



**UNIVERSITY OF SZEGED
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PROGRAMME OF SOCIAL AND EMOTIONAL EDUCATION**

DOCTORAL DISSERTATION

**RELATIONSHIP AMONG SOCIAL PROBLEM-SOLVING,
NEGATIVE PROBLEM ORIENTATION, MAJOR NEGATIVE
INTERPERSONAL EVENTS, AND PSYCHOLOGICAL WELL-
BEING: A COMPARATIVE STUDY BETWEEN HUNGARIAN AND
PALESTINIAN ADOLESCENTS**

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DISSERTATION DECLARATION

I hereby certify that all the work in my dissertation is the result of my progress, which was achieved under the supervision of Assoc. Prof. Dr. Kasik László. I would like to state that this thesis contains no material that has been accepted for the award of any other degree or diploma in my name in any university or tertiary institution, and to my best knowledge, it contains no material that was previously published or written by any other people, except where the publications and due references have been listed in the text. I agree that the final version of my thesis can become available via the university's research depository, the university, and the search engines.

15 May 2023

Signature:



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ABSTRACT

Social problem-solving (SPS) is the balance that each person ought to have in order to cope with his/her major negative interpersonal events and consequently enjoys psychological well-being (PWB). The study aimed to investigate age and gender characteristics of SPS, negative orientation (NEGORI), major negative interpersonal events (MNIE), and PWB among 12-, 15-, and 18-year-old Hungarian and Palestinian adolescents. Furthermore, correlations between the previous variables were examined. The effects of family composition, parents' education, MNIE factors, and PWB factors on SPSI factors were also explored. Some background factors were selected in this study (i.e., gender, age, family composition, and mother's and father's education). The following measurements were adopted: SPSI-R (D'Zurilla et al., 2022), NEGORI (Kasik et al., 2018), MNIE-M (Aburezeq & Kasik, 2021), and W-BQ12 (Bradley, 1994). The descriptive approach was adopted. The study included 661 Hungarian and Palestinian adolescents by the use of random stratified sampling. On the one hand, the Hungarian sample (n = 251) included boys (n = 109), girls (n = 142), 12-year-old (n = 93), 15-years-old (n = 86), and 18-years-old (n = 72). On the other hand, the Palestinian sample (n = 410) included boys (n = 201), girls (n = 209), 12-year-old (n = 124), 15-years-old (n = 127), and 18-years-old (n = 159). Based on the results, the following findings were revealed: Rational problem-solving was more typical among Hungarian 12-year-old girls. Negative problem orientation was found significant among Hungarian 15-year-old girls, while positive problem orientation was more typical among Hungarian 15-year-old boys. Positive problem orientation and rational problem solving were found to be typical among Palestinian 18-year-old girls. Fending off the problem, positive consequences, and waiting were more characteristics of Palestinian 12-year-old girls. MNIE related to family were significant in Palestinian 12-year-old boys. However, among Hungarian 12-years old, MNIE related to family were significant among boys. Among 15-year-old Hungarian adolescents, MNIE related to Classmates and yourself were more typical among girls. Among 18, Palestinian adolescent boys showed that they experienced MNIE related to classmates, teacher, and friends more than girls did. The findings of PWB reported that negative well-being was revealed as more typical among 18-year-old Palestinian girls. The findings of regression showed that there were multiple effects for the independent variables on the dependent variables.

ABBREVIATIONS

ACEs	Adverse Childhood Experiences
AS	Avoidance Style
I/CS	Impulsiveness/Carelessness Style
INLES	Interpersonal Negative Life Events Scale
ISLE	The Inventory of Small Life Events
KMO	Kaiser-Meyer-Olkin
MNE	Major Negative Events
MNIE	Major Negative Interpersonal Events
MNIE–M	Major Negative Interpersonal Events Measurement
N	Number
NE	Negative Events
NEGORI	Negative Orientation Scale
NLE	Negative Life Events
NPO	Negative Problem Orientation
NPOQ	Negative Problem Orientation Questionnaire
PPO	Positive problem orientation
PST	Problem-Solving Therapy
PTSD	Post-Traumatic Stress Disorder
PWB	Psychological Well-Being
RPS	Rational Problem Solving
SES	Socioeconomic Status
SP	Social Problem
SPS	Social Problem-Solving
SPSI–R	Social Problem Solving Inventory–Revised
SPSQ	Social Problem-Solving Questionnaire
UNICEF	The United Nations International Children’s Emergency Fund
WHO	World Health Organization

1. INTRODUCTION

Adolescence is a stage of a gradual change from childhood to adulthood. It normally begins with the onset of signs of puberty; it is characterized by significant psychological and social changes (Ruby & Decety, 2004), corporeal and mental changes (Brothers, 1999), biological evolution in the brain (Casey, et al., 2008), making adaptations (Blakemore, et al., 2010), and the occurrence of new shifts of social bonds (Collins & Laursen, 2004). Several human aspects, including sexual, physiological, mental, emotional, moral, self-esteem, cognitive, and social development rapidly occur throughout this time (Kar et al., 2015). However, such important changes might create some challenges and increase depressive symptoms (Copeland et al., 2009) as this stage includes social interaction; self-consciousness about the increased significance of peer relationships (Steinberg & Morris, 2001). The definition of the time for the end of adolescence has various views due to major cultural differences; there was no certain consensus among scholars on determining the adolescence years; there is almost an agreement that it is the period that begins from the age of thirteen and ends at the age of twenty-one (Almofada, 1991).

Adolescence in all parts of the world can be characterized by general characteristics as follows: (1) Adolescents' problems are very similar and connected to the environment around them, (2) their living in urban areas have more problems than rural areas, (3) boys tend to be less obedient than girls, (4) their problems increase with age (Al-Muhareb & Al-Na'im, 2003). However, the successful development in adolescents' life has been linked to some factors: (1) independence from their parents, (b) consistency with psychological changes and physiology that occur to them during the transitional stage, (c) development to values and identity, (d) establishment to effective relationships with their peers, and (e) preparation for professional life (Zarb, 2014).

Additionally, the nature of human beings is inveterately social. Hence, interpersonal interaction and understanding of others occupy a large portion of their brains (Brothers, 1999). Furthermore, adolescents are sociable and sensitive to the quality of their relations with their peers (Brown et al., 2004; Steinberg & Morris, 2001). At this stage, they begin to re-evaluate their relationships with others and initiate a move towards changing their interests. They tend to deal with analytical and abstract thinking and become less dependent on adults' explanations for

their problems. They actually begin to rely on their own interpretations and methods of dealing with their problems (Al-Muhareb & Al-Na'im, 2003).

Additionally, many studies focusing on developing the social brain explained that adolescence is an important stage of social development (Al-Muhareb & Al-Na'im, 2003), they are part of society and definitely have various social problems occurring during the communications of interpersonal daily life and require effective solutions to deal with them (D'Zurilla et al., 2002; Heppner et al., 2004; Nezu, 2004). To cope with problems, it depends on a certain number of attitudes showing people's beliefs towards their ability to find solutions to problems. These attitudes are called Problem Orientations (Nezu, 2004), which are a central part of social problem-solving ; a cognitive-affective-behavioural process in which people try to address social (interpersonal) problems in a social setting (D'Zurilla et al., 2004).

Consequently, the main social problem that upsets people's lives is the experience of Major Negative Interpersonal Events (MNIE), these are the occurrences that impose a negative impact on people's lives. MNIE are potentially harmful events that occur in an individual's life and impact psychosocial adaption due to emotional effects, and they may reduce a person's coping strategies (Gonçalves et al., 2017). When humans are exposed to sudden and unexpected occurrences, major negative events MNIE occur, and the resultant shock could trigger a series of psychological, physical, emotional, and social problems (Altawil et al., 2008).

However, not everyone reacts the same way to MNIE. It typically depends on an individual's expectations and adaptive techniques (Bras & Cruz, 2008, as cited in Gonçalves et al., 2017). Relatives may also be a cause of stress for adolescents (DuBois et al., 2002; Smetana et al., 2006). Canavarro and Lima (2006) added that the most prevalent negative life events (NLE) could be (i.e. unwanted pregnancies, parental divorce, and relationships break-ups).

Furthermore, MNIE have piqued researchers' curiosity as etiologic factors in disease since they can cause psychopathological problems (Coddington, 1972). The majority of psychological research on the link between life experiences and depressive disorders has focused on the link between events and subsequent depressive symptoms (Hammen, 2006). The major consequences for MNIE were committing suicide (Sinha, 2008), and more association with delinquent peers (Wills et al., 2011). This is why some investigators have focused on exploring the negative orientation of the social problem by inventing a proper instrument (i.e., Kasik et al., 2018). The

instrument explored dysfunctional orientation among adolescents. It was also validated in Arabic in this study.

The experience of MNIE and the weak social problems solving consequently have effects on adolescents' psychology and well-being; they are one of the most pressing issues confronting communities around the world in order to prevent physical and mental health problems; the reason why further research is needed to identify adolescents' well-being (Camara et al., 2017; McKay & Andretta, 2017). Balázs et al. (2017) found that peers and adults' social support is still a significant factor in adolescents' well-being; adolescents who do not receive such support are more likely to engage in risky behaviours such as smoking, drinking, violence, or eating unhealthy foods (Özdemir et al., 2016), as well as mental health issues such as depression and anxiety (Bernaras et al., 2019). Detecting these problems is critical due to their potentiality to influence adolescents' future life paths in both positive and negative ways (Sawyer et al., 2018).

Reports from the World Health Organization (WHO) stated that 264 million people worldwide have been affected by depression (WHO, 2020). Furthermore, WHO (2017) has identified depression as a disease that shows itself when a combination of symptoms continues for at least two weeks, including chronic sorrow and a loss of interest or pleasure, and inhibits your daily activities. Research has detailed that social support is negatively associated with depressive symptoms (Chang et al., 2018; Kievit et al., 2016). In other words, adolescents who report receiving more social support from family, friends, and others are less depressed (Ren et al., 2018) as decreased negative cognition through social support is related to lower depressive symptoms (Zhang and colleagues, 2015).

In contemporary society, one of the most important factors affecting people's well-being is the nature of their interpersonal interactions (Feeney & Noller, 1996). The social factor regulates an adequate social life, which is related to subjective well-being (Gál et al., 2022). Students' well-being is a complicated emotional state that is mostly generated by affective and cognitive judgments of their social interactions and educational experiences (Hascher, 2010). According to studies on adolescents (Blaskova & McLellan, 2017; Konu et al., 2002; Poulou, 2017), their relationships at school (such as emotional bonds and problems among students as well as relationships with teachers) and the opportunities the school gives them to self-actualize (such as evaluations and motivation) have the biggest effects on their school well-being.

Studies showed there is a connection between interpersonal skills and other aspects of well-being, such as life satisfaction and academic well-being (e.g., Gillham et al., 2011). Additionally, children frequently describe issues at school, with peers, or with teachers; all of which are key factors in their school wellbeing. Specifically, they frequently describe feeling of comfort at school with their classmates (D’Zurilla & Nezu, 2007; Konu et al., 2002). These results suggest that improving students’ social skills can aid them in making healthy adjustments to their environment and prevent their well-being from declining (Gál et al., 2022). The new difficulties that pupils are confronting at school frequently take the form of social problems (e.g., Konu et al., 2002). According to Vecchio et al. (2007), adolescents are more likely to perceive their academic social life as suitable when they are able to resolve their interpersonal issues - positive problem orientation plays a major element here. Students who lack effective problem-solving techniques may be more susceptible to depressive symptoms. A protective factor against depression could be achieved by improving positive problem-solving skills and reducing negative problem orientation (Einadab et al., 2022).

To deal with issues that arise in all facets of an individual’s life, social problem-solving is a talent that must be cultivated beginning at a young age (Yilmaz et al., 2022). It is one of the most crucial abilities for people to possess in today’s modern society and is preferred to be learned at a young age and developed in favorable situations (Craig et al., 2016; Sun et al., 2018). Numerous theoretical frameworks have been developed in the field of social functioning known as social problem-solving (e.g., McMurren & McGuire, 2005). In the school context, social problem-solving is vital to overcome a number of obstacles and successfully deal with personality traits that contribute to their adjustment (Gál et al., 2022). International studies revealed that children between the ages of 10 and 11 typically start to exhibit a negative orientation towards social difficulties and problem solving alongside a less common positive orientation (e.g., D’Zurilla et al., 2004; Kasik, 2015). The relationship between negative orientation and avoidance steadily rises from the age of 13–15, while girls between the age of 10–18 age have the highest prevalence of negative orientation. Boys generally exhibit an uncommon pattern in which negative orientation is linked to a high level of rationality and avoidance (Kasik, 2015).

Longitudinal research showed that negative problem orientation is thought to be a predictor of future depression, anxiety, and stress in adults (Ciarrochi & Scott, 2006). Some adolescents, according to Ciarrochi, Leason, and Heaven (2009) also exhibit that a growing

negative problem orientation is associated with deteriorating affect. According to D’Zurilla and Nezu (1990), rationality enhances both children’s and adults’ social behaviour. Measures of impulsivity are decreased by rationality, and this effect lasted at the one-year follow-up (Shure, 1999). Life satisfaction and well-being in school were considerably impacted by negative attitudes about social problems (Gál et al., 2022).

In addition, social problem-solving has a mediatory role in the relationship between life events and psychological compatibility (Crick & Dodge, 1994). Stressful life events interact with problem solving to influence well-being; poor problem solving is assumed to increase the negative impact of stressful life events on well-being (Nezu et al., 2010). Life situations that place high demands on a person’s personal, social, or biological adjustments are considered stressful life events (Bloom, 1985).

Furthermore, in the educational field, the constructs of the current research are under social education, which is mainly concerned with modifying students’ attitudes and behaviours with peers, teachers, and family members. Fostering students’ social competency hugely helps students’ adjustment to their new environment and prevents their well-being from declining (Gál et al., 2022). So, since students’ social problem-solving is less developed, there are more problems to be solved (Kasik et al., 2016). Teachers should also work to develop students’ social competencies in the school environment as teachers’ behavior affects their students’ ability to develop social skills (Brophy-Herb et al. 2007; Jennings and Greenberg 2009). In addition, Gál et al. (2022) urged the necessity to investigate the personal traits that contribute to students’ adjustment in order to gain knowledge that could be useful for intervention programs and counseling services offered by educational institutions. Several pieces of research have indicated a connection between social abilities and many aspects of well-being, such as satisfaction with life and academic well-being (e.g., Gillham et al., 2011).

Having placed the significant relationships between social problem-solving, major negative interpersonal events, and psychological well-being, it was found essential to investigate these variables and their relationships in the Hungarian and the Palestinian context – a cross-cultural study, especially when it comes to the Palestinian poor library of educational research (Assaf & Aburezeq, 2018). This study came as a response to the scarcity of studies in the Palestinian library in terms of the modernity of the results about social problem-solving, major negative interpersonal events, and psychological well-being. The study of the three variables

collectively is novel in the Palestinian and Hungarian context. Gál et al. (2020) explained that more investigations ought to be conducted in order to gain a deep insight into exploring social environment characteristics of school students and their relations with SPS and PWB. In addition, Chang et al. (2020a) recommended that a future research should be conducted to show the importance of how social coping processes contribute to well-being and psychological adjustment.

Age, gender, and cultural differences have been the subject of social problem-solving research for a very long time (Kasik et al., 2016). To compare Hungary and Palestine, it was necessary to go through a comparative analysis, which serves a variety of important functions that are intricately linked; it aids the researchers' comprehension and awareness of their society, culture, and people's ways of thinking. This could be done by contrasting familiar structures and procedures in the researcher's society with those in other societies and cultures. The comparison makes researchers aware of the issue of generalizing based on their own experiences, and it makes it easier to access a wide range of alternative preferences and solutions to problems (Esser & Vliegthart, 2017).

To the best of my knowledge, the only two studies investigated social problem-solving in Palestine context were Abu Hamda (2017), which was bound to Palestinian university students, not adolescents. That study recommend more investigations of the relationship between SPS and PWB among adolescents. The second study was El-Ghosain (2008), which was limited to 15-year-old Palestinian. Therefore, in the Palestinian context, no studies investigated social problem-solving among 12- and 18-year-old. The use of Negative Orientation Questionnaire (NEGORI) by Kasik, et al. (2018) altogether with Social Problem Solving Inventory–Revised (SPS-I) by (D'Zurilla et al., 2002) to measure SPS among adolescents, especially in Palestine, is a very novel study – no study used NEGORI in Palestine at all. The study is comprehensive as it studied background variables such as (gender, age, family composition, father's education, and mother's education) for two groups in two countries. In addition, the study used three ages (12-, 15-, and 18-year-olds); this is new in the Palestinian library concerning SPS, MNE, and PWB. In MNIE, there were some studies already conducted in Palestine. These studies investigated major negative events that were related to wars, conflicts, killing, and violence as mentioned in Khamis (2013). The present study is the first in Palestine in terms of major negative interpersonal events – to investigate the negative events among persons. A more comprehensive set of questions were

addressed making the present study of greater relevance. On the other hand, it came as a response to the non-availability of the studies of major negative interpersonal events in the Hungarian context. In short, no study in Palestine and Hungary examined social problem solving, major negative events, and psychological well-being collectively using three ages (12-, 15-, and 18-year-olds), and background variables (i.e., gender, age, family composition, father's and mother's education). In addition, this is the first comparative study between Hungary and Palestine.

The study is significant because of the following reasons: (1) It compared two different peoples (Hungarians and Palestinians) in two different countries (Hungary and Palestine) in two different continents (Europe and Asia). This comparison made the study important and distinctive. (2) It studied three variables (social problem solving, major negative events, and psychological well-being) collectively, which is one of the unique studies. The study of the three variables altogether is novel in Hungary and Palestine; it fills a research gap on the local and international level. It would be very useful and interesting to the researchers in this field. (3) In Palestine, this study addressed the poor Palestinian literature in such field, especially SPS. It would be a very important reference for the Palestinian researchers in the field of social psychology. (4) The study focused on three ages of adolescence; 12, 15, and 18 years old, which was the beginning, the middle and the end of the adolescence, which makes the study is comprehensive. (5) The four instruments of the study were available in three languages (Arabic, English, Hungarian). It is a good reference for researchers. (6) The study findings help social workers, school counselors, psychology researchers, and other specialists interested in the field in both countries; Hungary and Palestine. The new aspect of study is the study of the relationships between the three variables; social problem solving, major negative events, and psychological well-being. Also, it was across-cultural study that examined the differences of the three variables among two different countries.

2. THEORETICAL BACKGROUND: SOCIAL PROBLEM-SOLVING, NEGATIVE ORIENTATION, MAJOR NEGATIVE INTERPERSONAL EVENTS, AND PSYCHOLOGICAL WELL-BEING

This chapter introduces the theoretical backgrounds and the literature review of the study's three psychological fields: social problem-solving (SPS), major negative interpersonal events (MNIE) and psychological well-being (PWB). The chapter highlights SPS and its relationship to MNIE and PWB. The theoretical framework is based on the model created by D'Zurilla & Nezu, (2007). The justification for studying the three variables (social problem solving, major negative interpersonal events, and psychological well-being) is that SPS is an integral part of dealing with life events and psychological well-being. In this context, Chang et al. (2004) explained that SPS played a mediatory role in the relationship between life events and social adjustment (see Figure 1). Furthermore, SPS can reduce the impact of major negative events. However, lacking of SPS increases the possibility of negative impacts on psychological well-being. After comprehensive research, it was found that no one single study investigated the three variables collectively. Therefore, this chapter could be a valuable contribution to the field of social problem-solving.

2.1 Social problems-Solving (SPS)

A social (interpersonal) problem is any life event, relationship, or social task that is generally negative and requires an adaptive reaction (Jacobson & Margolin, 1979). However, there is no prompt effective response available to individuals who are confronted by that situation due to the existence of many obstacles (D'Zurilla et al., 2004). Individuals (e.g., their own thoughts and actions) or the environment (e.g., others' behaviours, happenings within a group, or particular elements of the environment) may be the source of these difficulties. According to Chang et al. (2004), a social problem can be any social assignment, specific case, or connection that is considered by individuals as a necessary issue to address whether in the past, present, or future in order to achieve effective social functioning, success, and optimal environmental accommodation.

