



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

refused in Palestinian culture and to request it may be viewed as threatening by heads of family in particular (Krogstad et al., 2010; Schultz, 2004). In addition, it is culturally acceptable, and indeed almost taken for granted, that consent for children to participate in research may be provided by those in charge of summer camps and summer schools in lieu of the parents. While we consider the principle of informed consent to be universal, is imperative for researchers to adopt methods of applying it that respect the cultural values, traditions and peculiar health-care systems of the country or region of interest.

Our research was carried out in line with the Ethics Committee Guidelines of the University of Milano-Bicocca and approved by the Ethics Committee of MIUR (Italian Ministry of Education, University and Research).

Our choice of instruments for this pilot study was guided by both clinical and research requirements to assess positive and negative affect together with levels of satisfaction and self-perceived happiness, in order to record and promote levels of functioning and positive adjustment to negative experience and trauma in children living under conditions of constant uncertainty. These components of functioning were elicited and reinforced during the clinical–experiential field intervention. Given our twin aims of assessing the children taking part in the intervention and of meeting our research objectives, we chose positive psychology instruments with proven reliability and validity in both clinical and research contexts (Huebner, 1991; Laurent et al., 1999; Watson, Clark, & Tellegen, 1988) but not yet validated for use with speakers of Arabic. Therefore the questionnaires were translated and back translated from English to classical Arabic by a teacher who was a native English speaker and a Palestinian researcher who had studied for many years in the United States. The two translations were compared and discussed in order to obtain the most accurate Arabic translation possible. Classical Arabic was chosen instead of the local spoken variety with a view to completing validation of these instruments for use in Arabic in the course of future research. This would facilitate use of these measures throughout the Arab world, given that classical Arabic is shared by all Arabic speakers and that questionnaires are in any case normally administered orally by researchers for cultural reasons. Also, in this study the questionnaires were administered orally to the participating children, in the course of a face to face interview lasting an average of 45 to 60 min. The interviews were conducted by local helpers who had undergone a week of intensive training to learn how to adapt the language of the questionnaires to the age, cognitive level and emotional states of the interviewees.

We now outline in detail the self-report instruments completed by the participants in our study.

The Positive and Negative Affect Schedule-Children (PANAS-C) (Laurent et al., 1999) is a child version of the PANAS (Watson et al., 1988) that measures positive and negative affectivity in children and adolescents. Traditionally, the measure is made up of two subscales measuring positive and negative affect respectively. The Positive Affect Scale comprises 12 items regarding positive emotions (e.g., interested, excited, happy, strong, enthusiastic, proud, alert, inspired, determined, attentive and active). The Negative Affect Scale comprises 15 items relating to negative emotions (such as distressed, upset, hostile, irritable, scared, jittery, afraid, ashamed, guilty and nervous). It should be noted that for the purposes of the present study the items from both subscales were classified into ad hoc dimensions of emotional experience. We revisited the categories provided by Barrett and Russell (1999) in order to obtain a more finely-tuned assessment of positive and negative affect in the children taking part in our intervention. We defined two categories of positive affect—“Pleasantness” with a total of 7 items (*enthusiastic, happy, cheerful, joyful, delighted, proud, calm*) and “Activation/Potency” (with items such as *interested, alert, strong, energetic, active, fearless, daring, lively*) and three categories of negative emotion—“Sadness” (including *sad, upset, gloomy, lonely, miserable, blue*; “Anger” including *disgusted, mad*; and “Anxiety/Fear/Moral Emotion” with the items *afraid, nervous, frightened, scared, jittery, ashamed and guilty*).

