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Coping strategies of Ethiopian immigrants in Israel: Association with PTSD and dissociation

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The aim of this study was to examine the relations between coping strategies, posttraumatic stress disorder (PTSD), and dissociation among Jewish Ethiopian refugees in Israel (following exposure to pre-, peri- and post-migration stressful events). Method: A random sample (N = 478) of three waves of refugees took part in the research (N = 165; N = 169; N = 144). Religiosity, coping strategies, stressful and traumatic events, pre- and peri- migration, post-migration difficulties, posttraumatic symptoms, and dissociation were assessed. Results: A significant relationship was found between PTSD symptoms and avoidance coping over and above immigration wave and traumatic events. Dissociation was positively associated with passivity and antisocial coping and negatively associated with social joining and level of religiosity, over and above immigration wave and traumatic events. The findings are discussed in the light of the coping strategies employed by Ethiopian refugees.

Key words: Immigration, Ethiopian refugees, coping strategies, PTSD, dissociation.

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INTRODUCTION

In the past twenty five years approximately 20,000,000 refugees worldwide have had to leave their homelands. In the course of their migration, many were exposed to stressful and traumatic events before and during their flight, as well as after arrival in their new countries. Many refugees have fled into modern Western societies from poor developing countries, featured by collectivist social patriarchal orientation. After the initial hopes for a better future fade away, they discover that transition to a richer, more technologically advanced society is far more difficult, and experience enormous culture shock. This is particularly evident for those who may look or sound different due to skin color or accent (Matheson, Jorden & Anisman, 2008; Silove, Steel, McGorry, Miles & Drobny, 2002).

Exposure to stressful events in refugee immigration has been found to be a risk factor for psychiatric disorders, including depression, anxiety, posttraumatic stress disorder (PTSD), and dissociation. Rates of such psychiatric disorders have been found to remain high even many years after immigration (Carlson & Rosser-Hogan, 1991; Marsella, Friedman & Spain, 1993; Mollica, McInnes, Poole & Tor, 1998).

The Ethiopian immigrants to Israel have arrived mainly by refugee immigration, in one of three waves between 1980 and 2010. At the end of the 1970s, as a result of extreme political, economic, and social changes that took place in Ethiopia, the situation for segments of the population, like that of Jews there, had deteriorated. The Israeli government decided to allow the Ethiopian Jews to immigrate to Israel. The Ethiopian Jewish community in Israel numbers some 120,000 people (Central Bureau of Statistics, Israel, 2010).

The first wave, termed Moses immigrants, arrived in Israel in the early 1980s. Most of them fled from Ethiopia and escaped through Sudan, suffering hunger, disease, and victimization of abuse. About 30% of the fleeing refugees died *en route* and 10,000 arrived in Israel. Upon arrival in Israel, approximately 17% required immediate hospitalization (BenEzer, 2002; Youngman, Minuchin-Itzigsohn & Barasch, 1999).

The second wave, termed Solomon immigrants, consisted of 20,000 people. They were more integrated into the general Ethiopian society than the Moses group and more cautious towards leaving Ethiopia via Sudan. In 1985, due to an unexpected political crisis, they were forbidden from crossing Sudan, whereas the Ethiopian government refused to let them leave the country. Consequently, they were trapped for seven years in transit camps in Ethiopia, before being airlifted to Israel in a 24-hour period in 1991 (Feldman, 1998; Lerner, Mirsky & Barasch, 1994).

The third wave, known as Family Reunification immigrants, consisted of some 80,000 people, most of whom have arrived between 1995 and 2010. Most of these immigrants, whose relatives had already immigrated in Israel, were converts (*falashmura*) who had left Judaism, or their ancestors had. Therefore, their immigration applications were rejected by the Israeli authorities for years. Many had lived over a decade in refugee camps in Ethiopia, exposed to lengthy separation from family members, poverty, and illness. They were eventually allowed to immigrate following requests for family reunification (Feldman, 1998; Lerner et al., 1994).

Upon arrival, these refugees were met by Israelis, most of them former immigrants, many of whom were refugees. Virtually all the immigrant groups have experienced difficulties in integrating into the society, stemming from their inadequate command of Hebrew, unfamiliarity with the society, lack of relevant vocational

skills, and exposure to ethnic-based rejection (Lerner *et al*., 1994). The integration of the Ethiopian immigrants, however, has been especially fraught, being the only African group of Jewish religion in the predominantly white society (Schwartzman, 1999).

Once in Israel, the Ethiopian immigrants from all three groups experienced discrimination by the host society. About 50% were illiterate and most came from poor rural communities. Large families and close relatives experienced separation, resulting in the unraveling of the fabric of their tight former community network relations in their homeland (Kacen, 2006; Shabtay, 2001).