Six characteristics that could define social-problem: (1) A social-problem is concrete and could be perceived by individuals; (2) it could develop to include the whole society; (3) it is relative as it differs in each society; (4) it increases in densely populated societies; and (5) it is

emerged from interpersonal relations (El-Nabawi, 1997). However, there are some factors that aggravate the problem: (a) novelty (e.g., moving to a new environment), (b) inconsistency (e.g., confusion about how a relationship is progressing, (c) uncertainty (e.g., the inability to manage one's job path), (d) contradictory objectives (e.g., differences of opinions about which house to buy), (e) deficits in performance skills (e.g., problems talking with co-workers), and (f) a scarcity of materials (e.g., limited money to pay a mortgage), it has nothing to do with nature; and (6) it exists as long as people exist (Nezu, 2013).

The term of social problem solving was coined in 1971 when D'Zurilla and Goldfried published an inclusive review of the pertinent theory and research that was connected to real-life problem-solving (Nezu & D'Zurilla, 1989). Social-problem solving interconnects with numerous academic fields such as education, creativity, experimental psychology, abnormal behaviour, and industry. The review revealed that these behaviourally oriented psychologists proposed a strict model of problem-solving that consisted of two different components; the first is the general orientation (later termed 'problem orientation') and the second is problem-solving skills. The general orientation was well-defined as a metacognitive process that serves as a motivational function, implying that greater positive general orientation increases the likelihood of successfully handling a difficult problem in a social context. This process was labelled as involving a group of quite stable cognitive-emotional schemas that show an individual's general awareness and evaluations of problems in everyday life as well as their own problem-solving ability; for example, self-efficacy beliefs, challenge appraisals, or positive outcome expectancies (Nezu et al., 2013).

SP triggers complex aspects (i.e., cognitive, affective, behavioural, and mostly conscious processes), which is called social problem-solving aiming to resolve an interpersonal issue or alleviate the subsequent unpleasant or negative views and feelings (D'Zurilla et al., 2002). As a result, success in these everyday issues is dependent on a number of factors, including people's ideas and attitudes regarding their own abilities to solve these problems (problem orientation) as well as their real problem-solving ability or skills (D'Zurilla, Nezu, & Maydeu-Olivares, 2002; Heppner, et al., 2004). Accordingly, social problem-solving reflects the process through which individuals create, choose, and achieve resolutions to interpersonal problems that occur in daily life (D'Zurilla, et al., 2004). Social-problem solving is a self-directed process to recognize, find

out, and/or develop adaptive managing solutions for the problems we encounter in everyday life (Nezu et al., 2012).

Problem-solving skills refer to the collection of cognitive-behavioural actions through which a person strives to identify or acquire effective answers or ways of coping with real-life situations. Four problem-solving abilities were found in this early model: (a) issue description and formulation, (b) alternative generating, (c) decision making, and (d) solution implementation and verification. D’Zurilla and Goldfried (1971) established basic recommendations and techniques for training individuals to acquire the abilities to overcome inadequacies to cope successfully with stressful issues, in addition to explaining the components of this model (Nezu et al., 2013). Nezu’s early research focused on affirming several PST model’s theoretical principles such as the positive effects of training people to better identify social problems (Nezu & D’Zurilla, 1981), come up with alternatives (D’Zurilla & Nezu, 1980), and make effective decisions about such problems (Nezu & D’Zurilla, 1979). D’Zurilla and Nezu later developed the relational/problem-solving model of stress (Nezu & D’Zurilla, 1989), which offered a theoretical foundation supporting the broad-based appropriateness of PST, across a broad variety of problems and populations (e.g., Nezu & Ronan, 1985, 1988).

In the 1980s, Nezu and his colleagues concentrated their study on the association between problem-solving and clinical depression. This endeavour culminated in the creation of a conceptual model of depression (Nezu, 1987) as well as a depression-specific version of the PST (Nezu, Nezu, & Perri, 1989). Since Nezu’s earlier studies evaluated the efficacy of PST for major depressive disorder, PST has been regarded as an effective, scientific proof psychosocial treatment option for depression (e.g., Cuijpers, van Straten, & Warmerdam, 2007). Furthermore, Roy, Schwartz-Mette & Nangle (2020) examined the relationship between stress and gastrointestinal symptoms among (345) university students using the SPSI-R (D’Zurilla et al., 2002). They showed that there was a relationship between SPS, stress, and gastrointestinal symptoms; having poor SPS led to higher levels of stress, which, in turn, helped to increase the severity level of gastrointestinal symptoms. In addition, Elliott, et al. (2006) examined the influence of having the skills of SPS among 188 individuals with recent onset spinal cord injury and how these skills would be a predictive factor of pressure sore occurrence during the first three years after the discharge from initial inpatient rehabilitation. The results showed that SPS abilities expressively helped to predict the pressure sore occurrence. The study added that

individuals with unsuccessful PS abilities might be jeopardized by pressure sores. A further study, Lindsay et al. (2011) assessed SPS in offenders with intellectual disabilities using the 25-item short form of the SPSI-R. The study found that NPO, ICS, and RS appeared as unitary factors. Positive problem orientation and avoidant style are loaded on a single factor at opposite ends. The participants became more positive and less impulsive in their style and orientation toward social problem-solving.

Since then, the previous approach has been adopted by many other academics and doctors to treat a wide range of psychological issues and patients (i.e. primary care patients, caregivers for people with a variety of medical conditions, adults suffering from a variety of chronic diseases, depressed, low-income minority adults, persons with mental retardation, etc.) (Nezu et al., 2013). The premise that targeted problem is strongly connected to the fundamental motivation for such adjustments (Wilkins, & Nezu, 2004). In other words, a lack of effective SPS can be a source of susceptibility and/or disseminate a variety of psychological diseases and issues (Nezu et al., 2013). International research has found that social problem-solving has a significant impact on personal success, mental health (Elliott, Bush, & Chen, 2006), academic achievement (e.g., Rodr'guez-Fornells & Maydeu-Olivares, 2000), and the operation of various social groups and community as a whole (e.g., Lindsay et al., 2011). SPS is also influenced by mental health and educational achievement (McMurrin & McGuire, 2005).

Additionally, it is worth mentioning that there is a difference between social problem-solving and solution implementation. These two procedures are theoretically different and inclined to entail various sets of skills. Problem-solving is bound to the procedure of finding or developing solutions to certain problems, while the process of putting such solutions into action in the real world is referred to as solution implementation. Problem-solving abilities are seen to be broad, but solution-implementation abilities are thought to be more particular to a certain circumstance, depending on the problem and solution. All of the cognitive and behavioural performance abilities that may be necessary for optimal functioning in a specific person's environment are included in the spectrum of prospective solution-implementation skills. Problem-solving and solution-implementation abilities are not necessarily associated due to their differences. As a result, some people may have weak problem-solving abilities but excellent solution-implementation skills, or vice versa (Nezu, 2013).

2.1.1 Relationship between social problem-solving and family

The ability to successfully deal with social problem is shown through appropriate socialization by family, community, school, and media. All of these means can work collaboratively to positively guide individuals' behaviour to deal with their everyday problems. Still, appropriate socialization is the primary methods for making individuals adapt to others in social contexts as its absence hinder individual's progress. In addition, children who are isolated from their friends during the early years of primary school, and who cannot make friends, are at risk of developing behavioural problems during childhood and later during adolescence (El-Ghosain, 2008). In social problem-solving, family members, parenting and family interactions act as role models (Keltikangas-Järvinen 2005). Additionally, family structure and the person's order in the family during childhood and adolescence possibly are of the most significant influences on how adolescents solve problems (Grusec & Davidov 2007). Therefore, the proper handling of social-problem is very essential from the very early stages of a person's life (Dodge et al., 2003). Furthermore, isolating adolescents from their social context could produce mental, physical, psychological, and economic burdens on adolescents' caregivers; having an adolescent with mental disorders is highly stressful and places a significant burden on the family members, peer network, and the larger community as a whole (Souza et al., 2017).

It is very common among people that adolescents who live with their parents have better conditions than those who do not live with them. Furthermore, the emphasis should be placed on the type of relationship between adolescents and their parents (Al-Muhareb & Al-Na'im, 2003). Mothers also influence the development of their children's social problem solving; SPS is more successful in the family and other social situations for children whose mothers offer positive encouragement, ask guided questions, show love and compassion, and resolve disagreements honestly and effectively (Martin et al. 2012; Miller, Murry, and Brody 2005). Furthermore, it is found that mothers' intervention in household disputes affect children's SPS (Goodman et al. 1999). Pakaslahti et al. (2002) pointed out that the development of social problem solving among adolescents is also strongly determined by the interactions within the family (e.g., between parents and children, between child and child). Along the same line, Perez et al. (1981) found that children who suffer from family problems tend to be less effective when dealing with SPS in a school environment. Hofferth & Sandberg (2001) revealed that parenting styles, depending on their level of education and their behaviour during family free-time activities and during learning

with their children can also have a significant effect on children's social problem solving. Children's SPS has also been linked to the family environment, formality, parenting practices, attachment security, mother sensibility, and family disputes. (Arslan, Arslan, & Ari, 2012; Ciarrochi, Leeson, & Heaven 2009; Raikes & Thompson 2008).

In order to maintain a good psychology of an adolescent, some factors might be taken into consideration when facing major negative event (i.e., parents' personality, level of parents' education, social support in family, and family composition) (Hetherington et al., 1998). Furthermore, Lines (2011) suggested that children should be protected in case of disputes in a family or when divorce took place; they should not suffer from social or psychological problems. Lines suggested that: (1) children meet their parents regularly to have their support and encouragement, (2) children should not be used as a pretext in the conflict between the parents, and (3) parents should show mutual respect for each other, especially when they meet their children. Furthermore, children's SPS is determined by teachers' and parents' perceptions and reflections on children's cognition and behaviour; teachers' and parents' reactions serve as patterns in children's social learning. In addition, there is an impact on the declared expectations of the way children deal with their social problem. In the same respect, mothers and fathers' level of education has an influence on their exercise of the process of socialization with their kids and their goals, and thus the measured SPS factors have varyingly existed (i.e. fathers impact and motivate rationality style and the positive orientation while impulsivity and avoidance styles and negative orientation are influenced by mothers (Kasik, 2014). Whereas rational style and positive orientation were related to higher family functioning, negative orientation, avoidant style, and impulsive style were associated with lower family functioning. Significantly negative correlations existed between avoidant style and the family functioning (Siu and Shek, 2010).

In Palestine and Hungary, both parents have different styles of parenting. In Palestine, parents have a fundamental part in educating their children; they have a substantial role in the social life of the child and adolescent. Parents are the sole responsible for the social life of their children. However, school plays a very limited role in the social life of the students. This is due to the limited time the student spends at school, and the very limited social activities organized by the school (El-Ghosain, 2008). Furthermore, socializing in the Palestinian society is difficult due to the nature of the Palestinian families. Families follow certain parenting styles that are limited to the different socializing styles that depend on each parent's level of education, level of

the economic situation, social class, and training how to socialize their children (Al-Awamlah & Mazahrea, 2003). In the same respect, parents are responsible for peer relations; parents decide about the friends his/her son/daughter should make. Therefore, we mainly find that peers have the same qualities as parents (i.e. parents tend to choose friends for their children who have almost the same mentality, social class, and level of education as parents have). As a result, some disputes may arise between adolescents and their parents as adolescents see themselves perfectly capable to decide and make friends of their own (Darwish, 2005).

Consequently, El-Ghosain (2008) further explained that while parents tend to control their sons' and daughters' social life, they cannot teach them how to solve their social problems. In most cases, parents are involved in taking responsibility for solving the social problems the sons/daughters face. This creates a feeling of inability among Palestinian adolescents to solve their social problems by themselves. El-Ghosain, (2008) also brought to light the fact that Palestinian society is a male-dominated society. This means that parents give more freedom to their sons than their daughters – the issue is that adolescent boys enjoy more experience in social problem-solving due to their freedom of communications than girls. On the contrary, adolescent girls have very limited social ties that are bound to the family and some limited number of female friends, while they are prohibited from making friends with adolescent boys.

However, in Hungary, the research on parenting styles in developing SPS is much wider, especially the focus on how parents see the SPS skills of their children. Kasik and Gál (2016) declared that parents see their children have a positive problem orientation towards their SPS. They further added that parents are less experienced regarding their children's SPS with their peers. In terms of confronting, mothers see that their children negatively confront their problems and they struggle to deal with them. Mothers have regarded prosociality as more typical in all age groups of their children. Mothers see that girls are more likely to be anxious and emotionally unstable while six-year-old boys are more obstinate and frequently irritate others. Mothers' education has a small but nevertheless significant impact on the SPS variables (e.g., Zsolnai & Kasik, 2011). Unlike prior Hungarian data, (Kasik, 2014) revealed that parental education level also significantly affects SPS variables, but this effect is still minor. Moreover, the educational backgrounds of parents have varied effects on SPS factors: mothers' education affected negative orientation and impulsive style, while fathers' education affected rational style in all categories. According to the study, family background has the biggest impact on negative orientation.

Adolescence is a time when negative orientation and issues with emotion regulation are more frequently seen, and older adolescents are more likely to exhibit these SPS components negatively. Also, the interaction between parents and adolescents has a significant and advantageous impact on peer relationships and social problem-solving in schools (Kasik 2014).

2.1.2 Dimensions of SPSI–R

In order for persons to be able to address the proper style when facing problems, they surely need proper measurements. Therefore, after reviewing a number of studies, the researcher came to the conclusion that the Social Problem Solving Inventory–Revised (D’Zurilla et al., 2002) has been the most widely used instrument to assess SPS skills among people of different ages. Besides, there were new measurements that focus on one part of SPS such as the negative orientation (NEGORI) (Kasik et al., 2018). D’Zurilla, Nezu, & Maydeu-Olivares (2004) divided the dimensions of SPSI–R into (a) problem orientation, which is either positive orientation or negative orientation, and (b) problem-solving styles such as rationality, impulsivity, and avoidance. In the orientation phase, individual thinking functions based on a positive or negative motivation-emotion basis (D’Zurilla & Nezu, 2007). The central item to this is self-efficacy (Bandura, 1994, p. 71), which is ‘one’s belief in his/her ability to attain a certain level of achievement, and this influences such events that bear an impact on others’ lives. In other words, one’s idea, in a crisis scenario, is that we can achieve the desired result via our activities, and we may influence our decisions and desires toward a solution by our actions. Problem orientation is defined as the group of relatively unchanging cognitive-affective schemes that show an individual’s general attitudes, beliefs, and emotional reactions towards everyday problems, and a person’s capacity to successfully manage such problems (Nezu et al., 2013). Successful SPS requires both an adaptive orientation towards the problem and essential skills to generate significant and operative solutions (Romano et al., 2019). In their model, D’Zurilla and Goldfried (1971) showed that there are two types of problem orientation; positive and negative.

Nezu (2004) stated that individuals with positive orientations tend to evaluate their problems as challenges, have an optimistic view that problems could be solved, strongly believe in their self-efficacy to manage problems, have a fundamental idea that successful coping with problems needs effort, and time, considering negative emotions as an essential part in the overall process to solve the problem. Negative emotions can help to cope with worrying problems. In

this regard, Nezu et al. (2013) explained that positive problem orientation should be enhanced through training, which facilitates the positive orientation towards the problem. They added, based on clinical experiences, there were some obstacles that hindered the adoption of positive orientation such as (1) individuals' beliefs that they have poor self-efficacy, (2) individuals' negative thinking, and (3) individuals' negative emotions that could be found in a strong negative orientation towards the problem. Ciarrochi et al. (2009) mentioned that adolescents with higher levels of positive orientation had higher levels of positive emotions.

However, Nezu et al. (2013) added some characteristics for how individuals see the problem negatively (negative orientation) as follows: (1) They consider problems like threats, (2) they expect problems not to be solved, (3) they have doubts about their ability to successfully solve the problem, (4) they became distressed when dealing with problems, and (5) they face negative emotions when dealing with the problems. Additionally, Eskin (2013) explained that individuals who think that the current problem is impossible to be solved, they think that nothing could be done to solve it; therefore, the possibility of ineffective problem-solving rises. Nezu et al. (2004) also added that family socialization affects the orientation of problems, especially negative orientation, which is commonly well-defined by an individual's mother's negative orientation and her behaviour in problem-solving. Furthermore, it was indicated that the possession of a negative orientation during childhood and then later in adolescence might affect thinking during the long-term that is related to (i.e., academic-professional success, the quality of social networks, desperateness, anxiety, and despair) (e.g., Eskin, 2013; Frauenknecht & Black, 2010).

Chang et al. (2004) found, among both adolescents and adults, that negative orientation was followed by impulsivity (emotion-driven, expressing unpleasant emotions, typically hurried, self-centred, and sympathetic) or avoidance (avoiding the problem, leaving the situation, and deferring the solution) to a higher degree than positive orientation, which showed a strong association with rationality (i.e., focuses on the facts, weighs the options, and considers the repercussions). Ciarrochi et al. (2009) advised adolescents to think positively about any problem they encounter. Khiari and Khiari (2020) added that some individuals postponed the process of solving the problem instead of immediately solve it. D'Zurilla and colleagues (2004) emphasized that some adolescents may not possess strategies that enable them to solve these problems, and thus they may engage in bad actions (i.e. bullying, crime, or even failing in their academic year).

Hence, their social problems must be properly identified in order to provide a proper diagnosis of these problems. Thinking positively or negatively about problem-solving is determined in the orientation phase, (D’Zurilla & Nezu, 2007). In relation to social problems, Frauenknecht and Black (2010) thought that self-efficacy is the individuals’ confirmation of their objectives and personal possibilities concerning a social problem. Maydeu-Olivares and D’Zurilla (1996) declared that there were three dimensions of negative orientation and five dimensions of positive orientation. As for the negative orientation, they suggested: Low level of frustration tolerance, negative self-efficacy, and a pessimistic approach to the problem). As for the positive orientation, they proposed the consideration of a problem as a challenge; expecting positive outcomes; having positive self-efficacy; having positive thoughts related to the efforts exerted towards the solution, and seeking the solution. It is evidenced that NPO is followed by impulsive style or avoidant style more than positive orientation among adolescents. In addition, it was found that negative orientation was rarely connected to rational style or positive orientation. So, negative orientation was in connection to impulsive or avoidant styles(Chang & Sanna 2001). Hence, addressing the correct orientation to the problem is very important because it affects the individual’s motivation and ability to participate in focused attempts to make the problem solvable (Nezu, 2004; Nezu & Perri, 1989). In the same respect, Nezu et al. (2012) showed that no particular tendency (positive or negative) can be associated with individuals across all life problems, but it varies based on the changing situations (i.e., a positive attitude can be initiated when addressing work or achievement problems. However, a negative attitude can be created when dealing with personal problems such as parenting problems.

The second dimension of SPS is the styles; they are a set of cognitive-behavioural actions individuals involved in when they attempt to successfully cope with their problems such as rational problem solving (planful problem solving), avoidant problem solving, and impulsive-careless problem solving (D’Zurilla, 2004). Rational problem solving is considered a constructive approach to cope with stressful problems since this style uses the tactful and systematic application to a set of skills as follows: Defining, clarifying, delineating the problem, clarifying the obstacles that hinder individuals to realize their goals; creating alternative strategies and solutions to address and overcome the obstacles; decision making based on understanding the consequences of the various alternatives addressed to overcome the problems; and implementing and verifying the solutions by following up the plans set before (Nezu et al.,

2013). Elias and Tobias (1996) suggested eight strategies to cope with social problems: (1) To notice the feelings and signs, (2) to recognize problems, (3) to settle and choose goals, (4) to find alternate solutions, (5) to anticipate potential consequences, (6) to select the best solution, (7) to schedule difficulties and initiate a final examination of difficulties, and (8) to notice what happened and use the information for future decision-making. In this regard, Nezu et al. (2013) highlighted some advantages of the persons who effectively applied problem-solving strategies; (1) they could recognize a stressful life event as a problem to be solved, (2) they believed that they are able to deal successfully with the problem, (3) they could describe the problem well, and set realistic goals to be achieved, (4) they could generate options or alternative solutions to the problem, (5) they had the ability to choose the most effective solution, (6) they had the ability to implement the solution effectively, and (7) they reasonably monitored and evaluated results.

