Religiosity and Posttraumatic Stress Following Forced Relocation

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In order to examine the role of religiosity in situations of extreme stress, such as forced relocation, 326 Israeli settlers who were evicted from the Gaza Strip by the government were tested for post-traumatic stress disorder (PTSD), intrusion and avoidance, and religiosity and religious support. Approximately 40% of the subjects suffered from PTSD. No correlation was found between PTSD and religiosity or religious support. However, among very religious people, high religious support predicted lower PTSD, while among the moderately religious, high religious support predicted higher PTSD. In addition, religiosity measures were positively correlated with intrusion and negatively correlated with avoidance.

Religiosity is considered to be an important resource for the religious person in situations of extreme stress. Religiosity triggers the performance of religious rituals as coping behaviors and can help people come to terms with critical life events that cannot be changed. Religious beliefs may assign significance to suffering, thereby alleviating its negative psychological consequences. In addition, in times of extreme stress the religious person may be able to rely on the help of God and his or her religious community and leaders, and this may lower distress and anxiety. These then are the potential benefits of religiosity in situations of extreme stress. When presented in this way, however, religiosity is cast as a monolithic construct and there are no distinctions made between different types of stressors. The underlying

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premise of the current study is that it is crucial to assess the interface of a particular type of religiosity with a particular type of stressor in order to determine empirically whether religiosity in situations of extreme stress is in fact a “blessing” or a “curse.”

The specific case examined in the current study is the total evacuation of the 17 Israeli settlements in the Gaza Strip (population: 8,600) by the Israeli government in the summer of 2005. This forced relocation was part of the “disengagement plan” that also included the physical destruction of the settlements, military withdrawal, and the transfer of the area to the Palestinian Authority. For many of the settlers, settling the Gaza Strip was their primary life’s work and the fulfillment of a religious and national mandate, in addition to being a way of achieving personal gratification and financial success. Thus, the political eviction of the settlers from the Gaza Strip was a potentially traumatic experience (Kliot, 2005; Schnell & Mishal, 2005). The current study examined the association between posttraumatic stress reactions and religiosity among 326 former Gaza Strip settlers during the year following their eviction.

THEORETICAL BACKGROUND

Religiosity and Traumatic Stress

The topic of religion and stress has seen extensive scholarly interest over the last 20 years. There is much reported evidence of the positive impact of religiosity and spirituality on health. In their extensive review, Hackney and Sanders (2003) found that, overall, religiosity has a salutary relationship with psychological health, although various specific studies have yielded contradictory results, a finding explained by the use of different definitions of religiosity and mental health. Religiosity has also been associated with better outcomes following trauma and life stressors (Ashby-Wills, Yaeger, & Sandy, 2003; Tedeschi & Calhoun, 1996). Of particular relevance to the current study, religiosity was found to have a psychologically protective effect on Gaza and West Bank settlers following terrorist attacks (Levav, Kohn, & Billig, 2008).

Many people turn to religion when coping with extreme stress (Ganzvoort, 1998). Gall et al. (2005) use the transactional model of stress and coping (Lazarus & Folkman, 1984) to demonstrate how religiosity (or spirituality) affects the coping process. Religious beliefs can be used in primary appraisals to make sense of events, as well as their meanings and causes and also in secondary appraisals to evaluate the availability and potential effectiveness of specific coping methods, among them religious coping (e.g., prayer). Perceived support from God has also been related to lower depression and greater self-esteem for individuals experiencing high stress (Maton, 1989).

In conclusion, the literature points to the overall positive impact of religiosity on coping with stress and trauma; however, there is some conflicting evidence. Connor, Davidson, and Lee (2003) found that following violent
trauma, acceptance of spiritual belief predicted worse mental health outcomes. Another study found religious coping to be related to more negative mood, lower self-esteem, and greater anxiety while dealing with a major negative life event (Paragament, Smithe, Koenig, & Perez, 1998). Researchers have begun to emphasize the multidimensional nature of religiosity as one way of interpreting the conflicting findings (Hill & Hood, 1999; Koenig, McCullough, & Larson, 2001). The current study promises to add another layer of knowledge to the general understanding of the relationship between religiosity and trauma.

