An-Najah National University

Faculty of Graduate Studies

THE EFFECT OF RESILIENCE AND PERCEIVED SOCIAL SUPPORT ON TRAUMA AND DEPRESSION SYMPTOMS AMONG AN-NAJAH UNIVERSITY STUDENTS

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This Thesis is Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Clinical Psychology, Faculty of Graduate Studies An-Najah National University, Nablus, Palestine.

2022

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Dedication

I dedicate my hard work, my dissertation to the dearest human, whom I am honored to have his name, who sacrificed all precious and comfy to pave my educational path... my father.

The light of my life, the star that guide me through all darkness, whose prayers, and words a companion and source of inspiration and motivation … my beloved mother.

The ones who left me before I stand at the threshold of distinction, whose absence is bodily but strongly present wherever I turn, my grandmother and grandfather, you are never forgotten.

The support, compassion, sources of relief and shelter, warm gathering and hearty laughs, my brothers, and sisters.

Acknowledgment

First and foremost, I pray thankfulness to Allah for providing me the well to complete this study.

My greatest gratitude and appreciation are extended to my supervisor, Dr. ShadiAbulkebash, for all his efforts and his supervision on my humble work, and for all the support and guidance all through the time of preparation.

Many thanks are also extended to all An-Najah National University instructors, particularly, Department of Clinical Psychology staff, who were both patient and directive.

My appreciation and thanks are also extended to the defense committee who were generous to read and enrich the study with their substantial valuable comments.

Declaration

I, the undersigned, declare that I submitted the thesis entitled:

THE EFFECT OF RESILIENCE AND PERCEIVED SOCIAL SUPPORT ON TRAUMA AND DEPRESSION SYMPTOMS AMONG AN-NAJAH UNIVERSITY STUDENTS

The work provided in this thesis, unless otherwise referenced, is the researcher's own work, and has not been submitted elsewhere for any other degree or qualification.

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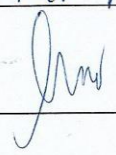
Signature: 

Date: 3/11/2022

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Abstract

The study aimed to examine the effect of resilience and perceived social support on trauma and depression symptoms among (146) An-Najah National University students.

The descriptive analytical methodology was adopted, Data collected from the participants by using the CYRM, MSPSS, DTS, and HSCL assessments.

The results showed that there is low correlation between depression symptoms (r=0.378) and faculty (r=0.439) on resilience but depression symptoms contributes by 14.3% on resilience and faculty contributes by 19.2% on resilience. On the other hand, gender (r=0.519) and GPA (r=0.545) has moderate correlation with resilience depression, however, gender contributes by 26.9% on resilience and GPA contributes by 29.7% on resilience. On the other hand, there is very high correlation between depression symptoms (r=0.989) with social support and depression symptoms contributes by 97.9% on social support.

The study recommended activating the role of the psychologist inside universities in all its stages and qualifying students; educationally, psychologically and training to deal with students and academic bodies with all their psychological, family, and social problems and how to confront them and conducting further research assessing resilience and social support among students with special needs and its role in their integration in the university community.

Keywords: Perceived social support, Resilience, Depression, Trauma

Chapter One
Introduction and Theoretical Background

1.1 Introduction

College environment has many challenges and may present several events and situations which students have no or little skill to cope with like meeting students from different cultures, peer pressure for appearance, financial pressure, The competition for grades, the need to perform, peer relationships, fear of failure, career choice, teacher student relationship, staying at hostel away from home, irregular sessions, incomplete course and many other aspects of college life can pose real life challenges that may manifest itself as stressful for student (Rai, S., Mathur, A., &Anshu., 2021).

According to WHO definition, "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Many people perceive health as being physically well and free of any diseases, and thus they have neglected the importance of mental health. Therefore, mental health is a stress among Students irreplaceable aspect of health. Poor mental health will lead to many life threatening diseases such as cardiovascular disease deaths, deaths from external causes or even cancer deaths, which was only associated with psychological distress at higher levels. Depression, trauma, anxiety and stress levels in the community are considered as important indicators for mental health. Failure to detect and address to these emotional disorders will unfortunately lead to increased psychological morbidity with undesirable impacts all through their professions and lives (Rezvan, A. F., &Srimathi, N. L., 2017).

Researchers put great attention to explore factors which may prevent or protect them from depression. Resilience and social support are outstanding factors among those positive resources (Cheng, J., Zhao, Y. Y., Wang, J., & Sun, Y. H., 2020).

Perceived social support is defined as the "social resources that persons perceive to be available or that are actually provided to them by non-professionals in the context of both formal support groups and informal helping relationships" (Cohen, S., Underwood, L.G., Gottlieb, B.H., 2000: 4).Perceived support typically could be interpreted like the frequency with which an individual has received supportive resources during a specific time frame and is usually assessed with retrospective self-reports" (Gottlieb, Bergen, 2010: 512). There is a substantial body of literature documenting that social support

moderates the impact of stressful life events on mental health (Cohen & Wills, 1985). Perceived social support was confirmed to be a protective factor for depression, which might indirectly lead to social adjustments, reduce stress, and thereby enhance physical and mental fitness (AkdagTopal C, Terzioglu F., 2009).

Andwith regard to PTSD, social support is a protective factor against developing PTSD, whereas the absence of social support can lead to increased risk for PTSD and higher PTSD severity (Charuvastra, A., &Cloitre, M., 2008). Perceived social support can help the person reappraise stressful events (Cohen et al., 2000), whereas received support can intervene in the effects of stress to help with coping (Lakey, Cohen, 2000). Researchers Nelson, B., Pettitt, A. K., Flannery, J., Allen, N., (2020) have found that higher levels of support are protective against social distancing, self-isolation and among not only university students but also among adults age 20 and older.

Resilience is an individual's tendency to bounce back to a previous state of normal functioning, or simply not showing negative effects after stress and adversity. Resilience following potentially traumatic events represents a distinct outcome trajectory from that typically associated with recovery from trauma.Wagnild (2009) noted that resilience is an ability to recover from stress. As a helpful behavioral disposition, it promotes an individual's healthy survival and soothes the negative outcome of stress. Resilience is important as it ensures healthy social functioning, morale, and somatic health, as well as helps an individual maintain emotional stability in the midst of stress (Tugade M, Fredrickson B., 2004). Higher resilience can explain the decrease in depression symptoms (Tafoya, S. A., Aldrete–Cortez, V., Ortiz, S., Fouilloux, C., Flores, F., &Monterrosas, A. M., 2019).

1.2 Theoretical background

1.2.1 Resilience

Resilience is defined in psychology as the individual's positive ability to adapt to psychological stress and enable him to perform his functions well. Serious health, work pressures and financial problems, and psychological resilience means the ability to recover from the negative effects of adversity, calamities and stressful events, and the ability to overcome them and overcome them in a positive way, and to continue living effectively (Muyor-Rodríguez, Caravaca-Sánchez &Fernández-Prados, 2021).

It can be said that the term resilience is related to the existence of protective factors (personal, social and security relations) within the norm that enables the individual from the stresses of life. Thus, the construction of resilience has two dimensions, one of which is exposure to stressful events and the other: it is represented by the positive adaptation to those events (Luthar, Cicchetti& Becker, 2007).

The importance of resilience has increased over the past ten years as it is an urgent need that leads to health outcomes, as all young people face stress, stress and tragedies in their environment. The importance of resilience lies in being an indicator of mental health, as it is one of the most important factors in evaluating the health and pathological modifications that follow stressful events. Therefore, the concept of flexibility is increasingly used in the psychological and educational field, especially when the primary goal is preventive mental health programs (Li, Luo, Mu, Li, Ye, Zheng ... & Chen, 2021, Sarmiento, Ponce &Bertolín, 2021).

Psychological resilience appears as one of the general variables in the personality through the high ability to deal with difficult situations, problems, stresses and traumas faced by the individual in a successful manner, and the ability to recover and restore psychological vitality, and otherwise maintain happiness and psychological balance. All this with the aim of achieving the process of adaptation in professional, family and social life (Warner, 2009).

Flexible coping strategies are usually outwardly focused on problem solving, inwardly focused on emotions and socially focused on the support of others. Flexibility is a critical element in determining the way in which individuals interact and deal with pressures. There is a wide range of traits related to flexibility. These traits are related to the positive manifestations and forces of the individual's mental state (47-46. P, 2006: Connor) and some studies have shown that the inflexibility of the individual is both in dealing with others, or in facing different life situations, a situation that refers to situations and problems, both in terms of mental health and first social relations, while flexibility in behavior and behavior leaves the personality with its freedom and proper growth (Conner, 2006: 46).

There is no doubt that flexibility grows with time, and the concept of flexibility includes various elements that represent the characteristics of flexible people, and it has been

studied since the seventies when the work of (kubasa) showed that people with higher tolerance showed an inner control center and a strong sense of self-commitment a sense of meaning, and the ability to Seeing change or pressure as a challenge (Kubasa, 1979: 11).

(Smith, 2002) indicates that the flexibility of the ego constitutes, in its entirety, the mental, social, psychological, emotional and academic dimensions of the individual's personality, by endowing him with the ability to adapt to stressful or unfavorable events, which are expected to impede the personal growth process in the natural direction. And if this person is unable to deal flexibly with the traumatic or stressful events he is facing, which constitute painful experiences for the self, the negative consequences of which will appear in his future life on the psychological, social, academic and emotional levels, by making the personality unfit for a normal life(Smith,2002:237).

Several studies that dealt with psychological resilience, such as Labrague, De los Santos &Falguera (2021), Kuhn, Vander Horst, Gibson, Cleveland, Wawrosch, Hunt & Hughes (2021) and Ye, Yang, Zeng, Wang, Shen, Li & Lin (2020) indicated that psychological resilience is characterized by the ability to recover from negative emotional experiences, and flexible adaptation to changing and continuing requirements. Resilient individuals are optimistic and have a sense of humor, an active way of life, curiosity and openness to new experiences and are characterized by a high degree of positive emotions. Resilient people are able to attract the support of others.

1.2.2 Perceived Social support

The past decades have witnessed an increasing interest in studying social support and the role of social relationships in improving mental health and social adaptation among individuals. Everyone needs social support in order to alleviate the suffering that he feels as a result of his exposure to problems, which result from nature, such as earthquakes, floods, and epidemics, or those that are man-made, such as wars and conflicts. This support provides self-esteem and confidence, generates positive emotions and reduces the negative impact of external events (Zitawi &Haddad, 2002).

The idea of social support goes back to ancient times, since man used to cooperate with his brotherhood in the various affairs of his life, as well as the cooperation of human

groups with each other. As a result of contemporary life conditions and their negative effects on the individual's mental health, the terms social support have taken an important place in the performance and ideas of those interested in the human condition, and the method of social support is considered one of the methods that have received wide attention by scholars in the field of human and social sciences in general (Jarwan, 2001).

The student of social support notes a great interest in this concept by counseling, clinical and social psychologists and others. Psychologists have been involved in this concern for several decades, and the idea of the group's influence on attitudes and behaviors was well known (Gallgher & Dianne,2008).

As for the roots of social support in the way it is now, it goes back to the last century, when Durkheim shed light on the role and importance of the imbalance in social relations and ties, which explained the causes of unrest, after it was discovered to him that suicide abounds in groups whose relationships are dominated by weakness and disintegration (Zitawi &Haddad, 2002).

The French sociologist (Durkheim) emphasized the dependence of mental health on the individual's sense of integration in the present age. The foundations of social concern go back two or three decades by (Cobb, Cassel, Caplan, who are considered among the most prominent researchers and those interested in social support, as their research has proven the important roles of social support and its importance in preserving the psychological and physical aspects of the individual (Cutrona, 2000).

Despite the difference between thinkers and researchers about the definition of social support, according to their intellectual orientations, we find that they have agreed on the content. The difference in the sources of social support among researchers and sociologists was represented by the emergence of several terms that are similar in meaning, although in their entirety they refer to the social aspect such as adaptation, social adjustment, and social support (Marlowe, 2015).

Sociologists have dealt with this concept in the context of their approach to social relations, where they coined the term social relations network (Fayed, 2001). A group of sociologists considered the term social relations network as the beginning of the emergence of the term social support, which some called social resources or

capabilities, while others defined it as social supplies (El-Shennawi and Abdel Rahman, 1994).

Social support was defined as: the quantity and quality of assistance and support a person gets through his social relationship with people in the social environment. While (Pickering) defines social support as: a dynamic process of interaction between individuals and their sources of support that occurs in an environmental context. Researchers have disagreed about the definition of social support, according to their theoretical orientations. Sociologists have dealt with this concept in the context of their approach to social relations when they coined the term social relations network, which is the beginning of the emergence of the term social support, which depends on how individuals perceive their social networks (Abu Al-Nile, 2001).

Accordingly, many definitions of social support have emerged, the most famous of which is the definition (Hobfoll), which refers to social relationships that provide its members with actual help, or integrate them into the social system, which they believe provides them with love, care, or a sense of connection with a valuable social group. It is appreciated for them. Social support is defined as ": the individual's feeling that he is the focus of attention, love, appreciation and respect of others, and that he belongs to a social network that provides its members with reciprocal obligations" (Cobb, 1996).

As for (Thoits), he defined it as: The degree to which a person's basic social needs are satisfied through his interaction with others. Kaniasty & Norris (1996) defined it as: social interactions or relationships that give individuals real support within the social system that gives care, love and a sense of connection with the social group to which they belong. Social support is also defined as: the general evaluation that individuals develop for themselves and in which they believe that they are subject to care, care and appreciation, and that there are important persons present to provide support and assistance to them in times of need (Glazer, S.2006).

It is noticeable that there is agreement in the definition of social support. For the individual it means three things:

- the individual’s feeling of love and care.
- his feeling that he is respected and valued.

- his feeling that he belongs to a network of communication, communication with the existence of common duties between the individual and society (Christopher & Noel, 2004).

