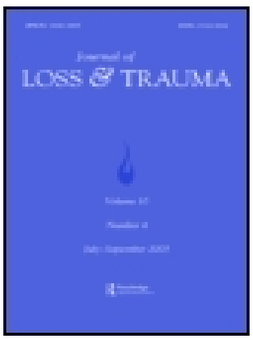

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Individual, Community, and National Resilience in Peace Time and in the Face of Terror: A Longitudinal Study

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ABSTRACT

The present paper is based on thrice-repeated measures. The sample constituted 561 Jewish Israeli adults who experienced these terror attacks. The study examined individual, community and national resilience and their associations with resilience-promoting factors (sense of coherence, social support, and self-efficacy); as well as resilience-suppressing factors (distress symptoms, sense of danger, and exposure). Results indicated that resilience scores were quite stable across the three repeated measures, whereas sense of coherence, distress symptoms, sense of danger, and exposure significantly changed across the three repeated measures. Sense of coherence was the best predictor for individual, community, and national resilience.

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Community resilience; individual resilience; longitudinal research; national resilience; stability and change of resilience; terrorism

The present longitudinal study employs pre-adversity measures as predictors of postdiversity resilience. The following issues are examined: To what extent do resilience-promoting and suppressing factors change following terror attacks? To what degree do sense of coherence, social support, self-efficacy, and level of exposure, in peaceful times, predict individual, community, and national resilience under future terror attacks? Do individual, community, and national resilience remain stable across three repeated measurements during a wave of terror?

A literature review indicates that there are many definitions of resilience (Bonanno, Romero, & Klein, 2015). Earlier definitions of resilience emphasized deficit-based pathogenic processes such as levels of distress symptoms after a major adversity. In the last decades, resilience theory has shifted away "from looking at risk factors that led to psychosocial problems to the identification of strengths of an individual" (Richardson, 2002, p. 309). Resilience has thus been defined as "protective factors which modify, ameliorate or alter a person's response to some environmental hazard that predisposes to a maladaptive outcome" (Rutter, 1987, p. 316; 2006). Similarly, other

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researchers have defined resilience as people's ability to withstand stress and adversity (Bonanno, 2004; Suedfeld, 2015).

Our theoretical position is that resilience should be determined concurrently by strength and vulnerability and should reflect the balance between protective factors and risk factors (e.g., Masten, 2011). We define resilience as the ratio of perceived strength (protective factors) to vulnerability (risk factors; SVR), following an adversity or a potentially traumatic event, at the individual, community, or national levels. This definition of resilience is supported by recent Israeli studies (Eshel & Kimhi, 2016a).

In the current study, we examined resilience change and stability using SVR indices, which are based on resilience scale scores divided by vulnerability scale scores. In addition, we examined resilience-promoting and suppressing factors as predictors of resilience across the three measures. There are earlier prospective resilience studies (Hjemdal, Friborg, Stiles, Rosenvinge, & Martinussen, 2006). However, this is one of the few studies that has managed to collect data from the same participants both prior and after a potentially traumatic event.

Change and stability of resilience

Resilience is described as a dynamic adjustment process that changes according to contextual modifications (Fletcher & Sarkar, 2013). Thus, for instance, exposure to the September 11, 2001, terror attacks resulted in higher levels of patriotism among Americans (Moskalenko, McCauley, & Rozin, 2006). Sense of resilience and distress symptoms are bound to change according to individual interpretation of the situation. However (Bonanno, 2004; Bonanno, Romero, & Klein, 2015) has posited that the vast majority of people retrieve a sufficient degree of resilience following adversity, despite a degree of distress symptoms.

Individual resilience

A literature review has indicated that most of the research on resilience pertains to individual resilience. It appears that individual resilience is a key issue in buffering negative psychological consequences of major adversities (Kimhi & Eshel, 2009; Suedfeld, 2015). According to our definition in this study, individual resilience is the individual strength and vulnerability ratio (IND-SVR).

