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To cite this article: Vivian Khamis (2017) Psychological distress of parents in conflict areas: the mediating role of war atrocities, normative stressors and family resources, Journal of Mental Health, 26:2, 104-110, DOI: [10.3109/09638237.2016.1139072](https://doi.org/10.3109/09638237.2016.1139072)

To link to this article: <https://doi.org/10.3109/09638237.2016.1139072>



Published online: 05 Feb 2016.



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ORIGINAL ARTICLE

Psychological distress of parents in conflict areas: the mediating role of war atrocities, normative stressors and family resources

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Abstract

Background: Despite the ongoing controversy regarding which types of stressors or resources contribute to psychological distress, there has been little research examining the relationship between war trauma, normative stressors, family resources for management and psychopathology.

Aims: This study investigated the differences between mothers and fathers in psychological distress, normative stressors and war atrocities experienced, and family's resources for management. It was hypothesized that a combination of risk variables and protective variables would be predictive of psychological distress in parents.

Methods: Questionnaires were used with 205 Palestinian parents from Gaza Strip.

Results: Mothers had more psychiatric disorders than did fathers. Although, mothers and fathers were exposed to comparable levels of normative stressors, mothers concerns about intrafamily strains, and family legal violations were greater than they were for fathers. Results revealed that fathers possess a larger repertoire of resources for management when compared to mothers reflected in esteem and communication, mastery and health, extended family social support and financial well-being. However, mastery and health seem to buffer the effect of war traumas and normative stressors on neuroticism in both parents.

Conclusion: The different patterns of predictor–outcome relations have practical as well as theoretical implications.

Keywords

Family resources, neuroticism, normative stressors, Palestinian parents, psychological distress, war atrocities

History

Received 16 September 2015

Revised 20 November 2015

Accepted 8 December 2015

Published online 2 February 2016

Introduction

The social science literature reveals an established interest in certain overarching features of war atrocities that have the potential to arouse stress. Studies have indicated that there are specific symptoms that arise and persist after traumatic experiences including war traumas (Resick, 2001). The stress reaction can come in many forms, but is often precipitated by a life event – albeit one that can be positive or negative, traumatic or nontraumatic. Past research has suggested that negative life events are more predictive of the development or intensification of psychological distress than war-related traumas (Cameron et al., 2010; Khamis, 1998, 2000) and that resilience emerges from normative stressors rather than extreme adversity (DiCorcia & Tronick, 2011; Masten, 2001). Researchers have also argued that trauma-focused advocates tend to overemphasize the impact of direct war exposure on mental health, and fail to consider the contribution of daily stressors (Miller & Rasmussen, 2010; Miller et al., 2008). Given the prolonged nature of war on Gaza Strip, parents are more likely to be subjected to the exposure of war-related trauma and must meet the challenge of balancing their

parental commitment with other life domains. Caregivers often expressed frustration with their parenting role due to the daily hassles and stressors associated with living in war-torn area, which were compounded by the extra demands of taking care of a child with trauma-related symptoms (Khamis, 2013). Exposure to war-related traumas may compound the influence of job stressors, financial and work stressors, and family conflict (Gold et al., 2007; Khamis, 2013).

Certain individual characteristics have been associated with psychiatric symptoms, particularly the female gender (Gelkopf et al., 2012; Khamis, 2000; Fairley, 1984; Gleser et al., 1981; Lopez-Ibor et al., 1985; Parkes, 1977). However, there has been much controversy as to the mediating variables that may have led to this outcome. While studies have indicated that gender is a characteristic that influences the stressors to which people are exposed (Billings & Moos, 1984; Pearlin, 1989; Pearlin & Lieberman, 1979), and the personal and social mediating resources that can be utilized to deal with hardship, empirical evidence has been inconsistent (Billings & Moos, 1984; Khamis, 2000, 2013; Pearlin & Schooler, 1978).

