

Personal Mastery and Community Dedication as Mediators of the Association of Trauma Exposure With PTSS and PTG

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Objective: The present study, conducted after the 2014 Israel–Gaza conflict, was aimed to investigate 2 resources (i.e., personal mastery and community dedication) hypothesized to have a mediating effect on the relationship between trauma exposure and PTSS (posttraumatic stress symptoms) and PTG (posttraumatic growth) in the aftermath of a traumatic event. **Method:** Israeli civilians ($N = 1,014$) completed a questionnaire assessing levels of trauma exposure (the predictors), sense of mastery and community dedication (the mediators), and PTSS and PTG (the outcomes). **Results:** PTSS and PTG were positively related. Sense of mastery mediated the association between trauma exposure and PTSS symptoms and was negatively associated with PTSS and PTG. Community dedication was positively related to PTG and mediated the association of trauma with PTG. **Conclusions:** People higher in mastery may not need to search for a “silver lining” in coping with psychological consequences of trauma as they believe they are capable of handling it. Conversely, persons with higher levels of coping self-confidence may be denied the benefits of posttraumatic growth in coping with trauma. People’s connections to the community in times of coping with collective upheavals may not protect them against PTSS yet community orientation may bring postevent benefits of posttraumatic growth.

Clinical Impact Statement

Clinicians working with people exposed to ongoing violence and terror must recognize the complexity of the sense of mastery in its ability to reduce PTSS and its tendency to reduce posttraumatic growth. Professionals conducting psychosocial interventions in the context of collective upheavals should encourage individuals coping with adversities to engage in assisting other members of their community. This could lead them to gain newfound benefits of their traumatic experiences.

Keywords: posttraumatic distress, posttraumatic growth, exposure to trauma, personal mastery, community dedication

People living in continuous traumatic situations, particularly in the areas of ongoing exposure to terrorism, experience a relentless state of defensive vigilance to threats and dangers (Hecker, Aina-[mani](#), [Hermenau](#), [Haefele](#), & [Elbert](#), 2017; [Pat-Horenczyk](#) & [Schiff](#), 2019). Although these emotional and behavioral responses

of people routinely facing life threats should be “understood as natural, protective, and adaptive” ([Nuttman-Shwartz](#) & [Shoval-Zuckerman](#), 2016, p. 565), their psychological burden is undeniable. Even in times of relative calm, daily demands of maintaining alertness to potential personal assaults, likelihood of terrorist attacks, or military operations, take their toll on psychological and physical functioning of residents in affected areas ([Bayer-Topilsky](#), [Itzhaky](#), [Dekel](#), & [Marmor](#), 2013; [Besser](#), [Neria](#), & [Haynes](#), 2009; [Besser](#) & [Priel](#), 2010; [Haj-Yahia](#), [Greenbaum](#), & [Lahoud-Shoufany](#), 2018; [Hall](#), [Murray](#), [Galea](#), [Canetti](#), & [Hobfoll](#), 2015; [Lahad](#) & [Leykin](#), 2010).

The threats and exposure to trauma experienced by residents living in ongoing conditions of political violence have been shown to be associated with psychological distress, including posttraumatic stress symptoms (PTSS; e.g., [Besser et al.](#), 2009; [Besser](#) &

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Priel, 2010; Bleich, Gelkopf, Melamed, & Solomon, 2006; Lahad & Leykin, 2010). However, those very same threats have been empirically associated with reports of posttraumatic growth (PTG), suggesting that people may also perceive psychological and social benefits as a result of their daily struggles with violence, terror, and war (Bayer-Topilsky et al., 2013; Dekel, Ein-Dor, & Solomon, 2012). PTG is defined as the tendency to report positive changes in the aftermath of traumatic events in three domains: self-perception, interpersonal relationships, and world views (Tedeschi & Calhoun, 1996). PTG is thought to be more than a return to pretrauma functioning following a traumatic event, and it can be considered as achieving an enhanced level of functioning often reflected as greater sense of life meaning, heightened spirituality, and closer attachments to others than before the traumatic event occurred (Linley & Joseph, 2004).

The relationship between posttraumatic symptoms and PTG is a topic of a continuous debate (see Infurna, & Jayawickreme, 2019; Strasshofer, Peterson, Beagley, & Galovski, 2018; Zoellner & Maercker, 2006). There are studies revealing a negative association between PTSS and PTG suggesting that one cannot develop a genuine growth in his or her life and suffering from PTSS at the same time (e.g., Hall et al., 2008). More frequently however, investigations documented a positive association between PTSS and PTG suggesting that the very same traumatic event can trigger both the distress symptomatology and growth experiences (Dekel et al., 2012; Hobfoll et al., 2007). Recognizing these contradictory findings, researchers proposed that these two constructs are not necessarily opposite ends of a single continuum, but rather are two separate independent dimensions of well-being with a range of complex associations (Joseph & Linley, 2005). Another explanation for the complex results across the various studies is that the relationship between PTSS and PTG is curvilinear rather than linear. That is, at some levels of PTSS, it correlates positively with PTG, and at the others it correlates negatively (see, e.g., Palgi, 2016).