Community resilience

Cacioppo, Reis, & Zautra (2011) defined social resilience as "the capacity to foster, engage in, and sustain positive relationships and to endure and recover

from life stressors and social isolation" (p. 44). Community resilience expresses the interaction between individuals and their community and pertains to the ability of individuals to get help from their community, and the ability of the community to help individuals and provide for their needs. According to our reasoning, community strength-to-vulnerability ratio (COM-SVR) will be determined by community resilience scale scores divided by sense of danger (Leykin, Lahad, Cohen, Goldberg, & Aharonson-Daniel, 2013).

National resilience

Several studies have referred to resilience as a wider societal phenomenon, and have investigated it in terms of national resilience (Chemtob, 2005) or social resilience (Cacioppo, Reis, & Zautra, 2011). Four main social components have been attributed to national resilience (Ben-Dor et al., 2002): patriotism, optimism, social integration, and trust in political and public institutions. One of a few studies of antecedents of NAT-SVR (national resilience scale scores divided by sense of danger) has shown that NAT-SVR was positively predicted by sense of coherence, well-being, and economic condition (Eshel & Kimhi, 2016b).

Resilience-promoting and suppressing factors

Sense of coherence

The sense of coherence (SOC) concept comprises three interrelated components: sense of meaningfulness, comprehensibility, and manageability. Hence, SOC affects how individuals perceive the world and the events that happen to them as well as the extent to which they perceive these events as controllable. SOC is a major element of Antonovsky's theory (1993; 1987). According to this theory, higher SOC indicates an ability to cope with adversities such as war (Braun-Lewensohn & Sagy, 2014). Earlier studies indicated that higher SOC has been associated positively with greater resilience (Ebert, Tucker, & Roth, 2002).

Social support

Social support from significant others, family, and friends is a major stress-reducing element among university students. Social support is inversely correlated with students' stressful life events, and negative emotional reactions (El-Ghoroury, Galper, Sawaqdeh, & Bufka, 2012), and lack of a relationship with a significant other was positively associated with students' academic stress (Hudson & O'Regan, 1994).

Self-efficacy

The construct of perceived self-efficacy reflects an optimistic self-belief, and refers to people's beliefs about their capacity to exercise control over events that affect their lives in order to manage prospective situations. Perceived self-efficacy influences the goals people set, the effort they invest in attaining those goals, and their resilience when faced with difficulties (Bandura, 1997). Research shows that the self-efficacy score has been positively correlated with individual levels of engagement toward a specific goal, and with levels of perseverance (Silvia, 2006). We hypothesize that the three resilience-promoting factors will be positively associated with all three SVR measures of resilience.

Distress symptoms

War and terror attacks are highly painful events, which shake people's basic sense of security and give rise to posttraumatic symptoms. These symptoms include delayed emotional and behavioral problems (Soffer-Dudek, 2016) such as depression, anxiety, and grief (Hadi, Llabre, & Spitzer, 2006).

Sense of danger

Lazarus & Folkman (1984) claim that perceived postadversity distress and assessment of stress-resistant resources reflect cognitive appraisals. A lingering sense of danger, which may decrease individual resilience, plays a major role in postwar adaptation (e.g., Scott, Poulin, & Cohen Silver, 2012).

Level of exposure

Exposure to terror attacks detrimentally affects resilience (Kimhi & Shamai, 2004). A higher level of exposure has been associated with a higher level of distress symptoms (Besser et al., 2015). However, exposure to adversities has not predicted dysfunction in some Israeli studies (Bleich, Gelkopf, & Solomon, 2003). We hypothesize that exposure will be negatively associated with all three SVR measures of resilience (keep in mind that sense of danger and distress symptoms are part of the calculation of SVR and are not part of the hypothesis).

Background

This longitudinal design research is based on three repeated measures pertaining to a recent wave of terror attacks, which took place in Israel. The first measurement was conducted in a relatively peaceful period before the terror wave, as a baseline for possible future traumatic events (July 2015, with three

nonfatal casualties, and no deaths due to terror attacks). The second measurement took place at the height of the wave, one month after the beginning of the attacks (October 2015, during which the terror toll was 11 deaths and 80 nonfatal casualties); the third measurement was administered six months later, toward a decline in the terror attacks (April 2016, 18 nonfatal terror casualties). This wave of terror was mainly characterized by almost daily stabbing attacks carried out by Palestinian individuals against Israeli Jews (Information Center for Intelligence and Terrorism, 2015). Against this background, the main purpose of this study was to examine individual, community, and national resilience of Israelis facing the threat of daily terror attack, and to measure stability and change in their resilience and its components.