Forced Relocation as Trauma

Forced relocation, also referred to as displacement, evacuation, or eviction, is a not uncommon occurrence following natural or man-made disasters, economic development projects, or political initiatives. A number of stressors following forced relocation have been identified: dependence on others, unfamiliar environment, damaged social network, disruption to the delivery of services, uncertainty about the permanence and stability of home and place, bureaucratic and administrative difficulties during the reorganization period, and multiple changes in life style, including employment, leisure, school, and social activities (Marris, 1980). Clinical studies found that, in general, relocation led to disruption of family organization (Sluzki, 1992), impaired social networks, and employment difficulties (Roizblatt & Pilowsky, 1996) and had a negative effect on mental health (Fullilove, 1996). Similar adverse effects were found among Israeli settlers evicted from settlements in the Sinai Peninsula in 1982 as part of the peace agreement with Egypt (Kliot, 1987; Sagi & Antonovsky, 1986; Wambolt, Steinglass, & De-Nour, 1991).

Recent explications of posttraumatic stress disorder (PTSD) may be useful in understanding experiences of evictions. The characteristic symptoms resulting from exposure to extreme trauma include persistent reexperiencing of the traumatic event, persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness, and persistent symptoms of increased arousal (American Psychiatric Association [APA], 2000). Researchers have expanded the definition of the stressor event that triggers PTSD, with the emphasis placed on the subjective experience of the victim/witness of the event. Events not necessarily involving physical threat, but rather psychological or existential damage or threat to identity, are now included (Bowman, 1999). One of the situations that has been identified as a potential stressor that can lead to PTSD is the sudden destruction of one’s home or community, especially when one is a witness to the destruction. Among the common posttrauma stress aftereffects among the displaced are psychic numbing and anxiety, which may be expressed in hyperactivity, a sense of a violated assumptive world, and the concomitant need to formulate meaning in trauma (Doka, 1996).
Regarding psychological distress of settlers facing forced relocation, Gaza settlers experienced moderate levels of stress several months prior to the scheduled evacuation. Among the risk factors for stress reactions were poor religious coping and residence in a nonreligious settlement (Billig, Kohn, & Levav, 2006). Two months prior to relocation rates of probable PTSD and probable major depression were 6.5% and 3.2%, respectively (Hobfoll et al., 2007). In a follow-up study of 190 Gaza settlers 3–4 days before the start of the eviction, Hobfoll et al. (2007) found that the rates of psychopathology had jumped, with more than 26.3% of the participants showing signs of probable PTSD and 27.4% showing signs of probable major depression. This dramatic increase may have resulted from the possible buffering effect of denial in earlier stages that the evacuation would in fact take place (Hirschberger & Ein-Dor, 2006) and the shattering of this psychological defense immediately before the relocation. The political and religious leadership in the Gaza settlements led a campaign whose slogan was “this will never happen”; many Gaza residents were active in political lobbying and invested in their properties and businesses until the very last minute. Those who studied the emotional well-being of the Gaza settlers prior to the eviction pointed out the importance of follow-up post-eviction research. This is one of the primary goals of the current study, with a specific focus on determining whether religiosity is a risk or a resiliency factor following forced relocation.

THE CURRENT STUDY

We embarked on this research project with three main hypotheses. First, high levels of posttraumatic stress will be found among Jewish settlers evicted from the Gaza Strip. Since the forced relocation from Gaza involved not only loss of home and community, but also destroyed the dream of the Jewish people’s return to all of the parts of the historic land of Israel, we assumed that the research participants would show high levels of probable PTSD after the eviction. While we assumed that the levels would be at least as high as those measured a few days prior to the eviction (see Hobfoll et al., 2007), it remained to be seen how the events of the actual eviction and the initial post-eviction readjustment would affect the participants.

Second, a negative correlation will be found between levels of posttraumatic stress and levels of religiosity, such that lower levels of posttraumatic stress will be found among people who characterize themselves as “very religious” than among those who characterize themselves as having lower levels of religiosity. As reported above, previous studies that examined the relationship between stress and religiosity yielded conflicting results. We posited a negative relationship between religiosity and stress in our research population since we did not compare religious and nonreligious subjects, but rather different levels of religiosity among religious subjects. We felt that
among a religious population a stronger and more central sense of religious identity would serve as a resource in the face of the “man-made disaster” of forced relocation.

Third, a negative correlation will be found between levels of posttraumatic stress and levels of religious support, such that there will be lower levels of posttraumatic stress among people who report higher levels of religious support than among those who report lower levels of religious support. While certain types of religious faith, such as those based on a punitive deity, sin, and guilt, could potentially exacerbate distress, once the religious measure used is perceived support from God, religious leaders, and religious community, we posited that higher levels would be associated with lower reported stress.

