Traumatic events as predictors of social media addiction and mental distress among Palestinians

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Abstract: *Objectives*: This study examines the relationship between traumatic events, social media addiction (SMA), and mental health outcomes, specifically stress, depression, and anxiety, among Palestinians in the West Bank. *Methods*: The sample for the current study consisted of 580 participants, including 265 males and 315 females, who were recruited through emails and social media platforms. *Results*: The findings revealed significant positive correlations between trauma exposure and mental distress variables, with traumatic events emerging as strong predictors of SMA, stress, depression, and anxiety. Results indicate that social media platforms serve as both coping mechanisms and sources of distress, contributing to SMA through compulsive usage patterns amidst political violence. *Conclusion*: The study highlights the collective trauma experienced by Palestinians due to prolonged sociopolitical unrest, including displacement, Israeli military incursions and oppression. Addressing this crisis requires culturally sensitive, trauma-informed interventions that integrate mental health support with strategies to manage digital engagement and foster resilience within the community. These findings contribute to understanding how trauma interacts with digital behaviors and mental health in conflict zones.

Keywords: Trauma, Stress, Depression, Anxiety, Social Media Addiction, Palestine.

Introduction

Palestinians living in refugee camps within Palestine and neighboring countries are deeply embedded in a national narrative of collective trauma resulting from the Nakba. Subjected to daily violence, chronic insecurity, and ongoing conflict imposed by the Israeli occupation, they remain stateless refugees confined behind closed borders, perpetually bearing the brunt of the Palestinian catastrophe (Mahamid & Bdier, 2024).

The psychological toll of trauma in Palestine reflects the enduring impact of chronic exposure to political violence, displacement, and systemic oppression. Individuals repeatedly subjected to these stressors face heightened risks of developing PTSD, anxiety, and depression. This ongoing exposure overwhelms emotional regulation systems, disrupts cognitive functioning, and fosters persistent states of hypervigilance and emotional dysregulation (Al-Modallal et al., 2020; Thabet et al., 2021). The cumulative nature of trauma exacerbates these effects, as individuals encounter recurring stressors that prevent recovery and deepen psychological scars. Such exposure perpetuates emotional numbing and intrusive thoughts while impairing social and familial relationships. Thabet et al. (2021) describe this phenomenon as "emotional saturation," where the mind's capacity to cope diminishes over time. Physiological impacts, such as disrupted sleep, appetite dysregulation, and immune suppression, further compound these issues, creating a feedback loop between physical and emotional suffering (Thabet & Sultan, 2016; Thabet et al., 2021). The lack of accessible mental health infrastructure in Palestine worsens this situation, leaving many to navigate the effects of trauma without adequate support. Cultural stigmas surrounding mental health care further discourage individuals from seeking help, perpetuating cycles of distress (Qouta & El-Sarraj, 2004; Dimitry, 2012).

Palestinian youth, particularly children and adolescents, are acutely affected by the normalization of trauma. Growing up in an environment characterized by violence and instability, they internalize trauma as a routine aspect of daily life. This normalization impairs their ability to distinguish between safety and danger, leading to hypervigilance, emotional instability, and impaired cognitive and social development (Thabet & Sultan, 2016; Thabet et al., 2021). Chronic exposure to traumatic events, such as Israeli military incursions, displacement, or the loss of family members, disrupts neurodevelopmental processes, particularly in areas responsible for emotion regulation and executive functioning. As a result, children display symptoms such as aggressive behavior, withdrawal, and academic struggles. These manifestations often reflect maladaptive coping mechanisms like avoidance or emotional suppression, which further hinder recovery (Thabet & Vostanis, 2000; Dimitry, 2012). The psychological consequences of this normalization are long-lasting, with many youth exhibiting feelings of helplessness, resignation, and an inability to envision a stable future. Thabet et al. (2021) emphasize that without targeted

interventions, these early disruptions can lead to intergenerational cycles of trauma, as children inherit unresolved emotional burdens from their families. This perpetuation of distress underscores the critical need for child-centered mental health strategies that address trauma and foster resilience.

