



The effects of insecure attachment orientations and perceived social support on posttraumatic stress and depressive symptoms among civilians exposed to the 2009 Israel–Gaza war: A follow-up Cross-Lagged panel design study

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ABSTRACT

A follow-up Cross-Lagged-design was used to test the effects of attachment orientations and perceived social support on posttraumatic stress disorder (PTSD) and major depressive disorder symptoms (MDD) in a sample of 135 Israeli students who were evacuated from a university campus located near the Israel–Gaza border in response to increased missile-fire in the area. An internet-based data collection procedure enabled the simultaneous survey of evacuees located up to 40 km from the border at war, both during the fighting and 4 months after the ceasefire. Proximity to the border did not affect levels of PTSD or MDD symptoms, attachment orientation, or levels of perceived social support. Analyses involving Cross-Lagged Panel Correlation (CLPC) path models revealed that Attachment–Anxiety had significant positive effects on PTSD, MDD, and perceived social support. Neither PTSD nor MDD nor perceived social support had any reciprocal follow-up effect on Attachment–Anxiety. These findings underscore the central role of individual trait personality differences in predicting changes in both mental health problems and interpersonal relations over time, following exposure to trauma.

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1. Introduction

Exposure to war trauma may place civilians at risk for short- and long-term mental health problems and will most likely mobilize internal and external resources for coping with stress. For the last 8 years, civilian populations in southwestern Israel and the Gaza Strip have been exposed to ongoing military conflict between the Hamas and Islamic Jihad forces located in the Gaza Strip and Israeli military forces. Large numbers of civilians in southern Israel have been exposed to ongoing rocket and missile attacks, as well as mortar fire.

A number of recent studies have systematically examined the mental health impact of this life-threatening, ongoing exposure in Israeli populations (see Besser & Neria, 2009; Besser, Neria, & Haynes, 2009; Besser & Priel, 2010). Recently, the ongoing low-level conflict escalated into a massive military conflict, as large Israeli forces invaded the Gaza Strip and Hamas and Islamic Jihad forces in Gaza launched long-distance missiles at numerous locations deep inside Israel (Besser & Neria, *in press*; Neria, Besser, Kiper, & Westphal, *in press*). The war lasted 22 days, from December

27, 2008 through January 17, 2009. The present study focuses on this recent war.

Little is known about the longitudinal role of personality vulnerabilities in cases of exposure to war trauma. Previous research has shown that personality traits may shape individuals' perceptions of and reactions to traumatic events, and play a significant role in vulnerability to PTSD (e.g., Cox, MacPherson, Enns, & McWilliams, 2004). To expand on these findings, we used a follow-up Cross-Lagged design to evaluate the follow-up relationships between attachment orientations, perceived social support, and symptoms of posttraumatic stress disorder (PTSD) and major depressive disorder (MDD).

Attachment theory posits that early relationships with caregivers are internalized in the form of mental representations of both the self and others. These representations lead to the incorporation of internal working models, which, in turn, guide the formation of cognition, affect, and expectations in future relationships (Bowlby, 1980). Adult attachment research has focused on the roles of Attachment–Anxiety and Attachment–Avoidance (e.g., Mikulincer & Shaver, 2007) in emotional self-regulation (e.g., Mikulincer & Shaver, 2003) and in individuals' responses to situations of distress (Mikulincer, Birnbaum, Woddis, & Nachmias, 2000). Individuals scoring high on the Attachment–Anxiety dimension tend to intensify negative emotional states (*hyperactivation strategies*), whereas

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those with high scores on the Attachment–Avoidant dimension tend to distance themselves from emotional situations (*deactivation* strategies); consequently, they appear to be less sensitive to stress (see Mikulincer and Shaver (2007) for a review). The relationship between attachment style and psychopathology has received much scientific attention (see Mikulincer et al., 2000). For example, the Attachment–Anxiety dimension, in particular, has been found to predict various mental health problems, such as distress (e.g., Besser & Priel, 2006; Lopez, Mitchell, & Gormley, 2002), anxiety (e.g., Mikulincer, Florian, & Weller, 1993), depression (e.g., Besser & Priel, 2005, 2009; Wei, Mallinckrodt, Russell, & Abraham, 2004), and negative affect (e.g., Simpson, 1990). These findings offer strong empirical support for the hypothesis that insecure attachment orientations constitute a risk factor for a wide range of psychopathologies (for a review, see Mikulincer & Shaver, 2007).