Psychological disturbances such as PTSD, depression, anxiety and dissociation have been documented in refugees, including the Ethiopian refugees in Israel, and ascribed to many types of multiple traumatic experiences, pre-, peri-, and post migration (Arieli & Ayche, 1993; Ratzoni, Ben Amo, Weizman, Weizman, Modai, I. & Apter, 1993; Youngman, 1995). Several studies in Israel that examined the relations between exposure to stressful and traumatic events, pre-, peri-, and post-migration and psychological consequences of Ethiopian immigrants, reported elevated levels of posttraumatic symptoms and dissociative reactions (BenEzer, 2002; Finklestein & Solomon, 2009).

PTSD symptoms include heightened anxiety, reexperiencing of the event, avoidance of the stimuli associated with the trauma and physiological arousal, wherein the symptoms appear immediately following the traumatic experience or persist for longer time. Dissociation has been defined as the lack of integration of thoughts, feelings, and experiences into the stream of consciousness as a defense against trauma. The dissociative experiences fall into the categories of disturbance in memory, depersonalization and derealization (Bernstein & Putnam, 1986). Few studies examined the psychiatric symptoms of PTSD and dissociation in the Jewish African refugees living in Israel. However, none have hitherto examined the association between the two posttraumatic constructs. Given the multiple stressors encountered by refugees, the ways in which they cope with their trauma may intensify or ameliorate the consequences of their experiences (Matheson et al., 2008). In recent years, the effect of coping by refugees from countries wracked by war, oppression, and political violence, arriving into Europe and North America, has evoked interest in their psychological adjustment. Two studies examining coping among Somali and Sudanese refugees resettled in the United States, found that youngsters coped with the loss, violence, hardships by using strategies such as collectivism, praying, and talking to friends showed no evident psychopathology (Goodman, 2004; Halcon, Robertson, Savik *et al*., 2004). Matheson *et al*. (2008) who studied adult Somali refugees in Canada, found that those who adopted social isolation and avoidance coping were more vulnerable to pathology such as PTSD.

However, only scant attention was given to association between coping strategies, religious belief, and psychological adjustment in these Ethiopian immigrants in Israel. The single ethnographic study that examined relationship between coping and psychological distress in 18 Ethiopian students, found that active coping was more effective than passive coping in decreasing emotional stress (Zomer-Fadida, 1998). The study, however, was qualitative, and conducted on a small, non-representative sample of immigrants.

Earlier coping models used in Western studies have focused mainly on individual attempts to deal with stress (Dunahoo, Hobfoll, Monnier, Hulsizer & Johnson, 1998). However, there is a growing recognition that coping efforts are inextricably embedded in social relationships and social contexts (Aldwin, Skinner, Zimmer-Gembeck & Taylor, 2010). The current study aims to sensitively address this cultural challenge.

A coping model (Hobfoll, Dunahoo, Ben-Porath & Monnier, 1994) has been developed to examine coping in a contextual way and measure socio-cultural aspects, allowing for understanding both individualistic and collectivistic perspectives in varied societies. These aspects include conformity, social roles, cooperation, harmonious relationships, and minimization of direct conflicts (Dunahoo, Geller & Hobfoll, 1996; Dunahoo *et al*., 1998; Monnier, Cameron, Hobfoll & Gribble, 2000; Roussi & Vassilaki, 2001; Wen-Yau, Mei-Chueh, Te–Hsien & Sung-Hsien, 2008).

The aim of the current study is to examine and identify, through sensitivity and understanding of the cultural social context, the coping strategies that assisted or hindered immigrants from Ethiopia in their psychological adjustment in Israel. Specifically, this study addresses the following questions: (a) what coping strategies were used by the immigrants from Ethiopia? (b) What effects did the coping strategies and religious faith have on the intensity of PTSD and level of dissociation in the three groups exposed to pre-, peri-, and post-migration stressful and traumatic events and living difficulties?

METHOD

Sample

An initial sample consisted of 600 Ethiopian immigrants to Israel derived from a cluster sample of 14 urban municipalities with large numbers of Ethiopian immigrants, and drawn from the national registry of the Ministry of Interior. Cluster sampling was used to obtain representative similar numbers of immigrants from each of the three waves of immigration and equivalent numbers of men and women stratified by age: 30–36, 37–43, 44–50. This sample was of the adult population of Ethiopian refugees in Israel. At the time of the study, Moses, Solomon, and Family Reunification immigrants have been in Israel for 16, 9, and 5 years, respectively.

The sample size was determined by calculating the power value of 0.80 and Type error of alpha = 0.05. Since group differences were unknown, a small size effect was determined (effect size = 0.13) in order to find reasonable minimum differences. A sample size of 576 participants was achieved and met the desired power level. Sample size was set to be 600 (200 in each group).