Women and children bear a disproportionate share of the psychological burden of trauma in Palestine. Women, as primary caregivers, face the dual responsibility of managing their psychological well-being while providing stability and support for their families. This dual role exposes them to heightened risks of anxiety, depression, and psychosomatic disorders, as they navigate the compounded stressors of displacement, violence, and cultural expectations (Nasir et al., 2023). Cultural norms often demand that women suppress their emotional struggles and maintain a facade of resilience, further isolating them and deterring them from seeking psychological care. For children, the impact of trauma is particularly severe due to their developmental stage. Research shows that nearly 25% of children in Gaza meet the diagnostic criteria for PTSD, exhibiting symptoms such as nightmares, intrusive memories, and emotional detachment (Qouta & El-Sarraj, 2004; Dimitry, 2012). The loss of secure family attachments and the breakdown of caregiving structures exacerbate these issues, leaving children vulnerable to long-term psychological and social impairments (Thabet & Vostanis, 2000; Thabet et al., 2004). Limited mental health infrastructure and the pervasive stigma surrounding mental illness further compound these challenges, leaving many women and children to rely on informal or maladaptive coping strategies. These patterns not only impede recovery but also contribute to the intergenerational transmission of trauma within Palestinian society.

In the absence of adequate mental health support, social media has emerged as an essential outlet for Palestinians to navigate the psychological challenges of trauma. Platforms such as Facebook, Instagram, and Twitter provide spaces for emotional expression, community connection, and advocacy. These digital spaces allow individuals to share personal narratives, process their trauma, and seek validation from local and global audiences (Ahmead et al., 2024; Nasir et al., 2023). For many, particularly youth, social media offers a sense of control in an otherwise uncontrollable environment. Through online advocacy and storytelling, users can reclaim a sense of agency and build networks of solidarity. This engagement often fosters resilience, as individuals transform personal pain into collective resistance (Ahmead et al., 2024). However, the dual nature of social media complicates its role as a coping mechanism. While it offers opportunities for connection, it also exposes users to distressing content, such as graphic images and narratives of violence, which can trigger re-traumatization. Al-Krenawi and Graham (2021) highlight how compulsive social media use during crises exacerbates symptoms of anxiety and PTSD, creating a paradoxical relationship between relief and harm. This continuous

engagement with traumatic content contributes to emotional exhaustion, reinforcing cycles of psychological distress.

Social media addiction (SMA) is a growing concern in Palestine, particularly among youth who rely on digital platforms to cope with trauma. SMA is characterized by excessive engagement, emotional dependency, and the prioritization of online interactions over offline functionality. While social media provides temporary relief, its compulsive use often exacerbates psychological vulnerabilities, reinforcing patterns of avoidance, hyperarousal, and exposure to distressing content (Keles et al., 2020; Thabet et al., 2021). One significant consequence of SMA is its disruption of sleep, which is critical for trauma recovery. Late-night social media use exacerbates trauma-related sleep disturbances, such as insomnia and nightmares, creating a feedback loop that intensifies symptoms of PTSD (Babson & Feldner, 2010; Kalmbach et al., 2018; Keles et al., 2020). Poor sleep impairs cognitive functioning and emotional stability, making it more difficult for individuals to process and integrate traumatic experiences. This bidirectional relationship between sleep and trauma underscores the harmful effects of SMA, as users become trapped in cycles of fatigue, hyperarousal, and emotional dysregulation. Addressing SMA in trauma-affected populations requires interventions that promote digital literacy and healthier online behaviors while addressing the root causes of emotional dependency on social media.

The psychological effects of social media use in Palestine are deeply influenced by gender dynamics. Women often engage with social media to express emotions, advocate for their rights, and build supportive communities. Digital platforms provide women with a crucial outlet for coping, particularly in a society where mental health issues carry stigma (Nasir et al., 2023). Through social media, women can share their struggles, connect with others facing similar challenges, and challenge cultural norms that often silence their voices. However, this engagement also exposes women to unique psychological risks. Repeated exposure to graphic content, combined with experiences of online harassment, intensifies feelings of anxiety, helplessness, and emotional strain. In contrast, men frequently use social media as a tool for political activism, documenting resistance and connecting with global audiences. While this form of engagement fosters empowerment, it also subjects men to heightened surveillance and the psychological burden of witnessing or experiencing violence (Ahmead et al., 2024). These gendered patterns of social media use highlight the need for tailored mental health interventions that address the distinct challenges faced by men and women.