During the present wave of terror, most of our participants were exposed to terror attacks via the media and not directly (Information Center for Intelligence and Terrorism, 2015). In addition, the Israeli public has been living with the intractable Arab-Israeli conflict for a long time, and is well aware that future terror attacks may happen anytime and anywhere (Bleich et al., 2003). We assumed accordingly that living with terror has helped the Israeli public to develop a positive balance of strength and distress, which is not substantially shaken by further acts of terror and resilience, and would remain stable across the wave of terror. However due to scarcity of available research, this issue will be examined as an open research question.

Hypotheses

1. Resilience-promoting factors will be lower at the second measurement, compared with the baseline level, and will return to baseline level at the third measurement, while resilience-suppressing factors will be higher at the second measurement, compared with both the first and the third measurements, and will return to baseline level at the third measurement.
2. Resilience-promoting factors will significantly and positively predict SVR resiliencies, while level of exposure will significantly and negatively predict SVR resiliencies, across the three repeated measurements.
3. We will examine as an open question whether or not individual, community, and national SVR resilience scores will remain stable across the three repeated measurements.

Method

Data collection and sampling

This longitudinal research compares civilian resilience in a relatively peaceful time (June 2015) with resilience in a period of more intensive terror attacks

(October 2015), and in a period of less intensive terror acts (April 2016). The first measure included 1,022 Jewish Israeli adults, and the repeated second measure was obtained from 740 (72%) of them who responded for the second time. The third repeated measure included 561 participants (76% of the second measure) who responded to the questionnaire for the third time, and provided all the requested data (see participants' details in Table 1). The current research data are based on participants who responded to all three measurements. Table 1 describes the demographic characteristics of our participants.

Recruiting of participants was conducted by an Israeli online survey research organization, which employs a panel of over 100,000 subjects, representing every geographic and demographic sector of Israel (http://www.ipanel.co.il/; for the validity of Internet questionnaires, see Gosling, Vazire, Srivastava, & John, 2004). Data collection was carried out using an online panel. The panelists were prerecruited to respond to surveys and were therefore willing and able to participate. The Internet organization uses the stratified sampling method, based on data published by the Israeli Central Bureau of Statistics, and determines quotas by age and gender. Each participant signed an informed consent form. Tel Hai College Ethics committee approved the questionnaire. A comparison of the demographic characteristics of the 561

Table 1. Distribution of demographic characteristics of investigated sample ($N = 561$).

Variable	Scale/range	*n*	%
Age	18–45	315	56.1
	46–65	170	30.3
	66–91	76	13.5
Education[1]	1–2 = elementary, high	55	10.0
	3–4 = nonacademic	204	37.0
	5–6 = university	292	53.0
Gender	1 = female	278	49.6
	2 = male	283	50.4
Average family Income	1 = much less	115	20.5
	2 = less	171	30.5
	3 = average	163	29.1
	4 = above	89	15.9
	5 = much above	23	4.1
Political preference	1 = much right	60	10.7
	2 = right	226	40.3
	3 = center	202	36.0
	4 = left	67	11.9
	5 = much left	6	1.1
Religiosity	1 = secular	250	44.6
	2 = traditional	198	35.3
	3 = religious	54	11.4
	4 = orthodox	49	8.7
Exposure to terror time 2	5–10 = low	486	86.6
	11–15 = medium low	59	10.5
	16–20 = medium high	13	2.3
	21–25 = high	3	0.5

Note: [1]10 participants indicated "other" as their education level.

respondents with the 282 participants, who did not respond to the second and third administration of the questionnaire, indicated no significant differences between the two groups.