According to Wang, Cai, Qian & Peng (2014) Social support influenced how stress and depression were linked. Undergraduate students who experienced significant levels of stress also scored more severely depressed than those who had low levels of stress and social support. However, compared to the low social support group, the effect of stress on depression was significantly less pronounced in the high social support group.

Specialists and researchers have shown that social support is of great importance in all ages of the individual, especially in childhood and adolescence, due to the behavioral, psychological, and emotional problems associated with them. Children and adolescents who receive appropriate social support are able to deal with life pressures more efficiently, and that support enables the individual to adapt to the challenges of the developmental stage that are associated with it. Studies also confirm, such as the studies carried out by Al-Mutalqah and Nassar (2015), Abdel-Latif and Abu Fakhr (2006) and Hagen & Myer (2003) who were interested in support emphasized that there is a link between social relations and psychological compatibility. Most of them are psychological and social problems that result from the loss of intimate relationships and their association with many mental and physical health problems (Ibáñez, Khatchikian, Buck, Weisshaar, Abush, Kirsh, Lavizzo& Norris, 2003).

Explaining social attribution theories

- **Humanistic theory**

(Carl Rogers) believes that man is fundamentally a conscious and rational creature, governed by a full awareness of his private self and the environment in which he lives, so with the amount of social support that an individual receives from those around him, his psychological and social development is correct. As for (Maslow), he believes that the individual reaches self-realization after passing through other needs, which range from the bottom of the pyramid up to its top, as physiological needs occupy the base of the pyramid, which needs to be satisfied with material social support, then the need for security and safety, which needs To satisfy it with moral social support, meaning the feeling of the presence of others and safety with them, Then comes the need for love

and belonging, which needs to belong to the group and feel intimate with them, then the needs of self-respect, which need a series of social relationships to achieve them, then the mental needs, which are needs that are fulfilled by the social support of the individual (Ibáñez, Khatchikian, Buck, Weisshaar, Abush, Kirsh, Lavizzo& Norris, 2003).

- **Psychoanalytic theory**

Harry Stack Sullivan views that humans through their integration and interaction with others. He believes that it is difficult to study a personality trait or a psychological, social or behavioral phenomenon in isolation from others, because he believes that the basis of a person's idea of himself is based on his relationship with others, and that isolation from others is caused by a loss of a sense of security (Al-Janabi, 1998: 52).

- **Reference group theory**

He knows the chain of transmission is that group in which the individual plays the most beloved social roles to himself, and the most satisfying to his needs, and the individual shares with the members of the reference group the motives, tendencies, trends, values, standards and ideals of them, and unites with the group, and thus the individual prepares the reference group his group and prepares its standards for his standards (Salman, 2015: 446).

- **Social exchange theory**

Relationships are viewed through the theory of equivalence, which is considered one of the most important theories of social exchange, as consisting of the exchange of interests and benefits, meaning that individuals involved in an exchange relationship assume that providing a benefit or a benefit is related to the individual receiving another benefit in return, and that receiving a benefit is a binding debt. By reintroducing a benefit in return, and any defect in this expected exchange leads to negative emotional reactions, and among the important factors that affect the importance of these considerations is the quality of the relationship as parity is important in work relations (binding relationships). As well as in friendly relations (friend relations), both (Anthony and Jackson 1990, Jackson & Antonucci) found People who are unable or helpless are constantly trying to receive support, and based on the theory of social exchange, we find

that intimate relationships are characterized by the presence of a high degree of reciprocity or interdependence (Al-Kurdi, 2012: 18).

- **Social support sources**

A person needs social support in the various difficult circumstances that he faces in his daily life. An individual who suffers from a health problem needs the support of parents in the first place, and then friends and relatives, while the student in the study needs the support of colleagues, family, educational and social counselors, each according to his role. Relatives' role is to provide material support, while social and psychological counselors define their roles by providing information support, while colleagues and friends provide moral support to the individual. In general, the sources of support can be identified as follows (Mai, Wu & Huang, 2021, Li et al, 2020, Ioannou, Kassianos&Symeou, 2009).

1. The family and relatives: The family is the first and basic source of support for the individual in the event that he is exposed to problems, and the role of the family is not limited to providing material support, as some believe, but rather the family is required to provide all forms of support that he needs, whether it is material, moral, or informational as possible. The individual being a member of the family, the family in turn believes that it is fully responsible for providing all forms of support that it can provide, and it may require the family to outsource if it is unable to perform this role, because in the end all that matters to it is solving the problem of its son.

2. Friends and Colleagues: Colleagues and friends represent one of the sources of moral support for the individual. An individual who is exposed to a problem often receives help and support from his reference group, especially in problems that need moral support, such as raising his spirits and enhancing his self-confidence. For example, in light of the Corona pandemic, we see that there are many individuals who have been exposed to psychological problems for fear of injury, which will negatively affect their educational attainment. In this case, the individual needs moral support to overcome this problem, so you see colleagues and the economy provide him with all forms of moral support, and he accepts this support from them, especially if one of them has been infected with (Covid-19), which will positively affect his spirits and alleviate the effects. Psychological caused by his apprehension.

3. Social and psychological counselors: They represent one of the most important sources of information support, as they have experience in their field of work, as they provide the individual with measures to prevent various diseases in the event that the individual fears infection with a specific disease, especially in light of the spread of the (Covid-19) pandemic, as well. They provide him with information and instructions in the event of injury and guide him properly to overcome this stage.

- **Social support during natural disasters**

Meeting the psychological needs of society during disasters and various crises is one of the most basic needs in the field of community humanitarian aid, as research and social and psychological studies confirm the necessity of psychological support in the event of the spread of epidemics and natural disasters. This research confirms that people during crises are more susceptible to psychological disorders and physical damage, and changes in the behavior of individuals within the group, where social relations weaken, and the process of interaction with others decreases, due to introversion and self-withdrawal (Sorin-George, T., Marin, B., & Razvan, P.2011).

Therefore, it is imperative to provide psychological and social support programs to strengthen the personality and enhance the psychological hardness of individuals and groups, in accepting and adapting to reality, and working to overcome the problem firmly and steadily, as the main goal of psychosocial support is to reduce physical and emotional suffering, such as fear, sadness, panic and others. Psychological diseases, which may affect individuals and groups, and psychological and social support has two dimensions (Thomas.w,2008).

The first psychological dimension: on the subjective level of the individual, whether in terms of the individual's thinking, fear, or reactions to the crisis.

The second social dimension: It is at the level of social relations and interaction with the surrounding community, both at the level of individuals and groups.

Psychosocial support can reduce the risks of crises and disasters, whether they are natural, such as epidemics, earthquakes, floods, etc., or man-made, such as wars and conflicts. Psychosocial support programs contribute to enhancing people's capacities for psychological and societal adjustment, through effective confrontation and community solidarity with what is happening, and preparing Individuals, families and societies

psychologically to face crises and enhance their ability to move and cope. It may stimulate societies to employ more of their resources in disaster preparedness activities to mitigate their effects (Zitawi &Haddad, 2002).

In order to meet the needs of individuals and groups in times of disasters, psychosocial support must be integrated into responses that meet their needs in different situations of crisis and natural and epidemiological disasters, and this must be accompanied by targeted and more specialized services in the field of mental health and psychosocial support, which will help to deal successfully and effectively with disasters. To protect individuals from the disturbances that happen to them because of fear and panic from the spread of various diseases and disasters (Zitawi &Haddad, 2002).

In addition, the psychological and social needs of the affected people may be met more efficiently through psychosocial support in national legislation, disaster and epidemic and viral crisis laws and their incorporation into the legislation of states and organizations, and psychological support is used in a range of humanitarian activities related to preparing for epidemic and viral pandemics, as is the case. Now in the face of the Coronavirus pandemic, and confronting it through health and psychological first aid, emergency health and prevention programs such as projects related to community health.

And the work of psychological and social care programs by developing a comprehensive strategy for psychological and social support and guidelines for implementing this policy, and setting clear mechanisms to confront and protect individuals and enhance their mental and physical health in the face of the Corona pandemic, through (Salman, 2015: 446).

- A preventive approach: It aims to protect individuals and enhance their confidence and psychological capacity in endurance and coping because early psychological support is a preventive factor that helps people adapt in a better way to circumstances and enhances their ability to interact better, because neglecting emotional reactions may create passive victims instead of active victims.
- Helping to provide the psychological and social needs of individuals (physiological needs - safety and security needs - psychological needs - love and belonging needs -

appreciation needs - self-realization needs - self transcendence needs the need to provide a service for the higher and public interest).

- Direct assistance to people by providing information and psychological and health education in dealing with crises and disasters.
- Perception: How people perceive and interpret events interact and affect the individual's psychological state. Negative perceptions and interpretations contribute to making a person's mood bad. Either positive interpretations improve a person's mood and increase a sense of safety and security.
- Improving people's vital characteristics in the short term because with simple and direct reactions, they may develop into problems with a negative result over time.

Early psychological intervention would greatly reduce stress and limit the development of simple reactions into acute ones.

1.2.3 Psychological trauma

The term psychological trauma was first introduced in psychopathology by the end of the nineteenth century by the German doctor, Hermann, in his book "Traumatic Nerve" that was published in (1888). He confirmed in his book after studying (42) cases among those suffering from mental disorders and panic, after being exposed to work accidents and other things, and describing the situations that the young people are exposed to, such as lack of sleep, nightmares, and panic during sleep with psychological trauma (Samai- haddadi, 2010).

In the aftermath of the Second World War II, and as a result of the large number of people with mental illnesses, especially among the soldiers who participated in the war, interest returned again to searching for an explanation of incurable cases of injuries and linking them to the traumatic nerve that the injured were exposed to. In France, he linked (Heisnard), and in Britain both (Adrian) and (Adrian), and in Germany (Vogt), who were pioneers of psychoanalytic theory, as each of them linked war neurosis with pre-emotional complications, and worked to decipher the indications of hysterical symptoms, which stand as testimony to the ruins of memories buried in the depths. And (Krenzi) called the war neurosis sufferers as (neurotic) and whose cases were described as (personality impingement), which is considered as the main symptom for the war neurosis sufferer (Pols & Oak, 2007).

Parallel to that, Freud was focusing his thinking on horror and on the nightmare of repetition, to come to define (conquer repetition) as a defense method outside the principle of pleasure. And he sought behind this oppression (the death instinct), which is an attraction to death and return to the state of life, as it is parallel with the instinct of life. And thus reached (Freud) to present an analytical psychological dynamic dynamics model for trauma (DeClercq&Lebigot, 2001).

Later, Freud defined psychological trauma as a breakdown of stimuli, which induces an economic sweep by large amounts of unconnected energy. Here, the psychological system is incapacitated due to the absence of its readiness through anxiety, as the anxiety signal no longer allows (the ego) to protect itself from quantum refraction, whether from an internal or external source. On the clinical level, the individual remains fixed in trauma, as evidenced by the events of recurrence: frequent nightmares, rumination, and reactions of panic, which return the individual without interruption to the basic traumatic situation (Samai- haddadi, 2010).

As for the World Health Organization (WHO), psychological trauma results from a temporary or permanent response to a stressful situation or accident that has threatening and catastrophic characteristics, which results in clear symptoms of anxiety or despair for most individuals. Whereas the American Psychiatric Association (2000) considers every person who lived, witnessed, or encountered an accident or many accidents through which he may be exposed to the risk of death or serious injury or found people who have been killed or been killed or threatened or who has been threatened with death or serious wounds and injuries, which touches perfection Physical and psychological to him.

Conclusively, psychological trauma is the occurrence of a relative vibration in the psyche of an individual that results in a negative impact on the individual subjected to trauma. It is every accident that threatens the individual suddenly, as the individual loses most of the possibilities of facing this accident and responds with helplessness and a sense of self-threat, which affects the person's general psychological balance, and these responses differ from one person to another in front of the same situation or traumatic event. Psychological trauma can be defined in a simple way as seeing himself dead inside the psychological system.

1.2.3.1 Classifications of psychological trauma

The psychosocial crisis is explained by the existence of distress as a result of a problematic circumstance that may be expected or unexpected, but the nature of the problem facing does not exceed the limits of equality, as mourning, diseases, disruption of relations and emotional states have a socio-cultural origin, all of which are acute situations that can cause an imbalance in the balance and explode the state of crisis (Desai, 2010).

Generally, individuals try to find solutions to return to a state of equilibrium, but when all their attempts end in failure, it is possible to feel in this case an increase in pressures that may lead the individual to a state of crisis. It is also noticed that the individual in a state of crisis of disorders of the cognitive pattern has difficulty concentrating and finding solutions to problems, and the individual may feel emptiness due to the severity of emotions and the individual perceives himself as degraded and that he is unable to find adequate employment for his resources and abilities, as the limit can reach to feeling The final nature of this condition, and this is what can cause a feeling of hopelessness, so that the individual becomes delusional that every time he becomes unable to control his life, and this leads to social intervention attempts to alleviate the trauma of the individual, and a gradual return to normal (Leong, 2008).

It is possible that the individual exposed to a traumatic accident will quickly reach a state of crisis, as the trauma generates a crisis that is classified alone in comparison with the psychosocial crisis and the pathological psychological crisis as it is distinguished by the suddenness of the transition from the state of balance to the state of crisis, and there are two characteristics that contribute to defining the traumatic event such as the traumatic event is a threat to life (rape, kidnapping ...) and this accident generates a severe shock reaction of fear, weakness, and panic (Leong, 2008).

The traumatic psychological crisis is attributed to this stage of loss of control, during which symptoms of anxiety and depression can be observed, including those associated with post-traumatic stress disorder, where the individual suffers from nightmares and a violent emotional and physical interaction with all that is mentioned about trauma, memory loss, sleep disturbance, and difficulty concentrating. Generally speaking, the majority of individuals who are exposed to traumatic events show some

symptoms without showing post-traumatic stress, and this is if symptoms do not last more than one month, but if the opposite is the case for post-traumatic reactions, it is attributed to the pathological framework, so that knowing the causes of the emergence of crises The different variants and the accompanying symptoms each contribute greatly to suggesting an appropriate crisis intervention (Weiner & Craighead, 2010).