Despite the pervasive trauma, Palestinian communities demonstrate remarkable resilience through collective coping mechanisms. This resilience is deeply rooted in cultural practices and shared values, particularly the concept of *sumud* (steadfastness). *Sumud* emphasizes endurance, identity preservation, and social solidarity, providing psychological strength in the face of adversity (Ahmead et al., 2024; Marie

et al., 2018; Russo, 2014; Thabet et al., 2021). Social networks within families and communities play a critical role in mitigating the effects of trauma, offering emotional and material support that fosters a sense of belonging and stability. Religious practices, such as prayer and communal gatherings, further reinforce these bonds, offering psychological relief and promoting hope. Grassroots resistance movements also contribute to community resilience by transforming personal pain into collective action, enabling individuals to find purpose in shared struggles. However, prolonged violence and displacement strain these networks, threatening their sustainability and effectiveness. Prior research (Al-Krenawi & Graham, 2012; Nasir et al., 2023) highlight the need for interventions that strengthen social cohesion while providing access to mental health resources. These efforts can enhance resilience and reduce the isolation often experienced by trauma survivors.

Addressing the intersection of trauma, social media addiction, and mental health in Palestine requires comprehensive, culturally sensitive interventions. Trauma-informed care prioritizes safety, empowerment, and emotional regulation, equipping individuals with the tools needed to process their experiences and rebuild resilience (Thabet et al., 2021). Community-based mental health programs that integrate digital literacy training can help individuals critically navigate social media, reducing exposure to distressing content and promoting healthier online behaviors (Al-Krenawi & Graham, 2012). Gender-sensitive approaches are also critical in tailoring interventions to meet the distinct needs of men and women. Women, particularly those in caregiving roles, require programs that address the dual pressures of caregiving and trauma, while men need resources to manage the emotional strain of activism and resistance (Nasir et al., 2023). Resilience-building initiatives, such as mindfulness and emotional regulation training, further equip individuals with skills to manage their psychological responses effectively and foster recovery (Keles et al., 2020). Future research should evaluate the long-term effectiveness of these interventions and explore innovative approaches to support trauma-affected populations in conflict zones.

Current study

The current study investigated the association between traumatic events, stress, depression, anxiety and social media addiction among Palestinians. Our study is significant as, to our knowledge, it is the first to explore the relationship between these variables within the Palestinian context. Based on prior studies (Ahmead et al., 2024; Russo, 2014; Thabet et al., 2021), the hypotheses of the study were formulated as follows: First, traumatic events are expected to be positively associated with stress, depression, anxiety and social media addiction (H1); Traumatic events among Palestinians are expected to play a significant role in predicting stress, depression, anxiety, and social media addiction (H2).

Methods

Participants and procedures

Our correlational study was conducted in November 2024 and targeted Palestinians living in the West Bank of Palestine. Participants were recruited using online methods, including emails, social media, and advertisements. The aims of the study were presented online, and participants interested in participating were asked to send an email indicating their willingness to join the study. All participants received a letter clarifying the objectives and ethical issues of the study. They provided written informed consent upon accepting the conditions of participation. A total of 580 adults participated in the study, comprising 265 males and 315 females. Regarding educational attainment, 19.5% held a graduate degree, 64.3 % held a bachelor's degree, and 16.2% held a high school degree. To be included in the study, participants were required to be (1) native Arabic speakers, (2) Palestinian, and (3) residents in the occupied Palestinian territories (oPt). Approval for the study was obtained from An-Najah National University Institutional Review Board (IRB) before data collection began.

