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Traumatic Life Events and Psychological Well-being Among Palestinian Adolescents: The Mediating Role of Resilience

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Abstract: Objectives: The current study was designed to investigate the relationship between stressful life events and psychological well-being, along with the mediating role of resilience among Palestinian adolescents. **Methods:** Structural equation modeling (SEM) was used to test a conceptual model, where resilience was identified as a mediator, traumatic life events as a predictor and well-being as an outcome variable. Participants were comprised of 240 Palestinian adolescents, 72 males and 168 females. Participants were recruited from online advertisements, e-mail campaigns, SMS campaigns, blogs, and social media. **Results:** Findings from correlational analyses showed that traumatic life events were negatively correlated with resilience ($r = -.485, p < .01$), and well-being ($r = -.682, p < .01$), while resilience was positively correlated with well-being ($r = .775, p < .01$). Results of structural equation modeling yielded a standardized total effect of resilience on well-being ($\beta_{X,M} = .61; p < .001$). However, this effect was composed of a statistically significant indirect effect (via resilience $\beta_{X,M,Y} = .26 p < .01$) and a statistically significant direct effect ($\beta_{X,Y,M} = .35 p < .01$). The relationship between traumatic life events and psychological well-being was fully mediated by resilience. **Conclusion:** The current study supported results from previous findings, demonstrating that traumatic life events are negatively associated with psychological well-being and resilience, while resilience was found to be positively associated with psychological well-being. In addition, the relationship between traumatic life events and psychological well-being was mediated by resilience. Further investigation targeting Palestinian adolescents aimed to support psychological well-being and resilience, and alleviate the effects of traumatic life events are recommended.

Keywords: Traumatic life events; Psychological well-being; Resilience; Palestinian adolescents.

Introduction

More than one billion children and adolescents around the world have been affected by war (McMullen et al., 2012). From these adolescents, Palestinians represent one of the largest populations as a result of the ongoing Palestinian-Israeli conflict (Harazneh & Hamdan-Mansour, 2019).

Palestinian adolescents have been exposed to several traumatic and violent events related to war such as fire shootings, shelling, and becoming physically injured (Mahamid, 2020). As a result of this political conflict, Palestinian adolescents face different social and economic stressors including poverty, restrictions on movement and lack of stadiums and recreational facilities (Mahamid & Bdier, 2020a).

Thabet and Thabet (2015) found that Palestinian children and adolescents aged (9-16) reported traumatic events such as hearing the loud noise that drones produce (98.8%); hearing shelling of the area by artillery (98.6%); hearing the sonic sounds of the jetfighters (98.4%); and watching mutilated bodies of Palestinians on TV (98.2%). Another study found that the mean number of traumatic events reported by Palestinian adolescents exposed to war in Gaza was 13.34 with 90.8% witnessing mutilated bodies on TV, 88.5% exposed to heavy artillery shelling, 86.6% seeing evidence of shelling, and 86.0% hearing sonic sounds from jetfighters (Thabet et al., 2014).

Traumatic life events are best defined as events that an individual appraises as threatening which triggers behavioral, physiological and psychological responses (Cohen et al., 2019). According to the cognitive-transactional perspective, stress is defined as a particular relationship between the person and the environment that is perceived by the individual as being taxing or exceeding his or her resources and endangering his or her well-being (Schwarzer & Luszczynska, 2012).

As Palestinian adolescents are growing up in war-like conditions, their psychological well-being is ultimately affected negatively. They have been found to suffer from different mental health problems ranging from simple fears and anxiety to the full criteria of PTSD, anxiety and depression (Thabet, 2017).

War trauma and psychological well-being

Well-being is known as the extent to which a person is satisfied, happy and enjoys life (Mahamid & Bdier, 2020b). While psychological well-being is best defined as a process of self-realization, consisting of six dimensions: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance (Weiss et al., 2016).

In a review paper that investigated the psychological well-being of Palestinian children and adolescents in Gaza Strip and West Bank, the results showed that the rate of PTSD among children ranged from 10% to 71% in the Gaza Strip, while the rate of PTSD in West Bank ranged from 35% to 36%; rate of anxiety was ranged from 28.5% to 33.9% in West Bank and Gaza; and depression ranged from 40% in children of Gaza and 50.6% in

West Bank; general well-being of children rated by parents and teachers were 20.9% and 31.8% and up to 49.6% rated by parents (Thabet, 2019).

