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Attitudes Toward Arabs of Israeli Children Exposed to Missile Attacks: The Role of Personality Functions

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Abstract: Background: This study examines the attitudes toward Arabs of Israeli children who were exposed to missile attacks during the Gulf War as related to exposure, early and present functioning, and appraisal of chances for peace. *Methods:* A semi-structured interview assessed the attitudes, symptoms, defenses and prosocial behavior of 82 children who had been directly exposed to the missile attacks. *Results:* The attitudes were not related to the displacement of the family during the war. A very negative attitude was associated with more problems with behavior modulation during the preschool years, an increase in externalizing and posttraumatic symptoms, and more immature defenses. A balanced attitude was associated with age, fewer symptoms, more mature defenses, and more prosocial behavior. *Conclusion:* Individual vulnerabilities in the face of traumatic experiences could lead to posttraumatic responses that may shape children's social attitudes and behaviors. The resolution of inter-group conflict requires implementation of psychotherapeutic and socio-educational interventions to transform hate and fear into empathy and hope.

Introduction

Years of antagonism, conflicts and wars in the Middle East have greatly affected the states of mind of both the Arabs and the Israelis (1). A salient concern, which is also the major issue of this study, is the influence of the experiences of the ongoing war atmosphere on the development of political attitudes in coming generations. Jensen and Shaw (2) concluded that war situations can interfere significantly with children's emotional, intellectual and social development. However, the built-in adaptive capacities of youngsters may decrease the broader effects of war. Moreover, many children exposed to low to moderate wartime stress show no significant increases in psychopathology.

Different approaches aim to explain how political attitudes develop in children. The *social learning* approach stresses the influence of social theories expressed or implied within the child's social environment and the child's real-life experiences of differences between groups (3, 4). The *cognitive developmental* approach focuses on the progression of cognitive ability with age, from a superficial, unidimensional view of others (all positive or all negative) to a multi-dimensional perspective based on inferred characteristics and descriptive criteria (5, 6). According to Devine (7), stereotypes are well established in children's memories by cultural and societal definitions even before they develop the cognitive flexibility to question or critically evaluate them. With age,

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they formulate personal beliefs about other groups, and these may differ from and even contradict the cultural ones. To activate their more mature belief, these individuals have to consciously hold back their automatically-activated, initial negative stereotypes.

Bar-Tal (8) found that among Israeli children, the concept of "an Arab" is negative already at the first stage of its acquisition (age 2.5-3 years), as a result of negative information received from the parents. This concept becomes even stronger with age, often leading to avoidance of all social contact with Arabs. However, this trend changes by age 10-12 years, when children begin to note the defining features of Arabs, describe them multidimensionally, and differentiate between "good" and "bad" Arabs on the basis of their attitudes and intentions toward Israel and Jews. On the basis of these findings, Bar-Tal (9) proposed an integrative model of stereotype formation and change which also considers background variables (e.g., history, sociopolitical climate and economic conditions) and transmitting variables (political-social-cultural-educational mechanisms, family's channel and direct contact) mediated by personal variables (individual values, attitudes, personality, motivations and cognitive style).

The *psychodynamic* approach formulates stereotypes as rigid schemes of representation of self-other interactions with cognitive and affective components. These schemes may remain immature, engendering an unstable mode of coping, particularly in the face of challenges to survival. The psychic underpinnings of the individual's behavioral mode of coping are theoretically formulated as defenses, which are intended to neutralize internal or external stress (10). Mature defenses lead to effective changes in one's self or environment, whereas immature defenses respond to the stressful challenge at the expense of some distortion

of reality of the self or environment. Defenses mature through a complex developmental process that includes, among other things, the exploration of the self and the other as representations of separate interacting realities. In this process, the rigid schemes of representation are continuously being put to test and modified.