The Multidimensional Students' Life Satisfaction scale (MSLSS) (Huebner, 2001) consists of 40 items designed to assess satisfaction in five specific domains (Family; Friends; School; Living Environment; Self). The MSLSS was devised in response to growing interest in promoting positive psychological wellbeing in children and adolescents (Compas, 1993; Sarason, 1997). The instrument provides a multidimensional profile of children's life satisfaction judgments; such a differentiated assessment facilitates more focused diagnostic, prevention, and intervention efforts, complementing the traditional objective indicators used to assess the quality of life of children and adolescents (e.g., divorce rates, family income levels, per pupil expenditures on schooling). Specifically, the MSLSS was designed to (a) provide a profile of children's satisfaction with important, specific domains (e.g., school, family, friends) in their lives; (b) assess their general overall life satisfaction; (c) demonstrate acceptable psychometric properties (e.g., acceptable subscale reliability); (d) reveal a replicable factor structure indicating the meaningfulness of the five dimensions; and (e) be used effectively with children across a wide range of age (grades 3–12) and ability levels (e.g., children with mild developmental disabilities through gifted children).

Faces Scale (FS) (Andrews & Withey, 1976; Holder & Coleman, 2009) is a single-item measure, consisting of seven faces representing a scale from maximum to minimum perceived happiness. This scale is particularly appropriate for children, given that from 3 years onwards they can recognize and accurately categorize emotions represented via schematic drawings; it uses a progression of faces from ‘very happy’ to ‘very sad’ to address the question ‘How happy are you most of the time?’ (MacDonald, Kirkparick, & Sullivan, 1996).

Before compiling the three self-report measures, the children were asked to write a brief account of “what makes me satisfied and happy”. Children under the age of 12 and/or with limited writing skills were invited to dictate their account to a research assistant. The written texts were content analyzed.

Finally, the narratives produced by the children during the experiential activities were videotaped, transcribed and translated from Arabic to English by one of the authors who is bilingual. The intervention centered on the recognition and expression of emotions, using expressive tools such as storytelling and art therapy (e.g., painting and sculpture). The narratives were collected after drawing, collage and clay modeling sessions (Catterall & Pepler, 2007). Small groups (ranging from 6 to 9 children), balanced by age and gender, took part in workshops were conducted by two facilitators, one of them a researcher. Each child was invited to produce a narrative, using their own work of art as a starting point and engaging in a dialogic conversation with the participation of the other children in the group (Hawes, 1999). The main working theme proposed to the children was ‘what is good and what is bad in my city’. Each group narration session lasted about 2 h, with individual speaking time of 15–20 min per child.

5. Data analysis

The statistical analyses were carried out using SPSS PASW Statistics 18.

To identify differences occurring as a function of age, the sample was divided into two age groups: 7–10 years and 11–15 years.

Descriptive statistics were calculated to determine levels of negative and positive affect and life satisfaction in the sample of children divided by age and gender.

We measured the correlations (Pearson's *r*) between age group, gender, emotion (positive and negative affect and their sub-domains), self-perceived happiness (FS) and the dimensions of life satisfaction (MLSS) to verify the relationship between emotional states and self-perceived well-being in terms of personal satisfaction and happiness.

PANAS-C, MLSS and FS scores were compared using a *t*-test with gender and age group as independent (grouping) variables.

Finally we conducted a linear regression analysis to verify which emotions, as independent variables, explain life satisfaction.

In addition, a qualitative content analysis of the written materials and narratives produced by children was carried out using Atlas-Ti software. ATLAS/ti® (Release 4.2. Muhr, 1997–2000) is a data management program that assists in creating interpretive codes. Our encoding process involved selecting phrases, sentences and paragraphs expressing themes emerging from the texts. Our objective was to identify in detail the dimensions of well-being present in the narratives as well as the way in which the children tended to explain their personal life satisfaction. The narratives were subjected to thematic content analysis following Boyatzis (1998). In line with constructionist paradigms focusing on socio-cultural contexts and structural conditions, the analysis was conducted using a data-driven approach. “Inductive analysis is [...] a process of coding the data without trying to fit it into a pre-existing coding frame, or the researcher’s analytic preconceptions. In this sense this form of thematic analysis is data-driven” (Braun & Clarke, 2006, pg. 83). The method involved the identification of core thematic nuclei within the narratives, and the classification of these themes into structured categories via an interjudge agreement process. The procedure consisted of the following steps: a) one researcher carried out an open coding analysis of the participants’ narratives to facilitate the emergence of critical themes; b) the themes were coded and organized into structured categories by two researchers working independently; c) the categories were discussed and agreed by the raters (judges) (Veronese, Castiglioni, & Said, 2011).