Thabet et al., (2016) tested the correlation between PTSD, war trauma, anxiety, and depression among Palestinian children in Gaza. The results showed a positive correlation between PTSD symptoms, depression, anxiety, and war trauma. Khamis (2015) explored the long-term effects of the 2012 war on children's psychological distress aged (9-16) in the Gaza Strip. The results showed that Palestinian children who were experienced war-related trauma had developed PTSD symptoms, and were at risk for developing different mental health distress.

Fathers' detention (imprisoned by the Israeli army), is found to be associated with higher levels of PTSD and general mental health problems among Palestinian adolescents and this problem is found to be more severe when the children watched the arrest process of their fathers (Shehadeh et al., 2016).

In a study that examined psychological well-being among Palestinian adolescents growing up during the Palestinian-Israeli conflict, more than half of the participants reported trauma exposure, with 40% fulfilling the criteria of a preliminary PTSD diagnosis and a high prevalence of anxiety and depression (Shaheen et al., 2020).

Resilience

Regarding this study, the experience of resilience is expected to be a protective factor against traumatic life events as Palestinian adolescents showed high levels of resiliency (Abualkibash & Lera Rodríguez, 2015; Mahamid, 2020; Thabet et al., 2015). Resilience as a personal trait is the human ability to overcome, survive, or successfully adapt to a variety of adverse conditions, while as a process it is the capacity of a dynamic system to adapt successfully to disturbances that threaten system function, viability, or development (Mahamid & Bdier, 2020c).

Resilient adolescents are characterized as having high levels of hope, subjective well-being, psychological well-being, life satisfaction, happiness, self-efficacy, and self-regulation, and being able to cope with various domains in life (Aboalshamat et al., 2018; Artuch-Garde et al., 2017; Kirmani et al., 2015; Sagone & De Caroli, 2013; Tepeli Temiz & Tari Cömert, 2018; Vinayak & Judge, 2018).

Ghannam and Thabet (2014) examined the effect of war trauma on the occurrence of dissociative symptoms and the role of resilience among Palestinian adolescents in the Gaza Strip, the results showed a statistically negative relationship between dissociative symptoms and total resilience. Another study by Alibwaini & Thabet (2019) explored posttraumatic stress disorder and resilience among adolescents in the Gaza Strip after the 52-day war in 2014. Among adolescents, resilience was found to play a significant role in reducing the negative effect of trauma and PTSD (Alibwaini & Thabet, 2019).

According to a study that tested the correlation between life traumatic experiences, PTSD, posttraumatic growth, and resilience among Palestinian adolescents in Gaza, the findings indicated a negative significant correlation between PTSD and resilience. Moreover, resilience correlated negatively with posttraumatic growth (Dawas & Thabet, 2017).

Current study

Based on previous findings, three study hypotheses were defined: (1) traumatic life events will be negatively associated with psychological well-being among Palestinian adolescents; (2) resilience will be positively associated with Psychological well-being among Palestinian adolescents; (3) resilience will mediate the association between traumatic life events and psychological well-being among Palestinian adolescents.

Methodology

Participants

Participants were recruited from online advertisements, e-mail campaigns, blogs, social media, and SMS campaigns; participants were 240 Palestinian adolescents, involving 72 males and 168 females. A geographical representation of the participants showed that 48.3 percent of participants were from the city, 46.7 percent were from villages, and 5.0 percent were from Palestinian camps. Inclusion in the study required participants to be: 1) Palestinian adolescents, 2) native Arabic speakers, and 3) free from having been diagnosed with any form of neurodevelopmental or mental health impairment. The study was submitted for review by An-Najah Institutional Review Board (IRB) and received approval before data collection was initiated. Informed consent was obtained electronically before data was collected from the participants.

Measures

The Impact of the Event Scale (IES-R): The Impact of Event Scale-Revised (IES-R) is a self-report scale with 22 items, the measure was designed to test the current distress in response to traumatic life events. The scale includes three subscales represent the main symptoms of PTSD: Avoidance and numbing, hyperarousal, and intrusion. The Avoidance and numbing subscale includes items related to avoidance of places, people, and situations related to trauma. While, the intrusion subscale includes items related to distressing thoughts, nightmares and strong waves of feeling about the event. The hyperarousal subscale includes items related to difficulty concentrating, anger and irritability, psychophysiological arousal upon exposure to reminders and hypervigilance (Weiss and Marmar 1997). In our study, Cronbach's coefficient α was calculated to test the internal consistency. Results of the reliability analysis indicated high internal consistency for the total scale (.94).