Tools

Individual resilience

The present measure of individual resilience, "My Life Today," is based on the Recovery from War Scale (Kimhi & Eshel, 2009; Kimhi & Shamai, 2004). This 9-item self-report scale describes present individual strengths in the domains of work, health, recreation, wider social contacts, achievements, family relations, daily functioning, relations with friends, and general assessment of one's life. The 6-point response scale ranges from 1 = not good at all to 6 = very good. The scale's reliability for all three measurements was $\alpha = .91$.

Distress symptoms

The Brief Symptom Inventory (BSI, Derogatis & Savitz, 2000), relating to anxiety, depression, and somatization symptoms was used. This 18-item inventory is scored on a Likert scale ranging from "not suffering at all" (1) to "suffering very much" (5). The scale's reliability in the three measurements was $\alpha = .92$.

Postwar recovery-to- distress symptoms ratio

IND-SVR resilience score was determined by dividing mean standardized "My Life Today" score by mean standardized level of distress symptoms (BSI) score.

Community resilience

A short version of the Conjoint Community Resiliency Assessment Measure (Leykin, Lahad, Cohen, Goldberg, & Aharonson-Daniel, 2013) was employed. This version included 10 items pertaining to identification with one's community ("I am proud to tell people where I live"), trust in municipal authorities, and confidence in the community's ability to withstand adversities. The 5-point response scale ranged from 1 = does not agree at all, to 5 = totally agrees. The scale's reliabilities in the three measurements were $\alpha = .91$ and $\alpha = .92$.

Sense of danger

The Sense of Danger Scale (Solomon & Prager, 1992) pertaining to postwar perceived personal, familial, and national danger was employed (e.g., "To what extent are you afraid that Israel will encounter future acts of terror?"). This six-item instrument was rated on a Likert-like scale ranging from

1 (not at all) to 5 (very much). The scale's reliabilities ranged between $\alpha = .85$ and $\alpha = .92$.

Community strength to vulnerability ratio (COM-SVR)

COM-SVR resilience was determined by the standardized community resilience score divided by the standardized sense of danger score.

National resilience assessment scale (NRAS)

The NRAS scale is based on Kimhi, Goroshit, and Eshel (2013). The scale includes 25 items and refers to trust in leadership, trust in the Israeli Defense Forces, patriotism, optimism, and trust in major national institutions. The 6-point response scale ranged from 1 = (very strongly disagree) to 6 = (very strongly agree); for example, "I love Israel and feel proud to be an Israeli." The scale's reliability in each of the three measurements was $\alpha = .92$.

National strength-to-vulnerability ratio (NAT-SVR)

Standardized NRAS scores divided by standardized sense of danger scores determined this scale.

Sense of coherence (SOC)

A scale devised by Antonovsky (1993) measured SOC. Responses to this 13-item instrument were rated on a 7-point scale. For example, answers to the item "Doing the things you do every day is" ranged from (1) "a source of pain and boredom" to (7) "a source of deep pleasure and satisfaction." Validity and reliability data for this scale are presented in Antonovsky (1993). The scale's reliabilities in the three measurements were $\alpha = .83$, .85 and .86 respectively.

Social support

Social support was measured using the Multidimensional Scale of Perceived Social Support (Zimmet, Dahlin, Zimmet, & Farley, 1988). The scale consists of 12 items rated on a 7-point Likert scale (1 = totally disagree and 7 = totally agree). Cronbach's alpha was .95 in the three present measurements.

Self-efficacy

The General Self-Efficacy Scale (Jerusalem & Schwarzer, 1992) was employed. This 10-item self-rating scale assesses perceived successful coping (e.g., "I can always manage to solve difficult problems if I try hard enough"), and is positively correlated with level of perseverance (Silvia, 2006). A four-point response scale was employed with 1 = not at all true, and 4 = completely true. In samples from 23 nations, Cronbach's alphas ranged from 0.76 to 0.90. The scale's reliability in the three measurements was $\alpha = .92$.

Level of exposure

Level of exposure to terror adversities was examined by a questionnaire based on an instrument devised by Heath, Hall, Russ, Canetti, & Hobfoll (2012), which pertains to being negatively impacted by acts of terror or war in the last year. The sum of these five items determined exposure score. Previous research has found that higher exposure to adversity is associated with higher stress (Shamai, & Kimhi, 2007).