As the results will demonstrate, the association between religiosity, religious support, and posttraumatic stress is much more complex than we hypothesized.

METHOD

Participants
Three hundred twenty-six individuals, evacuees from Gaza Strip settlements, participated in this study; 176 were women. The mean age of the sample was 33.4 years ($SD = 11.7$), 64% were married, and the mean number of children was 3.7 ($SD = 2.8$). The mean number of years of education was 13.8 ($SD = 2.8$). On average, respondents had resided in the evacuated settlement for 13.3 years ($SD = 6.9$). Eighty-three percent of the sample was Israel born. A sizable percentage of the sample, 85%, was religious. Exposure to trauma was frequent: 33.7% had themselves, or a close family member had been injured in a terrorist attack, and 60% had themselves, or a close family member had been directly exposed to a terrorist attack.

Measures
A self-report questionnaire was administered that included the following parts.

PTSD
Two self-report scales measuring PTSD were used in this study: the PTSD Inventory (Solomon et al., 1993) and the Impact of Event Scale (IES; Horowitz, Wilner, & Alvarez, 1979). The PTSD Inventory is based on DSM-IV criteria (APA, 1994) for posttraumatic stress disorder and consists of 17 items that describe reexperiencing, avoidance, and hyperarousal symptoms following exposure to a traumatic event. Participants were asked to relate
to the experience of the evacuation and to indicate whether or not they had suffered from each symptom since the disengagement. Participants are identified as having PTSD according to the following criteria: endorsement of at least one reexperiencing symptom, at least three avoidant symptoms, and at least two hyperarousal symptoms. The scale was found to have high convergent validity with diagnoses made on the basis of structured clinical interviews (Solomon et al., 1993).

The IES contains 15 items distributed across two subscales designed to measure intrusion (7 items) and avoidance (8 items) separately. Participants were asked to relate to the evacuation and to indicate whether they had suffered from each symptom over the last week on a 4-point scale: 0 (not at all), 1 (rarely), 3 (sometimes), or 5 (often). This is a widely used measure in trauma studies, with proven psychometric qualities (Horowitz et al., 1979).

**Religiosity**

Two self-report scales measuring religiosity were used: a one-item level of religiosity/religious identity ranking and the Religious Support Scale (Fiala, Bjorck, & Gorsuch, 2002). The overall level of religiosity/religious identity was measured using a one-item Likert scale (1 = very religious, 2 = religious, 3 = somewhat religious, 4 = not very religious, 5 = not religious at all). While this may seem like a very vague measure, in Israeli society the meanings of these rankings are understood as a matter of cultural consensus. In addition, a one-item measure of religiosity was found, in Israel, to be valid and reliable in eliciting religious beliefs and practices among Israeli Jews (Ben Meir & Kedem, 1971). For the purposes of this study, the “not religious at all” category was dropped since there were only five respondents who fell into this category. All of the other respondents (1–4) fall into what in Israel is termed “religious nationalists” (Zionists). This group consists of two subgroups, ultra-Orthodox nationalists and modern Orthodox nationalists. The difference in these two subgroups resides both in stringency of religious practice and openness to the Western/secular worldview. In general, it is possible to characterize the religiosity of ultra-Orthodox nationalists as all encompassing and as the primary core of their identity. Among the modern Orthodox nationalists, religiosity is one component, albeit an important one, of their lifestyle, worldview, and identity (Cohen & Susser, 2003).

In addition to the general, overall self-ranking of religiosity, we administered a more detailed and specific measure, the Religious Support Scale. This scale consists of 21 items, which are divided into three subscales (7 items each): perceived support from God (e.g., “God cares about my life and situation”), perceived congregational or religious community support (e.g., “I have worth in the eyes of others in my congregation”), and perceived support from religious leaders (e.g., “I feel appreciated by my religious leaders”). Individuals rated how much they receive emotional support on a
5-point Likert scale (1 = strongly disagree, 5 = strongly agree). The Religious Support Scale has been associated with social support, decreased depression, and increased life satisfaction (Fiala et al., 2002).

DEMOGRAPHICS

Demographic information included gender, age (in years), place of birth, level of education (number of years), marital status, number of children, number of years of residence in Gaza, and exposure to terror attacks.