- **Trauma theories**

Psychoanalytic theory (Freud)

The concept of psychological trauma occupies a fundamental position in psychoanalytic theory, as this term appeared from the very beginning in the work of (Freud) in the book (Studies on Hysteria). Refers to the external accident that affects the individual. Freud considers the trauma of childbirth (with the accompanying feeling of suffocation, which is synonymous with the distress of death) as the first experience of anxiety in a person's life.

Then Freud returned to address the topic of traumatic neurosis on several occasions after the First World War in his book (Beyond the Principle of Pleasure) in (1920). Freud does not deny the principle of traumatic neurosis. Rather, he acknowledges before his death his nerve, saying: “I have always distracted this nerve and rebelled against the hypothesis of childish psychological conflict (Al-nabulsy. M, 1991p24).

First: a dynamic point of view

(Freud) assumed that psychological trauma is always sexual and results from temptation, and this is in the presence of at least two events, as the child in the first scene called the seduction scene is exposed to sexual temptation by an adult without this temptation generating sexual arousal, and after puberty comes a second scene It is almost insignificant on the surface to awaken the first scene through one of the interconnected features between them. Thus, the memory of the first scene is what releases a flood of sexual excitement that floats on the defenses of the ego. (Freud) called the first scene the traumatic scene.

Accordingly, the dynamic view of trauma clarifies the importance of the individual's psychological history in the occurrence of trauma and how to deal with it, as the traumatic event never comes on the basis of a virgin, but there is psychological organization, narcissism and a different sexual identity in its strength, with defensive

preparation and a different ability to resist the trauma that the individual receives from Reality. And when the ego is well-organized and narcissistic of a certain rigidity, it does not weaken in front of external factors or difficult circumstances, and when the child is loved and respected, he has more luck in resisting shocks.

Second: an economic point of view

(Freud) referred to it, saying: "We call a trauma a lived experience that brings with it to psychological life and in a relatively short time a very large increase of excitement to the point that categorizing it or attaching it to normal and familiar means ends in failure, which leads to permanent disturbances in the functioning of vital energy." The outpouring of excitement becomes excessive in relation to the potential of the psychological apparatus, whether it results from a unique event of extreme violence such as intense emotion or from the accumulation of excitations that remain tolerated if each of them is taken independently of the others.

Veronzi's theory

In (Veronzi's) view, trauma includes a breakdown of self-feeling, resilience, behavior, and self-defense thinking, or that organs that involve self-preservation decay or reduce their function to the greatest extent possible. In this sense, then, the disappearance and loss of the original form and the easy acceptance and without resistance to the new form, where psychological trauma always appears without preparation and precedes a feeling of self-confidence, and the traumatic event comes to destabilize this confidence and destroy it in the self and in the external environment,If the person before the accident believes that this will not happen to him but only to others.

(Veronzi) believes that the trauma may be pure physical or pure psychological or physical and psychological together, and that physical trauma is always psychological as well, where anxiety is the direct consequence of it and includes the feeling of inability to adapt to the situation of greater distress that results due to the sudden nature that is characteristic. Psychological trauma, so that person is not able to install protective defenses against the harm caused or produce perceptions related to the future change of reality in the appropriate direction, since these perceptions act as an antidote to intoxication against distress and pain (Al-nabulsy. M, 1991p24).

Diatcan theory

Psychological trauma is considered to be the effect of violent excitement, which appears in a circumstance in which the psyche of the individual is not at the level of the ability to reduce the resulting tension, either due to a sudden emotional reaction or to the inability of the individual to do enough mental restraint. With the balance of the seductive forces and the balance of the ego, Wenger disconnects the system of r excitations and intense suppression that generates the emergence of symptoms. Therefore, every accident that a person is exposed to without there being any psychological work that prepares him for it, directly puts his real psychological life in danger (Musa. A,64).

Psychoanalytic theory and ego trauma

It is necessary to discuss and discuss the effect of psychological trauma on the ego, this effect that Melanie Klein and her students later studied, and this effect can be summarized as follows (Al-nabulsy. M, 1991p24).

1. The body threatens the ego, and this is when the body is the source of life-threatening trauma, such as having cancer, for example.

2. The body is subject to threat. Here, the body is healthy, but it is under threat from external factors.

3. A deformed body, or fear of deformation of the body.

4. An underdeveloped body or psychological or physical disintegration.

As for psychoanalysis, the person is constructed psychologically based on his relationship with his body, starting from the moment he realizes his distinction from his mother's body, and patients who complain about the disorder of their relationship with their bodies can only partially achieve this distinction. This is so that their primitive physical experiences remain when they do not differentiate between their bodies and the bodies of their mothers. In these primitive experiences, the child thinks that his mother’s body is his own. These experiences reappear whenever a person is exposed to a trauma or a bad experience. Thus, the person’s relationship with his body turns into a repetition of the primitive pattern, and here we can talk about a state of fixation and regression caused by trauma,This situation in turn leads to the separation

of the ego so that the ego is separated from the body, which is no longer a pension by the person, and thus the difference arises between the body and the ego and the ego separates from the body, so the ego views the body sometimes as threatened, sometimes threatened, and other times distorted or backward. It is also worth noting that experiencing the body in a satisfactory psychological way is not only related to the subjective structure of the person (i.e. the special organization of his psychological apparatus and the set of defects in this organization), but also related to the type of trauma to which the person is exposed (Al-nabulsy. M,1991P25).

1.2.3.2 Characteristics and impacts of psychological trauma

There is no doubt that psychological trauma differs from other pathological problems, whether in terms of its causes or symptoms, and even methods of treatment, and thus psychological trauma can be described as characterized by the following (Weiner & Craighead, 2010):

- sudden, strange, painful, sharp, severe and frequent.
- Inability to predict when it will happen.
- loss inspected control of the situation.
- Loss of a sense of self-confidence in the face of situations.
- Feeling powerless.
- Acute discouragement during daily life.
- It causes great anxiety and sadness.

Effects of psychological trauma : Psychological trauma is an unusual disease because it affects the injured and causes him physical and psychological problems, as well as it has repercussions and repercussions on the social environment and the environment, and the effects that result from psychological trauma can be summarized as follows: (Kleber, 2019):

1. Sadness, despair, pain, and mourning.

2. Minor and acute neurotic depression.

3. Lack of a sense of worth, usefulness, and self-contempt.

4. Isolation and social withdrawal.

5. Fantasies and delusions.

6. Thinking about suicide and putting an end to the suffering.

7. Anxiety hysteria.

8. Hearing and vision loss.

9. Hysterical paralysis.

10. Verbal aphasia and non-utterance.

11. Sensory-kinesthetic symptoms.

12. Hysterical amnesia.

13. The emergence of some diseases that are classified in the category of psychosomatic disorders.

There is no doubt that psychological trauma has many manifestations, leaving psychological problems on individuals who have been exposed to symptoms of trauma. It appears in individuals who have experienced psychological trauma.

1.2.4 Symptoms of depression

Depression is one of the psychological diseases or psychological manifestations that many individuals suffer from. It is characterized by feelings of depression, which appears in different stages of life throughout life. Thus, the difference in depression is not in the type, but in the degree.

The DSM IV (2013, P. 155) does not define depression as one specific issue, rather, it is viewed as an array of disorders. It "includes disruptive mood dysregulation disorder, major depressive disorder (including major depressive episode), persistent depressive disorder (dysthymia), premenstrual dysphoric disorder, substance/medication-induced depressive disorder, depressive disorder due to another medical condition, other specified depressive disorder, and unspecified depressive disorder. … Major depressive disorder represents the classic condition in this group of disorders. It is

characterized by discrete episodes of at least 2 weeks' duration (although most episodes last considerably longer) involving clear-cut changes in affect, cognition, and neurovegetative functions and inter-episode remissions".

Depression is a mood disorder. Its main symptom is a feeling of extreme sadness and hopelessness. Depression that is not treated can affect a person's ability to function in daily life. It even may lead a person to suicide. Several factors may contribute to depression. Changes in brain chemicals, inherited tendencies, and personality each may play a role. Other contributing factors can be a severe emotional shock. too much stress, illness, and substance use (Peacock & Casey, 2002).

The term depression refers to a degree ranging from the normal mood that most people are affected by any change in their lives, whether simple or severe, and most individuals suffer from mild depression, in response to severe depression and severe depression in response to these events. Depression is an existential characteristic, linked to the existence of a person in terms of the id (the ego) in a permanent relationship with the (other). This relationship is characterized by communication through love and work, which opens the potentials of the individual and flourishes and communicates sensually, mentally and emotionally. This relationship may be disrupted to varying degrees, so the symptoms associated with the disorder of interaction between the ego and the other, or between oneself and reality, the most important of which is the feeling of depression (Peacock & Casey, 2002).

The American Psychiatric Association defines depression as: a disorder characterized by the presence of five or more symptoms that represent a change in functional performance, namely: depressed mood for the majority of the day, for at least two weeks, a clear lack of interest and pleasure in anything, and noticeable weight loss without dieting or Weight gain, lack of or lack of sleep or excessive sleep, irritable breath or slow psychomotor activity, feeling tired or losing energy to work, feeling apathy or excessive guilt, decreased ability to think, focus or make decisions, Recurrent thoughts of death or recurrent suicidal thoughts without a real suicidal plan or attempt, symptoms determined by patient complaint or observation by those around him (American Psychiatric Association, 2014, P. 7).

According to epidemiological research, depression is one of the most prevalent mental diseases. Comparative assessments show that the 12-month prevalence rates of major depression are at least 5% in both industrialized and developing nations (Kessler Birnbaum, Shahly, Bromet, Hwang, McLaughlin ... &Haro, 2010). It is well known that college students are among the populations that are most vulnerable to depression. Nearly 1/3 of the students had depressive symptoms, according to Ibrahim Kelly, Adams, and Glazebrook's (2012) meta-analysis, which collected the findings of 24 research published over the course of the previous 20 years.

The symptoms of depression can be classified into physical, psychological and other general symptoms.

1.2.4.1 Physical symptoms

It is represented in the emergence of chest constrictions accompanied by mild pain, loss of appetite and refusal of food due to the patient's feeling that he does not want to eat, weight loss and constipation, headache and fatigue for any effort made by the patient even if it is a light effort, weakness in general activity, delusion of illness and preoccupation with health and sleep disturbance, the emergence of features of sadness on the individual, where he shows signs of fatigue, in addition to many symptoms that appear in the body in the form of mothers that move between different parts of the body (Phillips, Prince, &Schiebelhut, 2004).

Joint discomfort, limb pain, back pain, stomach issues, exhaustion, changes in psychomotor activity, and changes in appetite are all signs of depression. The majority of depressed individuals who seek treatment in a primary care environment only have physical symptoms. For European Americans as opposed to Chinese Americans, there were greater correlations between depressed and somatic symptoms, independent and interdependent self-construal, and cognitive reappraisal and independent self-construal. In contrast to independent self-construal and cognitive reappraisal, which were inversely correlated with depression symptoms for both groups, somatic symptoms, loss of face, and expressive suppression were favorably connected with depressive symptoms. Being Chinese American and male was substantially and positively related with depression symptoms as judged by the CES-D, even after adjusting for gender and somatic symptoms (Kalibatseva& Leong, 2018).

52% of individuals reported having depressed symptoms overall, and 43% said they felt the most alone. The percentage of pupils that engaged in little physical exercise was about 32.8%. Among graduate university students, being a woman, coming from a lower-income family, performing poorly in school, getting less sleep, doing less exercise, and feeling lonely were all possible risk factors for depressive symptoms. According to Kundu, Bakchi, Al Banna, Sayeed, Hasan, Abid... & Khan (2021) there is a link between students' feelings of loneliness and depressive symptoms.

The percentages of anxiety, somatization, and sleeplessness were reported to be 33.02%, 7.59%, and 24.66%, respectively, by Huang et al. (2020). 19.38% of those who had anxiety experienced somatization. The anxiety with somatization group had higher GAD-7 scores and SCL-90 somatization subscores than the anxiety without somatization group, as well as a substantially larger proportion of patients with a history of physical illness and insomnia. Age, a history of physical illness, GAD-7 scores, and ISI scores all had a positive correlation with the SCL-90 somatization subscores. Additionally, GAD-7 score, ISI score, and age were identified as risk variables for somatization in the worried group by multivariate logistic regression.

1.2.4.2 Psychological symptoms

The depressed person exhibits many psychological symptoms, such as anxiety, fear, despair, feelings of helplessness, and negative self-evaluation. The patient also feels a pessimistic view of life and a lack of desire for anything, even if it was previously loved.

During the COVID-19 home confinement period, SimorPolner, Báthori, Sifuentes-Ortega, Van Roy, AlbajaraSáenz&Peigneux (2021) investigated the daily connections of sleep quality with rumination, psychotic-like episodes, and somatic symptoms. The study discovered that daily reports of country-specific COVID-19 fatalities predicted a rise in depressive symptoms, experiences resembling psychosis, and somatic complaints the same day as well as a decline in subjective sleep quality the night after. During the research period, sleep disruption was universally linked to bad psychological outcomes, and a considerably poorer night's sleep predicted more ruminating, psychotic-like experiences, and somatic complaints the next day. There was no similarity between this

temporal link and daytime mental symptoms suggesting considerably lower sleep the next night.

Some of the studies carried out by other researchers at various local, Arab and international levels, to enrich the current study with modern scientific material on the topic of research. In addition to the benefit, it provides to the researcher in completing the current study, as you benefit from it in defining the terms, methods and procedures used to achieve the goals.

1.2.5 The relationships between study variables

1.2.5.1 Resilience and trauma symptoms among university students

Growing research in trauma and PTSD and its relation to resilience has provided an array of outcomes that seem to contradict one another. In the Palestinian context, Thabet, Elheloub&Vostanisc (2015) explored the correlation between traumatic experiences, post traumatic growth and resilience among Gazan universities students post war. The majority of students reported severe traumatic events. Male students reported such events more often than female students. As for the participants' resilience, the study found that they had moderate degrees of resilience, however, traumatic events had no association with total resilience.