The second style is the impulsive/carelessness style (I/CS); a set of narrow, impulsive, hurried, incomplete, and careless attempts to solve problems (D’Zurilla & Maydeu-Olivares, 1995; D’Zurilla et al., 2002; Jaffee & D’Zurilla, 2003). I/CS is an approach that is followed by some individuals who solve problems while engaging in thoughtless or careless attempts to solve their problems. These attempts can be described as hasty, narrow, and partial. It has been found that individuals who adopt this approach to problems typically think of a few alternative solutions, and they often choose, without thinking, the first idea coming to their mind. Moreover, this type of person often adopts a reckless/apathetic approach that allows rapid, inaccurate, and arbitrary alternative decisions and consequences, as well as inappropriate and careless observing of the outcome of the solution (Nezu et al., 2013).

The third style is the avoidant style (AS), known as the dysfunctional pattern of problem-solving. The following are the characteristics of a person who adopts this style: (1) prefer procrastination, (2) feel passive towards the problem, (3) suffer from inaction, (4) depend on others most of the time, (5) prefer avoidance rather than confrontation, and (6) wait for the problem to be resolved by itself (Nezu et al., 2013). Finally, the characteristics of each orientation and style of the problem make us understand the nature of people when they react to problems. Consequently, proper skills or training could be addressed to make individuals properly cope with their problems.

The dimensions of SPS were examined in relationship to other topics: In Turkey, Yavuz & Guzel (2020) studied the relationship between SPS skills and communication skills among

407 Turkish education teachers. SPSI–R by (D’Zurilla et al., 2002) was adopted along with The Communication Skills Scale. A positive relationship between SPS skills and communication skills was revealed. In addition, SPS skills were of moderate level among the study participants. In Vietnam, Nguyen, Tran, & Nguyen (2020) developed a SPS test of 50 items for 417 elementary school students (SPSTE), specifically, grades 3, 4, and 5. The SPSTE was built on SPSI–R (D’Zurilla et al., 2002) aiming to measure the social cognitive-affective aspects, specific-problem defining skills, and basic problem-solving abilities that were used by children in their interpersonal relations in their own words. It was revealed that the elementary student had a low level of interpersonal problem-solving ability and they needed the intervention of teachers and parents as well. Further, La Fuente, Chang, Cardenoso, & Chang (2018) adopted SPSI–R by (D’Zurilla et al., 2002) to examine the SPS abilities in coping strategies among 310 Spanish female social work students and found that PPO and RPS predicted the use of functional coping strategies, while NPO predicted the use of dysfunctional coping strategies.

2.1.3 The summary of the dimensions of social problem-solving and their main characteristics

Dimensions of SPS	Characteristics of SPS
Negative Problem Orientation	Individuals consider the problems like threats, expect problems not to be solved, have doubts about their ability to successfully solve the problem, became distressed when dealing with problems, and face negative emotions when dealing with the problems (Nezu et al., 2013).
Positive problem orientation	In positive orientations, individuals tend to evaluate their problems as challenges, have an optimistic view that problems could be solved, strongly believe in their self-efficacy to manage problems, have a fundamental idea that successful coping with problems needs effort, and time, considering negative emotions as an essential part in the overall process to solve the problem Nezu (2004).
Rational style	Individuals use the tactful and systematic application to a set of skills as follows: defining, clarifying, delineating the problem, clarifying the obstacles that hinder individuals to realize their goals; creating alternative strategies and solutions to address and overcome the obstacles; decision-making based on understanding the consequences of the various alternatives addressed to overcome the problems; and implementing and verifying the solutions by following up the plans set before (Nezu et al., 2013).
Impulsive/Carelessness style	Individuals engage in thoughtless or careless attempts to solve their problems. These attempts can be described as hasty, narrow, and partial. They typically think of a few alternative solutions, and they often choose, without thinking, the first idea coming to their mind

(D’Zurilla & Maydeu-Olivares, 1995; D’Zurilla et al., 2002; Jaffee & D’Zurilla, 2003).

Avoidance Style

Individuals prefer procrastination, feel passive towards the problem, suffer from inaction, depend on others most of the time, prefer avoidance rather than confrontation, and wait for the problem to be resolved by itself (Nezu et al., 2013).

2.1.4 SPS in the context of Palestine and Hungary

The Palestinian literature is poor when it comes to the investigations of SPS. For example, only El-Ghosain (2008) aimed to study 150 male and female 15-year-old Palestinian adolescents’ psychosocial changes and relationships to SPS abilities. A Social Problem-Solving Inventory–Revised (D’Zurilla et al., 2002) was used to examine SPS among Palestinian adolescents. The study revealed that there were no differences between the adolescent high achievers and poor achievers in terms of negative problem orientation; indicating a moderate degree of student capacity among both genders to solve their SP. It was revealed that the Palestinian adolescents’ possession of SPS abilities was poor due to the methods of education the Palestinians. Parents do not teach their children how to solve their social problems. Rather, the family takes the responsibility to solve their children’s SPS; furthermore, schools do not teach SPS to their students. El-Nabawi (1997) further explained that the high population density in the Gaza Strip is the main source of social problems, besides unemployment, poverty, the hard economic situation, and the Israeli Occupation. El Ghosain also stated that the Palestinian popular uprising (Intifada), the tight blockade imposed on the Gaza Strip that turned it into a big prison, and the frequent massive wars on Gaza, both highly increase the level of social problems among individuals and especially adolescents who go through a critical stage in life.

However, research on problem solving in Hungary is richer. After the review of the Hungarian studies in SPS, it was found that some scholars (Kasik and his colleagues) contributed to the field. According to Hungarian research (Kasik, 2015), children between the ages of 10 and 11 typically start to suffer a negative orientation toward social problems and a less common positive orientation. The relationship between negative orientation and avoidant style steadily rises among boys at the age of 13–15, while girls in the 10–18 age range suffer from negative orientation. Gál et al. (2022) applied their study on ninth and tenth-grade high school students and adopted a longitudinal design to see how their social problem-solving, life satisfaction and academic well-being changed throughout the first year in a new institutional

setting. The findings showed negative orientation and avoidant style increased while positive orientation decreased. Life satisfaction and well-being in school were considerably impacted by a negative attitude toward societal problems.

Kasik (2015) conducted a comparison between SPSI-R and NEGORI among 15-year-olds and 18- to 19-year-olds and showed that the low level of positive orientation was perceived in the early university years, while negative orientation and avoidant style increased among them. In addition, Kasik et al. (2016) examined the relationship between SPS and empathy, anxiety, and some family background variables (e.g., family structure, parents' educational level) among 12- and 16-year-old Hungarian students (n = 445). The results showed that 12-year-olds were more likely to have positive orientation and 16-year-olds to have negative orientation and rational style. In 16-year-olds, impulsive style and avoidant style were more typical. Regardless of age, the degree of negative orientation and avoidant style was higher among adolescents with increased anxiety when compared to those with lower levels of anxiety. In contrast, emotional distress only has a higher impact on negative orientation around the age of 16, while perspective-taking has a substantial relationship with both positive orientation and rational style at practically every age. Further, Kasik et al. (2018) found that Hungarian disadvantaged adolescents encounter problematic social situations over time. They were less effective in such situations. It was revealed that the difference between disadvantaged and non-disadvantaged adolescents was significant in all age groups in the case of negative orientation. The difference was significant in the case of impulsive style at the age of 12; avoidance at the age of 14; and rational style and avoidant style at the age of 16.

Kasik (et al., 2016) studied the Hungarian mothers' evaluation of their sons'/daughters' SPS and revealed that positive orientation and rational style were more typical among 14-year-old boys than 12-year-old girls. The same study also examined teachers' evaluation of the students' SPS and revealed impulsive style was higher among girls and 14-year-olds than 12-year-olds. Avoidant style was found to be more prevalent in boys and was higher among 14-year-olds than 12-year-olds based only on instructors' positive orientation. The findings were consistent with other Hungarian research. The study also showed that positive orientation was higher among 12-year-olds while negative orientation, rational style, impulsive style, and avoidant style were more typical among 16-year-olds; these results were also supported a Hungarian longitudinal study of (Kasik, 2014).

The most significant determinants of social problem-solving among Hungarian adolescents are family structure and parental education levels (Kasik et al., 2016). Fourteen-year-old Hungarian adolescents showed that they were able to define problems, made mindful decisions before solving their problems, interpreted problems from numerous viewpoints, and took more possible resolutions into consideration. Additionally, children who belong to this group base their decisions and recognition on emotions. Further, positive correlations, regardless of rater or age, were indicated between positive orientation, rational style, impulsive style, and avoidant style. Family type influences impulsive style and avoidant style were stronger among 16-year-old adolescents than 12- and 14-year-olds. It was revealed that the number of books at home and the free time activities carried out together indicated less effect on SPS (Kasik, 2014). Parents' education had a low significant influence on SPS orientation and styles; mothers' education had an effect on negative orientation and impulsive style, whereas fathers' education had an impact on rational style in all groups (Zsolnai & Kasik, 2011).

2.2 Negative problem orientation (NPO)

After the review of SPS and some previous studies, it was concluded that NPO was a very important orientation as it affects the other orientation and styles of SPS. Therefore, the following sub-section explained NPO in detail.

NPO is a vital concept in our understanding of deficits in problem-solving ability as manifested in daily life. It alludes to a collection of dysfunctional attitudes about resolving social problems that make people more anxious about them and prevents them from being solved effectively (Bell & D'Zurilla, 2009; Nezu & D'Zurilla, 2006). NPO does, in fact, contribute to poor social problem-solving and has a special relationship with a number of mental health illnesses, such as eating disorders (Konstantellou et al., 2011), generalized anxiety disorder (Dupuy & Ladouceur, 2008), depressive disorder (Anderson et al., 2011; Balsamo et al., 2013; Becker-Weidman et al., 2010), and social anxiety disorder (Hearn et al., 2017; Romano et al., 2019).

It is indicated that to succeed in your social problem-solving, it greatly depended on some factors: The overall problem orientation, the specific problem, the process of problem-solving, and the perception of own problem-solving abilities (e.g., D'Zurilla et al., 2002; Frauenknecht & Black, 2010; Strough & Keener, 2013). According to several studies (e.g., Eskin, 2013; Kasik,

2015), having a negative orientation increases the risk of poor problem-solving because the person believes that a current situation cannot be solved as he/she is unable to find a solution. . In addition, the negative orientation is largely characterized by one's mother's (or tender's) negative orientation and problem-solving behaviour, while problem orientation is predominantly influenced by family socialization (Nezu et al., 2004). Additionally, it has been demonstrated that a person's NPO during childhood and adolescence may have long-term implications on their ability to succeed in school, maintain their social ties, and cope with the level of stress and despair (e.g., Eskin, 2013; Frauenknecht & Black, 2010).

Maydeu-Olivares and D'Zurilla (1996) highlighted the three aspects of negative orientation (i.e., negative self-efficacy, depressing approach to the problem, and low level of frustration tolerance), and also highlighted the five dimensions of positive orientation (i.e., perceiving the problem as a challenge, believing in good results, positive self-efficacy, thinking positively about the energy and time made to reach the solution, and believing that response is necessary and cannot be overlooked). According to Chang et al. (2004), NPO was followed by impulsive style, which is an emotion-based stating negative emotions; often hasty, rather focused on oneself, less empathic, or it was followed by avoidance, which was the avoidance of a problem, and leaving behind the situation, deferring the solution. Second, positive orientation indicated a strong association with rational style, which concentrated on facts, considered alternatives, and took consequences into consideration.

Previous studies revealed that adolescents' NPO may differ greatly by age and gender (Barahmand, 2008; Ciarrochi et al., 2009). For example, Barahmand (2008) showed that NPO was more typical in boys than girls. Moreover, the findings revealed certain age trends that the NPO may be under the influence of developmental tasks (Barahmand, 2008). According to Scheier et al. (1986), high negative self-efficacy was greatly influenced by the orientation and actions of people in one's immediate environment (family and peers). Adolescents who had negative views tend to consider few options and made decisions based on their emotions, which usually leads to avoiding problem-solving. The findings also reflected this network of relationships: impulsive style and avoidant style had a positive relationship with the Habit, Pattern, and Waiting variables (Kasik et al., 2018). The progressively definitive nature of these two reasons upheld Frauenknecht and Black's (2010) research findings that showed problem-

solving, its orientation, and solution processes, were more and more determined by an individual's previous experiences in the form of habits and patterns with the progression of age.

According to Frauenknecht and Black (2010), a person's family impact their ability to change (if they feel the need to do so at all), as shared negative experiences in daily life feed negative attitudes, and correlation values showed that negative orientation and avoidance were seen as beneficial. This could be seen as a workable short-term remedy (e.g., the tension brought on by the issue is reduced), but it might be disruptive in the long term because problems recurred later and typically had a negative impact on social relationships (Laplanche & Pontalis, 1994). Between 2009 and 2016, several analyses; cross-sectional, longitudinal, and comparative studies were carried out utilizing SPSI-R and SPSI-A among eight to 18-year-olds and university students in Hungary (Kasik, 2015; Kasik & Gál, 2017; Kasik & Guti, 2015; Kasik et al., 2016). They also found social NPO was more typical from age ten to eleven, and from 13 to 14-year-old boys, while the positive orientation decreased.

The Negative Problem Orientation Questionnaire (NPOQ) has become the most popular self-report test of NPO since its release in 2005. It has been utilized in many NPO psychosocial studies, including clinical evaluation and diagnosis of anxiety and mood disorders (Dupuy and Ladouceur, 2008; Fergus and Wu, 2010), treatment outcome trials (Humphrey, 2016; Erdley-Kass et al., 2018), and assessment of adolescents' social problem-solving (Barahmand, 2008; Zumberg et al., 2008). Age and gender differences had not sufficiently been investigated despite the NPOQ popularity and empirical utility.

2.3 Major negative interpersonal events (MNIE)

One of the main social-problem that affects people's lives was the experience of MNIE; the events experienced in peer relationships during adolescence could develop very high stress and bad emotions, which entail problem-solving skills (Lazarus, & Folkman, 1984). These events negatively influence life, especially the life of adolescents. MNE is a dangerous factor that occurred in one's life and affected his/her psychosocial adaptation due to having an emotional effect and the possibility that these MNE abated person's coping strategies (Gonçalves, et al., 2017). Life events are those incidences that change individuals' habitual activities and then force them to readapt their behaviour (Bras & Cruz, 2008, cited in Gonçalves, et al., 2017) and affecting their overall stability. The most common negative life events of senior students are

unwanted pregnancies, parental divorce, and relationship break-ups (Canavarro & Lima, 2006). MNE has been considered of great interest to be searched as an etiologic factor in disease as they can be a cause of psychopathology (Coddington, 1972).

Psychological research concerning the relationship between life events and depressive disorders has usually concentrated on the relationship between events and following depressive symptoms (Hammen 2006). In addition, peers and family members could be a source of stress for adolescents (DuBois et al., 2002; Smetana, Campione- Barr, & Metzger, 2006). Previous research placed emphasis on stressful hassles concerning the interpersonal domain (Flook, 2011). MNE could be caused by having a difference with colleagues, or having daily skirmishes with a family member, teacher, or friend. MNIEs are potentially harmful events that occur in an individual's life and impact psychosocial adaption due to emotional effects, and may reduce a person's coping strategies (Gonçalves et al., 2017). When humans face sudden and unexpected occurrences, MNE occur. The resultant shock could trigger a series of psychological, physical, emotional, and social problems (Altawil et al., 2008).

Recently, researchers have shifted their research to focus on the repercussions of negative life events (NLE) on social adaptation (Bodell, Smith, Holm-Denoma, Gordon, & Joiner, 2011; Lewis, Byrd, & Ollendick, 2012). Furthermore, the following studies found a connection between NLE and interpersonal communication considering them as a source of psychological stress affecting young people's social adaptation (Rabkin & Struening, 1976; Sarason, Johnson, & Siegel, 1978). In addition, it was evidenced that NLE created anger, anxiety, depression, and behavior adaptation problems (Buckley, Winkel, & Leary, 2004; Vangelisti, Young, Carpenter-Theune, & Alexander, 2005).

Additionally, Blanchard-Fields (2007) reviewed various studies in the field of SPS, the researcher concluded the most important results in this field showed that successful SPS could help adolescents relieve interpersonal stress and reduce aggressive behaviour. Individuals' ability to balance emotion regulation with proactive instrumental strategies made adolescents successfully solve everyday problems. However, adolescents with poor SPS might commit suicide as found in Hirsch et al. (2012) who investigated the impacts of loneliness and life stress on the association between the ability of SPS and suicidal behaviours among 385 university students. In addition, lacking SPS predicts personality disorder in later adulthood (McMurrin et al., 2012). D'Zurilla et al. (2003) examined the relationship among three variables; self-esteem,

SPS ability, and aggression in 205 college students. SPSI-R by (D’Zurilla et al., 2002) was used. The researchers measured self-esteem and SPS ability at the same time, while aggression was deferred to be measured seven weeks later. The results revealed a negative relationship between aggression and SPS; as reduced levels of positive orientation and reduced levels of rational problem-solving increased the level of aggression. In addition, more levels of negative orientation, impulsive style, and avoidant style were linked to more levels of hostility.

2.3.1 Some earlier measurements of MNIE

Scholars had been interested in defining major (negative or positive) events in people’s lives (i.e., death, marriage, or accidents) until the eighties of the past century. This paradigm has been shifted when Lazarus and his colleagues (1984) began to focus on the day-to-day problems as they thought those problems were better predictors of bad mental and physical repercussions (Kanner et al., 1981). Daily events capture much of the turbulence associated with major life events. Lazarus and his colleagues tracked the more mundane aspects of daily living adopting Hassles and Uplifts Scale. They asked respondents to rate the severity of the annoyance, whereas the uplift version asked them to rate the frequency of the annoyance (i.e. have you experienced problems with your parents, if yes, tell how many times?) (Lazarus & Folkman, 1984).

One of the oldest studies to examine life events was Coddington’s Life Events Questionnaire (Coddington, 1972). It included 72 items used to evaluate diverse life situations (For example, a parent’s death, the loss of a relationship with a boyfriend/girlfriend, school failure, marriage, parent’s imprisonment, the mother’s first job, and so on). The questionnaire included all aspects of life, counting negative, pleasant, and ordinary situations. Each life event should be reported by the number of times the respondent has experienced. Coddingtons Life Events Questionnaire was adopted by (Bailey & Garralda, 1990; Coddington, 1972; Garrison, Kannel, Stokes, & Castelli, 1987).

In a connected area, but more specifically to minor life events, Zautra et al. (1986) built up their Inventory of Small Life Events (i.e., Have you seen a spider, pest, or mouse in your house?), which aimed to cover events of the following type (e.g., family, employment, leisure, household, finances, health, disease, non-family relationships, crime-criminal behaviour, education, religion, and transportation). However, this inventory was general and contained a wide range of events rather than interpersonal ones.

A similar study was the Negative Interpersonal Life Events Questionnaire, which was developed by Saxe and Abramson (1987) cited in Birgenheir et al. (2010). This questionnaire inquired about the negative interpersonal life events that occurred to individuals over the past six weeks (i.e., Have you made a problem with your roommate?) and contained 66 statements that focused on seven different life factors. However, the questionnaire was precisely specified for college students. Furthermore, the Interpersonal Negative Life Events Scale (INLES) was developed by (Liu et al., 1997) and included 19 statements about interpersonal negative life events. Respondents to this survey were asked to explain if they had similar experiences. They had two major options: Either nothing happened, in which case they should pick "never," or if anything did happen, they should rate their evaluation of the incident on a 5-point Likert scale, ranging from 1 to 5, with 1 being undisturbed and 5 being severely distressed. Cronbach-alpha coefficient for the INLES was .77. This scale was adopted recently by Li et al. (2013) who investigated the characteristics of negative interpersonal life events among 210 Chinese college students. The results showed that the following events ranked as the top three: Having a weak social network, reducing or losing contact with good friends, and being nervous or silent with unfamiliar people.

In Palestine, Elwan (2001) developed a questionnaire for examining MNE among Palestinian children, which included 13 MNE that were exclusively linked to the experiences of killing, conflict, witnessing others' arrests, hearing bomb blasts, and witnessing scenes of killing (e.g., Have you been experiencing the killing of a relative during the armed conflict in the Gaza strip). During the Palestinian Second Intifada (2000–2005), this research was carried out. As a result, the study's context selected an extremely serious MNE. There was no mention of social or interpersonal MNE in that questionnaire.