Measures

Following standard methodological recommendations for questionnaire development (Hambleton et al., 2005), all measures not already validated in Arabic were translated and back-translated from the original English version into Arabic. This process involved a panel of 10 Arab professionals in psychology, counseling, and social work who evaluated the clarity and relevance of the questions and translations. After completing the initial draft of translated items, the questionnaires were back-translated into English by an independent expert English editor. Based on their feedback, the translated version was pilot-tested among 80 participants and further refined for clarity.

Brief Trauma Questionnaire (BTQ): The BTQ (Schnurr et al., 1999) is a 10 item self-report measure used to determine if responders have ever experienced a traumatic event. This measure inquiry about events, such as experiencing combat, a motor vehicle accident, or the sudden death of a close friend or family member. In either case, exposure to an event should be scored as positive if a respondent says yes to either. Reliability analysis of BTQ indicated a high degree of reliability in evaluating traumatic events of Palestinians (α = .91).

Depression, Anxiety, and Stress Scale-21 (DASS-21): The DASS-21 is a 21-item self-report questionnaire developed by Lovibond and Lovibond (1995) to measure the severity of symptoms common in depression, anxiety, and stress. Participants indicate the presence of symptoms over the previous week, with each item scored from 0 (did not apply to me at all) to 3 (applied to me very much or most of the time). Mahamid et al. (2021) reported excellent internal consistency for the DASS-21 in the Palestinian context (α = .90).

Social Networks Addiction Scale (SNAS): The scale can be used either to detect or to explain addictive behavior dimensions or to diagnose patients. Dimension exploration score is calculated by summing each dimension's questions score. A total score can be obtained by summing up all 21 items. The score can range from 21 to 147. Any score above a total score of 84 signifies addiction with three levels of usage diagnosis, controlled, moderate and severe (Griffiths, 2005; Shahnawaz, 2020). The scale was analyzed and validated in Arabic and Palestinian context (Atwan et al., 2022). Reliability analysis of SNAS indicated a high degree of reliability in evaluating social networks addiction ($\alpha = .93$).

Data analysis

We used descriptive statistics, means, standard deviations, range, skewness, kurtosis, and reliability for our study variables (traumatic events, stress, anxiety, and social media addiction). In addition, Person Correlation Coefficient between traumatic events, stress, depression, anxiety and social media addiction was conducted to evaluate whether there is statistical evidence for a linear relationship among our study variables. Finally, we used hierarchical regression analysis to predict stress, depression, anxiety and social media addiction through demographic variables (gender, and educational level) in step1. Moreover, demographic variables (gender, and educational level) with traumatic events, were used to predict stress, anxiety, depression and social media addiction in sept2. The hierarchical regression analysis has been tested using SPSS 29 software for data analysis.

Results

Descriptive statistics for traumatic events, social media addiction, and stress, depression and anxiety are presented in Table 1. Participants reported high scores traumatic events, stress, depression, and anxiety, and moderate scores for social media addiction. Moreover, all measures used in this study demonstrated a high degree of reliability, with coefficients ranging from .93 for social media addiction to .85 for anxiety.

Table1: Descriptive statistics for research variables (N= 580)

Variable	M	S.D	Min	Max	Range	Skewness	Kurtosis	Cronbach's alpha
Traumatic events	1.42	.26	1.00	2.00	1.00	.26	-.90	.91
Social media addiction	3.20	.69	1.50	5.00	3.50	-.66	.71	.93
Stress	2.17	.64	1.00	4.00	3.00	.33	-.07	.91
Depression	1.78	.66	1.00	4.00	3.00	.95	.60	.90
Anxiety	2.10	.69	1.00	4.00	3.00	.45	-.23	.90

Results of the correlational analysis, presented in Table 2, revealed several significant relationships. Traumatic events were positively correlated with social media addiction (r =.39, *p < .01*), stress (r =.45, *p < .01*), depression (r =.43, *p < .01*), and anxiety (r =.41, *p < .01*). social media addiction positively correlated with stress (r =.40, *p < .01*), depression (r =.39, *p < .01*), and anxiety (r =.37, *p < .01*). Stress positively correlated with depression (r =.65, *p < .01*), and anxiety (r =.57, *p < .01*). Finally, anxiety positively correlated with depression (r =.54, *p < .01*).