Group cultures may harbor a whole reservoir of rigid schemes of representation from which individuals, particularly under existential threat, may borrow wholesale. The greater the stress, the more primary and rigid the schemes (11). Traumatic experiences can alter schematizations of the world, of other people, and of social agencies and institutions (12). One recent study reported that adolescents traumatized by a severe earthquake and harsh post-disaster circumstances had a schematic perception of the world as basically evil (13). Although their moral development was more advanced than that of a control group, they also showed evidence of psychopathological interference in conscience functioning.

Prosocial behavior, or the intentional behavior that results in a benefit for another, is associated with empathy, or the capacity to apprehend another's emotional state or condition (14). Therefore, the investigation of how prosocial behavior in traumatized children relates to their developing attitude toward the enemy is of particular interest.

In another study of children directly exposed to the Scud missile attacks on Tel Aviv during the Gulf War (15), we found that even five years later, the children who had been displaced because of the attack had more severe stress, internalizing and avoidance symptoms than the children who had not, and these symptoms were associated with the poorer psychological functioning of the mothers. In the present study, we examined the views of these children toward Arabs. Three hypotheses were tested: (1) Children who experienced loss of their home (more se-

vere traumatic exposure) express a more negative attitude toward Arabs than children exposed to the attack but not displaced. (2) Children who express a more negative attitude toward Arabs have greater symptom chronicity and use less mature defenses. (3) Children whose attitude toward Arabs is more balanced have fewer symptoms and higher levels of prosocial behavior, and use more mature defenses.

Method

Participants

Of the 107 families that participated in the previous phase of our longitudinal study of preschool children and trauma performed at 6 and 30 months after the Gulf War (16), 82 mothers (of 24 boys and 58 girls) agreed to participate in a new interview session (5 years after the war). No significant differences were detected between participating and nonparticipating families in symptoms of the children in the former phase: $F(4,101) = 1.72, p < .05$. All the participants came from the same low socioeconomic neighborhood, and all had been directly exposed to missile attacks during the Gulf War. Half the families were displaced for up to 6 months because of the substantial damage caused to their houses, and half had remained stable. At the present assessment, the ages of the children ranged from 8 to 10 years (37% age 8, 29% age 9, 22% age 10; mean = 8.9, SD = .80). All participants were given a complete description of the study, and written informed consent was obtained from the mothers. The children and mothers were interviewed individually in their homes by experienced research assistants.

Instruments

The children's personality was assessed at the 6-month follow-up with the *Childhood Personality Scales* (CPS; 17), which measure five personality dimensions: good

attention, sociability, zestfulness, verbal expressiveness, and behavior modulation. The children's defenses were assessed at the 5-year follow-up with the *Comprehensive Assessment of Defense Style* (CADS; 18, 19) and the *Defense Mechanisms Manual* (DMM; 20). The CADS asks mothers about their children's use of defensive behavior. Individual defenses are grouped into three styles with proved acceptable validity and reliability. The Other-Oriented style includes immature defenses that are expressed mainly in relation to the environment (e.g., projection, devaluation, passive aggression); the Self-Oriented style includes immature defenses that are expressed mainly in relation to the self (e.g., fantasy, somatization, repression); and the Mature style includes defenses associated with adaptive mastery of stress (e.g., humor, identification, sublimation). The DMM scores three defenses, Denial, Projection and Identification, each denoting a different maturity level, according to the child's responses to Thematic Apperception Test cards (in this study, cards 1, 8BM and 17BM). The inter-rater Pearson correlations for the defenses were .61, .86 and .75, respectively (all $p < .001$). The DMM defenses have acceptable internal consistency, structural coherence, and validity (21, 22).

The children's symptoms were examined with the Child Post-Traumatic Stress Reaction Index (CPTSD-RI; 23), a widely used valid scale which asks the child about specific posttraumatic symptoms: intrusion, avoidance or numbing, and arousal. In addition, we administered the Child Behavioral Checklist (CBCL; 24), which covers two main symptom domains: internalizing (e.g., depression, withdrawal) and externalizing (e.g., aggression, hyperactive behavior). The CPTSD-RI and CBCL were administered at the 30-month and present assessments. The decrease in symptoms was

computed by subtracting the present from the former scores.