Empirical attempts to clarify the nature of associations between these two outcomes often involve examination of various psychosocial concomitants of PTSS and PTG that are considered helpful coping resources when faced with traumatic circumstances. Particularly in the context of terror attacks and military conflicts, which are quintessentially community-wide struggles (Kaniasty & Norris, 2004), both person-oriented and community-oriented resources may be crucial. The present study focused therefore on contributions of sense of personal mastery and one's dedication to community as two resources potentially supporting adaptive functioning during and in the aftermath of traumatic events (e.g., Hobfoll, Gaffey, & Wagner, 2018).

The conservation of resources (COR; Hobfoll, 1998) theory can provide the conceptual framework for investigating factors contributing to PTSS and PTG. According to the COR theory, individuals experience distress as a result of actual loss of resources or potential threats to their resources, or as a result of resources that were invested without subsequent resource gain (Heath, Hall, Russ, Canetti, & Hobfoll, 2012; Hobfoll, Schwarzer, & Chon, 1998). Therefore, when faced with loss of resources, people will try to utilize other resources at their disposal or mobilize new resources from their environment, in order to combat the further loss of resources (Hobfoll, 1998; Hobfoll, 2001; Hobfoll et al., 1998). These resources include personal traits such as self-efficacy

and mastery that strengthen one's beliefs in his or her capability to cope with the traumatic event and to gain new resources (Hobfoll, 2011; Hobfoll et al., 1998). Likewise, community resources such as community support may strengthen the individual resilience, particularly when the experience of distress is shared with others (Hobfoll, 2002).

Personal Mastery

Personal mastery and similar constructs such as general self-efficacy or coping self-efficacy, reflect beliefs that one can exert some control over life events making individuals capable to cope successfully with significant challenges and/or losses (Benight & Bandura, 2004; Hobfoll, 2011). Regrettably however, exposure to potentially traumatic events, many of which are not easily controllable, may decrease the sense of mastery (e.g., Gil & Weinberg, 2015; Kaniasty, 2006). Similarly, people under constant threat of terror attacks face a situation of uncertainty that may undermine their sense of mastery (Bayer-Topilsky et al., 2013). However, it should be noted that exposure to war zone stressors and political violence may increase personal resources such as self-esteem and mastery (e.g., Aldwin, Levenson, & Spiro, 1994).

In general, the assumption is that people high in sense of mastery or self-efficacy tend to perceive threatening and harm situations as challenges that can be dealt with, thus protecting them from higher levels of distress (Benight & Bandura, 2004; Hobfoll, 1998; Hobfoll et al., 1998). Indeed, empirical studies documented that higher levels of mastery are routinely associated with lower levels symptoms of distress in general (Gil & Weinberg, 2015; Gilbar, Ben-Zur, & Lubin, 2010; Hall et al., 2010; Hobfoll et al., 2007; Pooley, Cohen, O'Connor, & Taylor, 2013) and with PTSS in particular (Ben-Porat, Yablon, & Itzhaky, 2013; Gil & Weinberg, 2015). Moreover, mastery and self-efficacy were shown to moderate (i.e., have a buffering effect) the impact of trauma exposure on the development of PTSS (Frazier, Berman, & Steward, 2001), or alternatively, to mediate the exposure-to-distress relationship (Bebanic, Clench-Aas, Raanaas, & Bang Nes, 2017).

Although less frequently empirically investigated, based on the theoretical literature, it is reasonable to hypothesize an association between mastery and PTG. One argument is that people with higher sense of mastery may experience greater posttraumatic growth because they could appraise their traumatic experiences as opportunities to reassess their strengths and engage in actions to better themselves and others (Hall et al., 2010; Hall et al., 2008). Accordingly, empirical studies documented that mastery, perceived control, or self-efficacy were associated with higher levels of PTG across a variety of stressful and potentially traumatic events including illnesses (e.g., Li, Cao, Cao, Wang, & Cui, 2012), disasters (e.g., Benight & Cieslak, 2011), and terrorism (Hall et al., 2010).

Conversely, sense of mastery, self-control, or self-efficacy are resources primarily focused on problem solving in challenging times and on coping with potentially resulting distress; hence, individuals exhibiting greater levels of mastery may be less inclined to appraise their circumstances as opportunities to reap benefits from these experiences. This reasoning might be particularly compatible with theoretical and empirical voices arguing that the accounts of positive and beneficial posttraumatic experience are more illusory, thus representing primarily coping efforts aim-

ing at justifying suffering, rather than manifesting actual psychological and social empowerment (Achterhof et al., 2018; Hobfoll, 2011; Tedeschi & McNally, 2011). Moreover, there are empirical reports that revealed significant negative correlations between mastery/efficacy and PTG indicating that people with greater beliefs in their coping competency were less likely to report positive life changes in the aftermath of crises (e.g., Moore, Cerel, & Jobes, 2015; Pooley et al., 2013).