Results

As a first step, we calculated Pearson correlations among the research variables (Table 2). Results indicated that the three resilience indices correlated significantly ($p < .05$) and positively with resilience-promoting factors and significantly and negatively with resilience-suppressing factors, across the three measurements.

Our first hypothesis was examined by GLM (General Linear Model Repeated Measures, provides both univariate and multivariate analyses) conducted for the three resilience SVR scores, resilience-promoting and suppressing factors (Table 3). Results indicated the following: (a) SOC significantly decreased from measurement one to two ($p < .000$) and increased from measurement two to three ($p = .03$). Both linear and quadratic main effects were significant (Partial Eta squares = .013 and .000 respectively). (b) Social support as well as self-efficacy did not change significantly across the three measurements. These results only partially support our second hypothesis

Table 2. Pearson correlations among individual, community and national resilience, promoting and suppressing factors across three measurements ($N = 561$).

Variables	Time of measurement	IND-SVR	COM-SVR	NAT-SVR
SOC	t1 Base line	.565***	.277***	.293***
	t2 October 15	.553***	.334***	.348***
	t3 April 16	.631***	.363***	.349***
Social support	t2	.555***	.252***	.162***
	t2	.557***	.183***	.089*
	t3	.619***	.259***	.122**
Self-efficacy	t2	.391***	.148***	.160***
	t2	.422***	.173***	.126***
	t3	.397***	.188***	.130***
Distress symptoms	t2	–[1]	–.316***	–.333***
	t2	–	–.416***	–.428***
	t3	–	–.365***	–.343***
Sense of danger	t2	–.303***	–[1]	–[1]
	t2	–.344***	–	–
	t3	–.273***	–	–
Level of exposure	t2	–.232***	–.167***	–.186***
	t2	–.337***	–.261***	–.312***
	t3	–.201***	–.225***	–.242***

Note. *$p < .05$, **$p < .01$, ***$p < .001$. [1]Cells are empty due to the fact that variables appear in the calculation of SVR.

Table 3. General linear model—thrice-repeated measure: SVR resilience, resilience-promoting, and suppressing factors ($N = 561$).

Variable/Measurement		First	Second	Third	F	η^2
IND-SVR	*M*	1.079	1.075	1.073	.110	.000
	SD	*.397*	*.393*	*.390*		
COM-SVR	*M*	1.068	1.074	1.074	.129	.000
	SD	*.390*	*.408*	*.406*		
NAT-SVR	*M*	1.075	1.081	1.087	.387	.001
	SD	*.406*	*.429*	*.441*		
SOC	*M*	5.058[a]	4.845[b]	5.133[c]	71.008***	.113
	SD	*.981*	*.872*	*.982*		
Social support	*M*	4.926	4.905	4.918	.232	.000
	SD	*.994*	*1.069*	*1.028*		
Self-efficacy	*M*	3.253	3.255	3.276	1.406	.002
	SD	*.548*	*.560*	*.560*		
Distress symptoms	*M*	1.511[s]	1.577[b]	1.460[c]	21.342***	.037
	SD	*.509*	*.539*	*.503*		
Sense of danger	*M*	2.298[a]	2.525[b]	2.322[ca]	43.971***	.074
	SD	*.732*	*.770*	*.717*		
Exposure to terror	*M*	6.916[a]	7.090[a]	7.963[b]	44.441***	.074
	SD	*2.664*	*2.658*	*2.856*		

Note. ***$p < .001$. [a, b, c]Adjustment for multiple comparisons: Bonferroni.

regarding resilience-promoting factors. (c) All three suppressing factors significantly ($p < .001$) changed across the three measurements: Distress symptoms were significantly higher at the second measurement, compared with baseline level and significantly lower at the third measurement, compared with both the first and second measurement. Sense of danger was significantly higher at the second measurement, compared with baseline level, and similar to baseline at the third measurement. Exposure to terror experience was significantly higher at the third measurement compared with the first and the second measurements. These results mainly supported our first hypothesis regarding resilience-suppressing factors.