According to Kaye-Kauderer et al. (2019) disaster volunteerism continued to show greater Posttraumatic Growth as well as greater overall resilience. Furthermore, there were positive correlations between students' feelings of confusion, anger, sadness, guilt or anxiety and their sense of resilience. Nonetheless, resilience could significantly predict mental health status in the short term, explicitly within 1 year from junior to senior year (Wu, Sang, Zhang &Margraf, 2020).

Sood& Sharma (2020), who conducted the study in India with the goals of prediction and theory development, acquired data online from 173 higher education students. Results showed that both directly and indirectly, resilience strongly predicts PWB. Additionally, the study showed that PWB and felt distress do not lie on the same continuum. This work makes a theoretical and health promotion contribution. The findings also have a number of applications for academics, mental health professionals, and counseling psychologists working in higher education.

1.2.5.2 Resilience and depression symptoms among university students

The abundance of research has also tackled the association between resilience and depression in many communities including college students. The choice of students as target research groups is mostly related to the tension and pressures that come with the nature of university life.

Ahmed& Julius (2015) indicated correlation between academic performance, resilience, depression, anxiety and stress among female students, with affirmation of the predictability of depression by resilience. Conversely, Liu et al. (2019) reported correlation between resilience and with negative life events and depression, revealing that resilience moderately mediated the consequences of negative life events on depression. Similarly, resilience and positive coping styles were adversely associated with depression (Zhang, Zhao, Xi, Fan, Wang, Yao, ... & Bai, 2021). As for the level of resilience among students, Serrano Sarmiento, Sanz Ponce& González Bertolín (2021) found high levels of resilience among the university students while Benlarbi and Amoumen (2021) study showed moderate degrees of resilience among students. However, both studies found that resilience is higher mostly among male students and those over 25 years.

Clearly there is connection between some factors such as age where the growing experience contributes to the styles or approaches the person deploys to overcome distress, trauma and anxiety. As well, male students seem to have elevated degrees of resilience compared to females since the later are emotionally charged, and most rely on expressing their emotions to relieve negative experiences.

1.2.5.3 Perceived social support and trauma symptoms among university students

The impact of COVID_19 lockdown and isolation for the general population reported to have been of long-term impact. The effect also included students where according to Shuwiekh (2020) female students were more sensitive of COVID-19 traumatic stress than males. Such perception of the effect involved being influenced by posttraumatic stress, depression, and general anxiety. Therefore, social support is crucial for the process of recovery. Grigaitytė&Söderberg (2021) found that perceived social support was related to experiencing less somatic symptoms, and that perceived social support is partially mediated both emotional self-efficacy and depressive symptoms. Furthermore,

persons who exhibit complex posttraumatic stress disorder (CPTSD) have a tendency to display lesser levels of PSS, compared to people with no apparent CPTSD (Simon et al., 2019).

Accessibility and availability of support unquestionably has positive influence on people. According to Woodward et al. (2015) study, support from family and friends decreased the impacts of posttraumatic cognitions, which in turn were positively associated with PTSD.

1.2.5.4 Perceived social support and depression symptoms among university students

Studying is a reported source of depression and anxiety among students. Undergraduate students with high stress reported higher degrees in depression than those with low stress with low social support level (Shi, 2021, Wang, Cai, Qian & Peng, 2014). Studies have also observed a correlation between anxiety and depression (Ramezankhani et al., 2013, Wang, Cai, Qian & Peng, 2014). However, the correlation is mediated by social support (Shi, 2021, Ramezankhani et al., 2013, Wang et al., 2014), as it reduces their levels.

Ramezankhani et al. (2013) revealed the existence of relationship between perceived social support, depression, and perceived stress. The influence of social support extends to affect quality of life, because sources of social support are valuable means for universities in protecting the mental health of students (Alsubaie, Stain, Webster &Wadman, 2019).

1.2.5.5 Trauma and Depression symptoms among university students

Hard times are part of daily living, however, the way they affect humans differs. For students' the impact might be amplified with suffering trauma and/or depression. According to Visser& Law-van Wyk (2021) students' largely felt significant distress during lockdown, difficulty adapting academically and feeling socially isolated with females, freshman and off-campus students showing the highest degrees of distress.

A study reported significant proportion of Palestinian experiencing serious issues that deal with several challenges, distinct barriers including inconsistent availability of medications, absence of multidisciplinary teamwork, insufficient specialists, fragmented

mental health system, and occupation (Marie, SaadAdeen&Battat, 2020). Nazzal, Cruz &Neto (2017) found that anxiety and psychosomatic symptoms were significantly higher among female students than males. Furthermore, anxiety and depression were negatively correlated with perceived social support from friends, family, and significant others.

Some research has reported alarming outcomes of the prevalence of mental issues during quarantine. Hamaideh, AlModallal, Tanash& Hamdan Mansour (2021) found that 78.7% of students stated being depressed, 67.9% expressed anxiety and 58.7% were stressed. Similarly, 70.5, 53.6 and 47.8% of Egyptian students had depression, anxiety and stress, respectively (Ghazawy et al., 2021), 56.8% of the Chinese students reported being depressed (Yu, Tian, Cui & Wu, 2021). Another reported also high levels of mental disturbances, where 64.6%, 48.6% and 45.2%, and 34.5% self-reported symptomatic signs of depression, anxiety, stress and post-traumatic stress disorder (PTSD), respectively (Cam, Top &Ayyildiz, 2021). By contrast Malaysian students seem to express to symptoms of depression or stress (Rahman et al., 2021)

Studies have also identified the most common risk factors associated with Being Female (Cam, Top &Ayyildiz, 2021, Ghazawy et al., 2021) and coming of low background and poor family relationships (Cam, Top &Ayyildiz, 2021), were found as risk factors for possible PTSD, and symptoms of depression, anxiety, and stress as well. Others found that being a medical school student, following news (Ghazawy et al., 2021), Sleep problems, family members' going out, perceived more stress for online education, fear of COVID-19, influence on social interaction and higher grade (Yu, Tian, Cui & Wu, 2021), parents' relationship and the way parents educated (Zhang et al., 2021) contribute to developing depression and trauma. Conversely, perceived social support, hope, female, higher monthly disposable income (Yu, Tian, Cui & Wu, 2021), university-provided psychological counseling (Zhang et al., 2021) were identified as protective factors against depressive symptoms.

1.3 Concepts and operational definitions

Resilience: "has been defined in several ways, but perhaps most usually as flexibility in response to changing situational demands and the ability to bounce back after negative emotional experiences" (Oades, L. G., Steger, M., DelleFave, A., &Passmore, J., 2017:

135), The study defines Resilience procedurally as the degree to which the respondent obtains on the scale of Resilience which is used in the study.

Perceived social support(PSS) is defined as "the degree the individual has access to social resources, in the form of relationships with others…. (PSS) involves the individual's feelings and thoughts of how helpful the interactions or relationships are within his social network." (Feuerstein, M., Labbé, E. E., &Kuczmierczyk, 2013: 134), The study defines perceived social support procedurally as the degree to which the respondent obtains on the scale of perceived social support which is used in the study.

Psychological Trauma: "An experience is traumatic if it (1) is sudden, unexpected, or non-normative, (2) exceeds the individual's perceived ability to meet its demands, and (3) disrupts the individual's frame of reference and other central psychological needs and related schemas" (McCann & Pearlman, 2015:10), The study defines psychological trauma procedurally as the degree to which the respondent obtains on the scale of psychological trauma which is used in the study.

Depression symptoms: "a depressive cycle for at least the last two weeks and consists at least five symptoms of: deteriorated mood; losing the interest and joy in most activities; decrease or increase of weight; sleeping disorders, kinetic- psycho irritation; fatigue, losing capacity, feeling an important, losing capability to concentrate, and think of death" (APA, 2000: 155**)**, The study defines depression symptoms procedurally as the degree to which the respondent obtains on the scale of depression symptoms which is used in the study.

1.4 Problem of the study

There is no doubt that college students face a lot of challenges during academic years like educational, financial of social issues. These challenges may lead to increase a depression or trauma symptoms, depend how the student psychology protective factors like resilience and perceived social helps him on facing these psychological problems.

This study came to investigate positive psychology protective factors like resilience and perceived social to support students' in facing these psychological problems, where the research problem was formulated as follows:

What is the effect of resilience and perceived social support on trauma and depression symptoms among An-Najah National University students?

1.5 Questions of the study

The study will attempt to answer the following questions:

1. What is the level of resilience, perceived social support, psychological trauma, and symptoms of depression among An-Najah National University students?
2. Does demographic factors (gender, Academic year, Father's employment, Father's educational level, Mother employability, Mother's educational level, Family members, GPA, Faculty), symptoms of depression and psychological trauma effects resilience among An-Najah National University students?
3. Does demographic factors (gender, Academic year, Father's employment, Father's educational level, Mother employability, Mother's educational level, Family members, GPA, Faculty), symptoms of depression and psychological trauma effects perceived social support among An-Najah National University students?

1.6 Aims of the study

The study seeks to find out the effective of resilience and perceived social support on trauma and depression symptoms among An-Najah National University students. In addition to achieving the following sub-objectives:

1. Detecting level of resilience, perceived social support, psychological trauma, and symptoms of depression among An-Najah National University students.

2. Assessing the effect of demographic factors (gender, Academic year, Father's employment, Father's educational level, Mother employability, Mother's educational level, Family members, GPA, Faculty), symptoms of depression and psychological trauma on resilience among An-Najah National University students.

3. Detecting the effect of demographic factors (gender, Academic year, Father's employment, Father's educational level, Mother employability, Mother's educational level, Family members, GPA, Faculty), symptoms of depression and psychological trauma on perceived social support among An-Najah National University students.

1.7 Importance of the Study

The current research study will try to fill in gaps on mental health on Palestinian college students by studying them. Due to lack thereof of such research in Palestine. The study will obtain quantitative information through correlation study. This research will try to establish an understanding of the student's current levels of depression, trauma, perceived social support, and resilience and how the interacted and affect each other. in order to make strategies of intervention.

1.8 Hypotheses of the study

1. There are no statistically significant differences at the level of ($\alpha \leq 0.05$) the effect of demographic factors (gender, Academic year, Father's employment, Father's educational level, Mother employability, Mother's educational level, Family members, GPA, Faculty), symptoms of depression and psychological trauma on resilience among An-Najah National University students.

2. There are no statistically significant differences at the level of ($\alpha \leq 0.05$) the effect of demographic factors (gender, Academic year, Father's employment, Father's educational level, Mother employability, Mother's educational level, Family members, GPA, Faculty), symptoms of depression and psychological trauma on perceived social support among An-Najah National University students.

1.9 Limitations of the study

- Human limits: The study was conducted on students of An-Najah National University.
- Spatial boundaries: The study was conducted at An-Najah National University.
- Time limits: This study was completed in the first semester of the 2021/2022 academic year.
- Objective limitations: This study is limited to examining the effect of resilience and social support on trauma and depression symptoms among An-Najah National University students.

Chapter Two
Methodology

2.1 The Study Design

This study utilized a descriptive and correlational method for its compatibility to the study objective.

2.2 The study population

The study population is An-Najah National University students enrolled during the first semester in the academic year 2021/2022 which includes 23.000 students according to the public relation department in An-Najah University.

2.3 The study Sample

The study sample included (146) students from An-Najah National University. The participants were chosen following the available random sampling technique.

2.4 The participants' demographics

The respondents' demographic data was categorized into two parts. The first shows the participants' personal information, while the second presents the characteristics of the families of these respondents.

Table 1

The respondents' personal demographics

Variable		No.	Percent
Gender	Male	35	24.0%
	Female	111	76.0%
Academic year	First	21	14.4%
	Second	25	17.1%
	Third	31	21.2%
	Fourth	28	19.2%
	Above 4th	41	28.1%
Father's employment	Employed	117	80.1%
	Unemployed	29	19.9%
Father's educational level	Illiterate	8	5.5%
	Secondary education	78	53.4%
	B. A.	34	23.3%
	Postgraduate	26	17.8%
Mother employment	Employed	51	34.9%
	Unemployed	94	64.4%
Mother's educational level	Illiterate	6	4.1%
	Secondary education	86	58.9%
	B. A.	38	26.0%
	Postgraduate	15	10.3%
Family members	3 members	4	2.7%
	4-6 members	62	42.5
	7 and more	80	54.8%
GPA	1.5-2.5	10	6.8%
	2.6-3.5	79	54.1%
	3.5 and higher	50	34.2%
Faculty	Scientific	72	49.3%
	Human & Social	74	50.7%

The table shows that the majority of the participants, 76.0% (n=111) are females compared 24.0% (n=35). 28.1% (n=41) of the students are above 4th year, 21.2% (n=31) are 3rd year students, 19.2% (n=28) are 4th year students, 17.1% (n=25) are 2nd year student, 14.4% (n=21) are students of 1st year. Also, 54.1% (n=79) reported having a GPA between 2.6 and 3.5, 34.2% (n=50) stated having a GPA 3.5 and higher, and 6.8% (n=10) have a GPA between 1.5 and 2.5. 49.3% (n=72) are students of the scientific faculties and 50.7% (n=74) are students of the human and social faculties.

As shown in the above table, 80.1% (n=117) of the students' fathers are employed, where 53.4% (n=78) are holders of secondary education degrees. By contrast, 64.4% (n=94) of the students' mothers are unemployed, but like the fathers, 58.9% (n=86) are

holders of secondary education degrees. Most of the students' families, 54.8% (n=80) include 7 and more members among them, 42.5% (n=62) stated living in a family of 4-6 members, while 2.7% (n=4) of the students' families include only 3 members.