Community Dedication

Community dedication, defined as engaging in an extra effort in order to improve one's own community's quality of life and make it a better place to live (Sinclair, Cheung, Arpin, & Mohr, 2015), may be considered as one of the indicators of a broader construct of sense of community (McMillan, 2011; Newbrough & Chavis, 1986). Whereas sense of community represents the feeling that the community "is there for the individual" (see Newbrough & Chavis, 1986), dedication relates to the individual's sense that he or she "is here for his/her community's needs" (see Chaskin, Brown, Venkatesh, & Vidal, 2001). Collective adversities were shown to increase group identification (Drury, 2018; Muldoon et al., 2017) potentially resulting in a greater sense of communal strength as community members work together toward a common goal (Fulilove & Saul, 2006; Schmidt, Osorio-Parraguez, Espinoza, & Reyes, 2018). Community mobilization processes are frequently reported after disasters (Kaniasty & Norris, 2004, 2009) and are sometimes referred to as "altruistic" and "therapeutic communities" (Barton, 1969). Successful community-wide mobilization of coping resources, for example effectively providing and receiving social support, typically serve protective roles against psychological distress, at an individual level, and a sense of deterioration of community ties, at a collective level (e.g., Kaniasty, 2012). Indeed, numerous studies demonstrated salutary effects of different forms of community engagement when coping with political violence, terrorism, and war (see Gelkopf, Berger, Bleich, & Silver, 2012; Somer et al., 2008; Zanbar, Kaniasty, & Ben-Tzur, 2018).

Community-based resources should also contribute to the potential for PTG. Various ways of active engagement in the coping process were shown to be associated with higher PTG (Prati & Pietrantonio, 2009). For example, engagement in community-based organizations was significantly associated with PTG among survivors of war (Arenliu, Shala-Kastrati, Berisha Avdiu, & Landsman, 2017). A sense of community identification along with a sense of collective efficacy were found to mediate the effect of an earthquake exposure on higher levels of PTG in a sample of Nepali participants (Muldoon et al., 2017). Likewise, communal positive reappraisals and participation in spiritual rituals, were found to mediate the link between subjective severity of trauma exposure and PTG following an earthquake in Chile (García & Włodarczyk, 2018).

Finally, mastery is also hypothesized to be associated with higher community dedication. People who trust their sense of mastery or efficacy are likely to express higher commitment to their communities (Rubin & Rubin, 2008) because they believe that they can impact not only their own lives but their social environments as well (Bandura, 1991, 1993).

The Present Study

The present study was conducted in the context of the 2014 Israel–Gaza conflict, known among Israelis as operation *Tzuk Eitan* (i.e., Protective Edge). Between July and August 2014, Israeli Defense Forces and Palestinian militants engaged in heavy air and artillery strikes, with both foes dropping a multitude of rockets and missiles on civilians in Israel and the Hamas-ruled Gaza Strip (Shamir, 2015). A continuous sense of life threat and actual danger on both sides of the border lingered throughout 50 days of armed exchanges and hostilities (Gil, Weinberg, Or-Chen, & Harel, 2015). During the operation, about 70% of Israel's population lived within the range of hostile fire, and more than 5,000 rockets and mortar shells were launched in directions of residential areas (IDF, 2014). Among Israelis, 67 soldiers and 10 citizens were killed. The life loss among Gaza residents was much graver. More than 2,000 Palestinians died. At the same time, the Hezbollah terror organization threatened north regions of Israel, also by launching missiles (Eilam, 2016).

The present study aims to add to the literature investigating mediating factors in the relationship between trauma exposure and posttraumatic reactions a more comprehensive perspective that accounts for the dynamic interplay between personal and community resources. Guided by the COR theory, the study examined mediational functions of sense of mastery and community dedication within the association between exposure to past (i.e., last 5 years) and current traumatic events (i.e., Tzuk Eitan rocket attacks) and PTSS and PTG in a sample of Israeli citizens.

First, we predicted that both short-term and long-term exposure to trauma would be associated with increased PTSS and PTG. Second, we predicted that examined personal and community resources would mediate the link between trauma exposures and our outcome variables. In terms of predictions concerning the role of mastery within these relationships, it was hypothesized that greater exposure to traumatic events would be associated with lower levels of personal mastery. Yet, greater levels of mastery were predicted to be related to lower levels of PTSS. Given equivocal findings of past research exploring the relationship between mastery and PTG, we refrained from offering a prediction about the direction of this association. In terms of predictions concerning the role of community dedication within these relationships, we expected that greater exposure to traumatic events would be associated with higher levels of community dedication, which in turn would be related to lower levels of PTSS but greater levels of PTG.

Method

Procedure and Participants

The study's sample was approached in October and November of 2014, 2 to 3 months after the Tzuk Eitan Operation was officially over and included 1,014 Israeli residents from across the country. Participants were recruited by an Israeli online survey company ("I Panel") that approached residents from all sectors and distributed a questionnaire designed by the researchers (on average 20 min to complete). Questionnaires with missing data were automatically eliminated from the sample by the online survey platform, and the response rate was not monitored. Research proce-

dures were reviewed and approved by a university ethics committee, and participants were assured of anonymity of their responses. The sole criterion for inclusion in the sample was being 18 years of age or older.

Four-hundred and 90 participants were men (48.3%) and 524 participants were women (51.7%). Their average age was approximately 41 years ($SD = 14.85$, range = 18–70), and the average number of years of their formal schooling was 14.5 ($SD = 2.57$). Sixty-five percent of respondents ($n = 656$) were married or were in a lasting relationship with a partner.