6. Results

Table 1 summarizes the descriptive statistics for the main variables under study: life satisfaction, perceived happiness and positive and negative affect in the sample of children selected for our pilot study.

Satisfactory Cronbach’s alpha reliability coefficients were found for all the scales administered. With regard to the subscales of the MSLSS, the following Cronbach’s alpha values were obtained: Family $\alpha = .85$; Friends $\alpha = .87$; School $\alpha = .88$; Living Environment $\alpha = .85$; Self $\alpha = .83$. Cronbach’s alpha values for the PANAS-C subcategories were a little lower: “pleasantness” $\alpha = .77$; “activation/potency” $\alpha = .80$; “sadness” $\alpha = .77$; “anger” $\alpha = .67$; “anxiety/fear” $\alpha = .75$. However the overall scales for positive and negative affect displayed very high levels of reliability ($\alpha = .91$ and $\alpha = .95$ respectively).

Turning to participants’ scores on the self-report scales as reported in Table 1, average life satisfaction scores on the MSLSS scale were high, generally falling at around point three (“often”). The highest scores for satisfaction were recorded on the School scale (average 3.1; *SD* 0.4), while the greatest variability (0.28) was found for the Self subscale (average 2.9; *SD* 0.5). With regard to PANAS-C, lower scores were obtained for negative affect (average 1.9; *SD* 0.5—“a little”) than for positive emotion (average 3.8; *SD* 0.6—“quite a bit”). In terms of positive affect, the “pleasantness” scale yielded the highest scores (average 3.9; *SD* 0.7) but with greater variability (0.48) than the “activation/potency” scale (average 3.7; *SD* 0.6). In terms of negative emotions, the “anxiety and fear” scores were highest, while scores for “anger” displayed the greatest variability (average 3.9; *SD* 0.7; variance 0.6). Very high scores were obtained for happiness as measured by the FS, with 86.5% of the children locating themselves between points 3 and 6 (the maximum).

With regard to gender and age comparisons, the *t*-test revealed few statistically significant differences as a function of gender. On the MSLSS, females had higher scores than males for the dimensions “Friends” ($t(59) = -1.641$; $p < .10$) and “General Satisfaction” ($t(45) = -1.936$; $p < .10$); no other gender differences were found. As a function of age, statistically significant differences were found in the PANAS-C scores for overall negative affect ($t(55) = -2.131$; $p < .05$) and for the “anxiety/fear” subscale ($t(60) = -2.316$; $p = .024 < .05$). Specifically, older children obtained higher scores on both negative emotion and anxiety/fear scales. Finally, younger children obtained

Table 1

Descriptive data on life satisfaction, positive and negative affect and perceived happiness.

Variables	Mean	sd	Range	Percentile 25	Percentile 50	Percentile 75
1. Family	3.00	.51	2.14	2.57	3.00	3.43
2. Friends	3.10	.59	2.50	2.75	3.25	3.50
3. School	3.08	.57	3.00	2.83	3.17	3.38
4. Environment	3.01	.49	1.86	2.57	3.00	3.29
5. Self	2.96	.54	2.29	2.57	2.86	3.43
6. Total satisfaction	3.04	.43	1.68	2.70	3.00	3.3
7. Positive emotions	3.80	.60	2.85	3.54	3.85	4.23
8. Negative emotions	1.79	.56	2.77	1.46	1.69	2.04
9. Pleasantness	3.93	.75	3.33	3.50	4.00	4.50
10. Activation/Potency	3.70	.64	2.86	3.18	3.86	4.14
11. Sadness	1.76	.69	3.67	1.33	1.67	2.00
12. Anger	1.93	.93	4.00	1.00	1.50	2.50
13. Anxiety/Fear	1.83	.62	2.50	1.33	1.67	2.21
14. Happiness	4.81	1.27	5.00	4.00	5.00	6.00