Procedure

The questionnaires were administered by trained research assistants from a university center, located in a West Bank settlement, that was familiar to the participants. Informed consent was obtained from all of the participants. The questionnaires were administered between December 2005 and October 2006 in the temporary residences to which participants had been assigned by the government after the evacuation. The participants were chosen based on convenience sampling, many of the evacuees refused to fill out the questionnaires (approximately 35%). This limits the generalizability of the results, since it may be that the evacuees who experienced the greatest difficulties during and after the disengagement refused to participate in the study. There were no significant differences found between the demographic information of the first participants who filled out the questionnaires and the last participants who filled them out.

RESULTS

Table 1 shows the means, SDs (Standard Deviations), Cronbach’s, and bivariate correlations among the variables. Participants exhibited high levels of PTSD; 40.4% met the criteria for a probable PTSD diagnosis. Subjects tended to be very religious, and high correlations were found between religiosity and religious support. No correlations were found between overall PTSD and religiosity or religious support. However, God religious support was positively correlated with intrusion and negatively correlated with avoidance; religiosity, total religious support, and leaders’ religious support were negatively correlated with avoidance. Interestingly, no difference in PTSD was found between settlers who were previously injured or exposed to a terror attack and those who were not.

To examine religiosity as a categorical resiliency factor, participants were split into two groups: “very religious” (43.4% of the subjects) versus “not very religious” (the other three categories combined). In addition, participants were split above and below the median for God religious support (Mdn = 4.28), leaders’ religious support (Mdn = 3.71) and community
<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>Alpha</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PTSD</td>
<td>2.34</td>
<td>.63</td>
<td>.91</td>
<td>1.00</td>
<td>.65**</td>
<td>.57**</td>
<td>.76**</td>
<td>-.13</td>
<td>-.08</td>
<td>-.08</td>
<td>-.11</td>
<td>-.06</td>
</tr>
<tr>
<td>2. Intrusion</td>
<td>2.35</td>
<td>1.26</td>
<td>.87</td>
<td>1.00</td>
<td>.25**</td>
<td>.81**</td>
<td>-.12</td>
<td>.13</td>
<td>.18*</td>
<td>.06</td>
<td>.11</td>
<td></td>
</tr>
<tr>
<td>3. Avoidance</td>
<td>1.49</td>
<td>1.04</td>
<td>.78</td>
<td>1.00</td>
<td>.77**</td>
<td>-.25**</td>
<td>-.18*</td>
<td>-.21**</td>
<td>-.17*</td>
<td>-.10</td>
<td></td>
<td></td>
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<tr>
<td>4. IES</td>
<td>1.89</td>
<td>.91</td>
<td>.83</td>
<td>1.00</td>
<td>-.08</td>
<td>-.03</td>
<td>-.01</td>
<td>-.07</td>
<td>.01</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Religiosity</td>
<td>4.29</td>
<td>.75</td>
<td>.83</td>
<td>1.00</td>
<td>.61**</td>
<td>.58**</td>
<td>.49**</td>
<td>.51**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Religious support</td>
<td>3.88</td>
<td>.66</td>
<td>.92</td>
<td>1.00</td>
<td>.79**</td>
<td>.91**</td>
<td>.89**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. God religious support</td>
<td>4.21</td>
<td>.69</td>
<td>.89</td>
<td>1.00</td>
<td>.56**</td>
<td>.56**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Leaders' religious support</td>
<td>3.63</td>
<td>.82</td>
<td>.90</td>
<td>1.00</td>
<td>.82**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Community religious support</td>
<td>3.80</td>
<td>.73</td>
<td>.77</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

*p < .01; **p < .001.
religious support \((Mdn = 4.00)\), yielding, in each case, two groups reflecting relatively higher versus lower religious support. Prior to testing our hypotheses, we also performed exploratory analyses to examine possible demographic confounds. No significant differences were found.

In order to test our hypothesis that higher religiosity and religious support would predict lower PTSD, \(t\) tests were first conducted. No differences were found in PTSD between very religious \((M = 2.29, SD = .61)\) and not very religious \((M = 2.45, SD = .68)\) participants \((t = -1.79, ns)\). In addition, no differences were found in PTSD between subjects high in God religious support \((M = 2.33, SD = .67)\) and low in God religious support \((M = 2.41, SD = .66)\) \((t = .91, ns)\), between subjects high in leaders’ religious support \((M = 2.31, SD = .66)\) and low in leaders’ religious support \((M = 2.42, SD = .67)\) \((t = 1.34, ns)\) or between subjects high in community religious support \((M = 2.32, SD = .65)\) and low in community religious support \((M = 2.41, SD = .68)\) \((t = 1.06, ns)\).