2.5 The data collection tools

Standardized assessments were utilized by the researcher to collect information from the study participants. These assessments are detailed as follows:

2.5.1 CYRM

The three sub-scales of the CYRM-28 represent the main categories of resilience. A 28-item measure with a 5-point Likert scale was used to evaluate the responses. Additionally, each sub-scale contains its own sets of questions that act as markers for the main categories of the construct. The first sub-scale measures an individual component made up of social skills (two items), peer support (two items), and personal abilities (5 items) (4 items). The second subscale measures caring, which is represented by two items on the physical and psychological sides of caregiving (5 items). The third subscale includes elements connected to spirituality (3 items), culture (5 items), and education, as well as contextual elements that help young people feel a feeling of belonging (2 items) (Liebenberg, Ungar, & Van de Vijver, 2011), the CYRM-28 was adapted and translated to Arabic environment by Thabet, A., in Gaza-Palestine (Thabet&Thabet, 2015a).

2.5.2 Multidimensional Scale of Perceived Social Support (MSPSS)

Zimet, G. D., Dahlem, N. W., Zimet, S. G., and Farley, G. K. (1988) created the MSPSS to measure support in three domains: family (FA), friends (FR), and significant others (SO) (SO). A 12-item measure with a 7-point Likert scale was used to evaluate the responses (1 = strongly disagree, and 7 = strongly agree). In this study, the MSPSS Arabic version that Abou-hashem (2010) modified in Egypt was employed. The overall scale, friends support, family support, and significant other support all had Cronbach's alpha values of.89,.83,.78, and.81, respectively, indicating strong internal consistency.

2.5.3 Davidson trauma scale (DTS)

Each of the 17 symptoms listed in the DSM-IV is represented by one of the DTS's 17 items. The following criteria can be used to group the items: criteria B (intrusive re-experiencing), criteria C (avoidance and numbness), criteria D (items 12–16). (Hyper

arousal). The participant scores each item's frequency and severity over the course of the preceding week using a 5-point (0–4) scale, with a maximum score of 136 points. Scores for the severity and frequency subscales can be calculated individually. The DTS has been translated into Palestinian Arabic by professional bilingual translators. It shows satisfactory reliability with a split half R of 0.74 and internal consistency Cronbach‟s alpha of 0.75 (Thabet et al. 2002, Thabet et al. 2009).

2.5.4 The Hopkins Symptom Checklist-25 (HSCL-25)

The Hopkins Symptom Checklist Depression Scale was used to assess depression symptoms (HSCL-D; Parloff, Kelman, & Frank, 1954). The 15-item HSCL-D is a self-report screening tool that is scored on a 4-point Likert scale (1 being "Not at all" and 4 being "Extremely"). The 15 depressed items can be averaged to determine the final score. The total score has a significant correlation with severe emotional distress of undefined diagnoses and has been repeatedly demonstrated in many groups. In primary care populations, it has a sensitivity of 84 percent and a specificity of 73 percent for major depressive disorder (Williams, Noel, Cordes, Ramirez, Pignone, 2002; William, Pigone, Ramirez, Stellato, 2002). The Hopkins Symptom Checklist scale was previously adapted and translated into Palestinian Arabic by the researchersThabet, A. M., Thabet, S. S., &Vostanis, P. (2016).

2.6Validity and Reliability of the tools

2.6.1 Validity of the tools

In order to check the validity of the study instruments, the study instruments were electronically addressed to a pilot sample consisting of 30 students at NNU eliminated from the original study sample. Pearson correlation coefficient was used between the items and the total score of each instrument, and the results were as the following:

- The values of Pearson correlation coefficient between the items and the total score of resilience CYRM were positively and statistically significant at ($\alpha \leq 0.05$) and ranged from 0.43 to 0.76 as shown in the table (2).
- The values of Pearson correlation coefficient between the items and the total score of perceived social support MSPSS were positively and statistically significant at ($\alpha \leq 0.05$) and ranged from 0.58 to 0.91 as illustrated in the table (3).
- The values of Pearson correlation coefficient between the items and the total score of trauma scale DTS were positively and statistically significant at ($\alpha \leq 0.05$) and ranged from 0.39 to 0.82 as illustrated in the table (4).

- The values of Pearson correlation coefficient between the items and the total score of depression scale HSCL were positively and statistically significant at ($\alpha \leq 0.05$) and ranged from 0.37 to 0.88 as illustrated in the table (5).
- According to these results, the study instruments are valid for achieving the study aims.

Table 2

Internal consistency validity for the resilience scale CYRM

N	Items	R
1	I have people I look up to	0.64*
2	I cooperate with people around me	0.76*
3	Getting an education is important to me	0.43*
4	I know how to behave in different social situations	0.54*
5	My parent(s)/caregiver(s) watch me closely	0.50*
6	My parent(s)/caregiver(s) know a lot about me	0.67*
7	If I am hungry, there is enough to eat	0.66*
8	I try to finish what I start	0.60*
9	Spiritual beliefs are a source of strength for me	0.63*
10	I am proud of my ethnic background	0.65*
11	People think that I am fun to be with	0.75*
12	I talk to my family/caregiver(s) about how I feel	0.74*
13	I am able to solve problems without harming myself or others (for example by using drugs and/or being violent)	0.54*
14	I feel supported by my friends	0.65*
15	I know where to go in my community to get help	0.73*
16	I feel I belong at my school	0.74*
17	17. My family stands by me during difficult time	0.73*
18	18. My friends stand by me during difficult times	0.69*
19	I am treated fairly in my community	0.65*
20	I have opportunities to show others that I am becoming an adult and can act responsibly	0.63*
21	I am aware of my own strengths	0.68*
22	I participate in organized religious activities	0.45*
23	I think it is important to serve my community	0.70*
24	I feel safe when I am with my family/caregiver(s)	0.60*
25	I have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others)	0.53*
26	I enjoy my family's/caregiver's cultural and family traditions	0.68*
27	I enjoy my community's traditions	0.64*
28	I am proud of my citizenship	0.52*

* Significantly correlated at ($\alpha = 0.05$).

Table 3

Internal consistency validity for the perceived social support scale MSPSS

N	Items	R
1	There is a special person who is around when I am in need.	0.86*
2	There is a special person with whom I can share my joys and sorrows.	0.85*
3	My family really tries to help me	0.58*
4	I get the emotional help and support I need from my family.	0.70*
5	I have a special person who is a real source of comfort to me	0.81*
6	My friends really try to help me.	0.91*
7	I can count on my friends when things go wrong.	0.84*
8	I can talk about my problems with my family.	0.69*
9	I have friends with whom I can share my joys and sorrows.	0.91*
10	There is a special person in my life that cares about my feelings.	0.84*
11	My family is willing to help me make decisions.	0.81*
12	I can talk about my problems with my friends.	0.82*

* Significantly correlated at ($\alpha = 0.05$).

Table 4

Internal consistency validity for Davidson trauma scale DTS

N	Items	R
1	Have you had painful images, memories or thoughts of the event ?	0.67*
2	Have you had distressing dreams of the event ?	0.39*
3	Have you felt as though the event was re-occurring ?	0.82*
4	Have you been upset by something which reminded you of the event ?	0.64*
5	Have you been avoiding any thoughts or feelings about the event ?	0.70*
6	Have you been avoiding doing things or going into situations which remind you about the event ?	0.58*
7	Have you found yourself unable to recall important parts of the event ?	0.42*
8	Have you had difficulty enjoying things ?	0.78*
9	Have you felt distant or cut off from other people ?	0.77*
10	Have you been unable to have sad or loving feelings ?	0.74*
11	Have you found it hard to imagine a long life span fulfilling your goals ?	0.78*
12	Have you had trouble falling asleep or staying asleep ?	0.63*
13	Have you been irritable or had outbursts of anger ?	0.80*
14	Have you had difficulty concentrating ?	0.77*
15	Have you felt on edge, been easily distracted, or had to stay ‘on guard’ ?	0.82*
16	Have you been jumpy or easily startled ?	0.77*
17	Have you been physically upset by reminders of the event ?	0.62*

* Significantly correlated at ($\alpha = 0.05$).

Table 5

Internal consistency validity for the depression scaleHSCL

N	Items	R
1	Feeling low in energy, slowed down	0.77*
2	Blaming yourself for things	0.62*
3	Crying easily	0.37*
4	Loss of sexual interest or pleasure	0.76*
5	Poor appetite	0.63*
6	Difficulty falling asleep, staying asleep	0.45*
7	Feeling hopeless about the future	0.85*
8	Feeling blue	0.76*
9	Feeling lonely	0.86*
10	Thoughts of ending your life	0.65*
11	Feeling of being trapped or caught	0.88*
12	Worry too much about things	0.75*
13	Feeling no interest in things	0.74*
14	Feeling everything is an effort	0.67*
15	Feelings of worthlessness	0.69*

* Significantly correlated at ($\alpha = 0.05$).

2.6.2 Reliability of the tools

Table 6

The reliability of the questionnaire was calculated using Cronbach's Alpha.

Assessment	No. of items	Cronbach's alpha value
CYRM	28	0.945
MSPSS	12	0.951
DTS	17	0.933
HSCL	15	0.868

The reliability coefficients shown in table (6) for study instruments of (CYRM, MSPSS, DTS, and HSCL) were (0.945, 0.951, 0.933, and 0.868) respectively. In the other words, these assessments outcomes are highly consistent and could be generalized.

2.7Ethical considerations

The information gathered was kept secret and anonymous. No names or other identifying identifiers of any kind that would have revealed the participants' identities were included on the completed questionnaire. The study's aims were explained to the participants in order to reassure them that there would be no harm or possible danger as a result of the information they provided. Participants were also made aware of their right to withdraw at any time and to ask any questions about the questionnaire.

2.8 Data collection

The researcher distributed the assessments electronically using Google Form. The completed assessments were collected by the researcher and their completion was checked at once. The assessments with missing information or answers were immediately returned to students and those were requested to complete the missing items.

2.9 Statistical Analysis

The statistical package for social sciences (SPSS) v. 26 was used to analyze the collected data. Descriptive statistics was used to analyze the characteristics of the respondents and to calculate the mean scores of their responses. Simple linear regression was used to examine the effect of resilience and social support on reducing trauma and depression symptoms among An-Najah University students. Pearson correlation was used to evaluate the relationship between resilience and perceived social support and trauma and depression symptoms.

Chapter Three

Results

The chapter presents the study results and outcomes. The chapter contains two sections. The first is dedicated to presenting the results of the data analysis in addition to the participants' demographics. The second section discusses the study outcomes in view of the previous literature.

3.1 Results of the study questions

3.1.1 The level of resilience among NNU students

Three subscales make up the CYRM-28: personal resources and capacities, connections with main caregivers, and environmental elements that support a feeling of belonging. The survey's questions offer information on certain sub-scales. Simply add the answers to the pertinent questions, which are included in the clusters, to score each subscale. The higher the score, the more prevalent these resilience factors are in the participating youths' lives. According to this method, any mean scale score between 1 and 2.32 could be deemed lowlevel of resilience, 2.33 to 3.66 could be deemed moderate level of resilience, and 3.67 to 5 could be deemed high level of resilience (Ungar, 2016:20).

Table 7

The level of resilience among NNU students measured using CYRM

Dimension	N	Mean	Std. Deviation	Std. Error Mean
resilience	134	3.6381	.74860	.06467

The table indicates that the participants show moderate to high degrees of resilience.

3.1.2 The level of perceived social support among NNU students

Using the MSPSS, the perceived level of social support among NNU students is evaluated. Sum the results of the 12 things to determine the final score. This overall rating may alternatively be computed as a mean rating (divide by 12). You can use the scale answer descriptors as a guide to sort respondents based on MSPSS scores. According to this method, any mean scale score between 1 and 2.9 could be deemed

poor support, 3 to 5 could be deemed moderate support, and 5.1 to 7 could be deemed great support (Zimet, Dahlem, Zimet& Farley, 1988).

Table 8

The level of perceived social support among NNU students

Dimension	N	Mean	Std. Deviation	Std. Error Mean
Social support	132	2.2614	.80022	.06965

The results show that NNU students perceived lowlevels of social support (M=2.26).

3.1.3The level of psychological trauma symptoms among NNU students

A frequency score (from 0 to 68), severity score (from 0 to 68), and total score are produced by the DTS (ranging from 0 to 136). It can be used to determine if the symptoms initially fit the DSM criteria for PTSD. Additionally, scores may be computed for each of the three PTSD symptom clusters (i.e., B, C, and D). According to this method, any mean scale score between 0 and 1.32 could be deemed low level of trauma, 1.33 to 2.66 could be deemed moderate level of trauma, and 2.67 to 4 could be deemed high level of trauma.

Table 9

The level of trauma symptoms among NNU students

Dimension	N	Mean	Std. Deviation	Std. Error Mean
Trauma	140	2.6223	.90924	.07684

The table indicates that NNU students show moderate to high degrees of trauma symptoms.

3.1.4The level of depression symptoms among NNU students

The HSCL-25's first 10 items are intended to screen for anxiety, while the final 15 questions test for depression. There are four possible replies for each topic on an ordered categorical scale: "Not at all," "A little," "Quite a deal," and "Extremely." An overall score is the mean of all 25 items and is determined as the sum of the sadness and anxiety item averages. According to this method, any mean scale score between 0 and 1.9 could be deemed low level of depression, 2 to 3 could be deemed moderate level of

depression, and 3.1 to 4 could be deemed high level of depression (Winokur et al., 1984).

Table 10

The level of depression symptoms among NNU students

Dimension	N	Mean	Std. Deviation	Std. Error Mean
Depression	131	2.2794	.80444	.07028

As shown in the previous table, the students presented a mean score of 2.28 which means that NNU students show moderate degrees of depression symptoms.

3.2Hypotheses analysis

- The effect of demographic factors (gender, Academic year, Father's employment, Father's educational level, Mother employability, Mother's educational level, Family members, GPA, Faculty), symptoms of depression and psychological trauma on resilience among NNU students.

The simple linear regression was performed to examine the effect.

Table 11 (see Appendix C p.72)

The analysis results shown in table (11) that there is low correlation between depression symptoms (r=0.378) and faculty (r=0.439) on resilience but depression symptoms contributes by 14.3% on resilience and faculty contributes by 19.2% on resilience. On the other hand, gender(r=0.519) and GPA (r=0.545) has moderate correlation with resilience depression, however, gender contributes by 26.9% on resilience and GPA contributes by 29.7% on resilience.