A total of 478 participants of mean age 39.84 years (SD = 10.14) agreed to take part in the study, which constituted a response rate of 80% with no significant group differences. More than half (257, or 53.9%) were men; 220 (46.1%) were women. There were 165 Moses immigrants, 169 Solomon immigrants, and 144 Family Reunification immigrants. The three groups were comparable with respect to age and proportion of married respondents, but differed significantly in literacy and proportion of widows. In all, 32% of the Moses immigrants, 44% of the Solomon immigrants, and 54% of the Family Reunification immigrants were illiterate. In addition, 1% of the Moses and Solomon groups were widowed, in contrast to 7% of the Family Reunification group. At the time of arrival to Israel, 68% of Solomon immigrants, and 78% of Family Reunification immigrants were married, compared to 46% of Moses immigrants. At the time of the study most were married, (75%). Differences were found in education at the time of the study: While 56% of the participants of Moses immigrants had at least a high school education, this was so for about 40% of Solomon immigrants and 26% of Family Reunification immigrants. No differences were found in religiosity at the time of the study: most

participants of all three groups were religious (46%) or traditional (47%), and others (7%) were secular.

Measures

All the questionnaires were translated from Hebrew into Amharic again using back translation. Following this all the scales were culturally adapted in consultation with Amharic speaking Israeli undergraduate students. All questionnaires were pilot-tested on a convenient sample of 30 Ethiopian immigrants from the three waves, similar in gender and age distribution to those in the study sample. Minor changes were made in accordance with the responses. Data were collected by self-administered questionnaires or administered by Amharic speaking, Ethiopian-born, Israeli undergraduate students who served as research assistants.

Pre-migration stressful events were measured by a questionnaire based on Part I of the Harvard Trauma Questionnaire (HTQ; Mollica, Caspi-Yavin, Bollini, Troung, Tor & Lavelle, 1992) and on Youngman's (1995) questionnaire, on the personal, political, and social stressful events, experienced by the Ethiopian immigrants prior to their departure for Israel. Participants were presented with a list of 10 stressful events (e.g., imprisonment, participation in war, ethnic persecution) and asked to indicate which they had experienced in Ethiopia before leaving for Israel. Exposure to pre-migration stressful events was calculated as the number of events endorsed.

Traumatic events during migration were assessed using the items from Part I of the HTQ (Mollica *et al*., 1992). Participants were presented with a list of 18 traumatic events (e.g., murder of family member, torture) and asked to indicate which they had experienced between the time they left their homes in Ethiopia and their arrival in Israel. The questionnaire allows for seven levels of exposure: did not experience, see, or hear = 0, heard about = 1, witnessed = 2, witnessed and heard = 3, experienced = 4, heard and experienced = 5, witnessed and experienced = 6, heard, witnessed and experienced = 7. Factor analyses yielded 4 factors: (a) Assault of basic needs and personal safety (Cronbach's alpha = 0.79); (b) Physical danger safety (Cronbach's alpha = 0.69); (c) Human atrocities safety (Cronbach's alpha = 0.66); (d) Forced separation from family safety (Cronbach's alpha = 0.77). A composite score of intensity for each traumatic event experienced during migration was calculated as the mean scores of these items.

The HTQ has good psychometric qualities. The validity of the measure is high and has proven criteria validity, content validity, and construct validity. The internal consistency is high (Cronbach's alpha = 0.90) (Hollifield, Warner, Lian et al., 2002). Cronbach's alpha in the current study was 0.87.

Post-migratory living difficulties were assessed by a questionnaire adapted from Steel & Silove, (2000) Post-Migratory Living Problem Checklist, which lists a range of problems typically reported by refugees (e.g., discrimination, difficulty finding employment). The study participants were presented with a list of 14 items and were asked to rate their experience of each since their arrival in Israel on a 5-point ordinal scale ranging from *not a problem at all* (1) to *a very serious problem* (5). The number of post-migratory living problems was calculated as the sum of the problems the respondents rated as *serious* or *very serious*. Cronbach's alpha in the current study was 0.74.

PTSD symptoms were measured using 17 items from Part IV of the HTQ (Mollica *et al*., 1992): the first 16 questions were based on the three PTSD symptom clusters identified by the *Diagnostic and statistical manual of mental disorders* (APA, 1987; 1994): re-experiencing traumatic events (4 items), avoidance and psychic numbing (7 items), and physiological arousal (5 items). The final question queried the presence of clinically significant distress or impairment in social and occupational functioning (*F* criterion) in accordance with APA (1994) criteria. For each item, the respondents were asked to indicate the degree to which they had experienced the symptoms on a 4-point scale: (1) *not at all*, (2) *a little*, (3) *quite a bit*, and (4) *extremely*. Symptom intensity was calculated as the mean of the item-specific scores in each symptom cluster. Respondents were categorized as having PTSD if they scored 2.5 or more in mean symptom intensity. The HTQ has been previously used in trauma-related studies to assess PTSD symptoms among refugees (Mollica *et al*. 1992). Internal consistency in the current study was good: Cronbach's alpha = 0.88 for the whole, 0.77 for intrusion, 0.76 for avoidance, 0.73 for arousal.