In order to test the combined effect of religiosity and religious support on PTSD, three analyses of variance (ANOVAs) with PTSD as the dependent variable were performed: the first with religiosity and God religious support as independent variables, the second with religiosity and leaders’ religious support as independent variables, and the third with religiosity and community religious support as independent variables. \(F\) values are shown in Table 2. As can be seen, no significant main effects were found for religiosity or the three measures of religious support (God, leaders, community). However, as can be seen in Figure 1, the interactions between religiosity and God religious support and between religiosity and leaders’ religious support were significant, indicating that for “very religious” people high God (or high leaders’) religious support predicted lower PTSD, whereas

### Table 2: Analyses of Religiosity and God, Leaders and Community Religious Support for PTSD, Intrusion, and Avoidance

<table>
<thead>
<tr>
<th>Variable</th>
<th>PTSD ((n = 210))</th>
<th>INT ((n = 216))</th>
<th>AVD ((n = 216))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religiosity</td>
<td>.43</td>
<td>.05</td>
<td>3.96*</td>
</tr>
<tr>
<td>God religious support</td>
<td>.81</td>
<td>8.89**</td>
<td>4.36*</td>
</tr>
<tr>
<td>Religiosity × God Religious Support</td>
<td>10.04***</td>
<td>2.88</td>
<td>.01</td>
</tr>
<tr>
<td>Religiosity</td>
<td>.98</td>
<td>.85</td>
<td>5.81**</td>
</tr>
<tr>
<td>Leaders’ religious support</td>
<td>3.55</td>
<td>.54</td>
<td>9.85**</td>
</tr>
<tr>
<td>Religiosity × Leaders’ Religious Support</td>
<td>4.67*</td>
<td>1.37</td>
<td>.00</td>
</tr>
<tr>
<td>Religiosity</td>
<td>1.57</td>
<td>.68</td>
<td>7.54**</td>
</tr>
<tr>
<td>Community religious support</td>
<td>1.33</td>
<td>1.09</td>
<td>3.17</td>
</tr>
<tr>
<td>Religiosity × Community Religious Support</td>
<td>2.79</td>
<td>4.19</td>
<td>.09</td>
</tr>
</tbody>
</table>

*Note. INT = intrusion, AVD = avoidance. \(F\) values are shown.

\(*p < .05; \,**p < .01; \,**\,*p < .001.*\)
for “not very religious” people high God (or high leaders’) religious support predicted higher PTSD.

In addition, three multivariate analyses of variance (MANOVAs) with IES intrusion and avoidance scores as the dependent variables were performed: the first with religiosity and God religious support as independent variables, the second with religiosity and leaders’ religious support as independent variables, and the third with religiosity and community religious support as independent variables. As can be seen in Table 2, in all three analyses, very religious people were found to suffer less from avoidance. In the first analysis, it was found that subjects who reported high God religious support suffer from more intrusion and less avoidance than subjects reporting low God religious support. In the second analysis, it was found that subjects who reported high leaders’ religious support suffer from less avoidance than subjects reporting low leaders’ religious support. In the third analysis, the interaction effect between religiosity and community religious support was significant, indicating that the not very religious subjects who reported high community religious support suffer from less intrusion.

DISCUSSION

The purpose of this study was to examine levels of posttraumatic stress among evacuees from Gaza Strip settlements as well as to assess the interaction of religiosity and religious support with levels of posttraumatic stress. The very high rate of PTSD, 40.4%, found among the subjects was somewhat surprising since while the Gaza settlers lost their homes, jobs, and communities, there was no loss of life or physical injury. The findings here are particularly instructive when compared to the PTSD rates of Gaza settlers during the height of the Intifada, a period during which the settlers were exposed to numerous violent terror attacks by Palestinian Arabs involving loss of lives,
physical injury, and extensive property damage. In a study conducted during the height of the Intifada, Billig (2006) found that despite their high exposure to numerous terror attacks, Gaza settlers had a strong attachment to their place of residence and did not characterize it as dangerous. In terms of emotional well-being, Kaplan, Matar, Kamin, Sadan, and Cohen (2005) found during this same period that there were low incidences of PTSD among settlers in the Gaza Strip relative to Israeli residents of Tel-Aviv or Kiryat Arba (a large settlement on the West Bank).