The Scales of General Well-being (SGWB): The SGWB scale was developed by Longo, Coyne and Joseph (2018), the scale measures general

well-being as well as fourteen specific well-being constructs as lower-order indicators of well-being: happiness, vitality, calmness, optimism, involvement, self-awareness, self-acceptance, self-worth, competence, development, purpose, significance, self-congruence and connection. The SGWB produces responses covering the entire range of the 5-point response format. On average, means approximated the middle value of the 5-point format (i.e. 3). In our study, Cronbach's coefficient α was calculated to test the internal consistency. Results of the reliability analysis indicated high internal consistency for the total scale (.94).

Resilience Scale for Adults (RSA) : The RSA prepared by Hjemdal et al. (2006) is a 33-item self-report scale for measuring protective resilience factors, the scale comprises five factors labeled: Personal competence ("I know if I continue, I will succeed"), Social competence ("I can establish friendly relationships easily"), Family cohesion ("Even in difficult situations, my family is optimistic"), Social resources ("There is always someone who helps me when I'm in need") and Structured style ("I sustain my daily rules even in difficult situations"). Respondents rated items using a Likert response format with gradations from 1 (strongly disagree) to 5 (strongly agree). In our study, Cronbach's coefficient α was calculated to test the internal consistency. Results of the reliability analysis indicated high internal consistency for the total scale (.92).

Research Procedures

Research was conducted in February 2021 and targeted Palestinian adults during the spread of COVID-19. The sample was recruited online using convenience sampling techniques, participants were provided with information that enabled them to make informed decisions regarding participation in the research. They were provided with descriptions of the scales and the purpose of the research. Participants who agreed to participate in the research signed an informed consent.

Data analysis

Structural equation modeling (SEM) (Gunzler et al., 2013) was used to test a conceptual model where resilience was identified as a mediator, traumatic life events as a predictor and well-being as an outcome variable. We explored statistical distribution of the data for each of the variables. Both kurtosis and skewness values fell inside the recommended cut-offs [-1, +1]. Moreover, we calculated Mahalanobis' distance ($p < .001$) for all scores to detect and omit multivariate outliers: no extreme multivariate values were found. We adopted two fit-index: absolute and relative. The selected absolute indexes were χ^2 and normed- χ^2 (NC) as non-statistically significant χ^2 value and NC values of under 2.0 indicate good fit (Hair et al., 2010). Accordingly, root mean square error of approximation (RMSEA), normed fit index (NFI), non-normed fit index (NNFI), comparative fit index (CFI) and standardized root mean square (SRMR) were calculated. The thresholds for good fit were as follow: RMSEA < .07 and SRMR < .06 (Schermelleh-Engel et al., 2003).

Finally, we set a P value at .01. The SEM model (see Figure 1) has been tested using AMOS 25 software for data analysis.

Results

Descriptive statistics related to traumatic life events, resilience, and well-being are given in Table 1. Overall, participants scored on mild on traumatic life events, while high scores emerged on resilience and well-being. Regarding reliability, all scales showed a very high level of Cronbach's alpha indicators ranging from .921 (*Resilience*) to .942 (well-being).

Table1: Descriptive statistics for research variables (N= 240)

Variable	Mean	S.D	Min	Max	Range	Skewness	Kurtosis	Reliability
Traumatic life events	2.702	.781	1.20	5.00	3.80	.377	.252	.939
Resilience	4.127	.590	1.00	4.85	3.85	-2.725	11.607	.921
Well-being	3.873	.738	1.00	5.00	4.00	-1.103	2.817	.942

Results at correlational analysis are reported in Table 2. Namely, traumatic life events were negatively correlated with resilience ($r = -.485$, $p < .01$), and well-being ($r = -.682$, $p < .01$), while resilience positively correlated with well-being ($r = .775$, $p < .01$).