Dissociative experiences were measured using Bernstein and Putnam's (1986) Dissociative Experiences Scale (DES). This 28-item self-report measure taps the frequency of dissociative experiences (e.g., loss of awareness of one's surroundings, amnesia, depersonalization, de-realization, absorption, imaginative involvement in daily life). Respondents were asked to indicate the degree to which they had each dissociative experience on a scale ranging from 0 to 100, for each item. Total dissociative score was computed as the mean of these 28 items, ranging from 0 to 100. In accordance with Carlson (1996), scores above 30 were deemed to suggest a dissociative disorder. Internal consistency in the current study was high (Cronbach's alpha = 0.93).

Coping strategies were assessed by a questionnaire based on the Strategic Approach to Coping Scale (SACS) developed by Hobfoll, Dunahoo & Monnier (1993) to measure specified coping behaviors in the face of stressful events. The original questionnaire consists of 52 self-report items in nine categories: Assertive action, Social Joining, Seeking Social Support, Cautious action, Instinctive Action, Avoidance, Indirect Action, Antisocial Action, and Aggressive Action. In the original version, respondents were asked to indicate the degree to which they would employ each behavior in a stressful situation on a 5-point Likert scale ranging from 1 (*not at all what I would do*) to 5 (*very much what I would do*). In subsequent studies, respondents were asked what they normally do or do not do.

The measure has been used in studies of populations from different cultures, among them European, American and African-American (Dunahoo *et al*., 1998), German (Schwarzer, Starke & Buchwald 2003), and Greek (Roussi & Vassilaki, 2001). A Hebrew translation of the measure which had been found to be valid and reliable (Hobfoll, 1998, p. 207). The questionnaire in the current study was adapted according to the Hebrew Version of the SACS (M. Westman, personal communication, May 10, 1999).

In the present study, factor analysis with Varimax rotation yielded nine factors: Individualism (4 items; e.g., I took care only of myself); Avoidance (5 items; e.g. I distanced myself until things calmed down); Indirect Action (5 items, e.g., I let others think they were in control, but made my own decisions); Mastery (8 items; e.g., I showed that I was in control of things); Self Reliance (5 items; e.g., I relied on myself because it is not good to rely on others); Passivity (5 items; e.g., I did nothing, because things work out on their own); Social Joining (e.g., I tried to help out others involved, as giving of yourself usually helps solve problems like this); Seeking Social Support (e.g., I turned to others for help); Antisocial Action (e.g., I acted quickly to put others at a disadvantage). Reliability for the questionnaire as a whole was good: alpha = 0.88. Cronbach's alpha on the nine indices ranged from 0.46 to 0.77 (Finklestein, 2005). On this basis, nine indices were created, one for each factor. Discriminant and construct validity of the nine subscales and reliability coefficients were found in a test-retest examination that ranged between 0.46–0.72. Internal reliability ranged from alpha = 0.65–0.90.

Procedure

Data were collected following approval by the Helsinki Committee of Tel-Aviv University. Agreement to participate in the study was attained by phone calls made by Ethiopian-born, Amharic speaking Israeli undergraduate students who served as research assistants. Participation was voluntary. All participants signed their informed consent before interviews commenced. Study questionnaires were administered by research assistants. Due to the practice of gender sensitivity in the research population, female research assistants administered the questionnaires to the female participants, male research assistants to the male participants. Most of the questionnaires were administered orally in Amharic by the research assistants (417, 87%); 13% (61) were read and completed by the participants themselves in the Hebrew version.

RESULTS

Exposure to traumatic events

In order to examine group differences in the intensity of stressful events, pre, peri-, and post-migration, one-way analyses of variance (with Duncan's post hoc tests) were employed. Significant differences were found in peri-migration traumatic events intensity. The Moses immigrants (M = 2.95, SD = 1.34) endorsed more intense peri-migration traumatic events than the Solomon immigrants (M = 1.98, SD = 1.23) and Family Reunification immigrants (M = 2.09, SD = 1.21) [F (2, 474) = 28.42, η^2 = 0.11, p < 0.001)]. Similarly, significant differences were found in post-migration difficulties. The Family Reunification immigrants (M = 2.90, SD = 0.64) endorsed more post-migration difficulties than the Moses immigrants (M = 2.67, SD = 0.78) and Solomon immigrants (M = 2.52, SD = 0.68) [F (2, 470) = 10.84, η^2 = 0.04, p < 0.001)].