- The effect of demographic factors (gender, Academic year, Father's employment, Father's educational level, Mother employability, Mother's educational level, Family members, GPA, Faculty), symptoms of depression and psychological trauma unperceived social support among NNU students.

The simple linear regression was performed to examine the effect of social support and resilience on trauma and depression.

Table 12 (see Appendix C p.72)

The analysis results shown in table (12) that there is very high correlation between depression symptoms (r=0.989) with social support and depression symptoms contributes by 97.9% on social support.

The effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to the student's gender.

Table 13 (see Appendix C p.72)

The independent sample t-test result for the differences in the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to gender

The analysis results shown in table (13) that there are no statistically significant differences at the level of ($\alpha \leq 0.05$) the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to gender. Still, the mean scores indicate that the differences are in favor of females regarding resilience.

The effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to the student's academic year.

Table 14 (see Appendix C p.73)

Means and standard deviations of the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to the student's academic year

Table 15 (see Appendix C p.73)

One-way analysis of variance for the differences in the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to the student's academic year

The analysis results shown in table (15) above that there are no statistically significant differences at the level of ($\alpha \leq 0.05$) the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to the student's academic year, as all the significance levels for each dimension is higher than 0.05.

Thus, there seems to be an agreement among the participants that the student's academic year has no effect on their resilience, perceived social support, trauma or depression symptoms.

The effect of resilience and perceived social support on trauma and depression symptoms among An-Najah University students related to father's employment.

Table 16 (see Appendix C p.74)

The independent sample t-test result for the differences in the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to father's employment

The analysis results shown in table (16) that there are no statistically significant differences at the level of ($\alpha \leq 0.05$) the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to the father's employment, related to depression, perceived social support and resilience dimension.

there are statistically significant differences at the level of ($\alpha \leq 0.05$) the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to the father's employment, related to trauma dimension.

as all the significance levels for each dimension is higher than 0.05 except trauma.

The effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to the father's educational level.

Table 17 (see Appendix C p.74)

Means and standard deviations of the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to the father's educational level.

Table 18 (see Appendix C p.75)

One-way analysis of variance for the differences in the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to the father's educational level

The analysis results shown in table (18) that there are no statistically significant differences at the level of ($\alpha \leq 0.05$) the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to the father's academic level, as all the significance levels for each dimension is higher than 0.05. Thus, there seems to be an agreement among the participants that the father's level of education has no effect on their resilience, and perceived social support, trauma or depression symptoms.

The effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to mother's employment.

Table 19 (see Appendix C p.75)

The independent sample t-test result for the differences in the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to mother's employment

The analysis results shown in table (19) that there are no statistically significant differences at the level of ($\alpha \leq 0.05$) the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to the mother's employment, as all the significance levels for each dimension is higher than 0.05. Thus, there seems to be an agreement among the participants that the father's employment has no effect on their resilience, perceived social support, trauma or depression symptoms.

The effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to mother's educational level.

Table 20 (see Appendix C p.75)

Means and standard deviations of the effect of resilience and perceived social support on trauma and depression symptoms NNU students related to mother's educational level

Table 21 (see Appendix C p.76)

One-way analysis of variance for the differences in the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to the mother's educational level.

The analysis results shown in table (21) that there are no statistically significant differences at the level of ($\alpha \leq 0.05$) the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to the mother's academic level, as all the significance levels for each dimension is higher than 0.05. Thus, there seems to be an agreement among the participants that the father's level of education has no effect on their resilience, and perceived social support, trauma or depression symptoms.

The effect of resilience andperceived social support on trauma and depression symptoms among NNU students related to family members' number.

Table 22 (see Appendix C p.76)

Means and standard deviations of the effect of resilience and perceived social support on trauma and depression symptoms NNU students related to family members' number.

Table 23 (see Appendix C p.77)

One-way analysis of variance for the differences in the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to the family members' number

The analysis outcomes show that there are no statistically significant differences at the level of ($\alpha \leq 0.05$) the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to the number of family members. However, the mean scores indicate that families with 4-6 membersmean score was the highest regarding resilience, perceived social support, resilience and trauma symptoms. On the other hand, families with 3 members mean score was the lowest regarding resilience, perceived social support, resilience and trauma symptoms.

The effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to the student's GPA.

Table 24 (see Appendix C p.77)

Means and standard deviations of the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to the student's GPA

Table 25 (see Appendix C p.78)

One-way analysis of variance for the differences in the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to the student's GPA.

The analysis results shown in table (25) that there are no statistically significant differences at the level of ($\alpha \leq 0.05$) the effect of resilience andperceived social support on trauma and depression symptoms among NNU students related to the student's GPA, as all the significance levels for each dimension is higher than 0.05. Thus, there seems to be an agreement among the participants that the student's academic year has no effect on their resilience, perceived social support, trauma or depression symptoms.

The effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to faculty.

Table 26(see Appendix C p.78)

The independent sample t-test result for the differences in the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to faculty.

The analysis outcomes show that there are no statistically significant differences at the level of ($\alpha \leq 0.05$) the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to the faculty. However, the mean scores indicate that the differences are in favor of human and social faculties students regarding resilience, Scientific faculties students in perceived social support resilience, trauma, and depression symptoms.

3.3 Discussion

The study aimed at investigating the effect of resilience and perceived social support on trauma and depression symptoms among An-Najah University students.

The participants showed moderate to high degrees of resilience. The results showed that the students' relationships with their family members is the most influential component on their resilience followed by their own individual sense of resilience, while their sense of belonging has minimal effect on their resilience.

Also, NNU students perceived low levels of social support, in accordance with Ju, Kim & Lee (2022), Ramezankhani et al. (2013). According to their perceptions, their families are their highest social supporters, followed by their significant other with low degree of social support. Lastly, NNU students perceive their friends as their least social supporters though it is evaluated as low. This result goes along with Alsubaie, Stain, Webster & Wadman (2019) conclusions.

The researcher believes this result is predictable due to the nature of the Palestinian social fabric. The family enjoys a high position in society, and we can say that the Palestinian family is still interconnected, and its members support each other. Therefore, it is normal for individuals to see that their families are their first psychological support, followed by their significant others and friends. In addition, most students still reside among their families; therefore, the family members, including parents, brothers, and sisters, are considered the first incubator of their concerns and the first to become aware of them. Also, the family is one of the fixed categories in the individual's life. Husbands and friends may change due to various factors, but the family always remains in the lives of individuals.

Additionally, NNU students have moderate to high levels of trauma symptoms witch goes along with Thabet, Elheloub & Vostanisc (2015) where students reported sever degree of trauma. The mean scores for the sub-classes of DTS showed moderate to high degrees of trauma symptoms among these students. furthermore, avoidance and numbness seem more practiced symptom among these students. Along to Zhang et al. (2021) who found the spread of corona virus and subsequent quarantine was significantly correlated with trauma. This result can be attributed to the fact that most student’s family member was affected due to the Coronavirus. Furthermore, the specificity of the Palestinian society under occupation and who lives its day as a martyr’s project, whether by assassination, deliberate killing, or targeting, and therefore the shocks that may result from the Coronavirus are tragically due to the Palestinian situation.

By contrast, the students presented a mean score of 2.28 which is notably higher than the cut off (2), indicating the presence of symptoms of depression among NNU students. This outcome is consistent with Hamaideh, AlModallal, Tanash&HamdanMansour (2021), Ramezankhani et al. (2013), and Ghazawy et al.

(2021). The comprehensive closure measures, which included closing universities, turning to e-learning, and preventing public gathering and mixing, narrowed the space for direct personal communication and thus led to the spread of feelings of isolation and high rates of loneliness and depression, as well as the absence of social events that allow individuals to participate in various activities and increase of withdrawal feelings.

The outcomes showed that depression symptoms contribute by 14.3% on resilience and faculty contributes by 19.2% on resilience and depression symptoms contributes by 97.9% on social support unlike Thabet& Sultan (2016) who found no significant correlation between traumatic events and resilience. Further, the study found that by the increase of resilience and perceivedsocial support, the symptoms of trauma and depression are reduced signifyingly as also found by Visser& Law-van Wyk (2021), Rahman et al. (2021), Shi (2021), Marie, SaadAdeen&Battat (2020),Nazzal, Cruz &Neto (2017), Wang, Cai, Qian & Peng (2014), and Ramezankhani et al. (2013).

A network of social and psychological support is one of the most helpful factors in overcoming problems. The members of this network seek to alleviate the problem and help find solutions to it and contribute significantly to enhancing the person's feeling that he is not alone in facing problems but instead, some standby him, direct and guide him, and ensure his safety. The presence of social and psychological support networks contributes significantly to reducing the feeling of isolation and thus depression and mitigating the effects of trauma through different methods related to the type of problem. In addition, the person's sense of having someone who supports him enhances his self-confidence and ability to face pressure and accept things better.

The analysis outcomes also indicated that that there are no statistically significant differences at the level of ($\alpha \leq 0.05$) the effect of resilience and perceived social support on reducing trauma and depression symptoms among An-Najah University students related to gender, number of family members, and faculty, academic level, father employment, mother employment, father educational level, mother educational level, and GPA contrary to Ghazawy et al. (2021), Alaedein et al. (2021), Serrano Sarmiento, Sanz Ponce & González Bertolín (2021) results.

Nonetheless, females showed higher levels of perceived social support, resilience and depression symptoms as found by Visser& Law-van Wyk (2021), Ghazawy et al.

(2021), Nazzal, Cruz &Neto (2017). While males presented notable degrees of trauma, by contrast, Serrano Sarmiento, Sanz Ponce & González Bertolín (2021) and Benlarbi and Amoumen (2021) reported high levels of resilience among male students compared to females.

It is certain that psychological resilience and social support are not particularly affected by demographic factors but are more affected by the personality traits of the individual and his ability to adapt to events and accept changes, as well as his ability to maintain an excellent social network that also provides him with psychological and social support in times of distress.

Despite this, females are more interested in maintaining complex social relationships and appear more dependent on friends, family, and those around them in the face of stressful events, difficulties, and negative feelings than males, who tend to be self-sufficient and rely on themselves more. Also, females are more prone to depression, which is related to their biological factors, which are starkly different from males, making them more sensitive to problems and stresses and thus more prone to depression.

Chapter Four

Conclusion and Recommendations

4.1 Conclusion

The social environment occupies great importance for the individual in his life, as this importance is not limited to integrating the individual into his network, but also for the benefits it provides to improve mental and physical health through social bonding. Where the social bond is a true expression of those connections, communications, and support that the individual receives from those around him, and it is one of the most important psychosocial factors that affect mental and physical health with a preventive and curative dimension.

The importance of social support in alleviating the severity of post-traumatic psychological disorders is evident. Whenever a person is exposed to a number of life pressures, he needs the support and support of those around him, such as family and friends. Therefore, many scholars consider social support to be a primary source of security that an individual needs in His life when he feels that there is something threatening his security and safety, and when he feels that his energy has been exhausted, and that he needs assistance with it, so he resorts to his social network and the security that it can provide to face life again, and those who have been exposed to shocks are in dire need of any kind of Social support to continue the life that blackened in their eyes.

Stress is a phenomenon of human life, which man tells about at different times and situations that require him to conform or re-compatibility with the environment. This phenomenon is like most psychological phenomena such as anxiety, frustration, aggression and others, and therefore we cannot refrain from it or escape from it or be away from it, because that means the lack of individual activities and lack of competence, and then failure in life there is no life without pressures and where there is life there are pressures.

Resilience reduces the severity of the pressures facing the individual, and the relationship can be understood by examining the impact of stress on the individual, and in this particular you see that the excitation of stressful events leads to a chain of

feedback that leads to the excitation of the autonomic nervous system and chronic stress subsequently leads to exhaustion and the accompanying diseases, physical and psychological disorders, and here comes the role of psychological hardness in modifying the circular process, which begins with pressure and ends with fatigue.

4.2 Recommendations

In view of the study outcomes, the researcher recommends:

1. Activating the role of the psychologist inside universities in all its stages and qualifying him educationally, psychologically and training to deal with students and academic bodies with all their psychological, family and social problems and how to confront them.
2. Activating the role of the counseling committees in universities to reduce the level of pressure they have, especially university ones.
3. Holding open periodic meetings between the university administration and colleges on the one hand and students on the other hand to identify the sources of pressure and work to solve the problems that cause them and thus reduce them.
4. Conducting further research assessing resilience and social support among students with special needs and its role in their integration in the university community.
5. Conducting separate researchers on resilience and social support impact on vulnerable communities such as divorced women, victims of violence and other oppressed groups.

List of abbreviations

Abbreviation	Meaning
WHO	World Health Organization
GPA	Grade point average
COVID-19	Coronavirus disease 2019
GAD-7	General Anxiety Disorder-7
SCL-90	The Symptom Checklist-90
HRQOL	health-related quality of life
PTSD	post-traumatic stress disorder
PCS-12	Physical Component Summary
MCS-12	Mental Component Summary
DASS-21	Depression Anxiety Stress Scale-21
IES-R	Impact of Event Scale
PCL-C	PTSD Checklist-Civilian
PDM	Phases-decision-making model
SD	Standard deviation
M	Mean
CPTSD	complex posttraumatic stress disorder
NCMH	National Centre for Mental Health
PHQ-9	Patient Health Questionnaire
MPSS	Multidimensional Perceived Social Support
DTS	Davidson Trauma Scale
PTGI-X	Posttraumatic Growth Inventory
CD-RISC	Connor-Davidson Resilience Scale
PLS-SEM	Partial least squares structural equation modelling
SPSS	The statistical package for social sciences
HSCL-25	The Hopkins Symptom Checklist-25
MSPSS	Multidimensional Scale of Perceived Social Support
CYRM	The Child and Youth Resilience Measure
NNU	An-Najah National University

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Appendices

Appendix A

The study assessments in English

An-Najah National University

Faculty of Graduate Studies

Dear participants

The research is aiming to examine **the effect of resilience and social support on reducing trauma and depression symptoms among An-Najah University students**. Kindly answer the assessments with the utmost objectivity and transparency as it describes your situation. The information provided in the assessments are only used for research and scientific reasons, thus, it will be marked anonymously and secrecy.