The utilization of the family resources for management by parents is an important mediating variable for dealing with normative and traumatic stress. The process of adaptation is facilitated by stable and supportive family resources

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(Bonanno et al., 2010; Gil-Rivas et al., 2007), with some debate regarding the type and quality of those resources (Khamis, 2000). During the ongoing war on Gaza Strip, many Palestinian families have been exposed to traumatic events that have caused tremendous losses of family resources (e.g. financial, emotional). These resources have been cut rapidly, broadly and deeply, to the extent that the usual arsenal of family support responses may have failed to fulfill expectations for aid (Khamis, 2000, 2013). Conservation of resources (COR) theory (Hobfoll, 1989, 1998) posits that lack of resources (e.g. social, psychological, community and financial) is the main cause of the negative sequelae of stressful conditions, including psychological distress, negative health outcomes and diminished functioning. However, psychological distress could be counteracted (or augmented) through satisfactory (or dissatisfactory) experiences within the contexts of family, social network and community. Despite the ongoing controversy regarding which types of stressors or resources contribute to psychological distress, there has been little research examining the relationship between war trauma, normative stressors, family resources for management and psychopathology.

The present study was designed to determine whether there are significant differences between mothers and fathers in psychological distress, neuroticism, war traumas, the pile-up of normative stressors and family's resources for management experienced. Also, the study aimed to investigate the impact of war traumas, normative stressors and resources on psychological distress and neuroticism.

Methods

Sample selection and procedure

The design for sample selection was based on three primary stratified variables: districts (North Gaza, Gaza, Deir AlBalah, Khan Younis, Rafah), families and parents. Data from the Palestine Central Bureau of Statistics for the 2013 census were used to draw a random sample of 220 families representing the five districts in Gaza Strip (Table 1). Of the 220 families that were selected for entry into the study, 15 of the families declined to participate. The sample included both sexes representing the family roles (i.e. mothers and fathers). Informed consent was obtained from parents. Participants were assured confidentiality and the anonymity of their responses. They were told that their participation was voluntary and that they could withdraw from the study at any time. The study has complied with the American Psychology Association's ethical standards in the treatment

of the sample and ethical approval was obtained from the Gaza Community Mental Health Programme.

Data collection

Four trained psychologists carried out the interviews with parents at home. Questionnaire items were read to the parent in order to address the concern about the ability of parents from low socioeconomic status (SES) families to read and respond to the questionnaires appropriately. Interviewers were given guidelines for data collection, and the use of the questionnaire. All interviewers were also asked to complete three questionnaires, to provide information about specific concerns including quality of questionnaire materials, ease of administration, reaction of the interviewees, content of the questionnaire, and their feedback was taken into consideration to improve the final draft.

Participants

The sample consisted of 205 families of whom 69 (33.7%) were fathers, and 136 (66.3%) were mothers. Parents ages ranged from 38 to 57 years ($M=40.94$, $SD=7.89$). The average family size was large ($M=7.20$, $SD=2.25$). Family combined monthly gross income ranged from nil to US dollars 1700 ($M=860.90$, $SD=0.42$).

Instrumentation

The measures in the study were administered as a battery of questionnaires focusing on war traumas, stressors, psychological distress and family's resources for management. The scales reported in this section have been adopted and adapted due to the universality of the constructs they study and the characteristic of their items. These instruments were translated into Arabic by professional translator and the content validity of the translated Arabic versions was assessed by comparing the pairs of original and back-translated items. Overall, the back translation of each scale or inventory closely reflected the content of the original. The content validity and reliability for all the adopted measurements were obtained in previous studies (El Khalek, 1978; Khamis, 1998).

Personal history form: The personal history form collected demographic data on parents, such as gender, age, family size and family combined monthly gross income.