PTSD and dissociation

In order to examine group differences in PTSD symptom intensity and frequency of dissociative experiences, one-way analysis of variance (with Scheffe's post-hoc tests) was employed. The only significant difference found was in PTSD symptom intensity. The Moses immigrants (M = 1.78, SD = 0.63) and Family Reunification immigrants (M = 1.74, SD = 0.59) endorsed more intense PTSD than the Solomon immigrants (M = 1.52, SD = 0.45), (F (2, 473) = 10.42, η^2 = 0.04, p < 0.001). Frequency of dissociative experiences did not differ by group. Controlling for age, current economic status and current religiosity, which were moderately related to PTSD and dissociation (r = –0.15 p < 0.01 to r = 0.17, p < 0.001), did not change the results.

Coping strategies

In order to identify the degree to which the study participants employed each of the nine coping strategies, we calculated the means and standard deviations of the use of each strategy. As can be seen, the most used strategies were Social Joining (M = 3.58, SD = 0.78), Self Reliance (M = 3.53, SD = 0.80), and Social Support Seeking (M = 3.40, SD = 0.86). Less used strategies were Mastery (M = 3.08, SD = 0.86), Individualism (M = 2.98, SD = 0.88), Indirect Action (M = 2.76, SD = 0.87). The least used were Avoidance (M = 2.62, SD = 0.91), Passivity (M = 2.33, SD = 0.91) and Antisocial Behavior (M = 2.14, SD = 0.86) (F (5,419) = 244.20, p < .001, η^2 = 0.75).

To examine the differences in the coping of the three groups, two-way analyses of variance with repeated measures on the coping strategies were performed, followed by Scheffe's post hoc tests to identify the source of the differences. Means, standard deviations and F values of the coping strategies in the three groups are presented in Table 1.

As can be seen in Table 1, significant group differences were found in the use of four coping strategies: Self-reliance (F = 6.21 p < 0.01), Social Support Seeking (F = 7.87 p < 0.001), Indirect Action (F = 5.65 p < 0.01), Antisocial Behavior (F = 3.65 p < 0.05). Family Reunification immigrants endorsed more ''Social Support Seeking'' (M = 3.65, SD = 0.84) and Antisocial Behavior (M = 2.32, SD = 0.92) strategies than Moses immigrants and Solomon immigrants. Solomon immigrants were less inclined to employ Indirect Action (M = 2.59, SD = 0.76) and Self-Reliance (M = 3.35, SD = 0.79) strategies than Moses immigrants and Family Reunification immigrants. The groups did not differ in their use of Social Joining, Mastery, Avoidance, Passivity, and Individualism. Controlling for gender, economic status and education, which were moderately related to the coping strategies (r = –0.10 p < 0.05 to r = –0.23, p < 0.001), did not change the results.

Coping strategies, PTSD, and dissociation

Correlations between PTSD and the coping strategies were positive, ranging from r = 0.09 (ns) to r = 0.20 (p < 0.001). Notable are the correlations between PTSD and avoidance (r = 0.20, p < 0.001). Correlations between dissociation and the coping strategies ranged from r = –0.09 (ns) to r = 0.23 (p < 0.001). Importantly, positive correlations between dissociation and passive (r = 0.23, p < 0.001), and dissociation and antisocial coping were found.

In order to examine whether coping strategies predict dissociation and PTSD symptom intensity, two multiple regressions were conducted. Immigration group was force-entered in the first step (as two dummy variables). All the other variables were entered in a forward stepwise manner. Gender, age, current economic status, and current religiosity were entered in the second step. Stressful events (*pre-migration*, *peri-migration*, *post-migration*) were entered in the third step. The coping strategies were entered in the final step. As noted above, the immigration group was force-entered into the equation while all other variables were used, in a forward stepwise manner. This procedure was carried out in order to maintain parsimony on the one hand, and to examine prediction beyond immigration group on the other. Table 2 presents these regressions.

As can be seen, the Solomon immigrants had lower PTSD symptom intensity than the other two immigrant groups even when the coping strategies are included in the equation. Greater exposure to traumatic events during migration and more post-migration living difficulties predicted greater PTSD. Beyond group, PTSD was significantly predicted by the use of avoidance coping strategy but not by any of the other coping strategies. While in all three groups greater exposure to traumatic events, peri- migration and to living difficulties, post-migration, contributed to more intense PTSD symptomatology, being a member of the Solomon group was a predictor of less intense PTSD symptomatology (adj R^2 = 0.25, p < 0.001).

Dissociation was not predicted by group, but was predicted by higher exposure to pre-migration traumatic events and to less religiosity (entered as a dummy variable–1 = religious, 0 = non-religious). Being less religious, using less Social Joining, endorsing more Passivity and Antisocial coping, significantly predicted dissociation (adj R^2 = 0.09, p < 0.001). Overall, the findings show that avoidance was the only coping strategy associated with posttraumatic stress, regardless of immigration group and traumatic events.