Table2: Correlations among study variables (N= 240)

Measures	1	2	3
(1)Traumatic life events	1	-.485**	-.682**
(2)Resilience		1	.775**
(3)Well-being			1

** $p < 0.01$

Structural equation model (SEM)

The attained path analysis results are given in Figure 2. The hypothesized model in Figure 1 shows traumatic life events as a predictor, resilience as a mediator, and well-being as an outcome variable tested across the sample (n=240). Findings suggested that resilience mediated the relationship with a good fit for the data ($\chi^2_{(17)} = 86.74$; $p = .000$; GFI=.98; AGFI=.87; RMSEA=.041; NFI=.88; CFI=.91).

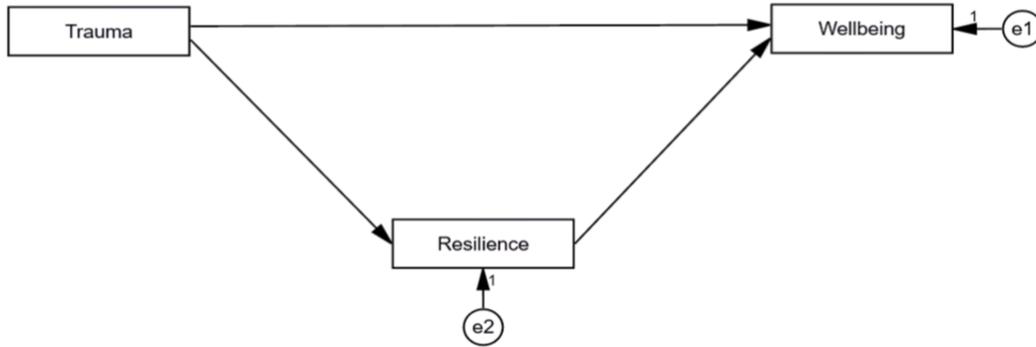


Fig1: The conceptualized effect for traumatic life events on well-being, and the mediating role of resilience

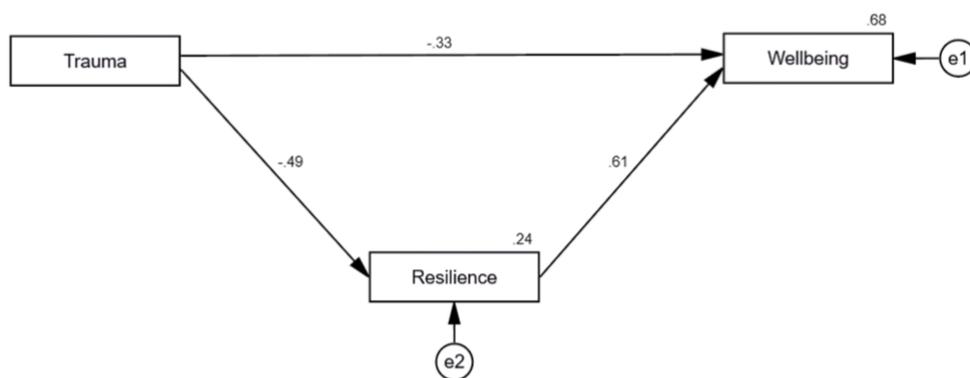


Fig2: Structural equation modeling for traumatic life events on well-being, and the mediating role of resilience

For our study purposes, three main hypotheses were tested with coefficient and t value. All of the t values coefficients are over 1.96; therefore, the three hypotheses could be accepted as shown in table 3.

Table 3: Estimates parameters for the structural equation model

Model	Parameter	β	t value	Hypothesis
H1	Traumatic life events \rightarrow well-being	-.36	-8.57***	Accepted
H2	Resilience \rightarrow well-being	.76	14.76***	Accepted
H3	Resilience \rightarrow traumatic life events	-.31	-7.57***	Accepted

*Note: Standardized solutions are reported. *** $p < .001$*

Regarding (H1), analysis showed a significant negative total effect of traumatic life events on well-being ($\beta_{X,Y} = -.62$; $p < .001$). Analysis of the path between traumatic life events and resilience suggested a negative effect ($\beta_{M,Y} = -.48$; $p < .001$) as for (H2). Finally, concerning the full mediation hypothesis (H3), the model yielded a standardized total effect of resilience on well-being ($\beta_{X,M} = .61$; $p < .001$). However, this effect was composed of a statistically significant indirect effect ($\beta_{X,M,Y} = .26$ $p < .01$) and a statistically significant direct effect ($\beta_{X,Y,M} = .35$ $p < .01$). This means that the relationship between traumatic life events and well-being was fully mediated by resilience.