Trauma exposure scale: Trauma exposure scale was developed for the purpose of the study to assess the type of trauma experienced during the eight days of the Israeli war on Gaza Strip in November 2012. The scale is composed of 18 items scored as 1 'yes' and 0 'no'. Responses are summed to arrive at a total scale score. Scores vary from 0 (no trauma exposure at all) to 18 (high trauma exposure). The statements were generated from interviews with scholars in psychology and psychiatry and from items derived from the Family Inventory of Political Stressors (FIPS; Khamis, 1998). Examples of the items are a family member, a relative or a close friend was killed during the war, our house was bombarded or destructed, hearing the sounds of rocket attacks, shelling and bombardment, witnessing people injured. Using a principal, component analysis with a varimax rotation of eigenvalues greater than or equal to 1.0, the scale

Table 1. Sample population and size.

District	Population percentage	Sample size	Sample percentage
North Gaza	322 126	39	19.5
Gaza	569 715	69	34.5
Deir AlBalah	238 807	29	14.5
Khan Younis	310 868	38	19
Rafah	202 777	25	12.5
Total	1 644 293	200	100

generated one factor, namely trauma exposure that explained 60.25% of the variance. Cronbach's α for the total scale was 0.77.

Psychological distress: Psychological distress was assessed by the Symptom Checklist-90-Revised (SCL-90-R). The SCL-90-R a 90-item self-report symptom inventory assesses psychological distress in terms of nine primary symptom dimensions and three summary scores termed global scores (Derogatis, 1983). The principal symptom dimensions are labeled Somatization (SOM), Obsessive–Compulsive (OBS), Interpersonal Sensitivity (INT), Depression (DEP), Anxiety (ANX), Hostility (HOS), Phobic Anxiety (PHOB), Paranoid Ideation (PAR) and Psychoticism (PSY). The Global Severity Index (GSI) was also used as a single indicator of the current level or depth of the disorder. Cronbach's α for the total scale in this sample was 0.98.

Neuroticism: Neuroticism was assessed by the neuroticism scale of Eysenck Personality Questionnaire (Eysenck & Eysenck, 1968). Parents were asked to complete the 23-item Arabic version of the neuroticism scale (El Khalek, 1978), which asked them to answer yes or no questions about their negative affectivity. Composite scores could range from 0 to 23, with higher scores indicating higher neuroticism. Cronbach's α for the total scale in this sample was 0.89.

Normative stressors: The Family Inventory of Life Events and Changes (FILE) was used to assess the pile-up of life events and changes experienced by the family in the past year (McCubbin & Patterson, 1991). The questionnaire used in this study comprised 71 items, which represent critical events in various domains of life, such as intrafamily strains; marital strains; pregnancy and child-bearing; finance and business strains; work-family transitions and strains; illness and family "care" strains; losses; transitions "in and out" and family legal violations. Participants were asked to indicate whether the event had occurred in their family over the past year on a dichotomous scale: 0 (no), 1 (yes). The overall score on that measure ranged from 0 to 71: higher scores indicate greater pile-up of normative stressors. Cronbach's α for the total scale was 0.89.

Family resources for management: The Family Inventory of Resources for Management (FIRM) was used to measure the social, psychological, community and financial resources parents believe they have available to them in the management of family life (McCubbin et al., 1991). The FIRM is a 69-item that measures a family's resources and strengths in a number of areas, such as family strengths I: esteem and communication, family strengths II: mastery and health extended family social support, and financial well-being. Representative items for the family esteem and communication domain include "The members of our family are known to be good citizens and neighbors", "Members of our family are encouraged to have their own interests and abilities". Representative items for the family mastery and health, extended family social support, and financial well-being domain include "Many times we feel we have little influence over the things that happen to us", "Being physically tired much of the time is a problem in our family", "Our relatives do and say things to make us feel appreciated", "We save our extra spending money for special things".