Table 1. *Means and standard deviations of coping strategies score by group*

	Moses		Solomon		Family Reunification				
Coping strategy	M	SD	M	SD	M	SD	F	df	η^2
Self reliance	[a]3.67	0.82	[b]3.35	0.79	[a]3.57	0.77	**6.21	2,423	0.03
Social joining	3.61	0.75	3.47	0.75	3.68	0.84	2.68	2,421	0.01
Social support seeking	[b]3.25	0.81	[b]3.35	0.88	[a]3.65	0.84	7.87***	2,423	0.04
Mastery	3.18	0.87	3.05	0.81	2.98	0.91	1.88	2,420	0.01
Individualism	2.97	0.92	2.88	0.84	3.11	0.88	2.34	2,422	0.01
In direct coping	[a]2.79	0.85	[b]2.59	0.76	[a]2.93	0.98	**5.65	2,423	0.03
Avoidance	2.68	0.92	2.51	0.84	2.67	0.96	1.61	2,421	0.01
Passiveness	2.43	0.95	2.27	0.86	2.29	0.91	1.43	2,422	0.01
Antisocial behavior	[b]2.08	0.86	[b]2.07	0.79	[a]2.32	0.92	*3.65	2,422	0.02

*$p < 0.05$, **$p < 0.01$, ***$p < 0.001$
[a,b]Means appearing in the same row marked by different letters–significantly different, $p < 0.05$.

Table 2. *Multiple regressions predicting PTSD and dissociation by group and coping strategies*

Dependent variable	Step	Predictors	β	t	R^2_{ch}	adj R^2_{ch}
Dependent variable PTSD (N = 416)	1	Moses Immigrants	−0.02	−0.32		
		Solomon Immigrants	−0.14	−2.63**	0.06	0.06
	2	Post migration living difficulties	0.34	***7.90	0.13	0.12
	3	Peri-migration traumatic events	0.22	***4.96	0.05	0.05
	4	Avoidance	0.16	3.73***	0.03	0.02
	Total		**R^2** = 0.26, **adj R^2 =** 0.25, F (5, 410) = 28.68***			
Dissociation (N = 413)	1	Moses Immigrants	−0.01	−0.12		
		Solomon Immigrants	−0.02	−0.34	0.01	0.01
	2	Religiosity	−0.16	−3.24**	0.01	0.01
	3	Pre-migration traumatic events	0.12	*2.49	0.02	0.01
	4	Passiveness	0.21	3.90***	0.05	0.05
	5	Social joining	−0.16	−3.26**	0.02	0.02
	6	Antisocial coping	0.11	2.01*	0.01	0.01
			R^2 = 0.11, **adj R^2 =** 0.09, F (7, 405) = 7.05***			

*$p < 0.05$, **$p < 0.01$, ***$p < 0.001$

Dissociation was not predicted by group, but was predicted by higher exposure to pre-migration traumatic events and to less religiosity (entered as a dummy variable – 1 = religious, 0 = non-religious). Being less religious, using less Social Joining, endorsing more Passivity and Anti Social coping, significantly predicted dissociation. Overall, the findings show that avoidance was the only coping strategy associated with posttraumatic stress, regardless of immigration group and traumatic events. Dissociation was positively associated with less religiosity and with two coping strategies: Passivity and Anti Social behavior, but negatively associated with Social Joining, regardless of immigration wave and exposure to traumatic events.

DISCUSSION

The present study sought to examine the contribution of coping strategies to two distinct but related psychological disturbances, dissociation and PTSD, in three groups of immigrants, who arrived from traditional culture into a modern society. The majority of the Ethiopian immigrants in the present study were exposed to some form of trauma. As observed in previous research, many refugees had encountered cumulative traumatic experiences (Lie, 2002; Mollica *et al*., 1998; Silove *et al*., 2002). It was also found, that the groups differed in the severity of exposure to peri- and post-migration traumatic experiences and living difficulties; Moses immigrants exposed to the most peri-migration traumatic events, Family Reunification immigrants to the most post-migration living difficulties.

In the present study, exposure to traumatic experiences correlated with PTSD and dissociation, with Moses and Family Reunification immigrants presenting higher levels of PTSD, whereas all three groups revealed a similar level of dissociation. The rates of both PTSD and dissociation in the current study are consistent with findings in other studies of refugees and are within the reported range of PTSD and dissociation levels, respectively (Carlson & Rosser-Hogan, 1991; Mollica *et al.*, 1998; Yehuda, Kahana, Schmeidler, Southwick, Wilson & Giller, 1995).

Individuals who encounter traumatic experiences facilitate varied coping efforts which may influence the levels of symptomatology. The study found that the Ethiopian immigrants utilized a range of coping strategies. The three most prevalent, Self-Reliance, Social Joining, and Social Support Seeking indicate use

of more collectivistic coping strategies. However, Social Joining was the only one to affect psychological outcomes.