Discussion

The objective of the study was to investigate the relationship between traumatic life events and psychological well-being among Palestinian adolescents and whether resilience could mediate the correlations between the two variables. The population of study were Palestinian adolescents who have experienced stress as a result of ongoing military occupation in the West Bank of Palestine.

Our first hypothesis was confirmed by a correlation analysis revealing that traumatic life events are negatively associated with psychological well-being in Palestinian adolescents. This is in accordance with studies demonstrating that repeated stress daily can diminish one's ability to cope effectively with traumatic life experiences and thus, increase one's susceptibility to physical and psychological health. High exposure to military trauma in middle childhood along with traumatic-life events in early adolescence can result in greater depressive and PTSD symptoms and decreased satisfaction of life in adolescence (Qouta et al., 2007). It is not unexpected that Palestinian adolescents who have faced continuous exposure to war conditions would reveal impairments in psychological well-being as research has shown an increase in arousal and reactivity, negative alterations in cognitions and mood along with a prevalence of intrusion symptoms in this population (El-Khodary et al., 2020).

Our second hypothesis was also confirmed that resilient adaptation is correlated positively with well-being. For Palestinian youth, resilience can be conceptualized as their ability to resume normal functioning despite being raised under harsh conditions. This finding is consistent with the literature that reveals that resilient persons are characterized by hardiness, optimism, and positive coping; these attributes are related to improved mental and physical health and ultimately, a greater adaptive response to negative life events (Connor & Davidson, 2003). Resilience is attributed to social and ideological commitment (Punamäki, 1996), creative problem solving (Punamäki et al., 2001), and high self-esteem along with successful coping (Baker, 1990). On the contrary, less resilient individuals are more likely to have depression, anxiety, psychosis, and phobic anxiety, revealing that greater resilience will lead to better outcomes (Anwar & Thabet, 2013).

Our third hypothesis that resilience would mediate the association between traumatic life events and psychological well-being among Palestinian adolescents was confirmed by the path analysis. Our study found that possessing resilience will mediate the relationship between traumatic life events and well-being. Importantly, this study demonstrates that persons high on resilience are less likely to have their psychological well-being impacted by the experience of a stress-provoking environment. The results suggest that the level of resilience is important for how well an individual may cope with exposure to stress. Despite Palestinians facing a plethora of stressful conditions such as constant bombardment, this exposure does not necessarily result in possible psychopathology. In fact, studies have found that children can be resilient despite stressful environments and can maintain healthy psychosocial functioning (Mahamid, 2020). Ultimately, resilience is a mediator against adolescent's mental health with adolescents found to be less susceptible to stress, anxiety, depression and obsessive-compulsive disorders (Hjemdal et al., 2010).

Limitations

This study has several limitations, providing opportunities for future studies. First, the study was entirely based on quantitative data collected online via self-reporting instruments completed by participants. To generalize the research findings, qualitative and quantitative methods should be used in future studies. Second, the methods of our study are correlational and its results are cross-sectional. Therefore, it is difficult to make causal inferences based on the results of the current study. Experimental and longitudinal studies are required to test the causal correlation between these variables. Third, the instruments used, and their psychometric properties had not previously been tested with this specific population, Palestinian adolescents. More studies are needed to test the psychosomatic properties and the factorial structure of the current study scales.

Conclusion

The current study supported previous findings demonstrating that traumatic life events have been negatively associated with psychological well-being and resilience, while resilience was found to be positively associated with psychological well-being. In addition, the relationship between traumatic life events and psychological well-being was mediated by resilience. In summary, the research findings indicated the main role of resilience as a protective factor against traumatic life events; the findings also supported the crucial role of resilience in improving well-being among Palestinian adolescents. These findings may support interventions to improve resiliency and well-being, in order to mitigate the risk of traumatic life events among Palestinian adolescents.

Conflict of Interest

There is no conflict of interest.

Availability of data and materials

Data will be made available upon reasonable request.

Funding source

None.

Ethics statement

The research was conducted in accordance with the ethical guidelines of the American Psychological Association (APA, 2010) and the Declaration of Helsinki (1967) and had been approved by the An- Najah National University IRB, with archived number 13 February.

Authors' contributions

All authors significantly contributed to the preparation of this manuscript.

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