The items were rated as follows: "not at all" 0, "minimally" 1, "moderately" 2 and "very well" 3 ranging from 0 to 207. The total score represents the family's repertoire of resources which indicates what social, psychological, community and financial resources participants believe they have available to them in the management of family life. The FIRM has very good internal consistency, with an overall alpha of, 89. The FIRM has fair concurrent validity, correlating significantly with the Family Environment Scales. Cronbach's α for the total scale was 0.85.

Results

Parental roles and normative stressors

This set of analyses focused on life events and changes (FILE). Multivariate analysis of variance (MANOVA) results indicated that fathers and mothers did not differ significantly on the omnibus test (MANOVA Wilks' Δ (9, 203) = 1.58, $p < 0.12$) with a small effect size $\eta_p^2 = 0.068$. However, the univariate results indicated that mothers had higher scores than did fathers on intrafamily strains $t(203) = -2.53$, $p < 0.0001$, family legal violations $t(203) = -2.13$, $p < 0.03$ and on total normative stressors scale $t(203) = -1.94$, $p < 0.05$ (Table 2).

Parental roles and psychological distress

Psychological distress was determined by using the Global Severity Index (GSI) of the Symptom Checklist-90-R (SCL-90-R). The GSI is a single indicator of the current level or depth of the disorder. The results of this study revealed that Palestinians have more severe psychological symptoms than the normal sample of Derogatis (1983; $M = 1.07$, $SD = 0.64$; $M = 0.31$, $SD = 0.31$, respectively). MANOVA was carried out to investigate the effect of parental roles on the nine dimensions of the SCL-90-R. The results indicated that fathers and mothers differed significantly on the omnibus test (MANOVA Wilks' Δ (9, 203) = 2.09, $p < 0.03$) with a small effect size $\eta_p^2 = 0.088$. Subsequent univariate analysis yielded significant main effects for parental roles with mothers having substantially higher scores on somatization $t(203) = -2.82$, $p < 0.005$, anxiety $t(203) = -2.83$, $p < 0.005$, phobic anxiety $t(203) = -2.14$, $p < 0.03$ and GSI $t(203) = -2.11$, $p < 0.03$

Table 2. Means and standard deviations of stressors measures as a function of parents.

Variables	Fathers (N = 69)		Mothers (N = 136)	
	M	SD	M	SD
Intrafamily strains	4.37	3.85	5.84	3.95
Marital strains	0.17	0.38	0.27	0.66
Pregnancy and child-bearing	0.79	0.88	0.75	0.97
Finance and business strains	5.27	2.30	5.87	2.19
Work-family transitions and strains	2.11	1.49	2.25	1.84
Illness and family "care" strains	1.76	1.62	2.13	1.99
Losses	1.46	1.26	1.41	1.38
Transitions "in and out"	1.24	1.18	1.11	1.07
Family legal violations	0.14	0.46	0.42	1.04
Total stressors scale	17.36	8.63	20.09	9.90
War traumas	7.78	3.00	8.22	3.03

compared to fathers (Table 3). In reference to neuroticism, *t* test results indicated that mothers had more neuroticism symptoms than fathers $t(203) = -4.24, p < 0.0001$.

Parental roles and family resources for management

Family resources were determined by using the four dimensions of the FIRM. MANOVA was carried out to investigate the effect of parental roles on FIRM dimensions. The results indicated that fathers and mothers differed significantly on the omnibus test (MANOVA Wilks' $\Delta(1, 203) = 4.71, p < 0.001$) with a small effect size $\eta_p^2 = 0.086$. Univariate *t* tests yielded significant main effects for parental roles with fathers having substantially higher scores than did mothers on family esteem and communication $t(203) = -2.42, p < 0.01$, family mastery and health, $t(203) = -2.83, p < 0.005$, extended family social support $t(203) = -2.06, p < 0.04$ and financial well-being $t(203) = -3.59, p < 0.0001$ (Table 4).

The prediction of psychological distress

To examine the unique contributions of the predictors to the variance in psychological distress (GSI), hierarchical multiple regression analysis was conducted with GSI as the dependent variable and the four blocks of predictor as the independent variables.