Variables: 1–6 MSLSS; 7–13 PANAS-C; 14 FS.

significantly higher scores than older children on the FS ($t(73) = 1.707$; $p < .10$).

Regarding the relationships between the variables under study, Table 2 shows the correlations between MSLSS, PANAS-C and FS scores. There was a strong positive correlation between positive self-perception on the one hand and overall positive affect, “pleasantness” and “activation/potency” on the other. There was a negative correlation between overall life satisfaction and “anger”.

The happiness scale is correlated with several other measures, namely Family, Friends, Self and overall life satisfaction as well as “pleasantness” and overall positive affect. A negative correlation was found between “happiness” and “anxiety/fear”. In addition, a strong negative correlation emerged between overall negative affect and “sadness” on the one hand and positive emotion on the other. Positive affect was positively correlated with its subscales as well as the subscales with one another. Similarly, negative affect was positively correlated with its own sub-dimensions, but negatively correlated with “activation/potency” and “pleasantness”; “sadness” was strongly correlated with “anger” and “anxiety/fear”, but negatively with “activation/potency”, “pleasantness” and overall positive affect.

In addition, a hierarchical linear regression analysis showed a strong influence of positive affect on life satisfaction; however overall negative affect was not found to have a significant effect on life satisfaction, and of its subscales only “anxiety and fear” impacted negatively on life satisfaction (see Table 3). Finally, happiness was only impacted by the positive emotion of pleasantness, with no other dimension appearing to influence it (Table 3).

7. Discussion

The quantitative results obtained from the self-report measures may usefully be discussed both in their own right and in the light of the qualitative information provided by the content analysis of written accounts and narratives.

In the first place, our hypothesis appears to be partially confirmed by the quantitative findings. In general, the children seem to be happy and satisfied with their lives, despite a dangerous and uncertain life context. Positive emotions play a key role in ensuring general life satisfaction, enjoying a greater influence than negative affect. School is perceived by children as a satisfying place, likely to be safer than home and outdoor spaces. A positive perception of self and positive emotions such as potency and pleasantness are factors contributing to positive

Table 2
Correlation between measures of life satisfaction (MSLSS); positive and negative affect (PANAS-C) and happiness (FS).

Variables ¹	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Family	1	.45**	.32*	.51**	.59**	.81**	.23	.08	.22	.22	-.03	-.02	.04	.36**
2. Friends		1	.31*	.43**	.47**	.75**	.17	-.01	.24	.04	-.12	-.07	-.004	.43**
3. School			1	.52**	.48**	.66**	.24	.01	.15	.21	.01	.01	.07	.13
4. Environment				1	.59**	.85**	.14	.13	.15	.09	.06	-.27*	.15	.20
5. Self					1	.81**	.40**	.01	.38**	.30*	-.05	-.10	-.03	.26*
6. Total Satisfaction						1	.30	.18	.27	.19	.06	-.31*	.13	.46**
7. Positive emotions							1	-.44**	.88**	.89**	-.55**	-.19	-.11	.27*
8. Negative emotions								1	-.49**	-.28*	.85**	.56**	.80**	-.21
9. Pleasantness									1	.57**	-.55**	-.23	-.20	.37**
10. Activation/Potency										1	-.43**	-.15	.02	.07
11. Sadness											1	.43**	.45**	-.19
12. Anger												1	.24	.02
13. Anxiety/Fear													1	-.25*
14. Happiness														1

Variables: 1–6 MSLSS; 7–13 PANAS-C; 14 FS.