Kowal et al. (2007) developed a 16-item negative life experiences measurement. The researchers asked, "Have any of these things been a source of concern for you or anybody else residing in this house in the past year?" The events of MNE included the following (i.e. a family being imprisoned, discrimination, serious illness, serious accident, death of a family member, death of a close friend, divorce or separation of parents, not being able to find a job or losing a job, having problems with the police, having alcohol or drug-related problems, experiencing abuse, facing violent crime, facing gambling problems, being annoyed by the overpopulation at

home, witnessing some instances of vandalism or malicious property destruction, and witnessing clashes).

As part of a comparative study, MNE were investigated among diverse persons in various nations; it was found that Elklit and Petersen (2008) investigated MNE among adolescents in four countries (Denmark, Lithuania, Iceland, and The Faroe Islands). The study concentrated on natural disasters that occur in these countries (i.e., Have you experienced a volcano explosion in your country?).

Leist et al. (2010) made a questionnaire of both major and minor positive life events and major and minor negative life events. The respondents were asked to report each event's frequency. There were 31 negative life events (i.e., disease, experience of an accident, or a surgical operation, exposure to periods of loneliness or anxiety). The other part of the list encompassed 15 positive life events (e.g., the birth of a baby or marriage). The respondents were asked to mark the events they experienced whether they were (positive or negative) and mentioned when that event occurred.

2.3.2 MNIEs among adolescents in the context of Palestine and Hungary

It is widely known that the Palestinian context is full of MNE, especially those related to wars and conflicts. Therefore, it is normal to find the majority of the Palestinian studies in the field of MNE report on individuals' experiences of wars, conflicts, watching the scenes of demolishing homes and other very brutal scenes. A considerable number of the MNE studies on Palestine were viewed as follows:

Shalayer (2015) conducted a study on Palestinian adolescents (15-year-olds) in Gaza (n= 375, boys= 199, girls= 176) to determine which MNE they were exposed to. The following data were obtained: 79% of the adolescents reported that they had lost family members or relatives, 82% of those lost witnessed the killing of their friends, while 46% suffered from corporal injuries. The overall percentage of exposure to MNEs was 66.7%, which is noticeably high.

Mousa (2015) explored the level of MNEs among the Palestinians in the Gaza Strip after they were expelled from their homes in 1948. She met with 41 Palestinian families in the Gaza Strip and asked them to respond to an MNE questionnaire. She classified the respondents into four groups as follows: Group 1: Those who experienced expulsion from their lands in the 1948 Nakba. Group 2: Those who experienced the 1967 War. Group 3: Those who experienced the

Second Intifada of 2000. Group 4: Those who experienced the War of 2008, and their ages ranged from 9 to 18 years old. The following findings were obtained: (a) The first group suffered MNEs up to 58%, (b) the second group suffered 48% of MNEs, (c) the third group 49% of MNEs, and (d) the fourth group experienced 47% of MNEs. Additionally, in relation to MNIEs, adolescents suffered frequently when a family member or friend was injured or killed, and also when adolescents themselves left their family or became injured due to the armed conflicts.

In a closely related study, Thabet (2007) selected a sample of adolescents (n= 405) living in the southern cities of the Gaza Strip. Each adolescent suffered from four MNEs during the Second Uprising (Intifada), which lasted four years. Odah (2010) surveyed 600 Palestinian (253 boys, 347 girls) to define which MNE was mostly experienced by adolescents living in the Gaza Strip, especially those who lived in areas next to the borders. He found that 96% of the respondents suffered from the loss of a person they knew and 95% witnessed incidents of shootings.

Altawil et al. (2008) researched MNEs experienced by 498 boys and 639 girls in the Gaza Strip. They found that each single adolescent suffered from MNEs and MNIEs. Furthermore, 99% of the Palestinian adolescent felt very sorry for the MNEs experienced by their family members; 79% of them had witnessed a martyr's funeral (family member, friend, classmate, or relative). Furthermore, 46% of the adolescents reported that a friend, neighbour, or relative was injured due to the armed conflicts there. The MNIEs affected adolescent-teacher and adolescent-parent relationships as 22% of the adolescents had problems either with their teacher or parents.

Thabet et al. (2007) stated that 95% of the respondent adolescents had reported the experience of MNEs as they watched horrific scenes of the killing of Palestinians on TV channels. Twenty-eight per cent of the adolescents reported that they lost a family member or a relative. Eleven per cent suffered from beatings and were insulted on account of the Occupation. Two per cent of the respondents reported that they were injured.

The study of Abu-Hain (2007) focused on determining the MNE most experienced by 451 Palestinian adolescents living in the northern part of the Gaza Strip. The majority of adolescents lost a family member during the wars and that was the primary source of MNEs for them. No difference was found between boys and girls that could be attributed to the loss of a family member. Assaf and Abu-El-Hassan's (2007) study targeted 135 adolescents in Jenin City, Palestine, to assess their MNEs in relation to Israeli incursions into the city. The study indicated

that 25% of the respondents suffered from severe MNEs, 35% suffered from moderate MNEs, and 39% suffered from minor MNEs. There were no differences attributed to gender. The 15-year-old adolescents suffered the most MNEs. Concerning MNIEs, the study reported that 46% of the respondents reported that they had unstable relationships with others. In addition, Al Arjani et al. (2008) examined the impact of MNEs on 250 orphans in the Gaza Strip. Their coping mechanisms revealed that religious coping was the most common (86.4%) among the children. Positive acceptance and reassurance of destiny were indicated more among female children.

These studies have shown that Palestinian adolescents experienced MNEs that were mainly related to a war context. The MNEs investigated in the previous studies were not categorized under factors; which was new in the present study. The previous studies did not ask the respondents if they faced MNE in the past six months, an aspect that was considered in the current study.

However, in the Hungarian context, and after a comprehensive research, no study examined MNIE among Hungarian adolescents. Therefore, various negative events were collected from various Hungarian studies in order to reach an almost overall image of the MNIE in Hungary. Despite this, it was hard to find such types of studies; however, the following studies were barely found.

Piko and Pinczés (2014) used classes from three high schools ($n = 413$), 237 (57.4%) boys and 176 (42.6%) girls to evaluate the associations between adolescents' depression symptomatology and different types of violent behaviours (verbal, physical, and psychic). Only in the case of physical aggressiveness in gender, there was a clear difference in aggression in favour of boys. According to multiple regression analyses, impulsivity was found to be a risk factor for mean values of both the aggressiveness and depressive symptomatology subscales. In addition, violent behaviour was linked to a lack of empathy. Self-efficacy was strongly correlated with verbal and physical violence in both genders and was a poor predictor of mental aggression in girls. Compared to boys, girls discussed the emotional side of their experiences more than boys. In addition, while discussing frightening experiences, girls spoke with more emotion than boys did.

Reinhard et al. (2022) found that negative events were developed through romantic relationships and friendship; the two domains increases the risk for dissociative tendencies. The

greatest influence on dissociation comes from unfavourable peer interactions; unpleasant experiences with friends and romantic partners accounted for about 20% of the variance in dissociation. The association between negative events related to friendship and romantic relationship was found to be mediated by dissociative tendencies. Greater levels of dissociation were predicted by higher levels of negative events bound friendship and romantic relationships and that made it possible for self-harm. Through mediation procedures, more active coping abilities could also be strengthened by incorporating friends and family members into the Hungarian adolescents' life. Additionally, specific psychological techniques may assist lessen the process of separation from reality.

Kovács et al. (2021) examined the effect of Adverse Childhood Experiences (ACEs) on 516 Hungarian adolescents aged 12 to 17 years old. Felitti et al. (1998) explained that ACEs are traumatic childhood experiences happening within one's family before the age of 18. They contain emotional, sexual, or physical abuse, physical or emotional neglect, dysfunctional household circumstances (separation or the divorce of parents, witnessing mothers' violent treatment, household mental illness, or a prisoned household member).

Kovács (2021) reported that nearly half of the adolescents (12- to 17-year-olds), experienced some forms of interfamilial hardship. Additionally, (264) out of (516) Hungarian adolescents did not experience any ACEs. One hundred and fourteen of them explained that they experienced one childhood adversity. Fifty-three reported two types of ACEs, and 31 reported three ACEs. Thirty eight experienced four or more ACEs. Hungarian girls' adolescents reported higher exposure to ACEs than boys. It was reported that emotional abuse constituted (14.5%, n = 75), and emotional neglect (15.5%, n = 80) were the two most common sorts of child maltreatment. The least frequent was psychological neglect (3.9%, n = 20). The most frequently reported dysfunctional household condition was parental divorce or separation (23.8%, n = 123), followed by household substance abuse (8.9%, n = 46) and household mental illness (8.1%, n = 42). The least prevalent reported household dysfunction was witnessing the violent treatment of the mother (4.1%, n = 21). Among girls, emotional neglect (21.4%, n = 65) and emotional abuse (18.1%, n = 55) were the most prevalent reported maltreatment. Among boys, emotional abuse (9.7%, n = 20) and emotional neglect (7.3%, n = 15) were the most frequent. A systematic relationship between adolescents' problems and parental strategies for emotional socialization was also reported.

From the above, we noticed that few numbers of MNIE were examined among Hungarian adolescents, unlike the questionnaire of MNIE that is used in the current study; it used major negative events such as death, assault and serious incidents happening to you, your family member, teacher or friends. Those varieties in the various aspects of MNIE promoted the significance of the study as it targeted the MNIE among a considerable group in Hungarian society (12-, 15-, and 18-year-old).

2.4 Psychological well-being (PWB)

Psychological well-being is the third variable of our study. It is a mediational factor between MNIE and SPS. PWB has been investigated since the time of Aristotle; philosophers have always been interested in PWB as an issue connected to the qualities of a good life and a good society. PWB from Aristotle's point of view was living a good life in terms of health, wealth, knowledge, friendship, and other life domains (Diener & Suh, 1997). In recent years, social scientists have deeply researched PWB and found it to be a concept connected to people's ability to live inventive, vigorous, and fulfilling lives (Western & Tomaszewski, 2016). PWB means a person's possession of all reasons for happiness in life (e.g., MacLeod & Moore, 2000; Wissing & Van Eeden, 2002).

Furthermore, Edwards (2005) declared that PWB meant helpful mental health. In addition, it has been shown that PWB is a concept that was various and multidimensional (MacLeod & Moore, 2000; Wissing & Van Eeden, 2002) and which was developed through the integration of life involvements, character, emotional regulation, and personal identity (Helson & Srivastava, 2001). It could increase with age, education, extraversion and consciousness, and decrease with neuroticism (Keyes et al., 2002). However, PWB could also decrease with age as it has been found that depressive symptoms during adolescence were linked to increased deficiencies in numerous areas in adulthood, including sustained mental health problems (Maciejewski et al., 2020).

PWB, which referred to optimal psychological experience and functioning, has been vigorously studied in psychology, sociology and other foundational behavioural science disciplines over the past quarter-century (Youssef-Morgan & Luthans, 2015). In relation to sociology, Gallagher and Lopez (2009) found that social well-being was a main part of PWB and thus it was valuable to discuss PWB as a social aspect. In this regard, Keyes and Lopez (2002)

mentioned that PWB was composed of five social scopes: (1) social acceptance (i.e. to accept other people as they were), (2) social actualization (i.e. an indicator of a positive coziness level with society), (3) social contribution (i.e. an individual's feeling that s/he could contribute to his/her society), (4) social coherence (i.e. accepting the social world as foreseeable and comprehensible), and (5) social integration (i.e. a person's feeling that s/he was an integral part of the community).

On this matter, Al-Muhareb and Al- Na'im (2003) found that social problems had a strong correlation with psychological aspects, and they are interchangeably connected; social problems had a psychological aspect, while psychological problems had a social aspect. Hence, Clarizio (1992) found that there was no logic to separate social problems from psychological aspects and vice versa, as there was no evidence that they were isolated. Not surprisingly then, Chang et al. (2009) indicated that SPS was moderately to highly associated with several aspects of PWB (e.g., self-acceptance, purpose in life, and personal growth). SPS was a fundamental aspect to manage an individual's emotions and well-being (D'Zurilla et al., 2004; Siu & Shek, 2010).

Feeney & Noller (1996) stated that the nature of interpersonal connections was a key determinant of individuals' PWB in modern societies. Hirsch et al. (2012) investigated the impacts of loneliness and life stress on SPS and suicidal behaviours in 385 students who studied at North-eastern University in the United States. It was found that only loneliness played a moderated role between SPS and suicidal behaviours as loneliness worked to increase the level of association between having poor SPS and showing suicidal behaviours. In addition, in a review study, Blanchard-Fields (2007) found that managing SPS helped adolescents enjoy interpersonal ties and reduce aggressive behaviour as their ability to balance their emotions allowed them to solve their social problems.

One of the related subjects of well-being is school well-being, which can be classified within the subjective well-being. It was a complex emotional state that was basically constituted of emotional and intellectual evaluations of students' school experiences. School well-being is also influenced by students' self-image, social relationships, and academic achievements (Gál et al., 2022). School well-being was a degree to which a student felt personally connected to their school (including its environment, domains, and people) (Hascher, 2010). According to studies on adolescents, their connections at school (e.g., emotional connections, connections with

teachers, and conflicts among students) and the possibilities the school gave them to self-actualize (e.g., assessments and reassurances) had the biggest effects on students' school wellbeing (Blaskova & McLellan, 2017; Konu et al., 2020; Poulou, 2017). Moreover, Kokonyei et al. (2002) found that students' well-being was also influenced by their family's attachment. Vedder et al. (2005) emphasized the influence of available teacher support and learning-related problems on school well-being. According to survey results (e.g., D'Zurilla et al., 2004; Hascher, 2010; Kasik, 2015; Konu et al., 2002), the results of social problems at school had a substantial impact on both the short- and long-term well-being.

2.4.1 Relationship between SPS and PWB

Given the importance of successful interpersonal relationships on PWB, it made sense that SPS had a fundamental role in deciding the quality of a person's social connections; it also influenced a person's PWB. It has been evidenced from empirical studies that there was a direct link between SPS and PWB as insufficiencies in SPS increased depression and anxiety (Keltikangas-Jarvinen, 2005). It has been suggested that developing SPS worked to reduce the effect of anxiety, negative life stress, and depressive symptoms, while lacking SPS raised the negative consequences on PWB (Chang et al. 2004).

Additionally, SPS was a main intrapersonal and interpersonal process affecting the quality of life (Wallander, et al., 2001); and SPS training works to promote individuals' control of aggressive behavior and anger (Frey et al., 2000). Since the 1970s, the pioneer of the field of SPS, Thomas J. D'Zurilla, has considered SPS to be one of the important coping processes that have a direct connection to mental health (D'Zurilla & Goldfried, 1971). Additionally, SPS processes have been associated as key predictors of the mental health outcomes of adults (i.e. quality of life and depressive indications) (Chang, et al., 2009; de la Fuente, et al., 2019; D'Zurilla, et al., 2002). Furthermore, McMurrin et al. (2012) concluded that personality disorder in later adulthood resulted from the lack of SPS.

SPS training has been shown to be critical to managing anger, aggressive behaviour (Frey et al., 2000), and depression (Frye and Goodman, 2000). It was a fact that the development of SPS depended on various mediators such as emotions and anxiety (Belzer, et al., 2002; Bond, et al., 2002; Kasik, et al., 2016). Atadokht, et al. (2014) conducted their experimental study to examine the influence of SPS training to develop psychological well-being and resiliency among

40 students with learning disabilities, who were assigned into an experimental or control group. Six sessions of SPS training were delivered to the experimental group. The study indicated that SPS training positively promoted PWB in students suffering from learning disabilities in almost all of the PWB components (i.e., self-autonomy, the aim of life, self-acceptance, good relations toward others, and personal growth).

Furthermore, a strong connection was indicated between PST and PWB. PST was considered a psychosocial intervention classified under a cognitive-behavioural domain aiming to enhance individuals' ability to successfully handle their major stressors (traumatic events) and minor stressors (chronic daily problems) (Nezu et al., 2012). Generally, PST has been effective to assist persons who suffer from a number of mental and health problems such as anxiety, back pain, cancer, stroke, depression, emotional distress, hypertension, suicidal ideation, heart disease, posttraumatic stress disorder, diabetes and traumatic brain injury. PST has also been successfully used to treat persons who suffer from mental retardation and schizophrenia. It also helped to prevent emotional difficulties from being formed or from getting worse among particularly vulnerable categories, such as veterans who have traumatic memories during the war.

On the same line of thinking, Sahler et al. (2002) conducted a study on a sample of 92 mothers whose children suffered from paediatric cancer and had fewer levels of PWB compared to other mothers whose children did not suffer from serious diseases. PST was used effectively to treat negative psychological symptoms such as anxiety, depression and other appearances showing reduced PWB. The 92 mothers were included in the experimental group, which was treated by PST, while the standard psychosocial care was included in the control group. The intervention lasted for eight weeks. Mothers in the experimental group had been significantly empowered by SPS and reduced anxiety and depression. Furthermore, it was revealed that constructive problem-solving was developed by PST.

Furthermore, Siu and Shek (2010) clarified the relationship between SPS and the well-being of families among Chinese adolescents (11 to 17 years old). The Chinese version of the SPSI-R was used together with questionnaires for family functioning and the perceived level of conflict between adolescents and their parents. It was shown that avoidance, negative problem orientation, and impulsivity were linked to lower family functioning. On the contrary, rationality and positive problem orientation were related to higher family functioning. The outcomes

showed that the highest association was found in avoidance style which was a significant predictor of conflicts among the following: father-daughter, mother-son, and mother-daughter.

Chang, et al. (2020a) examined if SPS would work as a predictive utility over loneliness in accounting for unique variance in ill-being and well-being among 230 females. SPSI-R by (D’Zurilla et al., 2002) was adopted besides other measurements. The outcomes indicated that loneliness was positively associated with negative problem orientation and avoidance style and negatively associated with positive problem orientation and rational style. Another study by Chang, et al. (2020b) investigated if SPS could account for a positive association between loneliness and anxiety and depressive symptoms among (165) students attending psychology classes in the Midwest in the USA. Four measurements were used together with SPSI-R (D’Zurilla et al., 2002). The results revealed negative problem orientation fully mediated the positive association found between loneliness and anxious symptoms. On the contrary, negative problem orientation only partially mediated the positive association found between loneliness and depressive symptoms.

In Spain, La Fuente, Chang, Cardeñoso, & Chang (2019) examined how SPS and stress were involved in psychological adjustment among 336 adult students. SPSI-R by (D’Zurilla et al., 2002) was adopted besides many other instruments. The outcomes indicated that weak SPS was positively connected to stress and negatively associated with poorer psychological adjustment (i.e., greater depressive symptoms and less life satisfaction). SPS was investigated in connection to the quality of life among 304 students at Al Azhar University in Palestine. Abu Hamda (2017) adopted SPSI-R by (D’Zurilla et al., 2002) and found that female students had more levels of negative orientation, while males and females had similar levels of positive orientation, rational style, and impulsive style. In addition, there was a negative relationship between the negative orientation and the quality of life, a positive relation between the rational style and the quality of life, and negative relation between the impulsive style and avoidant style and quality of life.

2.4.2 Relationship between SPSI-R and PWB factors

The adoption of SPS orientations and styles can determine the relationship between SPS and any other aspects (i.e. PWB). For the right measuring, Blanchard-Fields (2007) mentioned that examining individuals’ SP could help define if the problem-solving strategies followed by

individuals work to reduce the negative effects of social problems and increase their PWB. After reviewing a considerable number of studies, we found that SPSI-R (D’Zurilla et al., 2002), was the most widely used instrument to assess SPS among people of different ages, and also was adopted in our study. Therefore, links between SPS and PWB delved into SPSI-R and its orientations and style.

There were various positive uses for SPSI-R in clinical therapy, working to ease treatment arrangement and categorize persons who are at risk of suffering from adjustment problems. SPSI-R assisted in providing a vision for recommendations concerning patient temper, following up the treatment, dealing with the offered choices, and follow-up evaluations as well (Dreer, et al., 2009). Furthermore, SPS has been found to be related to significant measures of social competence, psychological distress, life satisfaction, depression, distress, anxiety, and optimism, health-related behaviors, situational coping, externalizing behaviors and aggression (Chang, 2002; Dreer et al., 2005; Dreer et al., 2004; D’Zurilla et al., 2003; Jaffee & D’Zurilla, 2003). In addition, it has been found that SPS capacities influenced adjustment among individuals who had emotional concerns (Dreer et al., 2005; D’Zurilla & Nezu, 2007; Heppner et al., 2004; Hills-Briggs et al., 2006).