The four-predictor blocks were: (a) parents sociodemographics, (b) war trauma, (c) normative stressors and (d) family's resources for management. Table 5 indicates that the model containing all four predictor blocks accounts for 39.7% of parents GSI variance. Each predictor block separately accounted for the following percentage of parents GSI variance: 10.5% by parent's sociodemographics, 2.90% by war trauma, 21.86% by normative stressors and 11.19% by

family's resources for management. The absolute increase in R^2 is small for parents' sociodemographics, war trauma and family's resources for management, and medium for normative stressors (Cohen, 1988). In Table 5, the column denoted beta contains the standardized or beta coefficients of the 17 individual variables contained in the model. Of the parents' sociodemographics only family income was significantly associated with GSI. Also, war trauma stood out as a predictor of more GSI symptoms.

However, when the normative stressors entered the model, war trauma became non-significant. Of the normative stressors, parents who perceived that the family did suffer from intrafamily strains and family legal violations were more likely to exhibit more symptoms on the GSI. When the final model was examined, the *b* weights for the mastery and health variable were significant. Parents who had more mastery and health resources had better mental health outcomes (Table 5).

The prediction of neuroticism

Hierarchical multiple regression was used to predict neuroticism in parents from four blocks of predictor variables: (a) parents sociodemographics, (b) war trauma, (c) normative stressors and (d) family's resources for management.

Table 6 indicates that the model containing all four predictor blocks accounts for 31.1% of parents neuroticism variance. Each predictor block separately accounted for the following percentage of parents neuroticism variance: 10.2% by parent's sociodemographics, 1.44% by war trauma, 15.25% by normative stressors and 8.85% by family's resources for management. The absolute increase in R^2 is small for parents' sociodemographics, war trauma and family's resources for management, and medium for normative stressors. Of the parents' sociodemographics only gender was significantly associated with neuroticism with mothers having more neuroticism symptoms than fathers. War trauma was not a significant predictor of neuroticism. Of the normative stressors, parents who perceived that the family did suffer from intrafamily strains were more likely to exhibit more symptoms of neuroticism. When the final model was examined, the *b* weights for the variable family strengths in mastery and health was significant. Parents who had more family strengths reflected in mastery and health resources had better mental health outcomes (Table 6).

Discussion

The primary purpose of the current study was to examine psychological distress, war traumas, normative stressors and the provision of family's resources for management

Table 3. Means and standard deviations of SCL 90 dimensions, GSI and neuroticism as a function of parental roles.

Variables	Fathers (<i>N</i> = 69)		Mothers (<i>N</i> = 136)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Somatization	1.07	0.77	1.43	0.91
Obsessive-compulsive	0.30	0.18	0.34	0.18
Interpersonal sensitivity	1.17	0.78	1.34	0.77
Depression	1.13	0.72	1.34	0.75
Anxiety	0.98	0.80	1.33	0.86
Hostility	1.14	0.78	1.37	0.86
Phobic anxiety	0.74	0.73	0.99	0.88
Paranoid Ideation	1.13	0.79	1.22	0.79
Psychoticism	0.82	0.73	0.89	0.69
GSI	0.94	0.62	1.14	0.64
Neuroticism	9.97	5.36	13.41	5.55

Table 4. Means and standard deviations of Family Inventory of Resources for Management (FIRM) dimensions and total inventory as a function of parental roles.

Variables	Fathers (<i>N</i> = 69)		Mothers (<i>N</i> = 136)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Family strengths I: esteem and communication	25.36	6.55	22.86	7.15
Family strengths II: mastery and health,	35.42	6.76	31.88	8.00
Extended family social support	5.21	1.85	4.62	1.98
Financial well-being	27.07	7.40	23.38	6.69

experienced by parents. Consistent with previous studies, mothers have higher levels of psychological distress including somatization, anxiety, phobic anxiety, psychological distress and neuroticism than did fathers (Egloff & Schmukle, 2004; Rubin et al., 2007; Sarit et al., 2011; Silver et al., 2002). Understanding parental roles in psychological problems requires being aware of gender-role constructs, which may very well affect the type of stressors that exist, their associated symptoms and people's response to their problems (Khamis, 2000, 2013).