Table2: Correlations among study variables (N= 580)

Measures	1	2	3	4	5
Traumatic events	1	.39**	.45**	.43**	.41**
Social media addiction		1	.40**	.39**	.37**
Stress			1	.65**	.57**
Anxiety				1	.54**
Depression					1

*** α is significant at ≤.01*

In table3, we tested hierarchical regression analysis to stress, anxiety, depression, and social media addiction through demographic variables (gender, and educational level) in step1. While demographic variables (gender, and educational level) with traumatic were used to predict stress, anxiety, depression, and social media addiction in sept2. Our findings revealed that stress was positively predicted by traumatic events (β =.41; ** *p < .01*). Anxiety was positively predicted by traumatic events (β =.44; ** *p < .01*). Moreover, depression was positively predicted by traumatic events (β =.43; ** *p < .01*). Finally, social media addiction was positively predicted by traumatic events (β =.42; ** *p < .01*).

Table3: Hierarchical regression analysis for variables predicting stress, depression, anxiety, and social media addiction (N= 580)

Variable	B	SEB	β	R2
Stress				
Step1				
Educational level	.06	.08	.03	
Gender	.126	.044	.04	.05
Step2				
Educational level	.04	.08	.03	
Gender	.08	.07	.05	.28
Traumatic events	.39	.03	.41**	
Anxiety				
Step1				
Educational level	.04	.07	.06	
Gender	.03	.07	.04	.06
Step2				
Educational level	.04	.06	.05	
Gender	.04	.08	.03	.27
Traumatic events	.445	.02	.44**	
Depression				
Step1				
Educational level	.03	.06	.04	
Gender	.04	.05	.03	.04
Step2				
Educational level	.02	.07	.03	
Gender	.03	.08	.04	.28
Traumatic events	.46	.02	.43**	
Social media addiction				
Step1				
Educational level	.03	.07	.03	
Gender	.144	.06	.04	.06
Step2				
Educational level	.120	.07	.04	
Gender	.02	.09	. 03	.29
Traumatic events	.46	.03	.42**	

*** α is significant at ≤ .01*

Discussion

The study examined the relationship between traumatic events, stress, depression, and social media addiction among Palestinians, focusing on how these traumatic experiences predict psychological outcomes. The findings revealed significant positive associations between trauma exposure and stress, anxiety, and depression. Furthermore, traumatic events emerged as strong predictors of social media addiction, illustrating the psychological impacts of prolonged exposure to conflict and instability.

The study's results are consistent with previous research that highlights the association between traumatic experiences, psychological distress, and social media use. For instance, Mahamid and Berte (2020) demonstrated that individuals exposed to violence in the West Bank

exhibited higher levels of social media engagement, using these platforms as coping mechanisms. Similarly, Fantasia et al. (2023) found that veterans with PTSD often turned to social media to traverse their symptoms, suggesting that trauma frequently drives compulsive digital behavior. Filiatreau et al. (2022) showed that various stressful life events, such as bereavement, violence, and unsafe environments, were linked to depression, anxiety, and PTSD symptoms in Cameroon, further illustrating the association between trauma and mental health challenges.

The findings are rooted in the persistent traumatic events experienced by Palestinians. These include the Israeli military incursions, forced displacement, and the widespread presence of checkpoints that disrupt daily life. Following the events of October 7th, these stressors intensified, turning many areas into closed military zones and heightening the collective trauma experienced by Palestinian communities. Such conditions exacerbate stress, anxiety, and depression while contributing to widespread psychological distress (Veronese et al., 2023).

Social media has become a vital outlet for Palestinians coping with these challenges. Platforms like Telegram, WhatsApp, and Twitter serve as tools for communication and real-time updates on military activities, road closures, and checkpoints. Beyond their practical use, these platforms also provide a space for emotional expression and community support. However, frequent and compulsive engagement with social media has contributed to addiction-like behaviors. This dual role of social media—as a coping mechanism and a potential source of distress—reflects findings in trauma-affected populations (Al-Krenawi & Graham, 2012). Exposure to distressing online content can amplify anxiety and feelings of helplessness, creating a cycle of dependency and emotional harm.