The first factor in SPSI-R was positive orientation. It had a relationship with psychology and PWB. Ciarrochi et al. (2009) found that adolescents whose positive orientation was high enjoyed high emotion rates. Additionally, higher levels of positive orientation were related to better quality of life in schools. Ciarrochi and his colleagues added that positive orientation dominantly characterized adolescents due to their positive emotions. Moreover, positive orientation was connected to adolescents’ better family quality of life as fewer parent-adolescent conflicts were envisaged. In the same respect, Nezu, et al. (2004) found that SPS and PWB had a considerable diversity in young adults.

The second factor of SPS-I was NPO. Studies have found that Negative orientation resulted in poor PWB (Ciarrochi, et al., 2009). Negative orientation was found to be a significant predictor of worry as it was associated with negative thinking in relation to problem-solving, while positive orientation was not found to be significantly related to worry (Belzer et al., 2002). Negative orientation predicted hopelessness, suicidal tendency, and depression among normal and psychiatric samples (D’Zurilla, et al., 1998). In Australia, Wilson, Bushnell and Rickwood (2011), examined the relationship between negative orientation, depression and anxiety in 285

young adults using SPSI–R. The results indicated strong connections between anxiety symptoms and depressive symptoms and negative orientation. Additionally, many researchers have indicated that social anxiety was related to NPO (Fergus, et al., 2015; Fergus & Wu, 2011; Hearn, et al., 2017). Nevertheless, Farmer, et al., (2014) concluded that although there was an indication that social anxiety had a relationship to the lack of positive orientation, the researchers did not examine the relationship that connects problem orientation and social anxiety.

In Australia, Wilson, et. al (2011) investigated the role of negative orientation and cognitive distortions in depression and anxiety intervention for 285 young adults aged 18 to 25 years old. The negative orientation scale adopted was derived from SPSI–R by D’Zurilla et al. (2002). Results indicated that the relationship between cognitive distortions and negative orientation was strong. In the same year, Cooper (2011) found that early adolescents show RPS and a high level of aggression at the same time.

Studies found a direct relationship between negative orientation, positive orientation and psychological well-being. Chang et al. (2020) studied whether SPS worked to be a mediator between ill-being (i.e. depression and suicide) and PWB (i.e. life satisfaction) among 230 females. The results indicated that negative orientation emerged as a significant unique predictor of both ill-being and PWB. However, positive orientation played a significant unique predictor of positive PWB. In addition, in Hungary, Kasik et al. (2016) studied the relationship among SPS, anxiety and empathy in 445 Hungarian adolescents using the short version of SPSI–R (2002). It was shown that, regardless of age, adolescents who had an increased level of anxiety also have high levels of negative orientation and avoidant style. Furthermore, Abu-Ghazal and Falwah (2014) found that practicing positive orientation towards problems led to positive PWB, while negative orientation was associated with depression. More widely, studies had found an association between NPO and stress (i.e. Bell & D’Zurilla, 2009; Çelik & Gültekin, 2013; Eskin, et al., 2018; Lucas, et al., 2019; Nezu, et al., 2008).

The third factor was Rational Style (RS), which was considered the constructive approach to cope with stressful problems since it used tactful and systematic application to a set of skills to solve social-problems (Nezu et al., 2012). In this respect, Jonassen (2002) considered SPS as a cognitive activity in our daily lives, and found that all people were in need of learning how to solve their social-problems rationally. However, Jonassen mentioned that people were still lacking the proper methods to deal with their social-problem. Additionally; rational style

was associated with the increase of emotional stress (D’Zurilla & Nezu, 1999). The fourth factor is the impulsive style (IS), which was an approach to SPS where individuals participated in thoughtless or careless attempts to solve a problem. (Nezu et al., 2012). In connection to PWB, Belzer et al. (2002) mentioned that IS was principally responsible for the relationship between SPS and catastrophic worry. The fifth factor was avoidance style (AS), a style known as a dysfunctional pattern of problem-solving (Nezu et al., 2012). Anxiety was found to be primarily linked to AS, lesser to impulsive style, and even less to rational style. Siu and Shek (2010) examined the relationship between SPS and PWB in adolescents’ families and found that AS had a relationship with lower family functioning.

Furthermore, Hatam et al. (2019) measured the influence of empathy training on SPS skills in 36 9th Iranian female graders suffering from traumatic experiences. The study was quasi-experimental and used SPSI-R (D’Zurilla et al., 2002). The experimental group was introduced to eight sessions of interventional empathy education. The outcomes revealed that SPS skills increased, and rational style and avoidant style were improved due to the influence of empathy training.

2.4.3 Psychological well-being in the context of Palestine and Hungary

Almost 452 million children live in a region where there is an armed conflict worldwide (Maloney et al., 2022). Over 1 million of these children reside in the Gaza Strip, where they frequently report experiencing severe levels of violence (UNICEF, 2018). A wide range of intricate elements affects the health of Palestinians. The long-term effects of the occupation are still having an impact on people’s lives, livelihoods, and access to essential services including health care. These outcomes include land seizure, army closures, mobility restrictions, forceful relocation, rising poverty and joblessness (particularly in Gaza), a fragmented health system, and a lack of cooperation among important health service providers (Rosenthal, 2021).

Approximately, half of the population in Palestine is under the age of 18, the overall health of adolescents in particular is an increasing public health concern (UNICEF State of Palestine, 2018). Palestinian adolescents suffer from harmful effects as a result of long-term conflict settings (Giacaman et al., 2007). The experience of being a child or adolescent refugee is marked by a variety of psychological stressors, such as traumatic events, poverty, and separation from one’s home and family (Lustig et al., 2004). Past studies have found a link between

Palestinian youth's exposure to violence and their incidence of mental health issues. These particular experiences have resulted in detrimental consequences on the social and emotional development of these adolescents. Specifically, multiple exposures to violence and conflict in Palestine have been linked to higher rates of mental health and behavioral problems, including those related to depression, anxiety, and post-traumatic stress disorder (El-Khodary & Samara, 2020).

There is little research on gender-based variations in the mental health of young Palestinian refugees. It was reported that adolescent girls are among the most disadvantaged groups when it comes to the effects of the chronic post-traumatic stress disorder related to residing in a warzone (Pettit et al., 2017). The study came to the conclusion that social isolation and the guilt associated with seeking mental health assistance have a more detrimental effect on adolescent females' mental health than adolescent boys. In general, demographic research has revealed that women are more likely than men to experience mood disorders like anxiety and depression. This is prevalent everywhere, including in the Middle East (Seedat et al., 2009). The same is true for young Arab adolescents, with girls more likely than boys, to experience depressive symptoms and related harmful consequences (Obermeyer et al., 2015). It is crucial to keep in mind that the social, political, and economic struggles have left Palestinians in these areas with a heavy mental health burden that has gone mostly unfulfilled and has probably grown worse (Nathani et al., 2022). For Palestinians living in UNRWA resettlement zones in Palestine, the lack of access to mental health services is a serious impediment (Saymah et al., 2015).

Children and adolescents who live in war and conflict zones were at significant risk of acquiring mental health issues such as post-traumatic stress disorder, anxiety, and depression (Thabet et al., 2008). Palestine is one of the 50 countries that were suffering from active conflicts. Over the past three decades, these conflicts have had a bad influence on the access of civilians to health along with the inequality of life for Palestinians due to reduced infrastructure and insecurity (Sousa & Hagopian, 2011). The political struggle between the Palestinians and Israelis has been present in the Palestinian-Occupied Territories (The Gaza Strip and the West Bank) since 1967. A fifth of the Palestinian population has been imprisoned during this conflict.. Little was known regarding the effects of fathers' imprisonment on young children's psychology and well-being (Shehadeh, et al., 2015).

Al-Krenawi (2007) investigated the effects of Palestinian adolescents' exposure to political violence on their psychological symptomatology. The study found that domestic violence, exposure to political violence events, and family socioeconomic status can account for 21.3% of the variance in psychological symptomatology. Elbedour et al. (2007) conducted a study with the participation of 229 Palestinian adolescents living in the Rafah Refugee Camp and KhanYounis Refugee Camp in the southern Gaza Strip. The study found that 68.9% of the sample had Post-traumatic Stress Disorder (PTSD), 40.0% of the participants had moderate to severe depression, and 94.9% of the sample had severe anxiety levels.

The daily stress was significant in the Palestinians' life (e.g., parents could not go back home from work due to blockades, medical workers could not get to their patients as well). Additionally, Palestinians showed strong feelings of guilt and helplessness as they are prevented from saying goodbye to the relatives of the late persons. Israeli military airplanes deliberately violate the sound barrier to produce supersonic booms over Gaza, which was a new form of harassment. They significantly impair kids' sleep and instil uncontrollable worries in infants and young children, which can lead to catastrophic physiological effects and heart attacks. More specifically, children's' trauma and early adolescent stressful life events increased the chance of developing PTSD and depressive symptoms as well as lowered adolescents' contentment with their quality of life (Qouta et al., 2007).

Ingridsdatter et al. (2012) studied PTSD risk and preventive factors in a sample of 139 aged 12 to 17 in the Gaza Strip. According to the findings, adolescents who experienced a war reported higher levels of intrusion, avoidance, and sadness. Fifty-six point eight per cent of respondents experienced post-traumatic stress disorder (PTSD). Being a woman, being older, and having a father without a job were all significant risk factors for PTSD. Also, Thabet et al. (2014) investigated the psychological health and traumatic experiences of 358 Gazan adolescents between the ages of 15 and 18; 198 boys (44.1%), compared to 200 girls (55.9%). According to the findings, the mean overall anxiety level was 41.18, the obsessive-compulsive factor was 8.90, the generalized anxiety factor was 4.46, the social phobia factor was 6.16, the separation anxiety factor was 6.99, the physical injury fears factor was 5.48, and the panic/agoraphobia factor was 5.4. The findings indicated that, across all anxiety subscales, girls had higher problems with anxiety than boys. According to the study, adolescents who had traumatic experiences tended to ask for more professional help and lessen their reliance on social support. Adolescents with

PTSD learned to cope with the stressful effects of these traumatic experiences/events through expressing their emotions, building social networks, and avoiding problems, whereas those with less PTSD focused more on finding solutions to family issues. It could be said that Palestinians in Gaza, especially adolescents, are living in very bad circumstances (i.e., wars, conflicts, armed clashes, cuts of water supplies, electricity supplies, and other key services) and that constituted a main factor for their low level of psychological-wellbeing.

In Hungary, Kasik et al. (2018) reported that 16-year-old Hungarian adolescents reported having impulsive style, avoidant style and trait anxiety. The degree of negative orientation was associated with Hungarian adolescents who suffer increased anxiety. Negative orientation also influenced the personal distress of 16-year-old Hungarians. Furthermore, Gutí (2014) revealed that state anxiety was typical among 14-year-olds more than 18-year-olds. Hungarian National epidemiological research showed that one-fifth of children and adolescents have psychosocial problems or some form of emotional or behavioural disorder (Várnai et al., 2004). It was highly challenging to define or quantify the problem of family-based child abuse. In Hungary, there were about 30 child fatalities deemed homicides each year, including infant murders and deaths from severe neglect; however, the majority of these cases went unreported (Herczog & Kovács, 2004). In Hungary, mental illness accounts for 30% of all morbidity-related social and economic losses among adults aged 15 to 44 (Várnai et al., 2004).

Varga et al. (2014) showed that 'absolute' Socioeconomic status (SES) indicators constituted a very restricted role in adolescents' mental health in Hungary. It was indicated that unemployment status is linked to some mental well-being. It was also revealed that parents' employment status was the least predictor of students' mental well-being; adolescents whose parents were workers reported higher likelihoods of low mental well-being. A rare positive inconsistent link between adolescents' family SES and mental well-being was found.

These previous findings were in conformity with previous results that suggested 'subjective' SES was a fairly stronger predictor of mental health (Piko & Fitzpatrick, 2001). The relationship between mental well-being and 'subjective' SES did not appear to be linear as middle-class adolescents actually had the highest risk of low mental well-being. Interestingly, the outcomes of the past research indicated that adolescents in the middle or lower class reported a higher probability of depressive indications (Piko & Fitzpatrick, 2007). Lipman et al. (1994) highlighted the necessary need for intervention in order to reduce the adolescents' level of

poverty and social inequality as high social inequalities worked to strengthen the mental health disadvantage of low SES among Hungarian adolescents. Wadman et al. (2008) suggested that effective and well-designed programs of intervention helped better mental health and well-being among adolescents. Furthermore, the connection between mental and physical health was widely recognized; they share many of the same social, environmental, and economic determinants (Mittelmark et al., 2004).

Hungarians tend to be very pessimistic about their future. Additionally, they lack self-efficacy in their interpersonal connections (Kopp et al., 2004). Furthermore, a substantial number of Hungarian males (10–15%) experience high levels of stress, which show fatigue, sadness, and sometimes pessimism and an aggressive outlook towards the world. Many adolescents already express avoidance and emotion-based conflict resolution, which is partially attributed to pessimism (Margitics & Pauvlik, 2006).

2.5 Some characteristics of the Palestinian education

Since the release of the first Palestinian national curriculum in 2000, the subjects included in it have both overt and covert national and international dimensions of cultures. Because they were created by curriculum professionals, the Palestinian curriculum complies with international standards. The overall educational philosophy of Palestinian/Arab society serves as the foundation for the First Palestinian Curriculum. In other words, the 1988 Declaration of Independence, tradition, and religion served as the foundation for this curriculum's guiding ideas. Inferring from these guiding principles was that the first Palestinian curriculum has been designed to take into account national, Arab, religious, and international dimensions is a simple conclusion (Abu Rezeq, 2016).

The Palestinian system includes three phases as follows: (1) Lower Basic Phase (Preparatory stage). (2) Higher Basic Phase (Empowerment stage) Grades 5-10. (3) Secondary Phase (Take off stage) Grades 11-12. Additionally, the curriculum in Palestine's schools also complies with international standards. The curriculum is in line with these characteristics because it covers and teaches about global education. Global issues including civil rights, racial discrimination, global peace, global warming, and refugees are made more understandable through this type of instruction (Abu Rezeq, 2016).

In Palestinian schools, children prefer to work in small groups rather than individually. Teachers care more about completing the curriculum than about whether or not the students comprehend it. Unfortunately, students study in order to acquire good grades, so after the test, they forget everything they learned. The majority of our students, with the exception of those who have consciences and good learning opportunities, continue their education merely to function in society and receive their diplomas for prestige. Also, in the Palestinian predominantly male schools, males prefer to play physically demanding sports like football and weightlifting, influenced by what they see and hear in the media, while girls prefer to play softer games like table tennis and volleyball. In addition, a lot of boys conceal their emotions. In other words, people frequently believe that while it is acceptable for girls to cry and be delicate, it is not acceptable for boys to cry (Jabera, 2015).

In terms of education, failure at school for students in a male-dominated culture is a catastrophe, so students may ask their teachers to retake an exam after failing or earning a low grade. When teachers come to a class, they focus more and support the successful pupils while ignoring the underachievers. It is important to foster student cooperation and competency; teachers have a duty to look out for the needs of all students. The uncertainty avoidance test scores are high in our schools. Despite the introduction of student-centered syllabuses, education is still mostly focused on the teacher. Palestinian students concentrate on giving the best answer possible without engaging in arguments. Teachers frequently assert that they are experts in all fields. The initiative to ask questions is lacking among students. They also feel at ease in structured learning environments; for instance, they prefer taking structured exams that adhere to a predetermined pattern or format rather than an open-ended exam or a project. However, the majority of teachers prefer traditional approaches and shy away from employing cutting-edge techniques like using information and communications technology in the classroom. Because of this, supervisors nowadays concentrate on how teachers may interact with students, how to handle them, and how to teach students by giving them the opportunity to ask questions, spark conversations, and take on roles and feel a sense of responsibility (Jabera, 2015).

2.6 Summary of the theoretical background

The chapter explained social (interpersonal) problems among adolescents with a relationship to their family role; mother and father play an important role in developing adolescents' social

problem-solving as family members, parenting and family interactions act as role models (Keltikangas-Järvinen 2005). Furthermore, children's social problem-solving is determined by teachers' and parents' perceptions and reflections on children's cognition and behaviour (Kasik, 2014). It was revealed that the SPSI-R (D'Zurilla et al., 2002) is one of the most important and famous instruments to measure social problem-solving by providing two orientations (positive orientation and negative orientation) and three styles; rational, impulsive and avoidance. SPS in the context of Palestine and Hungary was explained; the Palestinian literature is poor in terms of the investigations of SPS. For example, only El-Ghosain (2008) aimed to study 150 male and female 15-year-old Palestinian adolescents' psychosocial changes and relationships to SPS abilities. However, research on problem-solving in Hungary is richer (i.e. Gál et al. (2022; Kasik (2015; Kasik et al. (2016; (Kasik, 2014; Zsolnai & Kasik, 2011). It was indicated that SPS was well-studied in Hungarian adolescents, while the Palestinian context lacked such abundance. Through the review of SPS, negative problem orientation was found crucial in the process of SPS as it is the key point for PWB; Chang et al. (2004) found, among both adolescents and adults, that negative orientation was followed by impulsivity.

In the context of Palestine, MNIE related to the incidents of killing and armed conflicts were the main MNIE in Palestine (i.e. Abu-Hai, 2007; Altawil et al., 2008; Shalayel, 2015; Mousa, 2015; Odah, 2010; Thabet, 2007). The experience of being a child or adolescent refugee is marked by a variety of psychological stressors, such as traumatic events, poverty, and separation from one's home and family (Lustig et al., 2004). However, in Hungary, MNIE related to family were found typical among Hungarian adolescents (Kovács, 2021).

The relationship between SPS and PWB was also mentioned in this chapter. SPS training has been shown to be critical to managing anger, aggressive behaviour (Frey et al., 2000), depression (Frye and Goodman, 2000), anxiety (Belzer, et al., 2002; Bond, et al., 2002; Kasik, et al., 2016). In Palestine, PWB studies investigated their exposure to MNE. Over one million of these children reside in the Gaza Strip, where they frequently report experiencing severe levels of violence (UNICEF, 2018). Multiple exposures to violence and conflict in Palestine have been linked to higher rates of mental health and behavioral problems, including those related to depression, anxiety, and post-traumatic stress disorder (El-Khodary & Samara, 2020). However, in Hungary, adolescents' PWB was connected to family issues and economic situation (Varga et al., 2014; Piko & Fitzpatrick, 2001). In addition, various previous studies were utilized in this

study. The association between the three variables (social problem-solving, major negative interpersonal events, and psychological well-being) was, to some extent, found. Theoretically, there was an association between the three variables. However, to the researchers' best knowledge, and after conducting this literature review, no single study addressed that; no comprehensive study included the three variables altogether. Furthermore, our literature review supports the Model of SPS, stress and PWB (D'Zurilla & Nezu, 2007), which stipulates the multiple relations of major negative events, social problem-solving, and well-being. In the model, social-problem solving played an intermediary role and played as a coping strategy for achieving well-being.

3. METHODS

3.1 Aims

The study aimed to describe (1) the characteristics of SPS, NEGORI, MNIE, and PWB among 12-,15-, and 18- year-old Hungarian and Palestinian adolescents boys and girls, (2) the differences between SPS, NEGORI, MNIE, and PWB among Hungarian and Palestinian 12-,15-, and 18- year-old adolescent boys and girls, (3) the relationship between SPS, NEGORI, MNIE, and PWB in Palestinian and Hungarian 12-, 15-, and 18-year old adolescents, and (4) the effect of family composition, parents' education, and MNIE on SPS among Hungarian and Palestinian 12-, 15-, and 18-year-old.

3.2 Model of the study

The model (Figure 1) assumed that SPS influenced the relationship between stressful life events and PWB by functioning as both a mediator and a moderator (D'Zurilla & Nezu, 2007). The model showed that SPS was the main issue in the middle, and it was the cause for achieving well-being, quality of life, or reducing anxiety. If there was no effective SPS coping, the previous three variables would be low.

