., 2009; Peltonen, Qouta, El Serraj, & Punamäki, 2010; Thabet, Ghamdi, Abdulla, Elhelou, & Vostanis, 2010; Thabet, Matar, Carpintero, Bankart, & Vostanis, 2011).

In a recent paper, Giacaman et al. (2011) have critiqued biomedical discourse regarding mental health, stressing the need to separate clinical responses to mental illness from an appropriate public health response to the large-scale violations of political and human rights taking place in Palestine. The authors, along with other Palestinian scholars, have spent the past decade reframing the mental health paradigm to develop an alternative approach based on a new framework of social justice, wellbeing, quality of life, human rights and human security (Bantiji et al., 2009; Giacaman et al., 2007, 2011; Mataria et al., 2009). Recognizing social suffering as a public mental health issue requires a shift in emphasis from narrow Western-informed medical indicators, trauma and maladaptation to the lack of human security and human rights violations experienced by Palestinians generally (Veronese, Prati, & Castiglioni, 2011) and in particular by children living in the shadow of occupation.

In line with the framework provided by this new paradigm, a small number of researchers have switched the focus onto functioning factors and positive adjustment to trauma in Palestinian children (Barber, 2008; Punamäki, Qouta, & El-Sarraj, 2001; Veronese et al., 2010). These pioneering studies have confirmed that an active response to military violence, creativity, and perceived positive and harmonious parenting are beneficial to Palestinian children exposed to violence. These child and family-related factors may legitimately be termed "functioning factors" for Palestinian children (Barber, 2009a; Veronese et al., 2010). Finally, Barber (2009b)—describing the complex consequences of conflict and violence in Palestinian and Bosnian youths—has identified political involvement and activism as functioning factors contributing to the wellbeing of children living and growing up amidst political violence and military threat.

4. Participants and measures

Seventy-four Palestinian school-age children (age 10.80; SD 2.06; range of 7–15 years), 43 males (average age 11.23; SD 1.91; range of 7–14 years) and 31 females (average age 10.19; SD 2.15; range of 7–15 years) completed three self-report instruments: the PANAS-C (Laurent et al., 1999), the Multidimensional Students' Life Satisfaction Scale (Huebner & Gilman, 2003, 2006), and the Faces Scale (FS) (Andrews & Withey, 1976; Holder & Klassen, 2010). The questionnaires were administered during a summer camp run by an International NGO (non-governmental organization) in 2010 in Tulkarm City, West Bank. All the children came from poor areas on the outskirts of Tulkarm, including Tulkarm and Nurshams refugee camps. Participants were selected following meetings with their families and in line with the recommendations of local institutions that had been in charge of the children during the school year (Veronese et al., 2010). Parental consent was sought verbally. The children themselves were also free to take part in the research or to withdraw from it; similarly they could decline to answer any of the questions they were asked. It must be noted that written informed consent is often

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