The ability of traumatic events to predict stress, anxiety, depression, and social media addiction highlights the severe and pervasive nature of trauma exposure in Palestinian society. Decades of displacement, systemic oppression, and daily humiliations at checkpoints and barriers have compounded the psychological burden. These experiences have shifted trauma from being an individual phenomenon to a collective societal issue, affecting entire communities. This shared trauma disrupts social and familial structures, eroding resilience and amplifying psychological distress (Mahamid et al, 2023).

The findings highlight the urgent need for tailored mental health interventions that address the cultural and sociopolitical context of Palestinians. Trauma-informed care that focuses on emotional regulation, resilience-building, and culturally sensitive approaches is essential to mitigate the psychological impacts of trauma. Community-based programs can provide support by fostering social connections and offering practical tools to manage emotional responses. In addition, addressing social media addiction requires strategies that promote healthy digital behaviors and reduce exposure to distressing online content (Affouneh et al., 2021).

Limitations

Some limitations must be acknowledged. Firstly, the potential constraints associated with self-reported data should be considered, as they may be affected by social desirability bias, underreporting due to stigma, or cultural variations in the understanding of psychological symptoms. These factors could influence the interpretation of the mean scores for stress, depression, anxiety and social media addiction, potentially leading to an underestimation or overestimation of the true traumatic events. Furthermore, given the Palestinian context and the cumulative nature of traumatic experiences faced due to ongoing sociopolitical conditions, it is essential to employ research tools capable of addressing this cumulative trauma more effectively. Longitudinal studies would also be valuable in establishing the directionality and long-term impacts of trauma exposure on sleep disturbance.

Conclusion

This study examined the interplay between traumatic events, stress, depression, anxiety, and social media addiction (SMA) among Palestinians in the West Bank. The findings demonstrated a significant positive relationship between exposure to traumatic events and mental health challenges, including SMA, stress, depression, and anxiety. Furthermore, traumatic events emerged as key predictors of these psychological outcomes, highlighting the extensive impact of chronic exposure to sociopolitical violence and systemic oppression.

The results highlight the urgency of addressing the mental health needs of Palestinians through culturally sensitive, trauma-informed approaches. Prolonged exposure to collective trauma, shaped by decades of displacement, military incursions, and restrictions on movement, has had profound implications for psychological well-being, necessitating targeted therapeutic interventions. These efforts must consider the unique cultural, social, and political contexts that influence mental health outcomes in Palestinian society.

In addition to therapeutic interventions, the findings emphasize the importance of addressing SMA, which serves as both a coping mechanism and a source of distress. Social media platforms provide a space for emotional expression and connection but also contribute to compulsive usage patterns and re-traumatization through exposure to distressing content. Addressing SMA requires initiatives that promote digital literacy, encourage healthier online behaviors, and incorporate strategies to manage the psychological impact of compulsive social media use.

The study also highlights the need for capacity-building among healthcare providers to ensure readiness to deliver trauma-informed care. Community-based mental health programs that integrate social support networks and resilience-building initiatives, such as mindfulness and emotional regulation training, are essential for fostering recovery and reducing the long-term effects of trauma. Future research should explore

innovative, context-specific approaches to addressing mental health challenges and evaluate the effectiveness of these interventions over time.

These findings contribute to the growing body of evidence on the psychological effects of trauma in conflict zones, providing critical insights into the relationship between digital engagement and mental health distress. By addressing the root causes of psychological distress and fostering resilience, mental health institutions in Palestine should develop comprehensive interventions that focus on the prolonged traumatic experiences faced by Palestinians. These interventions should aim to mitigate negative outcomes such as depression, anxiety, stress, and social media addiction. Furthermore, enhancing positive coping strategies is crucial to promoting resilience and well-being within the Palestinian community which has been affected by long-term trauma.

Ethics approval
Our study was approved by An-Najah Institutional Review Board (IRB) before data collection was initiated

Relative Contributions
All authors contributed equally to this work. All authors read and approved the final manuscript.

Competing interests
The authors declare that they have no competing interests.

Research Promotion
N/A

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