To examine our second hypothesis and to clarify the relative importance of promoting factors and level of exposure, we launched a path analysis (Arbuckle, 2009): SOC, social support, self-efficacy, and exposure at T1 predicting individual, community and national resilience SVR in each of the three measurements (saturated models, which examine all paths and correlations, see Table 4 and Figure 1). We did not examine distress symptoms and sense of danger since they served as denominators for the calculation of SVR.

Results indicated the following: (a) SOC significantly and positively predicted individual, community, and national resilience SVR ($p < .001$) across the three repeated measurements. SOC is the best predictor of individual, community, and national resilience at each of the three measurements (except that social support predicted individual and community resilience at baseline level). (b) Social support significantly and positively predicted individual and community resilience across the three repeated measurements (except for

Table 4. General model of promoting factors and exposure as predictors of resilience SVR indices: Beta values for thrice-repeated measurements and percent of explained variance.

Paths					Overall % of explained variance (R2)			
Predictor t1	Predicted model path1	t1 July	t2 October	t3 April		t1	t2	t3
SOC	1-IND-SVR	.231***	.539***	.485***	IND-SVR	.507	.581	.485
	2-COM-SVR	.124**	.357***	.240***	COM-SVR	.095	.168	.109
	3-NAT-SVR	.190***	.387***	.274*	NAT-SVR	.078	.161	.091
Social support	4-IND-SVR	.514***	.327**	.278***				
	5-COM-SVR	.240***	.096	.107*				
	6-NAT-SVR	.097*	−.006	−.012				
Self-efficacy	7- IND-SVR	.139***	.053	.071				
	8-COM-SVR	.012	−.025	.023				
	9-NAT-SVR	.069	−.031	−.007				
Exposure	10-IND-SVR	−.064*	−.093	−.119***				
	11-COM-SVR	.034	-.083	-.092*				
	12-NAT-SVR	−.004	−.094	−.103*				

Note. *$p < .05$, **$p < .01$, ***$p < .001$. [1]Numbers represent the path in Figure 1.

community resilience in October), but was almost unrelated to national resilience. (c) Self-efficacy significantly and positively predicted individual resilience in July and October ($p < .001$). Self-efficacy did not predict community or national resilience at all three measurements. (d) As expected, the resilience-promoting psychological factors explained a much higher percentage of individual resilience variance (about 50%) compared with community (9% to 16%) and national resilience (8% to 16%). (e) Interestingly, the examined four variables predicted higher levels of resilience during the height of the terror attacks (second measurement).

To examine our research question, we calculated Pearson correlations among the three SVR scores across the three measurements. No significant changes were found for IND-SVR, COM-SVR, or NAT-SVR across the three repeated measures. In other words, our results indicated that individual, community, and national resilience remain stable cross the three repeated measurements.

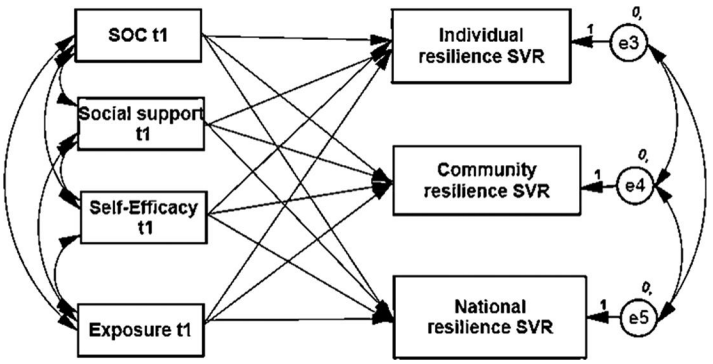

Figure 1. General model of promoting factors and exposure as predictors of individual, community, and national resilience SVR indices.

Discussion

We examine three main issues in our study: First, we examined resilience-promoting and suppressing factors as predictors and correlates of the three modes of resilience. Second, we examined the prediction of sense of coherence, social support, self-efficacy, and level of exposure (controlling for each other) for the three modes of resilience across the three repeated measurements. Third, we examined stability versus changes of individual, community, and national resilience under three different intensity levels of terror attacks.