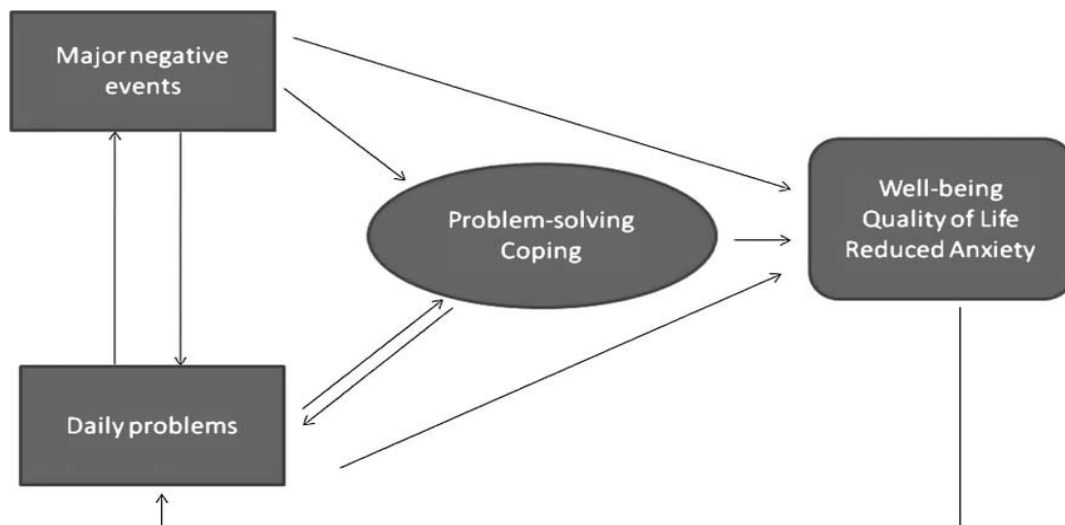


Figure 1

Model of SPS, stress and PWB (D'Zurilla & Nezu, 2007, p. 85)

The model (Figure 1) recognized two different mediational hypotheses. The first hypothesis was based on the popular A-B-C behavioural model, where stressful life events (A) were assumed to set the occasion for problem-solving behaviour (B), which in turn resulted in personal and social consequences (C) that affected well-being. If SPS was ineffective for dealing with MNE, then the consequences for PWB would be expected to be negative (e.g., anxiety, depression). On the other hand, if SPS was effective, then the consequences would expect to be positive (e.g., less negative emotions, more positive emotions). The second mediational hypothesis assumed that SPS was an intervening variable in a causal chain in which stressful life events had a negative impact on SPS, which in turn had a negative effect on PWB.

More importantly, the model explains about the relationships between the study variables (SPS, MNIE, and PWB). This is the basis for the implementation of the study. In addition, we made SPS sub-factors as the dependent factors that are impacted by MNIE, PWB, and other background factors such as parent's education and family composition.

3.3 Questions of the whole study

The study aimed to find the characteristics, differences and relationships among the three variables: SPS, MNIE and PWB in the Hungarian and Palestinian adolescents in terms of (age, gender, family composition, and parents' educational level). The researcher divided the main study into three sub-studies.

3.3.1 Study (1): Characteristics of SPS, NEGORI, MNIE, and PWB

Study (1) investigated the characteristics of SPS, NEGORI, MNIE, and PWB among Hungarian and Palestinian adolescent boys and girls at the ages of (12, 15, and 18). For such purpose, the researcher addressed these sub-questions, which are a comparison of gender and age among adolescents in each country)

Research questions: (1) What are the characteristics of SPS among 12-,15-, and 18- year-old Palestinian adolescent boys and girls? (2) What are the characteristics of NEGORI among 12-,15-, and 18- year-old Palestinian adolescent boys and girls? (3) What are the characteristics of MNIE among 12-,15-, and 18- year-old Palestinian adolescent boys and girls? (4) What are the characteristics of PWB among 12-,15-, and 18- year-old Palestinian adolescent boys and girls? (5) What are the characteristics of SPS among 12-,15-, and 18- year-old Hungarian

adolescent boys and girls? (6) What are the characteristics of NEGORI among 12-,15-, and 18-year-old Hungarian adolescent boys and girls? (7) What are the characteristics of MNIE among 12-,15-, and 18- year-old Hungarian adolescent boys and girls? (8) What are the characteristics of PWB among 12-,15-, and 18- year-old Hungarian adolescent boys and girls?

Hypotheses: (1) There are no differences in SPS factors between Palestinian boys and girls at all ages (El-Ghosain, 2008). (2) There are differences in SPS factors at all Hungarian ages and genders (Kasik, 2016). (3) There are no differences in NEGORI factors between Palestinian boys and girls at all ages. (4) Negative self-efficacy is typical among Hungarians at all ages and genders (Gál et al., 2022). (5) There are MNIE among Palestinian adolescents at all ages and gender (Altawil et al., 2008; Mousa, 2015; Thabet et al., 2007). (6) Peers (friends and classmates) related to MNIE are typical among Hungarian adolescents (Reinhard et al., 2022). (7) Negative Well-being is found among Hungarian adolescents at all ages (Shehadeh, et al., 2015; Al-Krenawi, 2007; Ingridsdatter, et al., 2012). (8) Negative Well-being is found among Palestinian adolescents at all ages (Kasik, et al., 2018; Várnai et al., 2004).

3.3.2 Study (2): Differences in SPS, NEGORI, MNIE, and PWB among Hungarians and Palestinians

In order to compare the aspects of gender and age in all the study variables between Hungarians and Palestinians (cross-cultural), the following questions were addressed.

Research questions: (1) What are the differences in SPS between Hungarian and Palestinian 12-,15-, and 18- year-old adolescent boys and girls? (2) What are the differences in NEGORI between Hungarian and Palestinian 12-,15-, and 18- year-old adolescent boys and girls? (3) What are the differences in MNIE between Hungarian and Palestinian 12-,15, and 18-year-old adolescent boys and girls? (4) What are the differences of PWB between Hungarian and Palestinian 12-,15-, and 18- year-old adolescent boys and girls?

Hypothesis: The results from the Hungarian studies show that positive problem orientation was more typical of 12-year-olds and negative problem orientation and rationality were more common among 16-year-olds (Kasik et al., 2014), while the Palestinian studies indicated that 15-year-old adolescents had poor social problem solving (El-Ghosain, 2008), we hypothesize that (1) there are differences between Hungarian and Palestinian adolescents in their SPS (Kasik et al., 2014; El-Ghosain, 2008). (2) Negative self-efficacy is found among Hungarian

adolescents more than among Palestinians (Gál et al., 2022). (3) Palestinian adolescents suffer from MNIE more than Hungarian adolescents (Altawil et al., 2008; Mousa, 2015; Thabet et al., 2007). (4) Negative Well-being is found among Hungarian adolescents at all ages (Kasik, et al., 2018; Várnai et al., 2004) and also found among Palestinian adolescents at all ages (Shehadeh, et al., 2015; Al-Krenawi, 2007; Ingridsdatter, et al., 2012).

3.3.3 Study (3): Relationships among SPS, NEGORI, MNIE, and PWB among Hungarians and Palestinians

The third study investigated the relationships among the study variables and then aimed to see the effects of some independent variables on SPS in Hungarian and Palestinian adolescent boys and girls at the ages of (12, 15, and 18).

Research questions: (1) Is there a significant relationship between SPS, NEGORI MNIE, and PWB in Palestinian 12-, 15-, and 18-year-old adolescents? (2) Is there a significant relationship between SPS, NEGORI, MNIE, and PWB in Hungarian 12-, 15-, and 18-year-old adolescents? (3) What is the effect of (family composition, parents' education, MNIE factors, and PWB factors) on SPS factors among Palestinian 12-, 15-, and 18-year-old adolescents? (4) What is the effect of (family composition, parents' education, MNIE factors, and PWB factors) on SPS factors among Hungarian 12-, 15-, and 18-year-old adolescents?

Hypothesis: (1) There is a significant relationship between SPS, NEGORI MNIE, and PWB in Hungarian and Palestinian 12-, 15-, and 18-year-old adolescents. (2) Family composition and parents' educational level affect Hungarian and Palestinian social problem-solving at all ages and in both genders (Kasik et al., 2016). (3) MNIE affects Hungarian and Palestinian adolescents' SPS at all ages (D'Zurilla & Nezu, 2007). (4) PWB affects Hungarian and Palestinian adolescents' SPS at all ages (D'Zurilla & Nezu, 2007).

3.4 Definition of operational terms

Social Problem-Solving (SPS): It is the cognitive-emotional-behavioural process conducted by persons attempting to find out and apply adaptive means of coping with the wide variety of stressful social problems encountered in the course of everyday life (D'Zurilla & Nazi, 2007). In this study, SPS are those mentioned in SPSI-R by D'Zurilla et al. (2002), and which come under

the following factors: positive orientation, negative orientation, rational style, carelessness style, and impulsive style.

Negative Orientation (NEGORI): It comprised a collection of dysfunctional attitudes about resolving social problems that make people more anxious about them and prevent them from being solved effectively (Nezu and D’Zurilla, 2006; Bell and D’Zurilla, 2009). In this study, NEGORI (Kasik et al., 2018) was adopted to measure the negative orientation that comes under the following factors: (1) Fending off the problem, (2) Negative consequences, (3) Negative self-efficacy, (4) Positive consequences, (5) Habit, pattern, (6) Waiting.

Major Negative Interpersonal Events (MNIE): These are occurrences of sufficient magnitude to alter the usual activities of most people. These events translate objective experiences that disturb or threaten individuals’ usual activities, forcing them to readjust their behaviour (Bras & Cruz, 2008). In this study, major negative interpersonal events are those negative events that are under the following factors: Family-related MNIE, friends-related MNIE, MNIE related to yourself, teacher-related MNIE, and classmates-related MNIE.

Psychological Well-being (PWB): It is quite similar to other terms that refer to positive mental states, such as happiness or satisfaction, and in many ways, it is not necessary, or helpful to worry about fine distinctions between such terms (Robertson, 2008). However, in this study, we relied on the aspects of well-being that are mentioned in Bradley (1994); those are the positive well-being, energy, and negative well-being.

3.5 Participants

The study included Hungarian (n = 251) and Palestinian (n = 410) adolescents (12-, 15-, and 18-year-olds) by the use of stratified sampling. The reason why 12, 15, and 18 years old were targeted in specific is that there are many studies used the same years (i.e., El-Ghosain, 2008; Kasik et al., 2018; Kasik & Gál, 2016; Kasik et al., 2016; Kasik et al., 2014). In addition, adolescence is a stage that includes the ages 10-19 (Delisle, 2005). Furthermore, adolescence may be divided into three developmental stages based on physical, psychological and social changes (WHO/UNICEF 1995 cited in Delisle, 2005) as follows: Early adolescence, 10/13-14/15 years; mid-adolescence, 14/15-17; and late adolescence, between 17-21, but varies. Therefore, the three selected ages were chosen to cover the beginning, the middle and the final stage of adolescence.

Table 1 shows the Hungarian sample distribution and Table 2 shows the Palestinian sample distribution based on some background variables (gender, age, family composition, father's education, and mother's education) based on the results of background questionnaire, which included five fields: Age (12, 15, or 15), gender (boy or girl), family construction, mother's educational level, and father's educational level. In case of the family structure the questions are: Whether the adolescent's live with his/her (1) mother, father, only, (2) mother, father, and other siblings, (3) mother, father, and one sibling only, (4) mother, and sibling/s (without father), (5) father, and sibling/s (without mother), and (6) grandparents (without father and mother). With regard to the educational level, the questions investigated if the adolescents' mother or father are classified as follow: (1) non-educated, (2) elementary school, (3) secondary school, (4) secondary school, (5) college or university, or (6) postgraduate studies.

Table 1

Distribution of the Hungarian sample based on the background variables

Demographic variables	Classification	N	%
Gender	Male	109	43.3
	Female	142	56.6
Age	12-year-olds	93	37.1
	15-year-olds	86	34.3
	18-year-olds	72	28.7
Family composition	Mother, father and one child	157	62.5
	Mother, father and more than one sibling	72	28.7
	Mother and her children	14	5.6
	Father and his children.	4	1.6
	Grandparents and grandsons	4	1.6
	Non-educated	2	.8
Father's education	Elementary	16	6.4
	Preparatory	117	46.4
	Secondary	104	41.4
	University	9	3.6
	Postgraduate	3	1.2
	Non-educated	1	.4
Mother's education	Elementary	25	10.0
	Preparatory	111	44.2
	Secondary	107	42.6
	University	6	2.4

Table 1 shows that there was a near balance between the two genders (male = 109, female = 142). In addition, there was a good distribution of the participants' ages as shown ($n_{12} = 93$, $n_{15} = 86$, $n_{18} = 72$). The family composition revealed that the vast majority of the respondents live with their mother, father and one child ($n = 157$), while just four participants live with their grandparents. The majority of the participants live with a mother or a father who finished preparatory school.

Table 2

Distribution of the Palestinian sample based on the background variables

Demographic variables	Classification	N	%
Gender	Male	201	49
	Female	209	51
Age	12-year-olds	124	30,2
	15-year-olds	127	31
	18-year-olds	159	38,8
Family composition	Mother, father and one child	17	4,1
	Mother, father and more than one sibling	364	88,8
	Mother and her children	16	3,9
	Father and his children.	10	2,4
Father's education	Grandparents and grandsons	3	0,7
	Non-educated	12	2,9
	Elementary	33	8,0
	Preparatory	61	14,9
	Secondary	141	34,4
Mother's education	University	123	30
	Postgraduate	40	9,8
	Non-educated	8	2,0
	Elementary	8	2,0
	Preparatory	47	11,5
Mother's education	Secondary	188	45,9
	University	146	35,6
	Postgraduate	13	2,3

Table 2 shows that there was a balance between the two genders; male ($n = 201$) and female ($n = 209$). In addition, there was a good distribution of the participants' ages as shown

($n_{12} = 124$, $n_{15} = 127$, $n_{18} = 159$). The family composition revealed that the vast majority of the respondents live with their mother, father and more than one sibling ($n=364$), while just three participants live with their grandparents. The majority of the participants live with a mother or a father who graduated from high school.

3.6 Translation and back translation of the measurements

The measurements' items were originally written in English. Then, an expert translator in Arabic and another one in the Hungarian language provided the final version of the measurement in Arabic and Hungarian, so that it could be distributed to Arab adolescents in Palestine and the Hungarian adolescents in Hungary. Additionally, to ensure the Arabic-English and Hungarian-English versions, we conducted a back translation by another two translators.

3.7 Statistics analysis

The following statistical tests were used: Cronbach's alpha, Pearson correlation, explanatory factor analysis, independent sample t-test, one way ANOVA, z-test, regression analysis. Cronbach's alpha was used for reliability. The KMO and Bartlett's test were used for MNIE.

3.8 Psychometric properties of the instruments

3.8.1 SPSI-R

The first version of the SPSI had 70 items and its reliability and validity were demonstrated in a series of validation studies using clinical and non-clinical samples (D'Zurilla, 1986). Based on a detailed evaluation of the factor structure of the SPSI (Maydeu-Olivares & D'Zurilla, 1995, 1996), the 70-item SPSI was revised to the 52-item Social Problem-Solving Inventory-Revised (SPSI-R) in 1996.

The 52-item SPSI-R has five subscales which measures Positive Problem Orientation (PPO), Negative Problem Orientation (NPO), Rational Problem Solving (RPS), Avoidance Style (AS), and Impulsiveness/Carelessness Style (ICS). After that, in 2002 SPS is bridged into a shortened version "SPSI-R by D'Zurilla et al. (2002)"; on a scale of 25 items. It is an assessment of individuals' perceptions of their approach and style when coping with SP (*i.e. I wait to see if a problem will resolve itself first, before trying to solve it myself, whenever I have a problem, I*

believe that it can be solved). The SPSI-R subscales consist of 5-point (from 0 to 4) Likert-type items as 0 = Not at all true of me; 1 = Slightly true of me; 2 = Moderately true of me; 3 = Very true of me; 4 = Extremely true of me. The SPSI-R is a theory-based measure of social problem-solving processes consisting of five dimensions as follows: (1) PPO, (2) NPO, (3) RPS, (4) I/CS, and (5) AS. "PPO" covers elements of constructive problem-solving, such as self-efficacy and positive outcome expectancy. "NPO" covers a set of dysfunctional cognitive-emotional schemes, for example, low self-efficacy and negative outcome expectancy. "RS" can be defined as a constructive problem-solving style that is characterized by the rational, deliberate, and systematic application of effective problem-solving skills. "I/CS" is a set of dysfunctional problem-solving attempts, such as impulsivity and carelessness. "AS" is a dysfunctional dimension characterized by passivity and attempts to shift the responsibility of problem-solving to others (Chang, 2002; D'Zurilla et al., 2003; D'Zurilla & Maydeu-Olivares, 1995; D'Zurilla et al., 2002; Jaffee & D'Zurilla, 2003).

There are various positive uses for SPSI-R by D'Zurilla et al. (2002) in clinical therapy working to ease treatment arrangement, and categorize persons who are at risk of suffering from problems with adjustment. SPSI-R assists to provide a vision for recommendations concerning patient temper, tracking of treatment skill acquisition, treatment options, and follow-up evaluations (Dreer, et al., 2009).

The reliability (Cronbach- α) of the SPSI-R among Palestinian sample was .90 (12-year-olds), .92 (15-year-olds), and .90 (18-year-olds). Among Hungarians, the reliability (Cronbach- α) reported the following: .87 (12-year-olds), .88 (15-year-olds), and .88 (18-year-olds).

3.8.2 NEGORI

According to the notion of reason attribution (see, for example, Heider, 2003), the questionnaire responses included inner (personal) and exterior (situational) explanations. Outside influences include, for example, criticizing the other person, the other person's lack of initiative, and the influence of the model persons. Internal factors include fear of the unfavourable repercussions of fixing the problem, the benefits that bring relaxation, or low self-efficacy (projecting the unfavorable solution). Two of the categories included sentences that were a perfect match for two of the SPSI-R's negative problem orientation items (the person avoids dealing with the issue due to the failure-induced poor feelings and low self-efficacy). Based on this, NEGORI included

a 21-item scale that measured only NPO (Kasik et al., 2018) (i.e. *not solving them keeps me calm. I am afraid that it might end badly*). The NEGORI subscales consist of 5-point (from 0 to 4) Likert-type items where: 0 = *Not at all true* of me; 1 = *Slightly true* of me; 2 = *Moderately true* of me; 3 = *Very true* of me; 4 = *Extremely true* of me. It yielded quite good reliability indexes in all age groups in adolescence and could measure the following aspects within NPO: (a) fending off the problem, (b) negative consequences, (c) negative self-efficacy, (d) positive consequences, (e) habit, pattern, and (f) waiting.

The statements of "fending off the problem" conveyed that adolescents do not wish to deal with their SP as they believe they did not cause them. "Negative consequences" showed individuals expecting temporary and permanently negative social consequences, and consequently causing bad feelings. "Negative self-efficacy" expressed adolescents' belief that they could not solve their problems and thus they had a negative attitude toward the problem and its solution. "Positive consequences" revealed that individuals thought that not dealing with the problem had positive consequences for them, and they would not be nervous. In "habit, pattern," it is the individual's environment that provided the pattern not to deal with the SP. Finally, in "waiting," the adolescents expect their problems to be solved themselves, without their intervention.

The reliability (Cronbach- α) of the NEGORI among Palestinian sample was .94 (12-year-olds), .93 (15-year-olds), and .93 (18-year-olds). Among Hungarians, the reliability (Cronbach- α) reported the following: .81 (12-year-olds), .80 (15-year-olds), and .83 (18-year-olds).