The researcher

Demographic information

Gender:	**Male**		**Female**	
Level:	**1st**	**2nd**	**3rd**	**over 4th year**
Father's employment:	**Employed**		**Unemployed**	**Others**
Father's educational level:	**Illiterate**		**Secondary education**	**B.A.**
Postgraduate	**Other**			
Mother employability:	**Employed**		**Unemployed**	**Others**
Mother's educational level:	**Illiterate**		**Secondary education**	**B.A.**
Postgraduate	**Other**			
Family members:	**3**	**4-6**	**7 and above**	
GPA:	**1.5-2.5**	**2.6-3.5**	**3.5 and higher**	
Faculty:	**Scientific**	**Human & Social**		

The resilience assessment

#	ITEMS	Not at All	A Some	Little	Quite a Bit	A Lot
1	I have people I look up to	1	2	3	4	5
2	I cooperate with people around me	1	2	3	4	5
3	Getting an education is important to me	1	2	3	4	5
4	I know how to behave in different social situations	1	2	3	4	5
5	My parent(s)/caregiver(s) watch me closely	1	2	3	4	5
6	My parent(s)/caregiver(s) know a lot about me	1	2	3	4	5
7	If I am hungry, there is enough to eat	1	2	3	4	5
8	I try to finish what I start	1	2	3	4	5
9	Spiritual beliefs are a source of strength for me	1	2	3	4	5
10	I am proud of my ethnic background	1	2	3	4	5
11	People think that I am fun to be with	1	2	3	4	5
12	I talk to my family/caregiver(s) about how I feel	1	2	3	4	5
13	I am able to solve problems without harming myself or others (for example by using drugs and/or being violent)	1	2	3	4	5
14	I feel supported by my friends	1	2	3	4	5
15	I know where to go in my community to get help	1	2	3	4	5
16	I feel I belong at my school	1	2	3	4	5
17	17. My family stands by me during difficult time	1	2	3	4	5
18	18. My friends stand by me during difficult times	1	2	3	4	5
19	I am treated fairly in my community	1	2	3	4	5
20	I have opportunities to show others that I am becoming an adult and can act responsibly	1	2	3	4	5

21	I am aware of my own strengths	1	2	3	4	5
22	I participate in organized religious activities	1	2	3	4	5
23	I think it is important to serve my community	1	2	3	4	5
24	I feel safe when I am with my family/caregiver(s)	1	2	3	4	5
25	I have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others)	1	2	3	4	5
26	I enjoy my family's/caregiver's cultural and family traditions	1	2	3	4	5
27	I enjoy my community's traditions	1	2	3	4	5
28	I am proud of my citizenship	1	2	3	4	5

Scale of Perceived Social Support

Statement	**1**	**2**	**3**	**4**	**5**	**6**	**7**
There is a special person who is around when I am in need.	1	2	3	4	5	6	7
There is a special person with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
My family really tries to help me	1	2	3	4	5	6	7
I get the emotional help and support I need from my family.	1	2	3	4	5	6	7
I have a special person who is a real source of comfort to me	1	2	3	4	5	6	7
My friends really try to help me.	1	2	3	4	5	6	7
I can count on my friends when things go wrong.	1	2	3	4	5	6	7
I can talk about my problems with my family.	1	2	3	4	5	6	7
I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7

There is a special person in my life that cares about my feelings.	1	2	3	4	5	6	7
My family is willing to help me make decisions.	1	2	3	4	5	6	7
I can talk about my problems with my friends.	1	2	3	4	5	6	7

Trauma assessment

items	**Not at All**	**A Some**	**Little**	**Quite a Bit**	**A Lot**
Have you had painful images, memories or thoughts of the event ?	0	1	2	3	4
Have you had distressing dreams of the event ?	0	1	2	3	4
Have you felt as though the event was re-occurring ?	0	1	2	3	4
Have you been upset by something which reminded you of the event ?	0	1	2	3	4
Have you been avoiding any thoughts or feelings about the event ?	0	1	2	3	4
Have you been avoiding doing things or going into situations which remind you about the event ?	0	1	2	3	4
Have you found yourself unable to recall important parts of the event ?	0	1	2	3	4
Have you had difficulty enjoying things ?	0	1	2	3	4
Have you felt distant or cut off from other people ?	0	1	2	3	4
Have you been unable to have sad or loving feelings ?	0	1	2	3	4
Have you found it hard to imagine a long life span fulfilling your goals ?	0	1	2	3	4
Have you had trouble falling asleep or staying asleep ?	0	1	2	3	4
Have you been irritable or had outbursts of anger ?	0	1	2	3	4
Have you had difficulty concentrating ?	0	1	2	3	4
Have you felt on edge, been easily distracted, or had to stay ‘on guard’ ?	0	1	2	3	4

Have you been jumpy or easily startled ?	0	1	2	3	4
Have you been physically upset by reminders of the event ?	0	1	2	3	4

Depression assessment

How much did the following symptoms bother you in the past week?	**Not at all**	**A little**	**Quite a bit**	**Extremely**
Feeling low in energy, slowed down	1	2	3	4
Blaming yourself for things	1	2	3	4
Crying easily	1	2	3	4
Loss of sexual interest or pleasure	1	2	3	4
Poor appetite	1	2	3	4
Difficulty falling asleep, staying asleep	1	2	3	4
Feeling hopeless about the future	1	2	3	4
Feeling blue	1	2	3	4
Feeling lonely	1	2	3	4
Thoughts of ending your life	1	2	3	4
Feeling of being trapped or caught	1	2	3	4
Worry too much about things	1	2	3	4
Feeling no interest in things	1	2	3	4
Feeling everything is an effort	1	2	3	4
Feelings of worthlessness	1	2	3	4

Appendix B

The study assessments in Arabic

جامعة النجاح الوطنية

كلية الدراسات العليا

أخي الطالب/ أختي الطالبة

نضع بين ايديكم هذا الاستبانة الذي يهدف لقياس (أثر الصلابة النفسية والدعم الاجتماعي في الحد من أعراض الصدمة والاكتئاب لدى طلاب جامعة النجاح الوطنية. راجين منكم التكرم بالإجابة عن الفقرات التي تحتويها بموضوعية، بوضع إشارة (X) في المكان الذي يناسب وجهة نظرك، علما بان هذه البيانات ستوظف لأغراض البحث العلمي فقط.

الباحث

البيانات الاولية

1. 3.5-6. ( )3.5 فأعلى

الكلية: ( ) علميه

1. الجنس: ( ) ذكر ( ) انثى
2. السنة الدراسية: ( ) اولى ( )ثانية ( )ثالثة ( )رابعة فما فوق
3. الأب: ( ) يعمل ( ) لا يعمل ( ) غير ذلك
4. المستوى التعليمي للأب: ( )امي ( ) ثانوي ( ) بكالوريوس ( ) دراسات عليا ( ) غير ذلك
5. الأم: ( ) تعمل ( ) لا تعمل ( ) غير ذلك
6. المستوى التعليمي للأم: ( )امي ( ) ثانوي ( ) بكالوريوس( ) دراسات عليا ( ) غير ذلك
7. عدد افراد الأسرة يشمل الأب والأم: ( )3 ( ) 4-6 ( ) 7 فأعلى
8. المعدل التراكمي: ( )1.5-2.5 ( ) 2 ( ) انسانية

مقياس الصلابة النفسية (CYRM):

#	البند	ابدا	قليلا	أحيانا	معظم الوقت	كل الوقت
1	في حياتي اشخاص أتمنى ان أصبح مثلهم	1	2	3	4	5
2	اتعاون مع الأشخاص المحيطين بي	1	2	3	4	5
3	ان استكمالي التعليم يعتبر مهما بالنسبة لي	1	2	3	4	5
4	اعرف كيف اتصرف في المواقف الاجتماعية المختلفة	1	2	3	4	5
5	يهتم والدي بمراقبتي في مختلف المواقف	1	2	3	4	5
6	والدي يعرفان كل شيء عني	1	2	3	4	5
7	والدي يهتمان بتوفير الطعام اللازم في البيت	1	2	3	4	5
8	أحاول انهاء ما بدأت عمله	1	2	3	4	5
9	ايماني بالله هو مصدر قوتي	1	2	3	4	5
10	اعتز بانتمائي لمجتمعي	1	2	3	4	5
11	يراني الناس انني مرح	1	2	3	4	5
12	أتكلم مع والدي بصراحه حول مشاكلي	1	2	3	4	5
13	اواجه مشكلاتي ولا اهرب منها	1	2	3	4	5
14	أصدقائي يدعمونني	1	2	3	4	5
15	عندما تواجهني مشكلة اعرف لمن اتوجه	1	2	3	4	5
16	اشعر بالانتماء لمدرستي	1	2	3	4	5
17	يقف والدي معي في الأوقات الصعبة	1	2	3	4	5
18	يقف أصدقائي الى جانبي في وقت الضيق	1	2	3	4	5
19	لا اشعر بانني مظلوما في مجتمعي	1	2	3	4	5
20	لدي الفرص الكافية لتطوير مهارتي الدراسية والعملية	1	2	3	4	5
21	اعرف مصادر القوة في شخصيتي	1	2	3	4	5
22	أشارك في الأنشطة الدينية في منطقتي	1	2	3	4	5

23	اعتقد بانه من المهم أن اخدم مجتمعي	1	2	3	4	5
24	عندما يتواجد والدي أشعر بالأمان	1	2	3	4	5
25	ان الحياة التي عشتها جعلت مني شخصا ناضجا	1	2	3	4	5
26	احب عادات اهلي وتقاليدهم	1	2	3	4	5
27	أشارك واستمتع بعادات مجتمعي	1	2	3	4	5
28	افتخر بكوني فلسطينيا	1	2	3	4	5

مقياس الدعم الاجتماعي (MSPSS):

الفقرات	**1**	**2**	**3**	**4**	**5**	**6**	**7**
يوجد شخص مقرب متواجد عند حاجتي إليه	1	2	3	4	5	6	7
يوجد شخص مقرب يمكنني ان اشارك افراحي واحزاني معه	1	2	3	4	5	6	7
عائلتي تحاول حقاً مساعدتي	1	2	3	4	5	6	7
احصل على المساعدة والدعم العاطفي من عائلتي	1	2	3	4	5	6	7
لدي شخص مقرب هو مصدر حقيقي للراحة بالنسبة لي	1	2	3	4	5	6	7
اصدقائي يحاولون حقاً مساعدتي	1	2	3	4	5	6	7
يمكنني الاعتماد على اصدقائي عندما تسوء الأمور	1	2	3	4	5	6	7
يمكنني التحدث عن مشاكلي مع عائلتي	1	2	3	4	5	6	7
لدي اصدقاء يمكنني مشاركة افراحي واحزاني معهم	1	2	3	4	5	6	7
يوجد شخص مقرب في حياتي يهتم بمشاعري	1	2	3	4	5	6	7
عائلتي على استعداد بان تساعدني في اتخاذ القرارات	1	2	3	4	5	6	7
أستطيع أن أتحدث عن مشاكلي مع اصدقائي	1	2	3	4	5	6	7

مقياس اعراض الصدمة النفسية(Davidson trauma scale):

الفقرات	أبدا	دائماً	أحياناً	غالباً	نادراً
هل تتخيل صور, ذكريات وأفكار عن الخبرة الصادمة؟	0	1	2	3	4
هل تحلم أحلام مزعجة تتعلق بالخبرة الصادمة؟	0	1	2	3	4
هل تشعر بمشاعر فجائية أو خبرات بأن ما حدث لك سيحدث مرة أخرى؟	0	1	2	3	4
هل تتضايق من الأشياء التي تذكرك بما تعرضت له من خبره سابقة؟	0	1	2	3	4
هل تتجنب الأفكار والمشاعر التي تذكرك بالحدث الصادم؟	0	1	2	3	4
هل تتجنب الموقف والأشياء التي تذكرك بالحدث الصادم؟	0	1	2	3	4
هل تعاني من فقدان الذاكرة للأحداث الصادمة التي تعرضت لها (فقدان ذاكرة نفسي محدد)؟	0	1	2	3	4
هل لديك صعوبة في التمتع بحياتك والنشاطات اليومية التي تعودت عليها؟	0	1	2	3	4
هل تشعر بالعزلة وبأنك بعيد ولا تشعر بالحب تجاه الأخرين أو الانبساط؟	0	1	2	3	4
هل فقدت الشعور بالحزن والحب (انك متلبد الإحساس)؟	0	1	2	3	4
هل تجد صعوبة في تخيل بقائك على قيد الحياة لفترة طويلة لتحقق أهدافك في العمل, الزواج وانجاب الأطفال؟	0	1	2	3	4
هل لديك صعوبة في النوم أو البقاء نائماً؟	0	1	2	3	4
هل تنتابك نوبات من التوتر والغضب؟	0	1	2	3	4
هل تعاني من صعوبات في التركيز؟	0	1	2	3	4
هل تشعر بأنك على حافة الانهيار (واصلة مع), ومن السهل تشتيت انتباهك؟	0	1	2	3	4
هل تستثار لأتفه الأسباب وتشعر دائماً بأنك متحفز ومتوقع الأسوأ؟	0	1	2	3	4
هل الأشياء والأشخاص الذين يذكرونك بالخبرة الصادمة تجعلك تعاني من نوبة ضيق النفس, الرعشة, العرق الغزير وسرعة في ضربات قلبك؟	0	1	2	3	4

مقياس أعراض الاكتئاب (HSCL-25):

إلى أي مدى ازعجتك الأعراض التالية في الأسبوع الماضي؟	اطلاقا	قليلا	بشكل كاف	كثيرا
الشعور بانخفاض الطاقة, التباطؤ	1	2	3	4
لوم نفسك على الأمور	1	2	3	4
البكاء بسهولة	1	2	3	4
فقدان الرغبة أو المتعة الجنسية	1	2	3	4
ضعف الشهية	1	2	3	4
صعوبة في النوم أو البقاء نائما	1	2	3	4
الشعور باليأس حيال المستقبل	1	2	3	4
الشعور بالكآبة	1	2	3	4
الشعور بالوحدة	1	2	3	4
افكار لإنهاء حياتك	1	2	3	4
الشعور بالحبس أو الانحصار	1	2	3	4
قلق مفرط حيال الأمور	1	2	3	4
الشعور بعدم الاهتمام للأمور	1	2	3	4
الشعور بأن كل شيء يتطلب مجهود	1	2	3	4
الشعور بعدم القيمة	1	2	3	4

Appendix C
Tables

Table11

The effect of demographic factors (gender, Academic year, Father's employment, Father's educational level, Mother employability, Mother's educational level, Family members, GPA, Faculty), symptoms of depression and psychological trauma on resilience among NNU students.