Using a semi-structured interview, we also asked children about memories of the traumatic event and their evaluation of the probability of Israel achieving peace with the Arab countries (very pessimistic = 1, very optimistic = 5) and the extent to which we can trust the Arabs (not at all = 1, a lot = 5). Further, an open question asked children to express their attitudes toward the Arabs.

At the end of the interview, which took about two hours, the interviewer gave each child 30 candies as a reward for his/her participation. The interviewer then asked the child if he/she would like to donate some of these candies to hospitalized children, and if yes, how many. This manipulation was taken as a measure of prosocial behavior.

Results

Children's variables by attitude to Arabs

Two clinical psychologists, blind in relation to the scales administered, classified the children separately into four groups on the basis of their response to the open question on attitude toward Arabs. (1) Very negative attitude (VNEGATT; $n=13$). These children did not trust Arabs "at all" and expressed either an extremely negative emotion (hate, disgust, revenge) or voiced frightening intentions to or from Arabs ("They are disgusting, I hate them, I hope all the Israeli people also hate them." "They are going to kill us, I would like to kill them."). (2) Negative attitude (NEGATT; $n=41$). These children trusted Arabs "not at all" or "a little" and expressed a negative but less extreme perception of Arabs. Anger was also present in the responses, but it was more controlled. ("They are bad, they bother all the country, they scare everyone." "They don't like us, I

don't like them.") (3) No attitude toward Arabs or no clear opinion about them (NOATT; $n=15$). ("I don't think about such things." "I don't really know.") (4) Balanced attitude (BALATT; $n=13$). These children showed an ability to take the perspective of the other and to evaluate Arabs as individuals with both positive and negative qualities rather than members of a homogeneous group, even when expressing mixed feelings concerning their trust in Arabs. ("They are exactly like Israelis. Some of them are good, some of them are bad." "We cannot make generalizations because they are also humans.") Inter-rater agreement was 95%; the remaining cases were discussed until agreement was reached.

The distribution of the four subgroups was not related to either gender ($\chi^2=4.29$, $df=3$, $p>0.05$) or the experience of displacement ($\chi^2=2.55$, $df=3$, $p>0.05$). Therefore, the gender and displacement subgroups were collapsed for the following statistical analyses. Significant differences were noted for age (8 vs. 9 vs. 10 years old) ($\chi^2=12.56$, $df=6$, $p<0.05$). The BALATT group contained 13% of the 8-year-olds and 3% of the 9-year-olds, but 36% of the 10-year-olds ($n=4$, 1, and 8, respectively). The corresponding proportions for the other groups were as follows: VNEGATT (16%, 14%, 18%, $n=5$, 4, 4, respectively); NEGATT (55%, 55%, 36%, $n=17$, 16, 8, respectively); NOATT — 16%, 28%, 9% ($n=5$, 8, 2, respectively).

According to one-way ANOVA followed by Duncan post-hoc tests ($p<0.05$), the BALATT group expressed a more optimistic evaluation of the chances of peace with the Arab countries than the VNEGATT group ($F=2.31$, $df=3$, 78, $p=0.08$). Means (SD) for the four groups were as follows: VNEGATT — 1.92 (0.86); NEGATT — 2.53 (1.13); NOATT — 2.54 (1.23); BALATT — 3.08 (0.95).