Measures

Outcome variables.

Posttraumatic distress. Posttraumatic distress was assessed with a Hebrew version (Hamama-Raz et al., 2016; Shrira et al., 2015) of the PTSD Checklist for *DSM-5* (PCL-5; Weathers et al., 2013). Respondents were asked to specify how much, during the previous month, they were bothered by each of the 20 symptoms characteristic of PTSD (e.g., “Cued physical reactions”) as a result of security threat. Responses were indicated on a 5-point Likert scale, ranging from 0 (*not at all*) to 4 (*extremely*). Scores were calculated as the sum of responses to all items, with higher scores indicating greater levels of posttraumatic distress. Cronbach’s alpha reliability coefficient of the PTSS score equaled to .95.

Posttraumatic growth. Posttraumatic growth was assessed by the Hebrew version of the PTGI-SF short inventory (Cann et al., 2010; Palgi, 2016), consisting of 10 items that assessed the degree to which the respondents experienced positive effects and life changes as a result of the most recent security threat (e.g., “I changed my priorities about what is important in life”). Responses were indicated on a 6-point Likert scale, ranging from 0 (*I did not experience this change as a result of my crisis*) to 6 (*I experienced this change to a very great degree as a result of my crisis*). Scores were calculated as the sum of responses to all items, with higher scores indicating greater levels of posttraumatic growth. Cronbach’s alpha reliability coefficient of the PTG score equaled to .93.

Predictor variables.

Trauma exposure indices. The index assessing the focal trauma exposure variable, the Tzuk Eitan Trauma of Rocket Attacks, was an ordinal measure based on answers to two questions asking whether the respondents experienced feelings of being in actual danger during the operation and whether their relatives were in danger during the rocket attacks. The answers were recoded as 0 (no) and 1 (yes), and the Tzuk Eitan Trauma Exposure Index scores ranged from 0 to 2. Of respondents, 61% had a score of 0 (i.e., they were exposed to the continuous threat during the operation, yet did not report experiencing an actual danger), 23% received a score of 1 (i.e., reported that either they or their relatives experienced an actual danger), and the remaining 14% of participants had a score of 2 (i.e., reported that both they and their relatives experienced an actual danger).

Life threats. Life threats over the last 5 years was assessed with an item referring to the number of life-threatening events experienced in the previous 5 years. The answers were recoded with a range from 0 to 4 (44% respondents = 0, 26% respondents = 1, 15% respondents = 2, 10% respondents = 3, and 5% respondents = 4).

Three sociodemographic factors were included in the analyses. Respondents’ sex was scored as dichotomous variable (0 = male, 1 = female). Age and education were scored in years.

Mediating variables.

Sense of mastery. The Hebrew version (Hobfoll & Walfish, 1984) of Personal Mastery Scale (Pearlin & Schooler, 1978), consisting of seven items (e.g., “What happens to me in the future mostly depends on me”), was used to assess mastery. Responses were indicated on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Scores were calculated as the mean of responses to all items, with higher scores indicating a greater sense of mastery. Cronbach’s alpha reliability coefficient of the mastery score equaled to .82.

Community dedication. The instrument assessing community dedication was developed for the current study and consisted of nine real-life scenarios a person might encounter in their neighborhood/community (e.g., “You hear shouting. A woman is crying out for help from one of the houses in your neighborhood”). Respondents were asked whether they would choose to take action in each of the circumstances (yes/no). The community dedication score was the sum of affirmative choices (yes answers), with higher scores indicating a higher level of dedication. Cronbach’s alpha reliability coefficient of the community dedication score equaled to .70. However, because the values of the items were dichotomous, reliability was also examined by means of test–retest. The test–retest was conducted with a pilot sample of 50 participants, and results indicated that 84.3% of the answers were identical in the two tests, suggesting high reliability of this measure.

Data Analysis

Table 1 presents intercorrelations among all the study’s variables and their descriptive statistics (i.e., means and standard deviations). Correlations indicated that all independent and mediating variables were suitable for inclusion in a model attempting to examine their direct and indirect effects on the outcomes of PTSS and PTG. The potential for multicollinearity between studied variables was addressed by computing the variance inflation factor (VIF) values for each one of the independent variables. All VIF values were close to 1, thereby the multicollinearity threat was ruled out (see Gujarati, 2008).

The AMOS program for assessment of structural models (Byrne, 2016) was used to examine both direct and indirect effects among variables of the proposed model. The research variables were entered in three levels: (a) trauma exposure indices (i.e., the Tzuk Eitan trauma of rocket attacks and an aggregate of life threats–last 5 years); (b) mediators (i.e., sense of mastery and community dedication); and (c) outcome variables (i.e., symptoms of posttraumatic distress, and reports of posttraumatic growth). Mediation relationships observed in the path analysis were subsequently tested using indirect analysis (Preacher & Hayes, 2008) to examine which of the mediated relationships were statistically significant. Because of significant correlations among the demographic variables and the mediating variables as well as the outcomes (see Table 1), all demographic factors were controlled for in the path analysis.