Although, mothers and fathers were exposed to comparable levels of war traumas, mothers' concerns about normative stressors, particularly intrafamily strains and family legal violations were greater than fathers'. Parental roles have been assumed to be the core roles in the Arab society especially for mothers, thus, it has been assumed that for women and mothers, intrafamily strains are more stressful than any other stressors (Khamis, 1998, 2000; Rubin et al., 2007; Silver et al., 2002). Also, the results revealed that fathers usually possess a larger repertoire of resources for management when compared to mothers. The fathers in this study had higher scores than did mothers on resources reflected in esteem and communication, mastery and health, extended family social support and financial well-being. These results are consistent with previous research that underlies parental role differences in the use and benefit of resources (Khamis, 2000, 2013).

The results raise questions about the impact of war traumas and normative stressors on parents' mental health. In this study, when the normative stressors entered the regression

model the war trauma became non-significant and the intrafamily strains and family legal violations appeared to be strong predictors of psychological distress. Also, the results demonstrate that stress specific to the intrafamily strains and family legal violations is linked to higher levels of psychological distress and neuroticism, and that this relationship is moderated by family' resources and strengths in mastery and health for both parents. Previous research has indicated that parents with more resources have a better chance of managing stress and restoring balance in their lives than parents with limited resources. The identification of modifiable family variables, such as mastery and health, is important in the development of family-centered interventions for parents to cope with stress (Khamis, 1998, 2000, 2013). For example, gaining mastery over the stressful event (e.g. intrafamily strains) involves gaining control over the event and one's life (Taylor, 1983).

The different patterns of predictor–outcome relations have practical as well as theoretical interest. First, the results suggest the differential role of female gender on different psychological outcomes. Second, not all stressors have an equal weight on parents' psychological distress; intrafamily strains and family legal violations certainly entail additional stresses to those incurred from being a female occupying specific status, such as the mother role. The spectrum of structural cultural, political and social variables is all related to mental health, as they exert influences on Palestinians. Therefore, to advance what is known about the differential effects of parental roles, it is important to look at the same

Table 5. Regression weights for hierarchical models predicting psychological distress in parents.

Outcome variables/predictor variables	Model 1	Model 2	Model 3	Model 4
<i>GSI</i>				
Block 1				
Demographics				
Gender	−0.06	−0.06	−0.03	0.00
Family Income	−0.30***	−0.26***	−0.11	−0.07
Family Size	0.01	0.02	0.01	−0.04
Block 2				
War Trauma		0.16*	0.10	0.06
Block 3				
Normative Stressors				
Intrafamily strains			0.25**	0.09
Marital strains			−0.00	−0.01
Pregnancy & child-bearing			0.07	0.05
Finance & business strains			−0.06	−0.10
Work–family transitions & strains			0.07	0.08
Illness and family “care” strains			0.02	0.03
Losses			0.12	0.13
Transitions “in & out”			−0.06	−0.04
Family legal violations			0.17*	0.09
Block 4				
Family Resources (FIRM)				
Esteem & communication				0.09
Mastery & health				−0.30****
Extended family social support				0.03
Financial well-being				−0.21
Total R^2	0.105	0.131	0.321	0.397
Multiple R	0.325	0.361	0.567	0.630
F	7.115	6.756	6.221	6.473

* $p < 0.05$.

** $p < 0.01$.

*** $p < 0.001$.

**** $p < 0.0001$.

Table 6. Regression weights for hierarchical models predicting neuroticism in parents.