Table 1. Means (SD) of children's variables by attitudes toward Arabs

	Attitudes subgroup				F(3, 78)
	Balanced (n=13)	No opinion (n=15)	Negative (n=41)	Very Negative (n=13)	
Personality (CPS)					
Good Attention	21.4 (3.8)	21.9 (4.4)	21.6 (3.9)	19.0 (6.2)	1.16
Behav. Modulation	15.2 (5.3) ^a	14.1 (5.0) ^b	15.9 (5.4) ^c	20.8 (4.2) ^{a-c}	4.97 ^{***}
Sociability	10.8 (4.0)	9.7 (4.3)	10.5 (4.9)	10.2 (3.3)	0.25
Zestfulness	7.0 (2.9)	7.8 (3.6)	8.2 (4.5)	8.2 (2.7)	0.39
Verbalization	21.5 (6.5)	22.7 (4.7)	22.9 (4.7)	24.0 (5.4)	0.42
Symptoms (30 mo)					
CPTSD-RI	17.8 (7.5)	20.3 (12.1)	21.1 (11.4)	26.8 (14.8)	1.38
Internalizing	0.80 (0.5)	0.64 (0.6)	0.66 (0.8)	0.92 (0.6)	0.53
Externalizing	1.88 (1.3) ^a	1.06 (1.0) ^b	1.79 (1.5) ^c	3.40 (2.1) ^{a-c}	5.77 ^{***}
Symptom decrease					
CPTSD-RI	3.30 (12.1) ^a	1.40 (12.1)	2.20 (12.9) ^b	-7.90 (15.1) ^{a,b}	2.23
Internalizing	-0.01 (0.5)	0.18 (0.9)	0.04 (0.7)	-0.35 (0.6)	1.40
Externalizing	0.85 (1.3) ^a	0.81 (1.4) ^b	0.55 (1.4) ^c	-0.81 (1.4) ^{a-c}	4.02 ^{**}
CADS					
Other-Oriented	1.99 (1.1)	1.30 (1.1) ^a	1.69 (1.2) ^b	2.54 (1.4) ^{a,b}	2.68 [*]
Self-Oriented	1.42 (1.0)	1.22 (0.6)	1.14 (0.9)	1.45 (0.7)	0.62
Mature	3.85 (0.5)	3.20 (1.2)	3.34 (1.1)	3.86 (0.6)	1.77
DMM					
Denial	3.54 (1.7)	3.67 (1.4)	4.39 (1.9)	4.54 (2.0)	1.27
Projection	3.15 (1.6)	3.27 (2.6)	3.76 (2.8)	5.08 (1.8)	1.66
Identification	4.23 (2.1) ^{a-c}	2.80 (2.0) ^a	2.68 (1.8) ^b	2.46 (1.8) ^c	2.63 [*]
Prosocial behavior					
Candies	26.4 (5.7) ^{a-c}	19.1 (8.5) ^a	18.6 (7.9) ^b	18.1 (10.2) ^c	3.33 [*]

CPS=Childhood Personality Scales; CPTSD-RI=Reaction Index; CADS=Comprehensive Assessment of Defense Style; DMM=Defense Mechanism Manual.

^{a,b,c} Same superscript letters denote group differences (Duncan tests, $p < .05$).

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

Compared to the other three subgroups, children in the VNEGATT group had significantly more behavioral modulation problems in the preschool years and more externalizing symptoms (e.g., aggression, unpopular behavior, hyperactivity) five

years later. They also used more Other-Oriented defenses (e.g., projection, devaluation, splitting). Furthermore, they showed an increase in symptoms from the 30-month follow-up, whereas the other groups showed a decrease. Children in the BALATT group

were characterized by a higher score on the DMM-Identification (the most mature defense) than the other subgroups. They also had the highest level of prosocial behavior (donated about 35% more candies than the other groups).

Classification of the children by level of posttraumatic symptoms (23) showed that symptoms were severe in 8%, moderate in 26%, mild in 34% and doubtful in 22%. Table 2 presents the distribution of children's attitudes according to the severity of posttraumatic symptoms. To note, the "severe" category had the lowest percentage of children with a balanced attitude (0%) and the highest percentage children with a very negative attitude (66%) ($\chi^2=17.6$, $df=9$, $p<0.05$).

Table 2. *Attitudes toward Arabs according to severity of posttraumatic symptoms (%)*.