Table 1
Intercorrelations Among Study Variables

Measure	1	2	3	4	5	6	7	8	9
1. Age	—								
2. Sex	-.17***	—							
3. Education	.19***	-.00	—						
4. Life threats over the last 5 years	-.06	.04	.01	—					
5. Tzuk Eitan trauma	-.16***	.03	.00	.42***	—				
6. Mastery	.10**	.07*	.16***	-.12***	-.02	—			
7. Community dedication	.19***	.07*	.09**	.06*	.09**	.24***	—		
8. PTSS	-.07*	.03	-.10**	.35***	.18***	-.36***	-.04	—	
9. PTG	-.05	.09**	-.11***	.20***	.18***	-.11**	.10**	.46***	—
<i>M</i>	40.84	—	14.48	1.07	—	3.76	6.57	10.73	11.59
<i>SD</i>	14.85	—	2.57	1.22	—	0.75	2.05	12.23	11.44
VIF	1.15	1.05	1.06	1.24	1.26	1.11	1.12	—	—

Note. $N = 1,014$. Means and standard deviations for the dichotomous variable were omitted; their frequencies are presented in the text. PTSS = posttraumatic stress symptoms; PTG = posttraumatic growth; VIF = variance inflation factor.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Results

First, we estimated the levels of PTSS among the participants. The range of cut-off points for diagnosing probable posttraumatic stress disorder (PTSD) is reported in the professional literature as 31 to 33 (see Weathers et al., 2013). In the current study, 9% of the participants reported levels of PTSD symptoms that were higher than the cut-off point of 31, and 7.8% reported levels of PTSS symptoms that were higher than the cut-off point of 33. These rates are compatible with previous Israeli studies that documented that several self-report surveys estimated Israel population's prevalence of PTSD at the range of 7% to 10% during the more traumatizing events of the second Intifada (e.g., Hoffman, Diamond, & Lipsitz, 2011). Similarly, another study with residents of areas that were exposed to continuous threat reported probable PTSD rate of 9.5% (Nuttman-Shwartz & Dekel, 2009).

Next, we examined the levels of PTSS symptoms across the three groups of exposure to the trauma of Tzuk Eitan rocket attacks (i.e., 1 = no trauma exposure to self or relatives, 2 = trauma exposure to either self or relatives, 3 = trauma exposure to both self and relatives). The results of the analysis of variance revealed significant differences between the three groups, $F(2, 1011) = 17.12, p < .001$. Post hoc analyses using Scheffé's method indicated that all three groups of participants significantly differed from one another. Predictably, participants with no exposure to Tzuk Eitan trauma had significantly lower PTSS scores ($M = 9.13, SD = 11.23$) than participants with moderate levels of trauma ($M = 13.04, SD = .79$). Participant with high levels of exposure reported significantly higher levels of PTSS scores than both less effected groups ($M = 13.53, SD = 1.21$).

Path analysis via AMOS examined the hypotheses regarding the mediating role of mastery and community dedication in the association between trauma exposure indicators and the outcome variables PTSS and PTG. The analysis included three levels of variables (i.e., predictor variables, mediating resources, and the outcomes of posttraumatic distress and posttraumatic growth) and revealed a good fit between the model and the data ($N = 1,014$). The chi-square value was $\chi^2(11) = 11.24, p = .42$. The NFI and CFI values were .995 and .998, respectively, and the RMSEA value was .02. These statistics were all in the ranges indicating a good fit (Byrne, 2016).

Figure 1 presents the path analysis model with significant effects and correlations (i.e., standardized path coefficients) that were found between the research variables. Dashed arrows in Figure 1 present nonsignificant relationships if they contributed to the indices ensuring the fitness of the model, and/or were important for the theoretical framework of the study.

At the first level of associations between the variables (i.e., predicting both resources), life threats over the last 5 years was significantly associated with sense of mastery; greater trauma exposure was related to lower levels of mastery. Recent exposure to trauma, the experience of the Tzuk Eitan operation, was not associated with mastery. However, both trauma exposures, the last 5 years and the Tzuk Eitan operation, were associated with higher levels of community dedication.

The second level of association assessing the relationship between person-oriented and community-oriented resources was also statistically significant. People with a higher sense of mastery exhibited higher dedication to their communities.

At the third level of associations between the variables (i.e., predicting both outcomes), exposure to life threats over the last 5 years and sense of mastery significantly predicted PTSS symptoms. Greater life threats over the last 5 years was associated with more symptoms of posttraumatic distress. Higher levels of personal mastery were associated with lower levels of PTSS. Neither the Tzuk Eitan trauma of rocket attacks nor community dedication contributed significantly to PTSS.

Both life threats over the last 5 years and the Tzuk Eitan trauma of rocket attacks were significantly associated with higher PTG scores. Sense of mastery was significantly related to lower PTG reports, whereas higher levels of community dedication were related to higher PTG scores. Finally, both symptoms of posttraumatic distress and reports of posttraumatic growth were positively correlated with each other.

A closer investigation of mediated relationships between the variables was examined by means of indirect analysis (Preacher & Hayes, 2008). Only mediation relationships that were statistically significant according to the path analysis were reexamined in the indirect analyses. Table 2 presents the results of the examination of the mediated relationships.