These data in conjunction with our findings support the contention that trauma is highly subjective and that the events that may lead to PTSD should be broadened. In our case, it may be that beyond the concrete losses incurred in the disengagement, it was the loss of everything the Gaza settlements symbolized, the existential meaning of the place and settlement there, that was devastating. The religious Gaza settlers experienced the disengagement as a betrayal of the Zionist dream and a setback for the ultimate redemption, while the Israeli body-politic viewed disengagement as a precursor to regional peace. It has been suggested that when the meanings individuals or groups make of their stressful situation diverge from those of the larger social system, the resulting incongruence contributes to distress (Park, 2005).

Interestingly, no correlations were found between PTSD and religiosity or religious support (the second and third hypotheses). These results contradict research findings showing religiosity to be a resiliency factor, especially in extreme stress situations. Even more interestingly, an interaction was found between religiosity and God religious support, indicating that for very religious people high God religious support predicted lower PTSD, whereas for not very religious people high God religious support predicted higher PTSD. The same interaction pattern was found for leaders’ religious support. Finally, God religious support was positively correlated with intrusion, while religiosity, God religious support, and leaders’ religious support were negatively correlated with avoidance.

The results can be explained by cognitive theories that deal with the etiology of PTSD (e.g., Creamer, Burgess, & Pattison, 1992; Janoff-Bulman, 1992). These theories emphasize that a traumatic event, which by definition is sudden, uncontrollable, and negative, shatters beliefs that the individual held about him- or herself (as fortunate, possessing self-worth and control) and the world (as just, secure, and fair). Following a trauma, an individual may discover that these beliefs are no longer valid. The discrepancy between the formerly held beliefs and the reality of the stressful situation may engender a severe psychological crisis. For religious people, religious beliefs are of primary significance. It is important to consider that as religious nationalists, the subjects of this study settled in Gaza in order to fulfill God’s commandment that Jews return to all parts of the land of Israel. It seems that “very religious” settlers who reported high God and religious leaders’ support were able to view the eviction, as traumatic as it was, as God’s will, and therefore their belief system remained intact.
and helped them during the disengagement crises (Ellison, 1991). We found support for this interpretation in conversations we conducted with the evacuees. For example, one very religious woman commented regarding the eviction, “Everything is part of a process that began with the creation of the end will end God-willing with complete redemption.” Another man explained that he derives strength from the knowledge that “God is testing us and we are withstanding the tests with honor.”

In contrast, those who did not characterize themselves as “very religious” but reported high levels of God and religious leaders’ support may have expected that God would come through for them at the last minute and prevent the eviction. When this did not happen, these religious people experienced a crisis in faith that may explain their relatively higher levels of PTSD. Perhaps those who were not very religious perceived the disengagement as abandonment by God (Pargament, Magyar-Russell, & Murray-Swank, 2005), something the very religious might deem inconceivable. Further research is necessary to test this interpretation.

This interpretation of the results indicates that very high levels of religiosity can contribute toward resilience; however, the correlations between intrusion and avoidance levels and religiosity measures may imply that even high religiosity and high religious support are not always a blessing. For the very religious person, the eviction may seem very discrepant from his or her worldview and demand more cognitive and emotional working through, explaining the high levels of intrusion (Creamer et al., 1992; Park, 2005). Avoidance after an experience involving sacrilege, the desecration of the Holy Land and values these people hold dear, may be psychologically impossible (Pargament, Magyar, Benore, & Mahoney, 2005). If religion and God are part of the core of the self, then an intense religious experience (positive or negative) may not be able to be emotionally “avoided.” This in turn may lead to even higher levels of intrusion (see also Plante & Manuel, 1992, for supporting evidence from the Persian Gulf War).

Although the current study advances the understanding of the complex relationship between religiosity and reactions to extreme trauma, it has several weaknesses. First, the sample was nonrandom. Second, the study is cross-sectional in nature and relies on self-report measures, precluding the establishment of definitive causal pathways. Third, this study deals with a specific population and trauma that has a specific religious meaning, and it is unclear how the present results might generalize to other populations or other kinds of traumas.