3.8.3 MNIE

Major negative life events are usually measured using instruments that either do not delimit the time and place of events or include general (not person- or place-specific) events (e.g. illness, difficult financial situation, or stressful school class) (e.g., Archea et al., 2007). We developed a measurement containing 29 statements, which were grouped into 5 categories, describing as much as possible a specific event related to a specific person or group of persons: family-related events (1-7, e.g., My family member had a serious illness.), classmate-related events (8-12, e.g., one of my classmates passed away), student him/herself-related events (13-19, e.g., I made a big problem with my friend (boy/girl)), teacher-related events (20-24, e.g., my best teacher left the school), friend-related events (25-29, e.g., my friend – boy/girl – experienced a physical assault

or attack). The respondents were asked to decide whether or not they experienced each event in the last six months. The psychometric indicators of the questionnaire were adequate for each age and sample (Palestinian, 12-year-olds: Cronbach- α = .88, KMO = .74, Bartlett's test = 1609.79; 15-year-olds: Cronbach- α = .93, KMO = .84, Bartlett's test = 21959.77; 18-year-olds: Cronbach- α = .91, KMO = .84, Bartlett's test = 2129.75; Hungarian sample: 12-year-olds: Cronbach- α = .75, KMO = .71, Bartlett's test = 1684.80; 15-year-olds: Cronbach- α = .72, KMO = .74, Bartlett's test = 1712.90; 18-year-olds: Cronbach- α = .78, KMO = .73, Bartlett's test = 1734.66)

The MNIE was different from the previous measurements on NLE in several key aspects as follows: (1) Addressing MNIE among adolescents regardless of their gender by using gender-neutral terminology (e.g., girls/boys, parents, family members, classmates, teachers, and friends). (2) This MNIE-M aimed not to be general; it was distinguished by the inclusion of large negative occurrences and interpersonal interactions. (3) The items of the measurement were designed to measure the adolescents' interpersonal relationships. Therefore, it included five factors concerning family members' relationships, classmates' relationships, teachers' relationships and friends' relationships. We excluded some interpersonal factors (i.e. spouse relationships, work relationships) as they were not related to adolescents' life. Accordingly, this MNIE-M was specifically for adolescents. (4) In prior studies, poor incidents or annoyances were noted alongside with large negative events. However, all of the items in this MNIE-M were substantial NLE. (5) There were no minor annoyances identified. As a result, the respondents were not asked to describe the intensity of each issue because all the items in MNIE-M were severe. (6) The adolescents were not asked to define the frequency of each event; some items could not be frequented such as death.

This new measurement was important in education; it clearly described the events that negatively influence researchers. Determining the dominant MNIE in one's life allows teachers to understand the circumstances in which adolescents live. Therefore, MNIE might be addressed with the appropriate social problem-solving ability. Understanding students' MNIE made school administrators and counsellors better understand how to deal with such occurrences and how to serve adolescents' psychology in the classroom (Wilson et al., 2011).

The measurement was considered a leap in the field of instruments that investigated MNE or MNIE. As mentioned, the previous studies in major negative events were relatively old as the last previous study that was reviewed in this study was developed in 2010, some in 2008

and other in 2007. In addition, the majority of them were developed before 2000. The measurement items were collected based on prior studies and associated literature. Following that, the preliminary measurement was designed and then sent to a panel of experts who decided on the correctness of the items and their correlation to the factors. Finally, the final measurement was designed after having the totally agreed 29 items of the questionnaire.

3.8.4 PWB

Bradley (1994) develops W-BQ12. It contained simple statements (e.g., I feel afraid for no reason at all). The questionnaire had four-response options from 0 ('not at all') to 3 ('all the time'), identical in all 12 items. There were three subscales consisting of four items each: Negative Well-being (all negatively worded items), Energy (two positively worded and two negatively worded items) and Positive Well-being (all positively worded). Scoring: Subscale scores ranged from 0 – 12 (higher scores indicating the increased mood of the subscale label). The W-BQ12 General Well-being total score is the sum of all 12 items (after reversing the Negative Well-being item scores), and ranges from 0 – 36 (higher scores indicating better well-being).

The reliability (Cronbach- α) of the W-BQ12 among Palestinian sample was .80 (12-year-olds), .82 (15-year-olds), and .82 (18-year-olds). Among Hungarians, the reliability (Cronbach- α) reported the following: .80 (12-year-olds), .82 (15-year-olds), and .83 (18-year-olds).

3.9 Summary of the methods

The methodology chapter presented aims, model of the study, questions of the study, definition of operational terms, approach of the study, background questionnaire, translation and back translation of the measurements, description and psychometric properties of the questionnaires, statistics treatment. The full psychometric properties were met; all of the values of the psychometric properties; validity and reliability for the four questionnaires (SPSI-R, NEGORI, MNIE, and PWB-Q) in the Hungarian and Arabic versions were high and acceptable.

4. RESULTS

4.1 Results of Study (1): Characteristics of SPS, NEGORI, MNIE, and PWB Among Hungarian and Palestinian adolescents

The results of study (1) answer the questions concerning the characteristics of SPS, NEGORI, MNIE, and PWB among Palestinian and Hungarian (12-, 15-, and 18-year-old) boys and girls.

4.1.1 Characteristics of social problem solving (SPS) among Palestinians

We examined the characteristics of SPS among 12-,15-, and 18- year-old Palestinian boys and girls based on the question no. 1 (What are the characteristics of SPS among 12-,15-, and 18-year-old Palestinian adolescent boys and girls?) using SPSI–R (D’Zurilla et al., 2002). The results are in Table 3.

Table 3

Characteristics of social problem-solving among Palestinian 12-, 15-, and 18-year-olds (N = 410)

SPSI–R factors	Boys (n = 80)		12-year-olds (N = 124)		t	p
	M	(SD)	M	(SD)		
NPO	1.36	.78	1.58	.98	1.32	.18
PPO	2.1	.94	1.92	1.07	1.39	.16
RPS	2.07	.94	1.92	1.00	.82	.41
ICS	1.37	.71	1.42	.78	.36	.71
AS	1.20	.61	1.42	.91	1.64	.10
			15-year-olds (N = 127)			
	Boys (n = 75)		Girls (n = 52)		t	p
NPO	1.29	.94	1.53	1.05	1.29	.19
PPO	2.02	1.12	2.24	.98	1.15	.25
RPS	1.94	1.09	2.01	.99	.34	.72
ICS	1.45	.82	1.58	.81	.82	.41
AS	1.35	.84	1.47	.87	.76	.44
			18-year-olds (N = 159)			
	Boys (n = 54)		Girls (n = 105)		t	p
NPO	1.35	.88	1.66	1.01	1.88	.62
PPO	2.17	1.17	2.57	.97	2.28	.02
RPS	1.92	.99	2.33	.96	2.50	.01
ICS	1.42	.90	1.70	.91	1.86	.06
AS	1.32	.80	1.44	.88	.84	.39

Notes. PPO = Positive Problem Orientation; NPO = Negative Problem Orientation; RPS = Rational Problem Solving; ICS = Impulsivity/Carelessness Style; AS = Avoidance Style.

Based on the results (Table 3) no differences ($p > .05$ in all cases) between the Palestinian boys and girls at the age of 12 in all of the factors of SPSI–R. For 15-year-olds no differences between the Palestinian boys and girls in all factors. The data indicated no differences between the Palestinian boys and girls at the age of 18 in the following factors: Negative problem orientation, impulsivity/carelessness style, and avoidance style. Compared to these, positive problem orientation ($p = .02$) and rational problem-solving ($p = .01$) are more typical among 18-year-old Palestinian girls.

The following is a complement to question no. 1, where we compared the results for the three Palestinian age groups (also by gender). The results are shown in Table 4.

Table 4

Differences in social problem-solving among Palestinian 12-, 15-, and 18-year-olds (N = 410)

SPSI–R factors	12-year-old boys M (SD)	15-year-old boys M (SD)	18-year-old boys M (SD)	ANOVA F (p)
NPO	1.36 (.78)	1.29 (.94)	1.35 (.88)	.13 (.87)
PPO	2.18 (.94)	2.02 (1.12)	2.17 (1.17)	.53 (.58)
RPS	2.07 (.94)	1.94 (1.09)	1.92 (.99)	.44 (.64)
ICS	1.37 (.71)	1.45 (.82)	1.42 (.90)	.22 (.80)
AS	1.20 (.61)	1.35 (.84)	1.32 (.80)	.89 (.41)
	<u>12-year-old girls</u> M (SD)	<u>15-year-old girls</u> M (SD)	<u>18-year-old girls</u> M (SD)	F (p)
NPO	1.58 (.98)	1.53(1.05)	1.66(1.01)	.31 (.73)
PPO	1.92(1.07)	2.24(.98)	2.57(.97)	6.94 (.00)
RPS	1.92(1.00)	2.01(.99)	2.33(.96)	3.44 (.03)
ICS	1.42(.78)	1.58(.81)	1.70(.91)	1.73 (.18)
AS	1.42(.91)	1.47(.87)	1.44(.88)	.34 (.96)
	<u>12-year-olds</u> (n = 124) M (SD)	<u>15-year-olds</u> (n = 127) M (SD)	<u>18-year-olds</u> (n = 159) M (SD)	F (p)
NPO	1.44 (.86)	1.39 (.99)	1.55 (.98)	1.14 (.32)
PPO	2.09 (.99)	2.11 (1.06)	2.44 (1.05)	5.06 (.00)
RPS	2.01 (.96)	1.97 (1.04)	2.19 (.99)	1.89 (.15)

ICS	1.39 (0.74)	1.50 (.81)	1.61 (.91)	2.40 (.09)
AS	1.28 (.74)	1.40 (.85)	1.40 (.85)	.95 (.36)

Notes. PPO = Positive Problem Orientation; NPO = Negative Problem Orientation; RPS = Rational Problem Solving; ICS = Impulsivity/Carelessness Style; AS = Avoidance Style.

Based on Table 4, there are no significant differences ($p > .05$ in all cases) between Palestinian boys aged 12, 15 and 18 years along the SPSI–R factors. There are no differences between age groups of Palestinian girls in the following factors: Negative problem orientation, impulsivity/carelessness style, and avoidant style, but positive problem orientation ($p = .00$) and rational problem solving ($p = .03$) are more characteristic of Palestinian girls aged 18. There are no age differences among Palestinian adolescents in negative problem orientation, rational problem-solving, impulsivity/carelessness style and avoidance style. However, positive problem orientation ($p = .00$) is more typical among 18 year-olds than for 12- and 15-year-olds.

4.1.2 Characteristics of NEGORI among Palestinians

The characteristics measured by NEGORI (Kasik, et al., 2018). Question no. 2 (What are the characteristics of NEGORI among 12-,15-, and 18-year-old Palestinian adolescent boys and girls?) was analysed in the same way as the SPSI–R characteristics among Palestinian adolescents: by age and gender (Table 5), and the age and gender groups were compared (Table 6).

Table 5

Characteristics of negative orientation among Palestinian 12-, 15-, and 18-year-olds (N = 410)

NEGORI factors	Boys (n = 80)		12-year-olds (N = 124)		t	p
	M	(SD)	M	(SD)		
FP	1.10	.93	1.47	1.12	1.97	.05
NC	1.07	.89	1.46	1.06	.38	.69
NSE	1.05	.78	1.35	.96	1.89	.06
PC	1.42	1.08	1.50	1.03	2.22	.02
H/P	1.02	.86	1.25	.96	1.37	.17
W	1.00	.84	1.51	1.03	2.95	.00
			15-year-olds (N = 127)			
	Boys (n = 75)		Girls (n = 52)		t	p
FP	1.32	1.06	1.65	1.18	1.64	.10
NC	1.28	.96	1.66	1.09	2.05	.04

NSE	1.02	.87	1.36	.88	2.11	.03
PC	1.15	.89	1.41	.92	1.59	.11
H/P	1.11	.88	1.27	.93	1.00	.31
W	1.06	.84	1.34	1.00	1.69	.09
<u>18-year-olds (N = 159)</u>						
	Boys (n = 54)		Girls (n = 105)		t	p
FP	1.17	.89	1.43	1.18	1.41	.15
NC	1.33	.88	1.86	1.17	2.92	.00
NSE	1.05	.86	1.35	1.12	1.72	.08
PC	1.18	.95	1.34	1.04	.96	.33
H/P	1.20	.95	1.09	1.00	.71	.47
W	1.11	.94	1.21	.97	.61	.53

Notes. FP = Fending off the problem; NC = Negative Consequences; NSE = Negative Self-Efficacy; PC = Positive Consequences; H/P = Habit/Pattern; W=Waiting.

The data (Table 5) shows no significant differences between Palestinian boys and girls at the age of 12 in the following factors of NEGORI: Negative consequences, negative self-efficacy, and habit/pattern. However, fending off the problem ($p = .05$), positive consequences ($p = .02$), and waiting ($p=.00$) are more typical among 12-year-old Palestinian girls. No differences between Palestinian boys and girls at the age of 15 in the following factors: Fending off the problem, negative self-efficacy, positive consequences, habit/pattern, and waiting. However, the results show only that the negative consequences factor ($p = .04$) is more typical among 15-year-old Palestinian girls. Based on the results the differences between the Palestinian boys and girls at the age of 18 in the following factors: Fending off the problem, negative self-efficacy, positive consequences, habit/pattern, and waiting were not significant. The results show only that negative consequences ($p = .00$) is more typical among 18-year-old Palestinian girls.

The results (Table 6) show that there are no age differences ($p > .05$ in all cases) between Palestinian adolescents on all factors of NEGORI. The same result was found for boys and girls ($p > .05$ in all cases).

Table 6

Differences in negative orientation among Palestinian 12-, 15-, and 18-year-olds (N = 410)

NEGORI factors	12-year-old boys M (SD)	15-year-old boys M (SD)	18-year-old boys M (SD)	ANOVA F (p)
FP	1.10 (.93)	1.32 (1.06)	1.17 (.89)	1.01 (.36)
NC	1.42 (1.08)	1.28 (.96)	1.33 (.88)	.40 (.66)

NSE	1.05 (.78)	1.02 (.87)	1.05 (.86)	.02 (.94)
PC	1.07 (.89)	1.15 (.89)	1.18 (.95)	.29 (.74)
H/P	1.02 (.86)	1.11 (.88)	1.20 (.95)	.68 (.50)
W	1.00 (.84)	1.06 (.84)	1.11 (.94)	.25 (.77)
	<u>12-year-old girls</u>	<u>15-year-old girls</u>	<u>18-year-old girls</u>	F (p)
	M (SD)	M (SD)	M (SD)	
FP	1.47 (1.12)	1.65 (1.18)	1.43 (1.18)	.61 (.54)
NC	1.50 (1.03)	1.66 (1.09)	1.86 (1.17)	1.71 (.18)
NSE	1.35 (.96)	1.36 (.88)	1.35 (1.12)	.00 (.99)
PC	1.46 (1.06)	1.41 (.92)	1.34 (1.04)	.23 (.79)
H/P	1.25 (1.96)	1.27 (.93)	1.09 (1.00)	.80 (.44)
W	1.51 (1.03)	1.34 (1.00)	1.21 (.97)	1.43 (.24)
	<u>12-year-olds</u>	<u>15-year-olds</u>	<u>18-year-olds</u>	F (p)
	(n = 124)	(n = 127)	(n = 159)	
	M (SD)	M (SD)	M (SD)	
FP	1.23 (1.01)	1.45 (1.11)	1.34 (1.09)	1.33 (.26)
NC	1.45 (1.06)	1.44 (1.03)	1.68 (1.10)	2.36 (.09)
NSE	1.16 (.85)	1.16 (.88)	1.25 (1.05)	.40 (.66)
PC	1.21 (.96)	1.26 (.91)	1.29 (1.01)	.24 (.78)
H/P	1.10 (.90)	1.17 (.91)	1.13 (.98)	.18 (.83)
W	1.18 (.94)	1.18 (.96)	1.18 (.96)	.00 (.99)

Notes. FP = Fending off the problem; NC = Negative Consequences; NSE = Negative Self-Efficacy; PC = Positive Consequences; H/P = Habit/Pattern; W=Waiting.

4.1.3 Characteristics of major negative interpersonal events (MNIE) among Palestinians

Based on international questionnaires (e.g., Abramson, 1987; Bras & Cruz, 2008; Coddington, 1972; Elwan, 2011; Gonçalves et al., 2017), we have developed our own measurement tool to measure major negative interpersonal events (MNIE) by addressing question no. 3 (What are the characteristics of MNIE among 12-, 15-, and 18-year-old Palestinian adolescent boys and girls?). The results of Palestinian students are in Table 7 (age and gender), and the age and gender groups were compared in (Table 8).

Table 7

Characteristics of major negative interpersonal events among Palestinian 12-, 15-, and 18-year-olds (N = 410)

MNIE factors	12-year-olds (N = 124)				t	p
	Boys (n = 80)		Girls (n = 44)			
	M	(SD)	M	(SD)		
Fa	.17	.17	.22	.24	1.31	.19
C	.20	.23	.15	.21	1.22	.22

Y	.14	.21	.13	.21	.20	.83
T	.06	.16	.14	.20	2.24	.02
Fr	.15	.23	.11	.21	.90	.37
<u>15-year-olds (N = 127)</u>						
	Boys (n = 75)		Girls (n = 52)		t	p
Fa	.20	.25	.26	.23	1.25	.21
C	.19	.26	.28	.32	1.59	.11
Y	.18	.28	.22	.26	.86	.39
T	.16	.25	.15	.18	.12	.90
Fr	.18	.29	.20	.30	.34	.73
<u>18-year-olds (N = 159)</u>						
	Boys (n = 54)		Girls (n = 105)		t	p
Fa	.24	.25	.19	.22	1.12	.26
C	.36	.34	.15	.24	4.63	.00
Y	.21	.26	.18	.24	.68	.49
T	.25	.26	.11	.18	3.76	.00
Fr	.27	.32	.09	.21	4.11	.00

Notes. F= Major Negative Interpersonal Events related to Family; C = Major Negative Interpersonal Events related to Classmates; Y = Major Negative Interpersonal Events related to Yourself; T = Major Negative Interpersonal Events related to Teacher; Fr = Major Negative Interpersonal Events related to Friends.

Results (Table 7) reported no differences ($p > .05$ in all cases) between the Palestinian boys and girls at the age of 12 in the following factors of MNIE: Family, classmates, yourself, and friends-related events. However, the results showed only that teacher-related events factor ($p = .02$) was more typical among 12-year-old Palestinian girls. No differences between the Palestinian boys and girls at the age of 15 ($p > .05$ in all cases). Based on the results, no differences between the Palestinian boys and girls at the age of 18 in the following factors of MNIE: Family, and yourself-related events. However, classmates, teacher, and friends-related events were more typical among 18-year-old Palestinian boys ($p = .00$ in all cases).

Table 8

Differences in major negative events among Palestinian 12-, 15-, and 18-year-olds (N = 410)

MNIE factors	12-year-old boys M (SD)	15-year-old boys M (SD)	18-year-old boys M (SD)	ANOVA F (p)
Fa	.17 (.17)	.20 (.25)	.24 (.25)	1.52 (.22)
C	.20 (.23)	.19 (.26)	.36 (.34)	7.28 (.00)
Y	.14 (.21)	.18 (.28)	.21 (.26)	1.24 (.29)
T	.15 (.23)	.18 (.29)	.27 (.32)	3.03 (.05)

fr	.17 (.17)	.20 (.25)	.24 (.25)	1.52 (.22)
	<u>12-year-old girls</u>	<u>15-year-old girls</u>	<u>18-year-old girls</u>	F (p)
	M (SD)	M (SD)	M (SD)	
Fa	.22 (.24)	.26 (.23)	.19 (.22)	1.26 (.28)
C	.15 (.21)	.28 (.32)	.15 (.24)	4.88 (.00)
Y	.13 (.21)	.22 (.26)	.18 (.24)	1.65 (.19)
T	.14 (.20)	.18 (.18)	.11 (.18)	.82 (.44)
Fr	.11 (.21)	.20 (.30)	.09 (.21)	3.30 (.03)
	<u>12-year-olds</u>	<u>15-year-olds</u>	<u>18-year-olds</u>	F (p)
	(n = 124)	(n = 127)	(n = 159)	
	M (SD)	M (SD)	M (SD)	
Fa	.19 (.20)	.22 (.24)	.21 (.23)	.82 (.44)
C	.18 (.22)	.23 (.29)	.21 (.27)	1.09 (.33)
Y	.14 (.21)	.20 (.27)	.19 (.25)	.22 (.10)
T	.09 (.18)	.16 (.22)	.14 (.21)	4.76 (.00)
Fr	.13 (.22)	.18 (.30)	.15 (.27)	1.12 (.32)

Notes. F= Major Negative Interpersonal Events related to Family; C = Major Negative Interpersonal Events related to Classmates; Y = Major Negative Interpersonal Events related to Yourself; T = Major Negative Interpersonal Events related to Teacher; Fr = Major Negative Interpersonal Events related to Friends.