* p<0.1.

** p<0.5.

adjustment and happiness. On the contrary, high levels of anxiety and fear place the children at risk of negative adjustment to their uncertain living conditions. The findings in relation to anger are more difficult to interpret: The considerable variance found may be explained by the children's ambivalence towards anger. On the one hand, anger is socially discouraged as a negative emotion; on the other hand, lack of freedom and daily exposure to internal and external violence inevitably lead these children to experience anger frequently.

Gender plays a secondary role in differentiating subgroups of wellbeing. However, females display greater ability than males to exploit both social relationships and personal resources. In fact, girls were found to be significantly more satisfied both with their friends and with their lives overall (see also the results of the qualitative analysis reported in Table 4: in particular family, educational, religious and social dimensions). This finding is in line with cultural perceptions of gender in the OPT (Veronese, Castiglioni, & Said, 2011): Girls are generally more protected than boys who are under social pressure both to repress negative emotions such as fear and sadness and to actively participate in the struggle against occupation, putting up an outward display of bravery (Barber, 2008; Veronese, Castiglioni, & Said, 2011; Veronese et al., 2010).

Naturally, in order to draw reliable conclusions about gender differences it will be necessary to carry out follow up research with a larger sample than that used in this exploratory study. Nonetheless, the qualitative data drawn from content analysis of children's written accounts and narrative seems to support the quantitative data with regard to differences between male and female children (see Table 4).

Tables 4 and 5 show the emerging themes from written accounts and narratives respectively. With regard to the written texts, both females and males displayed a strong interest in the categories of play and sport,

which appear to contribute to wellbeing and satisfaction. Furthermore, a large part of wellbeing is accounted for by the dimensions of friends and family. The females, confirming the quantitative findings, reported a greater interest in friendship and sociality, while the males tended to emphasize the need for space, freedom of movement and resistance to the occupation. The latter controversial issues may partly account for the quantitative finding that males are less satisfied than females. All these categories of wellbeing are severely restricted in the OPT and if in addition youths believe that their wellbeing depends on involvement in the resistance, their feelings of anxiety and fear, as well as sadness and anger, may be reinforced.

'Asheqat Al-Thawra' ("The revolution lover"), a 14-year-old female, explains what makes her satisfied:

To be loved by others and help those younger than me, to cooperate with everybody without discrimination. These feelings can reinforce a sense of belonging, and cooperation with people reinforces friendship, real and genuine friendship.

Mohammed, a 15-year-old boy:

To see the Palestinian people free would make me feel good, because we live under oppression. In fact all the other countries have been freed from colonialism, but our country and Iraq are not free because of occupation.

Education is another key theme for both males and females. The importance of school as a place of social redemption and hope for the future is well explained in the writings of the children quoted below.

Iasan (nickname) is an 11-year-old boy:

In my opinion to study is the only hope for the future, because I can learn to become a medical doctor.

Table 3Regression coefficients (Beta) and t values for the significant predictors of life satisfaction and happiness calculated via a series of hierarchical, multiple, linear regression analyses.^a

Dependent variable	Life satisfaction		Happiness		Adjusted R ²	F
	β	t	β	t		
Positive Emotions	0.25*	3.51	–	–	0.13	12.33**
Pleasantness	–	–	0.51*	3.68	0.10	13.60**
Fear	–0.1*	–2.0*	–	–	0.4	3.99*

^a Independent variables entered in the equation: step 1, positive emotions; step 2, activation/potency, pleasantness; step 3, negative emotions; step 4, fear, anger, sadness;

* p<.05.

** p<.01.

Table 4

Percentage frequencies for dimensions of wellbeing in written texts by gender.