Outcome variables/predictor variables	Model 1	Model 2	Model 3	Model 4
<i>Neuroticism</i>				
Block 1				
Demographics				
Gender	-0.21**	-0.21**	-0.18**	-0.14*
Family Income	-0.20**	-0.17*	-0.04	-0.01
Family Size	0.03	0.04	0.03	-0.00
Block 2				
War Trauma		0.12	0.13	0.08
Block 3				
Normative Stressors				
Intrafamily strains			0.27**	0.13**
Marital strains			0.12	0.11
Pregnancy & child-bearing			0.13	0.11
Finance & business strains			-0.03	-0.07
Work-family transitions & strains			-0.00	0.02
Illness and family "care" strains			-0.07	-0.06
Losses			-0.02	-0.01
Transitions "in & out"			-0.04	-0.02
Family legal violations			0.09	0.02
Block 4				
Family Resources				
Esteem & communication				0.07
Mastery & health				-0.25**
Extended family social support				-0.01
Financial well-being				-0.16
Total R^2	0.102	0.115	0.250	0.311
Multiple R	0.319	0.339	0.500	0.557
F	6.854	5.831	4.394	4.424

* $p < 0.05$.** $p < 0.01$.

individuals in various contexts or situations. Little is known about how Palestinian parents deal simultaneously with multiple problems or stressors. Research should be directed to investigate the process through which parents integrate, organize, and balance their multiple roles in conflict war zones.

While the condition of being a woman appears to be a heightened vulnerability that increased the risk for higher psychological distress and diminished family resources for management, the findings provide powerful association between family strengths in mastery and health and parents psychological distress for both gender. Family mastery is certainly a highly valued personal resource that is generated from family domain (e.g. Hobfoll, 1989). Family mastery concerns the extent to which individuals control their families' lives (Pearlin & Schooler, 1978). Extant research has demonstrated that mastery has both direct and moderation effect to protect individuals from stressful experiences (Christensen et al., 1998; Miller et al., 1995). Also, the physical and mental well-being of family members is an important factor affecting parental psychological distress. Promoting good health is crucial to a family's capacity to provide, nurture and care for its members and this could be achieved through health care services that meet the preventive, diagnostic, treatment and medical management needs of Palestinian families. The results suggest that efforts at increasing the effective mastery and health resources utilized by parents in difficult situations may have more positive effect on their psychological status. Given the often scant resources available for Palestinian interventions, it is imperative to know which family

resources are more likely to have the greatest impact on mental health. The patterns suggest that the most effective interventions for parents' psychological distress might target the development of mastery-related skills and health as a stress-resistance resource. The belief system and/or value orientation of parents may influence their perceptions of stressful events. For example, parents with a mastery orientation may believe they can solve any problem and control just about anything that could happen to them (Boss, 2002). It is through family strengths (e.g. esteem, communication, mastery, social support and financial well-being) that individuals establish and maintain a sense of meaning and purpose in their lives (Khamis, 1998, 2000).

Several limitations should be kept in mind when interpreting these results. First, the retrospective measures used may have been impacted by recall bias, and self-report tools are vulnerable to mood and social desirability effects. I note, however, the value of understanding parents' perceptions of their traumas, stress and mental health, as perceptions are likely to influence how these experiences are managed (e.g. seeking social support, gaining mastery, lifestyle changes). Second, the cross-sectional nature of the data does not allow us to test the directionality of the constructs of war trauma, normative stressors, psychological distress and the availability of resources. Third, there is also the possibility that unexamined variables account for the effects attributed to war traumas, normative stressors, psychological distress and family resources for management in the present model. For example, some mothers may be exposed to a more recent victimization experience or other stressful life event, and psychological distress and/or

neuroticism could be related to these events. Future studies should aim to clarify the directionality of these relationships, the sequence in which various problems emerge, as well as the effects of other mediating variables, such as coping strategies.

Declaration of interest

This research was supported by Gaza Community Mental Health Programme (GCMHP).

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