This is in line with previous studies, showing higher levels of endorsement of pro-social coping in refugees from culturally traditional countries (Araya, Chotai, Komproe & de Jong, 2007; Emmelkamp, Komproe, Van Ommeren & Schagen, 2002; Khawaja, White, Schweitzer & Greenslade, 2008). The findings suggest that for the Ethiopian immigrants, communal and collectivistic coping provided strong protection against the traumas and hardships experienced pre-, peri-, and post-immigration. The cultural context of the social network enables one to share problems and difficulties, thus providing protection, owing to feelings of concern towards others in the community. An isolated refugee faces emotionally unbuffered feelings of being alone with one's distress, which may exacerbate stress created in the course of the refugee immigration and may weaken the individual's resilience.

The least used strategies in our study were: Mastery, Individualism, Indirect coping, Avoidance, Passivity, and Antisocial coping. We found that only the last three had an effect on the psychopathologies studied.

Regarding Avoidance coping, our findings are consistent with a study of Somali refugees in Canada. Avoidance was one of the strategies least used, proved ineffective, and has reduced the capacity of the participants to confront the challenges of adapting to the new society (Matheson et al., 2008). Avoidance strategies are defined by efforts to escape reality by behavioral disengagement, characterized by ignoring the problem and focusing on emotional suppression, and are associated with poor psychological outcomes. In the Ethiopian immigrants, Avoidance may have stemmed from the collectivistic cultural norm that one is obliged not to share negative feelings or experiences with others and ''keep it all in the belly''. Avoidance coping may be an effective response shortly following an event, and may promote short term psychological well-being. However, under such circumstances, Avoidance denies one the benefits of warm responsive supportive relationships and exacerbates distress. It may be that those who suffer from posttraumatic distress use more Avoidance (Pole, Best, Metzler & Marmar, 2005). Therefore, it is somewhat difficult to determine whether the use of Avoidance leads to an increase in posttraumatic reactions.

Passive coping was utilized less than Avoidance, in consistence with a study which examined coping of refugees from traditional culture into a modern Western society, (Matheson *et al*., 2008). It is demonstrated in social relations, by withdrawal from stress-inducing interactions with others, by using detachment. Additionally, it is demonstrated by belief in miracle and luck, implying an external locus of control. In the traditional Ethiopian society, Passivity is interpreted as complying with the ''code of honor'': deferring to the opinion of elders, expressing social conformity, granting respect and obedience according to hierarchy towards higher authority-ranking persons. While this norm is appreciated in the Ethiopian traditional cultural context as a sign of humbleness, it proved maladaptive in the modern Western Israeli society, which endorses active coping.

Least used was Antisocial strategy, in accordance with studies in traditional societies (Roussi & Vassilaki, 2001) but not in modern Western societies (Dunahoo et al., 1996; Hobfoll, Cameron, Chapman & Gallagher, 1996; Monnier *et al*., 2000; Schwarzer *et al*., 2003). Interestingly, we found that Antisocial coping was ineffective, related to psychological distress, and in line with other studies, as a maladaptive strategy, both in modern Western and in traditional societies (Roussi & Vassilaki, 2001; Wells, Hobfoll & Lavin, 1997). The findings suggest that in Ethiopian culture, which endorses Pro-social relations, Antisocial attitudes are unacceptable, as they mean demonstrating anger towards others. Using this strategy may negatively impact the mental health of the individual because it may destroy his harmonious relationships with the society and he may lose the support from others.

Our study found that PTSD was predicted solely by Avoidance coping, conversely to dissociation, predicted by Pro-social, Passive, and Antisocial coping strategies, extending the suggestion that PTSD and dissociation are distinct constructs, in relation to exposure to traumatic events (Carlson & Rosser-Hogan, 1991; Feeny, Zoellner, Fitzgibbons & Foa, 2000).

Overall, the findings show that Avoidance was the only coping strategy associated with PTSD, regardless of immigration group and traumatic events. These findings about Avoidance coping as maladaptive regarding PTSD are in accordance with other studies of refugees (Matheson *et al*., 2008). Various explanations are attributed to the prediction of PTSD by Avoidance coping. Separation and detachment from everyday activities prevent the individual from receiving the needed social support. We infer that since the use of avoidant coping is a traditional cultural norm of the Ethiopian immigrants, this behavior discourages sharing emotional distress and exposure of one's personal problems to others is unacceptable, thereby preventing sharing traumatic memories. Avoiding trauma reminders may impede the natural recovery process that would allow for heightened arousal to decrease over time, and may also reinforce PTSD symptoms by signaling to the individual that memories are in fact dangerous (Matheson *et al*., 2008; Pineles, Mostoufi, Ready *et al*., 2011).

Another aspect examined in the current study is dissociation. No differences among the groups in rates of dissociation and no relation between severity of trauma and level of dissociation were observed. In comparison to other studies, the results in the current study are in line with the mean of DES scores of Holocaust survivors with PTSD (Yehuda et al., 1995) but lower than mean DES score among Cambodian refugees in the United States who experienced cumulative trauma (Carlson & Rosser-Hogan, 1991).