Dimensions of well-being	%	
	Females	Males
Friends	14.75	18
Family	13.11	6.56
Play/Sport	36.1	41.53
Education	13.11	11.4
Religion	3.28	–
Self-determination/self-efficacy	–	1.63
Freedom of movement	3.3	11.47
Resistance to occupation	–	4.9
Basic needs	–	1.63
Sociality	6.55	3.3
Need for space	1.64	3.3
Safety at home	–	1.63

Table 5
Percentage frequencies for dimensions of wellbeing in oral narratives.

Dimension of well-being	%
<i>Self</i>	
Fulfillment of primary needs	6.9
Self-affirmation/self-efficacy	4.9
Satisfaction/positive emotions	8.0
Play	10.6
Freedom of movement	4.8
Need for space	5.3
Education	2.5
<i>Family and living environment</i>	
Protection (provided by family)	3.9
Safety at home	3.5
Right to land	2.2
Health	0.6
Economic wellbeing	3.3
<i>Relationships with peers and adults</i>	
Protection (provided by adults)	4.7
Protection (provided by friends)	4.5
<i>Socio-cultural context</i>	
Religion	5.1
Education	2.5
Resistance to Israeli occupation	7.2
Sociality	4.3
Other	15

Abed, 10 years old:

I love visiting new places, meeting new friends, traveling is what makes me really happy.

Religion as a contributor to wellbeing only features in the texts of females, while only males report self-efficacy, basic needs and safety at home as positive factors.

Susu, a 9 year old girl:

I like to read the Koran, because I can benefit from the effects of religion.

Rahad, a 9-year-old male:

For me good food and fresh water is enough.

Wassam, a 10-year-old male:

I'm really satisfied with myself when I am successful, when I win a competition and when I am the best player on my football team.

Arafat ('the father of revolution'), an 8-year-old male:

Staying at home, watching TV make me feel protected and safe, because I'm the baby of the house.

With regard to age differences, as expected older children are more exposed to fear and to negative affect in general. Growing up in an occupied land is challenging due to the risk of imprisonment, exposure to violence, disillusionment, lack of opportunities and lack of hope. Palestinian youths must unavoidably deal with horrific life events as they grow older. Younger children display higher levels of happiness given that they are more sheltered from environmental dangers by adults and older children.

The findings also point up a strong interrelationship between affectivity and the various dimensions of life satisfaction. Positive emotions favor a satisfactory perception of self, in turn leading to positive levels of self-esteem and competency. Feelings of pleasantness in particular are related to a perception of self as active and competent despite conditions of deep uncertainty. In other words, children strive to actively cope with uncontrollable events, as protagonists of their own wellbeing (Barber, 2009a; Gilligan, 2009). The negative correlation between anger and total satisfaction confirms that children perceive this negative emotion to be dangerous and unacceptable, but at another level unavoidable.

Contextual and social factors such as family and friends, as well as personal factors such as self-satisfaction, favor happiness in children. Positive emotions, in particular feelings of pleasantness, are also related

to perception of happiness. Conversely, anxiety and fear seem to negatively affect perception of happiness, while low levels of potency and activation are associated with increased negative emotions in children, specifically sadness, anxiety and fear.

As confirmed by numerous studies (Bordwine & Huebner, 2010; Fredrickson, 2001; Froh, Yurkewicz, & Todd, 2009; Huebner, 2004), positive emotions have a strong influence on life satisfaction. With regard to negative emotion, surprisingly, only anxiety and fear affect life satisfaction. This finding may be explained by the daily exposure to military and political violence affecting Palestinian children. Other negative emotions, such as anger, may at times play a useful role in spurring the children to react actively to the threats of occupation. On the contrary, anxiety and fear undermine children's levels of potency and activation, leading them to feel powerless and unable to manage traumatic events.

Finally, the key themes emerging from the children's oral narratives broadly reflect both the dimensions of wellbeing reported in the written texts and the trends identified in the quantitative data. Table 5 lists the categories and respective sub-dimensions identified through content analysis.