Our data regarding promoting and suppressing factors supported previous studies that validated the IND-SVR, COM-SVR, and NAT-SVR measures by demonstrating their positive correlations with resilience-promoting factors, and their negative associations with resilience-suppressing factors (Eshel & Kimhi, 2016; Eshel & Majdoob, 2014). The present data show that all three SVR scores were significantly and negatively correlated with the three suppressing factors (distress symptom, sense of danger, and exposure) and significantly and positively with the three promoting factors (SOC, social support, and self-efficacy).

Our results corroborate earlier studies indicating that SOC significantly predicts measures of resilience (Braun-Lewensohn & Sagy, 2014; Ebert, Tucker, & Roth, 2002; Eshel & Kimhi, 2015). SOC is a general perspective on life, which functions as a psychologically based stress-resistance resource, constituting a major determinant of one's ability to cope with harsh events such as war (Antonovsky, 1987). Accordingly, SOC positively correlated with IND-SVR, COM-SVR, NAT-SVR, and individual, community, and national resilience scale scores, and negatively correlated with exposure to terror acts. In addition, our results regarding social support corroborate other studies that emphasize the importance of social support in coping with stress situations (El-Ghoroury, Galper, Sawaqdeh, & Bufka, 2012). It may be assumed that stability of social support contributes to the stability of individual resilience.

Results also indicated that the three resilience-promoting variables (SOC, social support, and self-efficacy) better explained variance of individual resilience SVR, compared with community and national resilience SVR. This finding may be explained by the fact that individual resilience is a personal characteristic, whereas community and national resiliencies refer to people's feelings about the management of larger groups. It appears that other characteristics, such as community type, level of religiosity, and age, will constitute better predictors of public resiliency (e.g., Kimhi, Goroshit & Eshel, 2013).

In addition, our study indicated an impressive stability of SVR resilience, which did not change much across the three measurements: before the wave of terror occurred, at the height of this terror wave, and its decline (Bleich, Gelkopf, & Solomon, 2003). This stability was maintained in spite of the

finding that SOC (but not social support and self-efficacy), distress symptoms, sense of danger, and level of exposure had changed significantly throughout this wave of terror attacks. Bonanno, Romero, and Klein, 2015 have claimed that the majority of people are resilient since they generally exhibit a stable trajectory of healthy functioning across time, and return to a normal level of daily activities a short time after a potentially traumatic event. The present data show that, in accord with our theoretical analysis, adult Israeli Jews have developed a high level of habituation to living with this terror. The present data *do not* show that most of the participants have become resilient following potentially traumatic events. They do show that regardless of being more or less resilient, they have managed to maintain their characteristic level of resilience despite pronounced threats of terror.

An additional explanation for the stability of resilience is the fact that terror attacks directly affected only a very small number of people, and most of our participants were exposed to this wave of terror via the media. The data indicate that the mean scores of exposure in the three measurements did not exceed the eight levels on a scale ranging from 5 to 25. We assume that a higher level of threat (such as war or a major national disaster) would result in higher stability of the SVR ratios. Further longitudinal studies following national adversity should be conducted in order to support this assumption.

Limitations

Among the limitations of this study, we may mention the following: First, this longitudinal study is based on a rather short interval between the measurements (about 10 months). A longer interval might have yielded different results. Second, by definition, waves of terror have direct effects on a relatively small number of people. It is quite possible that a full-scale war would have resulted in a greater impact on resilience SVR scores. Third, the present data are based on a sample that was reached by Internet. This fact may have biased the representativeness of our sample.

Conclusions

Despite these limitations, we believe that this study has three major strengths. First, the data present perhaps the first longitudinal evidence that people tend to retain their characteristic level of individual, community, and national resilience, despite dramatic changes in the level of terror which they experience. Second, our data supported the role of resilience-promoting and suppressing factors across three repeated measures. Third, the study substantiates the role of SVR resilience indices as effective measures of individual, community, and national resilience. These findings call for a new perspective on the nature of resilience, and how it should be determined in future research.

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