CONCLUSION

Traditionally, scientists have tended to keep their distance from religion (Larson, Pattison, Blazer, Omran, & Kaplan, 1986). In the past few decades, however, a debate has ensued among researchers about whether religious
indices contribute something unique to the understanding of important
dimensions of personal and social functioning in times of stress above and
beyond general secular indices (Pargament et al., 2005). Our results support
this contention.

The unifying concept that emerges in this study and that explains all of
the results (i.e., the high rates of PTSD among the settlers as well as the con-
nection between religiosity, religious support, and PTSD) is meaning con-
struction. The last two decades have witnessed the gradual emergence of a
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struction and reconstruction as central processes in experiencing and work-

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The forced relocation of Jewish settlers from the Gaza Strip was seen by
many (including the Israeli government) as a necessary step in the resolution
of the violent political conflict between Israelis and Palestinians in the Middle
East. However, as Pargament et al. (2005) have pointed out, an in-depth
understanding of the Middle East conflict requires an analysis of the role
religion plays in it, particularly the role it plays in prescribing what is consid-
ered sacred and what is considered a violation of the sacred. In the experi-
ence of the evacuees, the disengagement (or, in their words, the
expulsion) is not simply about individuals, buildings, and ground. It is about
the “people of God” and the “Holy Land” (Gopin, 2000).

Another important question is whether the contribution of religiosity to
physical and mental health, especially in times of extreme stress, is positive.
It has been suggested that “when life appears out of control . . . beliefs and
practices oriented to the sacred seem to have a special ability to provide ulti-
mate meaning, order, and safety in place of human questions, chaos, and
fear” (Pargament et al., 2005, p. 676). In contrast to this clear, unequivocal
statement regarding the efficacy of religiosity in coping with extreme stress,
our findings indicated that the contribution of religiosity to well-being in
situations of extreme stress is quite complicated. We initially posited that
the faith of religious subjects such as in our study would have a buffering
effect in that they could derive comfort from the belief that everything that
happens is God’s will and has an ultimate purpose. The findings here, how-
ever, support the studies cited in the literature review that discovered that in
some situations religiosity may in fact worsen mental health following a
trauma (e.g., Connor et al., 2003). The current study indicates that high reli-
ance on perceived support from God among low to moderately religious
people may be detrimental in situations of extreme stress that lend
themselves to possible interpretations of divine abandonment or betrayal.

The findings of the current study point to a number of directions for
further research. In future studies, it will be especially important to explore
the processes, such as meaning construction, through which religious dimensions connect to outcomes of mental health and well-being. It is possible that more finely differentiated, functionally relevant religious constructs will be able to contribute to our deepening understanding of the connection between religion and well-being. Also, the interpretation of the findings here is based on a presumption of a crisis of faith among the low to moderately religious with high God support and a kind of “faith resilience” among the very religious with high God support. It would be interesting to assess whether and how a stressor that involves one’s core religious beliefs changes one’s religiosity.

Another direction for further research would be a follow-up study in order to assess the impact of religiosity in situations of extreme stress such as forced relocation at different points in time (Park, 2005). This is important since meaning is constantly being reconstructed in response to changes in the different contexts of one’s life. Finally, a qualitative study based on in-depth interviews with some of the participants could contribute to the interpretation of the results. Since the findings of the current study are much more complex than predicted by the hypotheses, we had to engage in speculation about the specific relations between PTSD and religiosity. A qualitative study could corroborate and expand on these speculations.

The findings of this study have a number of clinical implications for the treatment of individuals who have experienced an extremely stressful situation. In general, the findings suggest that it is important to explore people’s religious beliefs in order to determine whether their religion enhances or impedes psychological healing. More specifically, when the stressor threatens central beliefs of a religious person, interventions should be focused on alleviating intrusive thoughts and feelings through cognitive restructuring, since intrusion was found to be the primary posttraumatic symptom among the religious subjects in this study.

Clients may be reluctant to address religious issues and conflicts in therapy. On the one hand, they may fear the rejection or even the pathologizing of religious beliefs and practices by non-religious (or less religious) therapists. On the other hand, if they consider their therapist to be very religious, they may worry about being censored or censured. Thus, therapists may need to initiate discussions of religious and spiritual issues with their clients. In general, it is clear that clients’ religiosity/spirituality must be viewed as a relevant and useful subject for therapy, particularly in situations of extreme stress.

REFERENCES


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