7.1. *Myself*

The dimension of self accounts for 43% of the overall wellbeing. Play is the leading sub-dimension in the category, followed by self-efficacy and self-determination, positive emotions and fulfillment of primary needs. The need for space and freedom of movement also play a key role, while a minor role is attributed to education. The following are some representative quotes from the children's narratives.

Reem, a 9-year-old girl:

I've drawn flowers, different kinds of flowers. I've drawn flowers because there is a garden here in Tulkarm where I like to go play without any problems...danger. When I go play in the garden I feel happy, all bad thoughts go away..

Takee, an 8-year-old boy:

This is Tulkarm, and these are the houses of Tulkarm, seen from an airplane, and this is Tulkarm market. I like the market. I go to the market to buy clothes and all the things we need. I go to the market on my own to shop for my family, to help my mother with the shopping. I'm really happy when I can help her.. It makes me feel big.

The children display a high level of self-esteem, perceiving themselves as competent. They also come across as determined to actively attribute sense to an uncertain environment. Their main focus is on the fulfillment of basic needs and the right to move freely within safe spaces.

7.2. *Family and living environment*

This category accounts for 13.5% of total wellbeing. Protection by the family, safety at home and economic wellbeing are the three main sub-dimensions, followed by the right to land and health.

Motassen is a 12-year-old boy:

I've drawn a fisherman. He lives in a nice home. It's big and very bright, not far from the river. He lives there with his family, and his fishing provides food for his children. He is a good fisherman. Here there is food, and there rubbish. Sometimes he cannot fish...he can't leave home, because of the war. Anyway he's happy, because he loves fishing. If he can't fish, he's happy too, because all that comes from God is good ...because he's healthy.

Both the family itself and a safe home environment appear to contribute to wellbeing. However, both families and homes are systematically targeted by the occupation. Parental unemployment and imprisonment, demolition of houses and night raids often make these protective factors less effective than others. It is this systematic attack on the fundamental structures of society which may explain why Palestinian children rely mainly on personal resources to cope with an extremely negative life context.

7.3. Relationships with peers and adults

Protection provided by peers and adults accounts for 9.3% of overall wellbeing.

John Sina (a 9-year-old male):

Masud has finished sixth class and is now starting seventh. He really loves to spend time with his friends. They invite him to play football, but they also help him with his homework. Masud loves reading stories to his friends...and he's really happy when his big brother reads stories to him, but he spends most of his time alone...

This category confirms the children's need to feel protected by significant relationships. However, similarly to family, adults and peers may not be considered a safe and stable resource because of the imprisonments, murders and injuries featuring in the personal experience and narratives of every child in Tulkarm.

7.4. Socio-cultural context

This dimension accounts for 19.1% of total wellbeing and contains two main subdimensions: religion and resistance to occupation, followed by sociality and education.

Sabrina is a 9-year-old girl:

Ramadan is when the doors of the Hell close. We celebrate Ramadan because we can help poorer people who don't have food and water during the year. We feel closer to the families of martyrs and remember their bravery. It is very important to celebrate Ramadan.

Messi is an 11-year-old boy:

Here there are people demonstrating, and here an old man who is defending his land. All of them are Palestinian... and here there is a child, walking through Tulkarm. Tulkarm is his city. The people are defending themselves, they are defending themselves by going to school, because education is like a weapon...

The children seem to perceive the social context as a major resource for wellbeing. The social context helps deal with negative emotions and threat by means of the resistance to occupation and the assurance of protection from God. Participation in community life gives the children the sense that they belong to a society which is resisting and is often a forerunner of later activism and social involvement. Finally, as already mentioned, investing in education generates greater hope for the future. Overall, the children appear to represent society as functioning better at a macro- than at a micro-level, that is, the community is perceived as providing greater protection than the family or peer group.