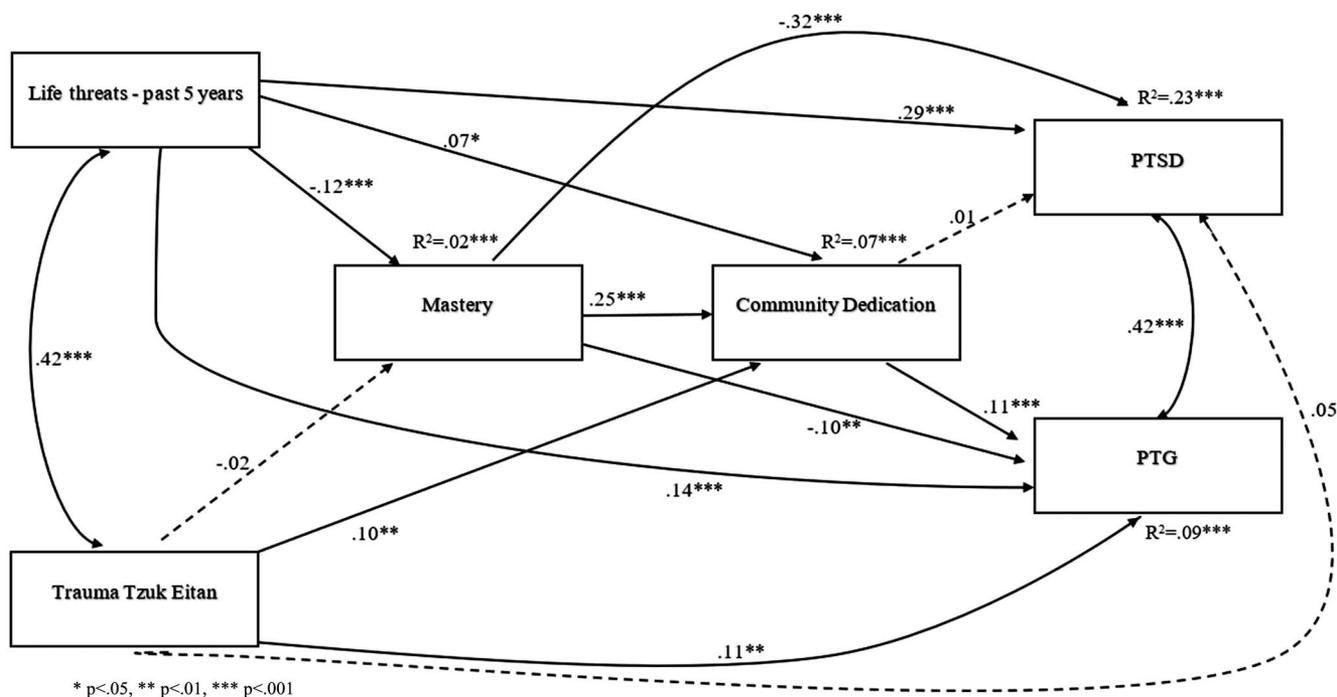


Figure 1. Path model for explaining the variance of PTSS and PTG. β values and of the dependent variables.

Five significant mediating paths were revealed by the examination of the indirect analyses. Confidence interval values indicated significant results for each one of the mediated relationships, as their lower and upper bounds were not crossed by the value of zero (see Cumming, 2012). Sobel's Z (Sobel, 1982) was also used to evaluate the significance of the same mediated relationships.

The first mediated relationship was the effect of life threats over the last 5 years on PTSS via sense of mastery. This mediating effect increased the total effect of past trauma exposure on post-traumatic symptoms. Exposure to past traumatic events was related to lower sense of mastery, which in turn was related to higher levels of PTSS. In other words, part of the detrimental contribution of trauma exposure to distress was due to its undermining sense of mastery. The second mediated relationship exhibited a similar pattern. The total effect of the past trauma exposure on higher levels of PTG reporting was, likewise, increased due to its harmful contribution to sense of mastery.

The third mediated relationship involved the Tzuk Eitan trauma of rocket attacks influencing PTG via community dedication. This mediating effect increased the total impact of recent trauma exposure on reports of posttraumatic growth. Exposure to trauma of recent rocket attacks was related to a higher level of community dedication, which in turn was related to higher levels of PTG. In other words, part of the total effect of recent trauma exposure on posttraumatic growth was due to its positive contribution to community dedication.

The fourth mediated relationship revealed that the total effect of mastery on PTG was less than its direct effect due to the positive relation between sense of mastery and community dedication. In a direct relationship, higher levels of mastery were related to lower levels of PTG. However, mastery was also related to higher levels

of community dedication, which in turn was related to higher levels of PTG. Consequently, the mediating presence of community dedication created a suppressing effect (see MacKinnon, Krull, & Lockwood, 2000; Mathieu & Taylor, 2006), weakening the total effect of mastery on reports of posttraumatic growth.

Finally, the fifth mediated relationship effect indicated that the total effect of life threats over the last 5 years on community dedication was reduced due to the link between past trauma and mastery. Exposure to past traumatic events was related to lower sense of mastery. However, higher levels of mastery were related to higher levels of community dedication. Hence, again, the suppressing effect in this mediational path resulted in decreasing the positive relationship between past trauma and community dedication.