Correlational findings have documented the associations between insecure attachment orientations and PTSD in a number of populations exposed to trauma (e.g., war veterans, military recruits, prisoners of war, Holocaust child survivors, and high-exposure survivors of the 9/11 terror attacks; see Mikulincer and Shaver (2007) for a review and the references therein). Recently, similar findings have also been reported for a civilian population directly exposed to prolonged terror attacks in southern Israel (see Besser et al., 2009). These findings suggest that anxiously attached individuals have increased vulnerability to negative reactions. These findings are compatible with attachment theory, but they do not necessarily reveal a causal relationship. Recently, Mikulincer, Shaver, and Horesh (2006) examined the causal role of attachment in the development of PTSD. Their study reported on Israelis' psychological reactions during the 2003 US–Iraq war, during which Israel came under missile attack, and examined the effects of attachment orientation measured *before* the war on PTSD symptoms, which were assessed daily for 21 days. Their findings indicated that attachment shapes daily responses to the trauma of war, with anxiously attached individuals exhibiting more war-related PTSD symptoms. However, no study to date has examined the role of insecure attachment orientations measured *during* a war, as well as after the ceasefire or the reciprocal effects: whether the internal models of attachment affect negative responses to the traumatic events, or whether the internal models of attachment are affected by levels of negative responses to the traumatic events.

Perceived social support is a primary interpersonal resource that has been consistently found to be associated with psychological well-being in times of stress (Norris & Kaniasty, 1996), and is considered to be a protective factor for individuals who have experienced a disaster (Norris et al., 2002) or terror attack (e.g., Hobfoll, Canetti-Nisim, & Johnson, 2006). Individuals who maintain supportive social relationships are more resilient in the face of life-threatening conditions (e.g., Norris & Kaniasty, 1996; Shalev, Tuval, Frenkiel-Fishman, Hadar, & Eth, 2006). Higher levels of perceived social support have also been linked to resilience and recovery with respect to negative responses and PTSD (e.g., King, King, Foy, Keane, & Fairbank, 1999). What remains unknown, however, is whether levels of negative responses to traumatic events are affected by levels of perceived support, or whether negative responses to traumatic events affect perceptions of social support.

In the context of adult attachment theory, empirical studies have shown that securely attached individuals deal with distress by acting constructively and turning to others for emotional and instrumental support (e.g., Mikulincer & Shaver, 2003), whereas insecurely attached adults report less available support (see Mikulincer and Shaver (2007), for a review). Accordingly, anxiously attached individuals tend to overreact to their negative feelings in order to elicit support from others and individuals scoring high on the Attachment–Avoidance dimension tend to distance themselves from others when faced with stressful events (e.g., Mikulin-

cer & Florian, 1995; Mikulincer et al., 1993). What remains unknown, however, is whether internal working models of attachment affect perceptions of social support, or whether the levels of security of attachment are affected by levels of perceived availability of social support.

1.1. The purpose of the present study

The goal of the present study is to extend the current knowledge by conducting a follow-up study aiming to examine the sequence of effects among attachment orientations, perceived social support, and symptoms of PTSD and MDD, by using Cross-Lagged Panel Correlation (CLPC) path analyses, so that the effects of insecure attachment orientations on symptoms and perceived social support, as well as the reciprocal effects of symptoms and perceived social support on insecure attachment orientations could be examined.

2. Method

2.1. Participants and procedures

The data for this report are derived from a large longitudinal research program designed to study the mental health effects of the 2008–2009 Israel–Gaza war among first-year, Jewish undergraduate students from Sapir College in southern Israel, which is located approximately seven km from the Israel–Gaza border (Besser & Neria, *in press*; Neria et al., *in press*). The participants were mostly females (84%) with a mean age of 23.85 ($SD = 2.15$) years. The data for the present analyses are based on two waves of data collection: Time-1 of the survey was conducted on January 7, 2009, at war, and a follow-up survey conducted on May 8, 2009, 4 months after ceasefire (Time-2). Due to the emergency conditions in the region in which Sapir College is located, students were asked to evacuate the college at the beginning of the war. Despite this evacuation, the data suggest that most students remained within the range of the long-distance missiles (up to 40 km from the border, as defined by the Israeli Home Front Command). Forty-seven participants (34.8%) relocated to towns and villages up to 20 km from the border, 40 participants (29.6%) relocated to areas between 20 and 30 km from the border, and 48 participants (35.6%) relocated to areas between 30 and 40 km from the border.

We administered the study via the “e-learn” web system of the college, enabling quick and simultaneous data collection. The data collection process lasted no more than 24 h at each time point regardless of the location of the participant. In order to recruit the sample, we initially sent personal e-mail invitations to all students enrolled in an introductory psychology class at the college ($n = 200$; 170 females and 30 males). To facilitate participation in all stages of the study, as well as quick responses to the invitations, participants were asked whether they would agree to take part in both waves of the study and, if so, to send back an electronic consent form within 48 h of the invitation and submit the completed surveys within 24 h of receiving them. One hundred and fifty students (75%) were interested enough to review the consent form and the survey. Of these students, 135 (90%; 113 females and 22 males) consented and submitted the survey at Time-1, and 133 (112 females and 21 males) of the participants at Time-1 submitted the survey at Time-2.

2.2. Measures

2.2.1. Adult attachment insecurities

Participants' self-reported attachment scores on the anxiety and avoidance dimensions were evaluated using the Experiences in

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