Dissociation was positively associated with Passive and Antisocial coping, and negatively with Social Support and religiosity, regardless of immigration wave and traumatic events. Other studies have similarly shown passivity as maladaptive coping for people exposed to traumatic experiences (Spiegel, 1990). It has been suggested that an individual who uses passive strategies, experiences loss of control, and becomes overwhelmed and disoriented (Marmar, Weiss, Metzler & Delucchi, 1996). It is proposed that perceived absence of control over the situation will lead to more negative mental health outcome. Greater use of Passivity was associated with greater dissociation, which may have protected them from full appreciation of their helplessness. It should be noted, however, that another study (Matheson et al., 2008), found that the propensity to use Passive coping behavior, among refugees who had encountered trauma, served to diminish the emotional reactions in the face of reminder cues, might not be a sign of maladaptation, but comprise a particular effective response.

Our findings about the relations between dissociation, Pro-social, and Antisocial coping, were of importance and interest. As above mentioned, Pro-social coping was related to less dissociation in the Ethiopian refugees, whereas Antisocial coping was related to more dissociation. Pro-social coping was related to better psychological functioning, suggesting that successful coping regulates relationships with others (i.e., coping in ways that solve problems without alienating or upsetting others and without creating problems for others (Monnier et al., 2000).

The collectivist Social Joining, expressed by an individual turning to others to receive and give social support in times of stress, was found to be a well-adjusted behavior for the Ethiopian refugees, in both traditional Ethiopian and modern Western Israeli society. The use of Pro-social coping may be most beneficial to those under highly stressful conditions by gaining and keeping social support when extreme traumatic events occur, since a caring social network may provide immediate assistance to individuals in distress which averts the development of further psychological distress.

Antisocial coping may lead to psychological distress. The traumatized individual's acting in a hostile manner towards others in the family or the community appear to preserve damaged interpersonal relations and a conflictive environment which erodes social support by alienating those who would otherwise provide it (Moritsugu & Sue, 1983; Triandis, 1995).

In addition, similarly to the protective impact of social support, higher religious faith as well, predicted less dissociation. However, the literature is divided on this subject: reports of negative relations between religious belief and dissociation (e.g., van Duijl, Nijenhuis, Komproe, Gernaat & de Jong, 2010), vs. other studies, showing that religious faith did not appear to possess a protective capacity (Matheson *et al*., 2008). Belief systems have been found to be a protective factor against psychological distress as in traumatized refugees by the interpretation of the events as God's will, which helped them in giving order to the disruption and chaos of their lives, specifically by maintaining their faith and prayer that their suffering would end; believing that one's life has purpose, provides meaning and resistance to despair. Conversely, religious belief may be interpreted by luck, fantasizing that things would be different, implying an external locus of control and passive attitudes, which increase dissociation.

Empirical knowledge regarding the cultural significance of PTSD and dissociation in Ethiopian society is limited. The association between avoidance coping strategy and PTSD has to be taken with caution, as the current study is not a causative one, as data were collected in a cross-sectional design. One cannot infer causal relationship between the contributions of coping strategies to psychological adjustment. The situation is similar regarding findings on the tendency to dissociate and on the relationship between this response and the coping strategies that Ethiopian immigrants use. It is also suggested that in a future research it is worth noting to adopt the recommendation to examine the categories of pre-migration events, using latent class analysis (Netland, 2001; 2005).

The study was conducted on Jewish Ethiopian immigrants in Israel alone. For more generalized results, prospective longitudinal studies should be conducted to examine a wider cross-cultural range of trauma survivors. Regarding the uniformity of the data, some of the subjects were Hebrew and/or Amharic illiterate and were given *en-vivo* translated versions of the questionnaire by the interpreters.

In conclusion, Pro-social coping is a cross-cultural strategy which contributes to resilience, whereas Avoidance and Passivity are coping mechanisms, which serve as familiar strategies in the traditional socio-culture of the Ethiopian immigrants, but in modern Western society, may tax a heavy toll, be maladaptive, and comprise a source of distress, such as PTSD and dissociation. Antisocial coping is the least used by the Ethiopian immigrants, nevertheless we conclude that when introduced into the modern Western society, they may adopt these ineffective strategies, which may prove in their disadvantage.

Furthermore, the findings may contribute to a more in-depth understanding of coping and psychological distress. Coping strategies related to PTSD differed from strategies related to dissociation, which may provide evidence that the two posttraumatic constructs are distinct. As for its implications, it is important that professionals, who work with refugee immigrants, be sensitive to socio-cultural aspects of coping, for the benefit of promoting absorption and prevention of distress. Moreover, it is important that professionals be able to identify the repertoire of coping strategies of the refugees, relate to the intercultural aspects thereof, and examine their effectiveness for the purpose of reducing post-traumatic reactions and tendency towards dissociation.

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