Dimension	Impact domain	R	R square	Sig.
Depression	Resilience	0.378	.143	.000
Faculty	Resilience	0.439	.192	.000
Gender	Resilience	0.519	.269	.000
GPA	Resilience	0.545	.297	.000

Table 12

The effect of demographic factors (gender, Academic year, Father's employment, Father's educational level, Mother employability, Mother's educational level, Family members, GPA, Faculty), symptoms of depression and psychological trauma on perceived social support among NNU students.

Dimension	Impact domain	R	R square	Sig.
Depression	Social support	.989	.979	.000

Table 13

The independent sample t-test result for the differences in the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to gender

Dimension	Gender	N	Mean	Std. Deviation	Sig.
Trauma	Female	109	2.6190	.89349	0.925
	Male	31	2.6338	.97792	
Depression	Female	100	2.3020	.79823	0.809
	Male	31	2.2065	.83326	
Perceived Social Support	Female	101	2.2929	.79849	0.508
	Male	31	2.1586	.81034	
Resilience	Female	103	3.7077	.70270	0.256
	Male	31	3.4067	.85648	

Table 14

Means and standard deviations of the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to the student's academic year

Variable		N	Mean	Std. Deviation
Trauma	First	19	2.65	1.039
	Second	22	2.72	.824
	Third	30	2.49	.803
	Fourth	28	2.58	.876
	Above 4th	41	2.66	1.010
	Total	140	2.62	.909
Depression	First	16	2.40	.847
	Second	23	2.38	.706
	Third	29	2.18	.713
	Fourth	25	2.36	.870
	Above 4th	38	2.17	.878
	Total	131	2.27	.804
Perceived Social Support	First	17	2.37	.815
	Second	23	2.36	.714
	Third	29	2.15	.734
	Fourth	25	2.38	.878
	Above 4th	38	2.15	.850
	Total	132	2.26	.800
Resilience	First	20	3.65	.884
	Second	21	3.80	.638
	Third	29	3.59	.721
	Fourth	26	3.42	.736
	Above 4th	38	3.71	.759
	Total	134	3.63	.748

Table 15

One-way analysis of variance for the differences in the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to the student's academic year

		Sum of Squares	df	Mean Square	F	Sig.
Trauma	Between Groups	.890	4	.222		
	Within Groups	114.023	135	.844	.263	.900
	Total	114.913	139			
Depression	Between Groups	1.339	4	.334		
	Within Groups	82.786	126	.657	.509	.728
	Total	84.125	130			
Perceived Social Support	Between Groups	1.566	4	.391		
	Within Groups	82.319	127	.648	.604	.660
	Total	83.885	131			
Resilience	Between Groups	2.039	4	.509		
	Within Groups	72.492	129	.561	.907	.461
	Total	74.532	133			

Table 16

The independent sample t-test result for the differences in the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to father's employment

Dimension	Father Employment	N	Mean	Std. Deviation	Sig.
Trauma	Employed	111	2.607	.968	.002
	Unemployed	29	2.677	.643	
Depression	Employed	103	2.256	.811	.681
	Unemployed	28	2.364	.784	
Perceived Social Support	Employed	104	2.229	.799	.838
	Unemployed	28	2.377	.805	
Resilience	Employed	106	3.623	.741	.654
	Unemployed	28	3.692	.784	

Table 17

Means and standard deviations of the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to the father's educational level

Variable		N	Mean	Std. Deviation
Trauma	Illiterate	8	3.323	.757
	Secondary education	75	2.554	.800
	B. A.	32	2.659	.989
	Postgraduate	25	2.659	1.094
	Total	140	2.622	.909
Depression	Illiterate	7	2.552	.810
	Secondary education	70	2.261	.775
	B. A.	32	2.377	.854
	Postgraduate	22	2.106	.833
	Total	131	2.279	.804
Perceived Social Support	Illiterate	7	2.559	.746
	Secondary education	71	2.246	.780
	B. A.	32	2.354	.833
	Postgraduate	22	2.079	.836
	Total	132	2.261	.800
Resilience	Illiterate	8	3.281	.866
	Secondary education	71	3.706	.684
	B. A.	33	3.568	.674
	Postgraduate	22	3.650	.986
	Total	134	3.638	.748

Table 18

One-way analysis of variance for the differences in the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to the father's educational level

		Sum of Squares	df	Mean Square	F	Sig.
Trauma	Between Groups	4.444	3	1.481		
	Within Groups	110.469	136	0.812	1.823	.145
	Total	114.913	139			
Depression	Between Groups	1.509	3	.503		
	Within Groups	82.616	127	.650	.773	.510
	Total	84.125	130			
Perceived	Between Groups	1.640	3	.546		
Social Support	Within Groups	82.244	128	.642	.851	.468
	Total	83.885	131			
Resilience	Between Groups	1.518	3	.506		
	Within Groups	73.014	130	.561	.901	.442
	Total	74.532	133			

Table 19

The independent sample t-test result for the differences in the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to mother's employment

Dimension	Mother Employment	N	Mean	Std. Deviation	Sig.
Trauma	Employed	49	2.660	.910	.968
	Unemployed	90	2.575	.881	
Depression	Employed	48	2.273	.823	.583
	Unemployed	82	2.271	.796	
Perceived Social Support	Employed	48	2.256	.815	.557
	Unemployed	83	2.255	.796	
Resilience	Employed	50	3.654	.803	.196
	Unemployed	83	3.644	.707	

Table 20

Means and standard deviations of the effect of resilience and perceived social support on trauma and depression symptoms NNU students related to mother's educational level

Dimension		N	Mean	Std. Deviation
Trauma	Illiterate	6	2.794	.777
	Secondary education	81	2.587	.844
	B. A.	37	2.604	1.005
	Postgraduate	15	2.760	1.123
	Total	139	2.619	.911
Depression	Illiterate	6	2.477	.451
	Secondary education	75	2.297	.785
	B. A.	35	2.169	.837
	Postgraduate	14	2.266	.912
	Total	130	2.268	.797
Perceived	Illiterate	6	2.430	.492
Social	Secondary education	76	2.282	.784
Support	B. A.	35	2.164	.847
	Postgraduate	14	2.214	.859
	Total	131	2.250	.793
Resilience	Illiterate	6	3.470	.732
	Secondary education	77	3.641	.692
	B. A.	36	3.677	.815
	Postgraduate	14	3.701	.850
	Total	133	3.649	.738

Table 21

One-way analysis of variance for the differences in the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to the mother's educational level

		Sum of Squares	df	Mean Square	F	Sig.
Trauma	Between Groups	.574	3	.191		
	Within Groups	114.196	135	.845	.226	.878
	Total	114.770	138			
Depression	Between Groups	.669	3	.223		
	Within Groups	81.325	126	.645	.346	.792
	Total	81.995	129			
Perceived	Between Groups	.552	3	.184		
Social Support	Within Groups	81.342	127	.640	.287	.834
	Total	81.895	130			
Resilience	Between Groups	.264	3	.088		
	Within Groups	71.795	129	.556	.158	.924
	Total	72.059	132			

Table 22

Means and standard deviations of the effect of resilience and perceived social support on trauma and depression symptoms NNU students related to family members' number

Variable		N	Mean	Std. Deviation
Trauma	7 and more	60	2.510	.931
	4-6 members	77	2.723	.896
	3 members	3	2.254	.580
	Total	140	2.622	.909
Depression	7 and more	55	2.202	.798
	4-6 members	73	2.343	.822
	3 members	3	2.133	.405
	Total	131	2.279	.804
Perceived Social Support	7 and more	56	2.188	.789
	4-6 members	73	2.324	.821
	3 members	3	2.083	.433
	Total	132	2.261	.800
Resilience	7 and more	59	3.626	.773
	4-6 members	72	3.654	.694
	3 members	3	3.476	1.655
	Total	134	3.638	.748

Table 23

One-way analysis of variance for the differences in the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to the family members' number

		Sum of Squares	df	Mean Square	F	Sig.
Trauma	Between Groups	1.938	2	.969		
	Within Groups	112.975	137	.824	1.175	.311
	Total	114.913	139			
Depression	Between Groups	.688	2	.344		
	Within Groups	83.436	128	.651	.528	.590
	Total	84.125	130			
Perceived Social Support	Between Groups	.676	2	.338		
	Within Groups	83.209	129	.645	.524	.593
	Total	83.885	131			
Resilience	Between Groups	.105	2	.052		
	Within Groups	74.427	131	.568	.092	.911
	Total	74.532	133			

Table 24

Means and standard deviations of the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to the student's GPA

Variable		N	Mean	Std. Deviation
Trauma	1.5-2.5	10	2.770	.742
	2.6-3.5	76	2.619	.935
	3.5 and higher	48	2.607	.936
	Total	134	2.626	.917
Depression	1.5-2.5	8	2.175	.580
	2.6-3.5	73	2.339	.815
	3.5 and higher	45	2.202	.836
	Total	126	2.280	.808
Perceived Social Support	1.5-2.5	8	2.208	.584
	2.6-3.5	73	2.318	.815
	3.5 and higher	45	2.183	.836
	Total	126	2.263	.808
Resilience	1.5-2.5	10	3.478	.574
	2.6-3.5	74	3.577	.732
	3.5 and higher	43	3.815	.803
	Total	127	3.650	.751

Table 25

One-way analysis of variance for the differences in the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to the student's GPA

		Sum of Squares	df	Mean Square	F	Sig.
Trauma	Between Groups	.227	2	.113		
	Within Groups	111.738	131	0.852	.133	.875
	Total	111.966	133			
Depression	Between Groups	.615	2	.307		
	Within Groups	81.022	123	.658	.467	.627
	Total	81.638	125			
Perceived Social Support	Between Groups	.534	2	.267		
	Within Groups	81.082	123	.659	.405	.667
	Total	81.616	125			
Resilience	Between Groups	1.865	2	.932		
	Within Groups	69.217	124	.558	1.670	.192
	Total	71.082	126			

Table 26

The independent sample t-test result for the differences in the effect of resilience and perceived social support on trauma and depression symptoms among NNU students related to faculty

Dimension	Faculty	N	Mean	Std. Deviation	Sig.
Trauma	Scientific	68	2.695	.889	.701
	Human & Social	72	2.553	.928	
Depression	Scientific	67	2.357	.809	.863
	Human & Social	64	2.197	.797	
Perceived Social Support	Scientific	67	2.345	.803	.887
	Human & Social	65	2.174	.793	
Resilience	Scientific	69	3.449	.773	.218
	Human & Social	65	3.837	.671	

جامعة النجاح الوطنية

كلية الدراسات العليا

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إعداد

عمر أحمد عمر محمديه

إشراف

د. شادي خليل أبو الكباش

قدمت هذه الرسالة استكمالا لمتطلبات الحصول على درجه الماجستير في علم النفس الإكلينيكي، من كلية الدراسات العليا، في جامعة النجاح الوطنية، نابلس– فلسطين.

2022

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الملخص

هدفت الدراسة إلى فحص أثر الصلابة النفسية والدعم الاجتماعي المدرك على أعراض الصدمة والاكتئاب لدى (146) من طلبة جامعة النجاح الوطنية، من خلال اتباع المنهج الوصفي التحليلي، حيث تم استخدام المقاييس CYRMو MSPSSو DTSو HSCL لجمع البيانات من المشاركين.

تم تحليل البيانات باستخدام الحزمة الاحصائية للعلوم الإنسانية (SPSS v. 26).

أظهرت النتائج أن هناك ارتباطًا ضعيفًا بين أعراض الاكتئاب والكلية على الصلابة النفسية ولكن أعراض الاكتئاب تساهم بنسبة 14.3٪ في الصلابة النفسية وأن الكلية تساهم بنسبة 19.2٪ في الصلابة النفسية. من ناحية أخرى، فإن الجنس والمعدل التراكمي لهما علاقة معتدلة مع الصلابة النفسية، ومع ذلك، يساهم الجنس بنسبة 26.9٪ في الصلابة النفسية ويساهم المعدل التراكمي بنسبة 29.7٪ في المرونة. من ناحية أخرى، هناك ارتباط قوي للغاية بين أعراض الاكتئاب مع الدعم الاجتماعي المدرك حيث تساهم أعراض الاكتئاب بنسبة 97.9٪ على الدعم الاجتماعي المدرك.

أوصت الدراسة بتفعيل دور الأخصائي النفسي داخل الجامعات بجميع مراحلها وتأهيل الطلاب تربويا ونفسيا وتدريبيا على التعامل مع الطلاب والهيئات الأكاديمية بكل مشاكلهم النفسية والأسرية والاجتماعية وكيفية مواجهتها وإجراء مزيد من البحوث لتقييم الصلابة النفسية والدعم الاجتماعي لدى الطلاب ذوي الاحتياجات الخاصة ودورها في اندماجهم في المجتمع الجامعي.

الكلمات المفتاحية: الدعم الاجتماعي المدرك، الصلابة النفسية، الاكتئاب، الصدمات.