In sum, wellbeing is the most important factor affecting happiness. Children need their self-perception of safety and pleasantness to be restored in order to maintain feelings of happiness. In the other words, all children claim the inalienable and universal right to childhood.

8. Conclusions and clinical implications

In conclusion, our study strongly confirms the ecological nature of wellbeing in children in war contexts (Barber, 2009a, 2009b; Boothby et al., 2006; Miller et al., 2006; Tol, Reis, Susanty, & De Jong, 2010; Ungar, 2011).

Positive emotions contribute to children's wellbeing and life satisfaction, acting as protective factors in dealing with daily violence (Johnson & Cronister, 2010; Veronese et al., in press). The children of Tulkarm display considerable personal resources facilitated above all by the functioning community structure supporting them. Military and political violence systematically undermine resources of wellbeing such as the family, peer group, home, open spaces, constraining the children draw more on personal than on micro-social resources in coping with trauma; the community on the other hand continues to provide significant protection, enabling the children to attribute sense to uncontrollable events, poverty and lack of facilities (Layne et al., 2009; Shmidt, 2007).

This study, although exploratory in nature, provides valuable guidance for clinical work—particularly with regard to the importance of the

affectivity and positive emotions provided to Palestinian children and adolescents by their social networks. Our findings indicate that clinical interventions should be targeted at strengthening aspects of positive functioning, rather than at “correcting” behaviors or cognitive and emotional states considered to be unequivocally maladaptive (Veronese, Castiglioni, & Said, 2010). Thus, there is an ever more urgent need to promote and value Palestinian social capital, in terms of cohesion at the levels of clan, family and networks of friends, in order to re-activate factors associated with positive functioning that will help children to cope with the uncertainty and political and military violence characterizing a chronic conflict situation without short-term solutions (Nguyen-Gillham et al., 2008).

To promote positive adjustment to trauma and stress and reinforce protective factors in children, clinical efforts must be directed towards families, groups and more in general towards the entire community. Participative frameworks and action research models can be complementary to, and help clinicians to implement and enhance, therapeutic interventions focused on symptoms (Razer, Friedman, & Veronese, 2009; Smith & Romero, 2010). The emphasis should be on promotion of wellbeing and reinforcement of factors leading to stronger outcomes in terms of posttraumatic and personal growth (Hunt, 2010). Finally, it is our belief that enhancement of individual wellbeing and contextual factors can prepare the new generations to adopt more democratic and peaceful forms of struggle and resistance to occupation, overcoming violence and aggressive attitudes that all too often prove to be “the solutions that confirm the problem” with a consequent increase of fear, anxiety, guilt and shame.

From a methodological perspective, it must be pointed out that the small sample size used in this study raises issues that need to be taken into account and discussed.

Specifically, the very high alpha coefficients obtained for some of the variables under study (e.g. 0.91 for negative affect and 0.95 for positive affect) may imply some degree of collinearity and redundancy between the variables under study, particularly the MSLSS variables. On the other hand, the same high alpha values, together with the correlations found between the variables, encourage us to proceed in the direction of validating the Arabic-language versions of the instruments. We plan to conduct follow-up research to confirm the validity of the translated instruments, recruiting a larger sample (over 200 participants) permitting us to carry out factor analysis.

In fact, the small sample size used in this study precludes us from generalizing the results and from conducting more sophisticated statistical tests. In future research, increased sample size will allow us to apply empirical tests examining the mediational and moderational effects of some of the variables under study (e.g., life satisfaction) between positive and negative affect.

Further methodological issues arose in the data collection phase due to disrupted environmental conditions which may have created some bias in the results. On the other hand, field experience and international studies on youth and political violence support our findings (Barber, 2009a, 2009b) and suggest that it is important to continue to focus on wellbeing and community-driven interventions (Montoya & Kent, 2011), while developing more sophisticated and culturally sensitive measures (Figley, Chapman, Ashkanani, Al Naser, & Donnelly, 2009) supported by qualitative data analysis.

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