Discussion

As terror attacks and military conflicts are quintessentially community-wide stressors, the present study focused on both person-oriented and community-oriented resources that could affect the link between a stressor and psychological distress as well as posttraumatic growth. Specifically, guided by general postulates of the COR theoretical framework (Hobfoll, 1998; Hobfoll, 2001; Hobfoll et al., 1998), it was predicted that personal mastery and community dedication would serve as assets and protect psychological well-being following exposure to past and recent traumatic threats, and even lead to greater posttraumatic growth. It was thus expected that both resources would be associated with lower levels of PTSS symptoms and higher levels of posttraumatic growth. It was also predicted that these resources would mediate the relation

Table 2
The Mediation of Mastery and Community Dedication on the Effect of the Development of PTSS and PTG

Independent variable	Direct effect	Total effect	Mediation effect (Sobel's Z)		95% CI	
			Mediation by mastery	Mediation by community dedication	Lower bound	Upper bound
Life threats over the last 5 years	PTSS $b = 3.10, SE = .28, p < .001$	$b = 3.50, SE = .30, p < .001$	3.58***	—	.21	.66
	PTG $b = 1.80, SE = .29, p < .001$	$b = 1.89, SE = .29, p < .001$	2.19*	— ^a	.03	.22
	Tzuk Eitan trauma $b = 2.76, SE = .50, p < .001$	$b = 2.87, SE = .50, p < .001$	—	1.90*	.02	.28
Mastery $b = -2.08, SE = .49, p < .001$	$b = -1.61, SE = .48, p < .001$	—	3.55***	.23	.79	
Life threats over the last 5 years	Community dedication $b = .02, SE = .01, p < .01$	$b = .01, SE = .01, p < .05$	-3.42***	—	-.001	-.002

Note. Posttraumatic stress symptoms (PTSS), posttraumatic growth (PTG), and community dedication are dependent variables.

^a Structural equation modeling analysis revealed the option of mediating effect of community commitment, however, indirect analysis indicated it was not significant.

* $p < .06$. ** $p < .05$. *** $p < .001$.

between exposure to trauma and subsequent psychological outcomes.

First, as predicted, life threats over the last 5 years significantly contributed to both resources of mastery and community dedication (see Gelkopf et al., 2012; Gil & Weinberg, 2015), as well as the outcomes of posttraumatic distress (Besser & Priel, 2010; Bleich et al., 2006) and posttraumatic growth (see Bayer-Topilsky et al., 2013; Dekel et al., 2012). However, regarding the Tzuk Eitan trauma of rocket attacks, we found that it was associated only with the resource of community dedication, and only with PTG as an outcome variable. In other words, although the correlations indicated an association between the exposure to threats during these hostilities and PTSS (see Table 1), the analysis of the present model that considered multiple associations between variables indicated that the link between the Tzuk Eitan trauma of rocket attacks and distress was not statistically significant (see Zanbar et al., 2018 for discussion of this effect as observed in different analyses).

Second, the positive association between PTSS and PTG was congruent with previous empirical reports indicating that these variables are not necessarily opposite outcomes of trauma exposure (whereby the presence of one would necessitate the absence of the other). Thus, both can coexist within the same context of stressful experience (Dekel et al., 2012; Hobfoll et al., 2007; Jin, Xu, & Liu, 2014; Tedeschi & Calhoun, 2004).

As for findings regarding mediated relationships between the variables, several significant mediations were revealed. Consistently with the literature suggesting that mastery may protect against PTSS symptoms under various traumatic circumstances (Benight & Bandura, 2004; Gilbar et al., 2010; Hall et al., 2010; Hobfoll et al., 2007; Pooley et al., 2013; Zeidner, 2005), the current study supported these notions. Mastery had both a direct negative association with PTSS, and it served as a mediator of the effect of life threats over the last 5 years on posttraumatic distress. This indirect effect suggested that people exposed to continuous terror were more likely to report lower levels of mastery, which in turn, was associated with higher levels of posttraumatic distress. However, it is important to note that this mediating effect emerged only in the context of the trauma exposure indicator that aggregated traumatic experiences of the last 5 years.

Similarly, the mediating effect of mastery on the relationship between exposure to trauma and posttraumatic growth emerged only for greater life threats over the last 5 years. However, what is most interesting about this effect is the direct negative association of mastery with PTG. This association could be considered as additional evidence for conceptualizing mastery as a valuable resource reflecting resiliency when faced with stressors (e.g., Benight & Bandura, 2004; Moore et al., 2015; Pooley et al., 2013). People with higher sense of mastery trust their own assessments of their coping capabilities that reduces the extent to which they perceive the event and/or its outcomes as overly threatening. However, this protective appraisal of the event, while beneficial for people with higher levels of mastery, may prevent them from being afforded the benefits of posttraumatic growth. To the point, Cieslak et al. (2009) reported that among people with low levels of PTSS, those who had higher self-efficacy reported less PTG after a hurricane, compared with people exhibiting lower self-efficacy levels. Thus, people who effectively cope with traumatic events may experience less PTSS symptoms (and/or other negative

stressor-related consequences) but might also miss, or be denied, PTG opportunities that they could have reaped due to their effective stressor resolution.