Attitude	Posttraumatic symptoms			
	Doubtful	Mild	Moderate	Severe
Balanced	6	26	10	0
No attitude	18	21	15	17
Negative	59	44	60	17
Very negative	17	9	15	66

Discussion

Experiences of psychological trauma have a high level of organizing potential by condensing meaning from different sources into cognitive-affective schemata (e.g., attitudes, defenses) (25). This study of Israeli children exposed to the missile attack on Tel Aviv during the 1991 Gulf War examined how their attitudes toward Arabs related to their defense style, symptom improvement and level of prosocial behavior. The finding that the attitude toward Arabs was negative or very negative for 66% of the children and balanced for only 16% was not surprising. These rates may reflect sociocultural factors (8) as well as the experience of the trauma of

two missile attacks launched by an Arab country which had disrupted normal routine for months. This finding is also in line with studies showing that the exposure to traumatic events may alter schematizations of the world and of other people (12, 13).

Contrary to our hypothesis, the attitude classification was not related to the severity of the trauma. That is, the children who had been displaced as a result of the missile attacks did not have a more negative attitude than the children who remained stable. It may be that other factors, like the attitudes held by the parents, may have played a more significant role than the traumatic exposure itself in the process of attitude formation.

Age, however, had a significant effect on attitude. All three age groups had a similar proportion of children with a very negative attitude (14-18%). However, the children with a balanced attitude (BALATT) accounted for more than one-third of the oldest age group (10 years); this was accompanied by a significantly lower number of children with no attitude or a negative attitude. This finding may be explained by the cognitive developmental approach (5, 6). As children mature, they are able to describe others in a more differentiated way, which in turn helps them take the point of view of others and develop a more balanced approach.

The children who expressed a very negative attitude had shown problems with behavioral modulation during the preschool years (very active, easily frustrated, impossible to keep still, and unable to be still for long). Five years later, they were still characterized by the use of predominantly immature defenses in relation to the environment (e.g., acting out, projection, devaluation, displacement, passive aggression and splitting). They seemed to have access to few mature defenses (e.g., sublimation, identification, humor or suppression) that would facilitate their adaptation to internal and external stress. This is supported by

our finding that this was the only subgroup that failed to show the expected abatement in symptoms from the 30-month to the 5-month follow-up. Indeed, as a group, their externalizing and posttraumatic symptoms even increased.

As Anna Freud (26) stated, children whose prospects for better mental health are higher are those who actively cope with danger situations by way of mature ego resources. This result suggests that children with limited resources to metabolize frightful experiences and the resultant negative emotions might find difficulties to regain their previous level of functioning and continue along a normal developmental path. Instead, due to their negative emotions and their immature defense style, they may remain caught in a vicious circle of fear, anger and hate. Chemtob et al. (27) noted that the activation of feelings of anger might serve individuals to avoid the anxiety resulting from posttraumatic symptoms. Therefore, defenses cannot mature through the complex process of exploring the self and the other as representations of separate interacting realities. Our data, however, does not allow determining the way attitudes and symptoms relate with each other (causality or co-variation).

In line with the above, and in support of our hypothesis, the children in the VNEGATT group gave the lowest chances to peace with the Arabs, whereas the children who expressed a balanced attitude rated these chances much higher. The latter subgroup had higher scores on the DMM-Identification mature defense and they donated the greatest quantity of candies of the other groups. Whether their prosocial behavior was the result of egoistic or altruistic motives is irrelevant (28). Individuals who possess more mature, unprejudiced beliefs are better able to hold back their initially automatically activated negative stereotypes and to consciously activate their unprejudiced

beliefs (7). Thus, their capacity to develop a balanced and nonstereotyped picture of Arabs ("the aggressor" for these children) appears to be associated with a more mature personality, more benevolent internal representations of the world, and the utilization of defenses in the service of healthy adaptation, development and mastery of drives.

However, the group with the balanced attitude was not homogeneous. Almost half of them (6 of 13) had scores within the upper third of their group on the Other-Oriented factor of the CADS. The process whereby traumatized Israeli children with immature defenses expressed toward the environment (e.g., projection, devaluation, acting out) also exhibit a balanced attitude toward Arabs may be explained either by a mature and good functioning environment or by the use of denial.