On the other hand, our findings may be seen as consistent with notions considering PTG as illusory assets that only serve defensive functions, justifying for the survivors their psychological suffering and other deleterious consequences of the experienced traumatic event (e.g., Achterhof et al., 2018; Hobfoll, 2011). However, even from this perspective the negative association of mastery with reports of PTG could be considered as evidence of strength. People higher in mastery simply do not need this defense mechanism of creating illusions of benefits in suffering because they believe that their coping resources usually produce adaptive resolutions (Infurna & Jayawickreme, 2019).

Findings regarding the mediating role of community dedication were simpler. Both trauma experience indicators, exposure to past threats to life and exposure to current threats to life, were associated with greater levels of community dedication. Disaster literature provides numerous examples of how community-level crises evoke high levels of engagement in collective action characterized by increased levels of mutual support, greater group identification, augmented sense of internal solidarity, cohesion, and commitment (e.g., Drury, 2018; Kaniasty & Norris, 2009; Muldoon et al., 2017; Schmidt et al., 2018).

Contrary to our expectations, however, community dedication was not associated with posttraumatic distress symptoms, and therefore could not mediate the effect of trauma experience on this outcome variable. Although there are many studies documenting protective functions of community resources against psychological distress (e.g., Gelkopf et al., 2012; Zanbar et al., 2018), there are also studies that showed null effects (e.g., Johns et al., 2012). Moreover, other investigations reported that posttrauma higher levels of community engagements, under some conditions, may be associated with poorer psychological outcomes (e.g., Ben-Tzur, Zanbar, & Kaniasty, in press; Gallagher et al., 2019; Somer et al., 2008; Zanbar et al., 2018). There are several clashing psychological and social dynamics that may compromise the usually expected beneficial influence of social and community relationships on well-being (see Villalonga-Olives, & Kawachi, 2017). People's connections to the community in times of crisis play complex roles, and depending on circumstances and contexts, they may be unrelated to or influential for, in either beneficial or detrimental ways, subsequent psychological health.

Importantly, community dedication was positively associated with PTG. This finding is consistent with other studies showing that positive community experiences in the aftermath of traumatic events may result in favorable outcomes (Arenliu et al., 2017; Muldoon et al., 2017). Assessments of various manifestations of postdisaster social support were also shown to be related to higher levels of PTG reporting (Lee, Blackmon, Lee, Cochran, & Rehner, 2019; Zhou, Wu, Li, & Zhen, 2018). In a longitudinal study of severe flooding, survivors' greater involvement in the instantaneous postdisaster helping (i.e., "altruistic") community exerted a beneficial effect on their subsequent feelings of interpersonal connectedness and trusting attitudes toward others (Kaniasty, 2012).

Major shortcomings of the study should be noted. Clearly, the most salient limitation of the study is its cross-sectional design. This obviously necessitates caution in causal interpretations, despite their theoretical foundations. All disadvantages associated

with online surveys apply, particularly limited accessibility of the survey company to various subgroups of the general population. Future studies should also investigate these research questions among the Arab Israeli population for whom these never-ending hostilities are obviously traumatic as well. Not all measures used in the study were validated in prior research (i.e., trauma indicators, community dedication). The experiences of life threats over the last 5 years were evaluated only by one item. The measurement of exposure to trauma during the Tzuk Eitan operation did not refer to additional types of exposure (e.g., being injured, witnessing people being injured, or knowing others who were injured/killed). This drawback could be a reason why participants who were classified as not exposed to the rocket attacks reported relatively high levels of posttraumatic symptoms. These clearly non-negligible levels of PTSS suggest that their overall exposure to terror and their sense of continuous threat of danger was not fully captured. Furthermore, additional outcomes could have been assessed because other psychological distress symptomologies are commonly associated with exposure to traumatic events (e.g., depression; Ghafoori et al., 2009; Hobfoll, Canetti-Nisim, & Johnson, 2006). All these factors may limit generalizability of our findings to more directly and severely exposed as well as more symptomatic populations experiencing the trauma of political terror and violence. Finally, it is also important to note that results of this study have limited generalizability due to the specificity of the geo-political context and cultural idiosyncrasies of the studied sample.

In sum, present findings offer some new insights into the nature of the contribution of psychosocial resources to psychological well-being of both individuals and communities facing sudden and protracted traumatic conditions. Maintaining and augmenting people's sense of mastery and social connections are undoubtedly critical in times of coping with potentially traumatic events, yet complexities of their influential functions must be recognized. Clinicians and researchers working with people who are continuously exposed to terror should be aware of these complications when designing their interventions and research investigations. In other words, the sense of mastery is important in reducing PTSS, but its tendency to reduce posttraumatic growth should also be acknowledged. In addition, fostering community dedication among trauma-affected residents should translate into empowering them to discover new desired outcomes in their lives. Professionals conducting psychosocial interventions in the context of collective upheavals should encourage individuals coping with these adversities to engage in assisting other members of their community. This could lead them to gain newfound benefits of their traumatic experiences.

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