To clarify this issue, we examined our records on mothers' functioning (15) and the DMM-Denial scores in the BALATT group. With regard to the first, most of the mothers were classified as poor functioning—a combination of more symptoms, more immature defenses, and less developed object relations. However, most of the children had above-median scores on the DMM-Denial, significantly higher than that of the children with a balanced attitude but less externalizing symptoms (means = 4.50 and 2.71, respectively). It should be noted that the criteria for denial on the DMM are omissions, misperceptions, reversal, negation, denial of reality, overly maximizing the positive or minimizing the negative, and unexpected goodness, optimism, positiveness or gentleness. Therefore, the expression of a balanced attitude toward an enemy, even after being attacked or traumatized by him, may be associated with the operation of the mechanism of denial that distorts aspects of reality. The development and expression of a very negative and hostile attitude seems to be more complex and may involve the interac-

tion of early personality difficulties (i.e., behavioral problems) with a more immature defense style, combined with the later influence of a poor-functioning environment as well as massive denial that excludes positive aspects of the judged group.

In conclusion, our data show that some children exposed to trauma may have a balanced view of the enemy. Five years after the event, these were found to be the most mature and prosocial children. By contrast, the children with the most extreme negative views had the lowest level of prosocial behavior and the most symptoms. However, we should bear in mind that these two groups were not homogeneous. For example, 38% of the VNEGATT group donated the maximum amount of candies possible. Moreover, we identified a group of children who, despite their negative attitude and high level of symptomatology, nevertheless exhibited a high level of both prosocial behavior and mature defenses. Thus, although children exposed to trauma may develop into socially sensitive individuals, sustained severe posttraumatic symptoms may interfere with the development of a balanced attitude toward the enemy. A very negative attitude in posttraumatic children may be reinforced by familial models as well as by culturally mediated factors.

Methodological Limitations

The main limitation of the study is the sample size. A larger sample would have allowed enough power for a statistical comparison of subgroups of children within the four main attitude groups. However, the sample was large enough to detect significant differences between the groups. We would also have preferred a more balanced sample in terms of boys and girls, although no gender differences were identified in the present and in the former assessments.

Another limitation is our lack of information on the children's attitude toward Arabs

before the war (ages 3 to 5 years) or the attitudes of their parents. The former would have enabled us to determine if the missile attacks and the subsequent displacement had any effect on the original attitudes of the children; the latter would have enabled us to determine the relative contribution of the parents' attitude in the statistical prediction of the child's attitude.

Finally, we did not assess a control group from a non-exposed city. This would have clarified the association between the children's level of traumatic exposure (no exposure, moderate-severe level and very severe level) and the attitudes expressed toward Arabs.

Future Studies

Future studies using a prospective design and examining other aspects of prosocial behavior (e.g., toward the enemy), together with the assessment of parental attitudes toward Arabs, will help clarify the complex process leading to the development of a balanced or hostile disposition after a traumatic event. Another interesting area of future research is the distinction between attitudes per se and those in relation to an aggressor in a posttraumatic situation, as well as on the mitigating effect of the capacity for cognitive critical thinking on the expression of stereotypic schemata. In addition, further studies are needed to test our hypotheses in the general population as well as in Arab children. The former could serve as a control for the effect of traumatic exposures; the latter may result in a collaborative, cross-cultural study that may serve as a bridge for mutual understanding in a period of transition to peace. This is of particular importance for children who have grown up hating the enemy and internalizing related values. It may also have relevance to issues of education and curricula for young children (e.g., ameliorating prejudice).

Conclusion

Inter-group conflict in which individuals from both sides experience trauma as a result of actions taken by the opponent is fertile soil for the development of stereotypes. No stable peace or genuine reconciliation can emerge unless both parties to a conflict unfreeze their stereotyped beliefs concerning each other (1). To this effect, the parties involved need to commit to the implementation of socio-educational intensive and rigorous interventions. The treatment of posttraumatic symptoms may further contribute to the enhancement of the otherwise blocked maturation processes and transform hate and fear into empathy and hope.

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