Table 8 detailed that there are no age differences ($p > .05$ in all cases) in the following MNIE factors among Palestinian boys: Family, friends, and yourself-related events. However, the results show that classmates-related events ($p = .00$), and teacher-related events ($p = .05$) are more typical among 18-year-old Palestinian boys. We have not found differences ($p > .05$ in all cases) in the following factors among Palestinian girls: Family, yourself, and teacher-related events. However, the differences are significant in the case of classmates ($p = .00$) and friends-related events ($p = .03$) for 15-year-old girls. As for age differences, there are no age differences ($p > .05$) in the following factors among Palestinian adolescents: Family, classmates, yourself, and friends-related events. However, teacher-related events ($p = .00$) is more typical among 15-year-old Palestinian.

4.1.4 Characteristics of psychological well-being (PWB) among Palestinians

The characteristics measured by psychological well-being (PWB) (Bradley, 1994) were analysed in the same way as the other characteristics among Palestinian students: By age and gender (Table 9). We compared the age and gender groups too (Table 10). We answered question no. 4:

What are the characteristics of PWB among 12-,15-, and 18- year-old Palestinian adolescent boys and girls?

Table 9

Characteristics of psychological well-being among Palestinian 12-, 15-, and 18-year-olds (N = 410)

PWB factors	Boys (n = 80)		Girls (n = 44)		t	p
	M	(SD)	M	(SD)		
Neg	1.73	.62	1.67	.57	.53	.59
En	1.95	.34	1.81	.47	1.87	.06
Pos	2.16	.56	2.11	.65	.49	.62
<u>15-year-olds (N = 127)</u>						
	Boys (n = 75)		Girls (n = 52)		t	p
Neg	1.55	.51	1.91	.71	3.32	.00
En	1.94	.39	1.84	.42	1.35	.17
Pos	2.09	.57	2.07	.64	.16	.87
<u>18-year-olds (N = 159)</u>						
	Boys (n = 54)		Girls (n = 105)		t	p
Neg	1.64	.54	2.09	.64	4.41	.00
En	1.82	.38	1.98	.32	2.77	.00
Pos	2.10	.64	2.10	.60	.18	.98

Notes. Neg = Negative Well-being; En = Energy Well-being; Pos = Positive Well-being.

Based on the results (Table 9), no differences ($p > .05$ in all cases) between the Palestinian boys and girls at the age of 12 in all PWB factors. No differences ($p > .05$ in all cases) between the Palestinian boys and girls at the age of 15 in the case of energy, and positive well-being. However, negative well-being ($p = .00$) is more typical among 15-year-old girls. The data show no differences ($p > .05$ in all cases) between the Palestinian boys and girls at the age of 18 in the case of positive well-being, but the negative well-being ($p = .00$) and energy ($p = .00$) is more typical among 18-year-old Palestinian girls.

Table 10

Differences in psychological well-being among Palestinian 12-, 15-, and 18-year-olds (N = 410)

MNIE factors	12-year-old boys M (SD)	15-year-old boys M (SD)	18-year-old boys M (SD)	ANOVA F (p)
Neg	1.73 (.62)	1.55 (.51)	1.64 (.54)	1.98 (.13)
En	1.95 (.34)	1.94 (.39)	1.82 (.38)	2.28 (.10)
Pos	2.16 (.56)	2.09 (.57)	2.16 (.64)	.38 (.67)
	<u>12-year-old girls</u> M (SD)	<u>15-year-old girls</u> M (SD)	<u>18-year-old girls</u> M (SD)	F (p)
Neg	1.67 (.57)	1.91 (.71)	2.09 (.64)	6.59 (.00)
En	1.81 (.47)	1.84 (.42)	1.98 (.32)	3.98 (.02)
Pos	2.11 (.65)	2.07 (.64)	2.10 (.60)	.05 (.94)
	<u>12-year-olds</u> (n = 124) M (SD)	<u>15-year-olds</u> (n = 127) M (SD)	<u>18-year-olds</u> (n = 159) M (SD)	F (p)
Neg	1.71 (.60)	1.70 (.62)	1.94 (.64)	6.63 (.00)
En	1.90 (.39)	1.89 (.40)	1.92 (.35)	.23 (.79)
Pos	2.14 (.59)	2.08 (.60)	2.10 (.61)	.40 (.66)

Notes. Neg = Negative Well-being; En = Energy Well-being; Pos = Positive Well-being.

The results (Table 10) show that there are no age differences ($p > .05$ in all cases) in the PWB factors among Palestinian boys. No age differences in positive energy among Palestinian girls ($p > .05$ in all cases); however, negative well-being ($p = .00$), and energy ($p = .02$) are more typical among 18-year-old Palestinian girls. We have not found significant age differences ($p > .05$ in all cases) among Palestinian adolescents in the case of energy and positive well-being. However, in the case of negative well-being ($p = .00$) is more typical among the Palestinian 18-year-olds.

4.1.5 Characteristics of social problem-solving (SPS) among Hungarians

We examined the characteristics of SPS among 12-,15-, and 18- year-old Palestinian boys and girls (research question 5: What are the characteristics of SPS among 12-,15-, and 18- year-old Hungarian adolescent boys and girls?) using SPSI-R (D’Zurilla et al., 2002). The results are in Table 11. We also, as a complement to question no. 5, compared the results for the three Hungarian age groups (by gender). The results are shown in Table 12.

Table 11

Characteristics of social problem-solving among Hungarian 12-, 15-, and 18-year-olds (N = 251)

SPSI-R factors	Boys (n = 47)		12-year-olds (N = 93)		t	p
	M	(SD)	M	(SD)		
NPO	2.02	1.01	1.76	.98	1.23	.22
PPO	2.04	.74	2.28	.77	1.55	.12
RPS	2.20	.66	2.57	.88	2.28	.02
ICS	1.85	.52	1.94	.53	.83	.40
AS	1.56	.88	1.25	.78	1.76	.08
			15-year-olds (N = 86)			
	Boys (n = 35)		Girls (n = 51)		t	p
NPO	1.34	.82	1.84	1.06	2.34	.02
PPO	2.89	.73	2.23	.64	4.38	.00
RPS	2.71	.75	2.57	.86	.76	.44
ICS	1.66	.65	1.72	.66	.41	.67
AS	1.29	.81	1.14	.76	.82	.41
			18-year-olds (N = 72)			
	Boys (n = 27)		Girls (n = 45)		t	p
NPO	1.56	.85	1.72	.83	.76	.44
PPO	2.46	.65	2.44	.65	.26	.79
RPS	2.70	.89	2.44	.90	1.15	.25
ICS	1.53	.53	1.80	.67	1.80	.07
AS	1.51	.84	1.41	.90	.43	.66

Notes. PPO = Positive Problem Orientation; NPO = Negative Problem Orientation; RPS = Rational Problem Solving; ICS = Impulsivity/Carelessness Style; AS = Avoidance Style.

Table 11 indicates no differences ($p > .05$ in all cases) between the Hungarian boys and girls at the age of 12 in the following factors of SPSI-R: Negative problem orientation, positive problem orientation, impulsivity/carelessness style, and avoidance style. However, rational problem solving ($p = .02$) is more typical among 12-year-old Hungarian girls. No differences ($p > .05$ in all cases) between the Hungarian boys and girls at the age of 15 in the following factors: Rational problem-solving, impulsivity/carelessness style, and avoidance style. Based on the results, negative problem-orientation ($p = .02$) is more typical among 15-year-old Hungarian girls, and the value of positive problem orientation ($p = .02$) is higher among 15-year-old Hungarian boys. No differences ($p > .05$ in all cases) between the Hungarian boys and girls at the age of 18 in all factors.

Table 12

Differences in social problem-solving among Hungarian 12-, 15-, and 18-year-olds (N = 251)

SPSI-R factors	12-year-old boys M (SD)	15-year-old boys M (SD)	18-year-old boys M (SD)	ANOVA F (p)
NPO	2.02 (1.01)	1.34 (.82)	1.56 (.85)	5.81 (.00)
PPO	2.04 (0.74)	2.89 (.73)	2.40 (.65)	13.92 (.00)
RPS	2.20 (.66)	2.71 (.75)	2.70 (.89)	5.98 (.00)
ICS	1.85 (.52)	1.66 (.65)	1.53 (.53)	2.89 (.06)
AS	1.56 (.88)	1.29 (.81)	1.51 (.84)	1.06 (.34)
	<u>12-year-old girls</u> M (SD)	<u>15-year-old girls</u> M (SD)	<u>18-year-old girls</u> M (SD)	F (p)
NPO	1.76 (.98)	1.84 (1.06)	1.72 (.83)	.20 (.81)
PPO	2.28 (.77)	2.35 (.64)	2.44 (.65)	1.21 (.30)
RPS	2.57 (.88)	2.57 (.86)	2.44 (.90)	.31 (.73)
ICS	1.94 (.53)	1.72 (.66)	1.80 (.67)	1.47 (.23)
AS	1.25 (.78)	1.14 (.76)	1.41 (.90)	1.28 (.27)
	<u>12-year-olds</u> (n = 93) M (SD)	<u>15-year-olds</u> (n = 86) M (SD)	<u>18-year-olds</u> (n = 72) M (SD)	F (p)
NPO	1.89 (1.00)	1.63 (.99)	1.66 (.83)	1.93 (.14)
PPO	2.16 (.76)	2.50 (.75)	2.4 (.65)	5.37 (.00)
RPS	2.38 (.79)	2.63 (.81)	2.54 (.90)	1.98 (.14)
ICS	1.90 (.53)	1.70 (.65)	1.77 (.61)	3.04 (.04)
AS	1.41 (.844)	1.20 (.78)	1.45 (.88)	2.04 (.13)

Notes. PPO = Positive Problem Orientation; NPO = Negative Problem Orientation; RPS = Rational Problem Solving; ICS = Impulsivity/Carelessness Style; AS = Avoidance Style.

We have not found (Table 12) age differences ($p > .05$ in all cases) in the following factors of SPSI-R among Hungarian boys: Impulsivity/carelessness style and avoidance style. However, negative problem orientation ($p = .00$) is more typical at the age of 12, and positive problem orientation ($p = .00$) and rational problem-solving ($p = .00$) are typical among the age of 15. In the case of girls, no age differences ($p > .05$ in all cases) among Hungarian adolescents. The results showed that there are no age differences ($p > .05$ in all cases) among Hungarian adolescents in the following factors: Negative problem orientation, rational problem-solving, and avoidance style. However, positive problem-orientation ($p = .00$) is typical among 15-year-olds, while impulsivity/carelessness ($p = .04$) is typical among those aged 12.

4.1.6 Characteristics of NEGORI among Hungarians

The characteristics measured by NEGORI (Kasik, et al., 2018) were analysed in the same way as the SPSI-R characteristics among the Hungarians: By age and gender (Table 13), and the age and gender groups were compared (Table 14). This is an answer to question no. 6 (What are the characteristics of NEGORI among 12-, 15-, and 18-year-old Hungarian adolescent boys and girls?).

Table 13

Characteristics of negative orientation among Hungarian 12-, 15-, and 18-year-olds (N = 251)

NEGORI factors	Boys (n = 47)		Girls (n = 46)		t	p
	M	(SD)	M	(SD)		
FP	1.14	.73	1.05	.071	.55	.57
NC	1.55	1.03	1.22	.95	1.59	.11
NSE	.44	.65	.15	.23	2.18	.00
PC	1.07	1.43	1.18	1.54	.35	.72
H/P	.73	.79	.73	.84	.00	.99
W	1.44	1.28	1.34	1.15	.39	.69
<u>15-year-olds (N = 86)</u>						
	Boys (n = 35)		Girls (n = 51)		t	p
	M	(SD)	M	(SD)		
FP	1.26	.87	1.44	1.01	.83	.40
NC	1.34	.77	1.69	.84	1.94	.05
NSE	.85	.75	.82	.78	.19	.84
PC	.72	.72	.66	.91	.34	.73
H/P	.60	.52	.60	.57	.01	.99
W	1.00	.89	.95	.86	.23	.81
<u>18-year-olds (N = 72)</u>						
	Boys (n = 27)		Girls (n = 45)		t	p
	M	(SD)	M	(SD)		
FP	1.15	1.05	1.35	.95	.81	.41
NC	1.46	.78	1.57	.69	.61	.54
NSE	.93	.67	.92	.89	.06	.94
PC	1.00	.91	1.06	1.15	.25	.79
H/P	.75	.92	.91	.72	.80	.42
W	1.44	1.26	1.17	.99	1.02	.31

Notes. FP = Fending off the problem; NC = Negative Consequences; NSE = Negative Self-Efficacy; PC = Positive Consequences; H/P = Habit/Pattern; W=Waiting.

No differences ($p > .05$ in all cases) between the Hungarian boys and girls at the age of 12 in the following factors of NEGORI: Fending off the problem, negative consequences, positive consequences, habit/pattern, and waiting (Table 13). However, negative self-efficacy ($p = .00$) is more typical in 12-year-old Hungarian boys. Findings indicate that there are no differences ($p > .05$ in all cases) between the Hungarian boys and girls at the age of 15 in the following factors: Fending off the problem, negative self-efficacy, positive consequences, habit/pattern, and waiting. However, only the negative consequences factor ($p = .05$) is more typical among 15-year-old Hungarian girls. Based on the results, no differences ($p > .05$ in all cases) between the Hungarian boys and girls at the age of 18 in all factors of NEGORI.

Table 14

Differences in negative orientation among Hungarian 12-, 15-, and 18-year-olds (N = 251)

NEGORI factors	12-year-old boys M (SD)	15-year-old boys M (SD)	18-year-old boys M (SD)	ANOVA F (p)
FP	1.14 (.73)	1.26 (.87)	1.15 (1.05)	.21 (.80)
NC	1.55 (1.03)	1.34 (.77)	1.46 (.78)	.54 (.58)
NSE	.44 (.65)	.85 (.75)	.93 (.67)	5.69 (.00)
PC	1.07 (1.43)	.72 (.72)	1.00 (.91)	1.03 (.35)
H/P	.73 (.79)	.60 (.52)	.75 (.92)	.43 (.65)
W	1.44 (1.28)	1.00 (.89)	1.44 (1.26)	1.73 (.18)
	<u>12-year-old girls</u> M (SD)	<u>15-year-old girls</u> M (SD)	<u>18-year-old girls</u> M (SD)	F (p)
FP	1.05 (.71)	1.44 (1.01)	1.35 (.95)	2.29 (.10)
NC	1.22 (.95)	1.69 (.84)	1.57 (.69)	3.99 (.02)
NSE	.15 (.23)	.82 (.78)	.92 (.89)	16.34 (.00)
PC	1.18 (1.54)	.66 (.91)	1.06 (1.15)	2.50 (.08)
H/P	.73 (.84)	.60 (.57)	.91 (.72)	2.23 (.11)
W	1.34 (1.15)	.95 (.86)	1.17 (.99)	1.85 (.16)
	<u>12-year-olds</u> (n = 93) M (SD)	<u>15-year-olds</u> (n = 86) M (SD)	<u>18-year-olds</u> (n = 72) M (SD)	F (p)
FP	1.10 (.72)	1.36 (.96)	1.28 (.99)	2.09 (.12)
NC	1.38 (1.00)	.83 (.77)	.92 (.81)	.88 (.41)
NSE	.29 (.51)	.83 (.77)	.92 (.81)	20.29 (.00)
PC	1.13 (1.48)	.68 (.83)	1.04 (1.06)	3.5 (.03)
H/P	.73 (.81)	.60 (.55)	.85 (.80)	2.34 (.09)
W	1.39 (1.21)	.97 (.87)	1.27 (1.10)	3.62 (.02)

Notes. FP = Fending off the problem; NC = Negative Consequences; NSE = Negative Self-Efficacy; PC = Positive Consequences; H/P = Habit/Pattern; W=Waiting.

Age differences of NEGORI among the Hungarian sample were explained in Table (14). Age differences revealed that negative self-efficacy ($p = .00$) was reported to be typical of Hungarian 18-year-old boys, while no differences were attributed to the other factors. Negative consequences ($p = .00$) was typical among Hungarian 15-year-old girls, while negative self-efficacy ($p = .00$) were revealed to be typical of Hungarian 18-year-old girls. As for the whole group, negative self-efficacy ($p = .00$) was reported to be typical of Hungarian 18-year-olds, positive consequences ($p = .03$) and waiting ($p = .02$) were more typical of Hungarian 12-year-old.

4.1.7 Characteristics of major negative interpersonal events (MNIE) among Hungarians

The MNIE scores of Hungarian students are shown in Table 15 (age and gender) and a comparison of age and gender groups (Table 16). This is an answer to question no. 7 (What are the characteristics of MNIE among 12-, 15-, and 18-year-old Hungarian adolescent boys and girls?).

Table 15

Characteristics of major negative interpersonal events among Hungarian 12-, 15-, and 18-year-olds (N = 251)

MNIE factors	<u>12-year-olds (N = 93)</u>				t	p
	Boys (n = 47)		Girls (n = 46)			
	M	(SD)	M	(SD)		
Fa	.10	.09	.04	.08	3.06	.00
C	.00	.04	.02	.06	1.20	.23
Y	.16	.05	.17	.09	.22	.82
T	.06	.08	.07	.08	.92	.35
Fr	.00	.00	.07	.09	5.43	.00
	<u>15-year-olds (N = 86)</u>					
	Boys (n = 35)		Girls (n = 51)		t	p
Fa	.10	.08	.12	.11	.94	.34
C	.00	.03	.03	.08	2.33	.02
Y	.13	.04	.17	.08	2.68	.00
T	.00	.00	.00	.00	.00	.00
Fr	.05	.09	.02	.06	1.70	.09

	18-year-olds (N = 72)				t	p
	Boys (n = 27)		Girls (n = 45)			
Fa	.13	.09	.20	.08	3.09	.00
C	.00	.00	.00	.00	.00	.00
Y	.20	.11	.19	.09	.51	.60
T	.00	.00	.00	.00	.00	.00
Fr	.11	.12	.06	.09	1.96	.05

Notes. F= Major Negative Interpersonal Events related to Family; C = Major Negative Interpersonal Events related to Classmates; Y = Major Negative Interpersonal Events related to Yourself; T = Major Negative Interpersonal Events related to Teacher; Fr = Major Negative Interpersonal Events related to Friends.

Table 15 reveals that no differences ($p > .05$ in all cases) between the Hungarian boys and girls at the age of 12 in the following factors of MNIE: Classmates, yourself, and teacher-related events. However, the results show that family-related events ($p = .00$) is more typical among 12-year-old Hungarian boys, while friends-related events ($p = .00$) is more typical among 12-year-old girls. Based on the data no differences ($p > .05$ in all cases) between the Hungarian boys and girls at the age of 15 in the following factors: Family, teacher, and friends-related events. However, the classmates-related events ($p = .02$) and yourself-related events ($p = .00$) are more typical among 15-year-old Hungarian girls. We have not found significant differences ($p > .05$ in all cases) between the Hungarian boys and girls at the age of 18 in the following factors: Classmates, yourself, and teacher-related events. However, family-related events ($p = .00$) is more typical among 18-year-old girls, while friends-related events ($p = .05$) is more typical among 18-year-old boys.

Table 16

Differences in major negative interpersonal events among Hungarian 12-, 15-, and 18-year-olds (N = 251)

MNIE factors	12-year-old boys M (SD)	15-year-old boys M (SD)	18-year-old boys M (SD)	ANOVA F (p)
Fa	.10 (.09)	.10 (.08)	.13 (.09)	1.30 (.27)
C	.00 (.04)	.00 (.03)	.00 (.00)	.57 (.56)
Y	.16 (.05)	.13 (.04)	.20 (.11)	7.47 (.00)
T	.06 (.08)	.00 (.00)	.00 (.00)	18.71 (.00)
Fr	.00 (.00)	.05 (.09)	.11 (.12)	18.41 (.00)
	<u>12-year-old girls</u>	<u>15-year-old girls</u>	<u>18-year-old girls</u>	F (p)

	M (SD)	M (SD)	M (SD)	
Fa	0.4 (.08)	.12 (.11)	.20 (.08)	30.70 (.00)
C	.02 (.06)	.03 (.08)	.00 (.00)	5.11 (.00)
Y	.17 (.09)	.17 (.08)	.19 (.09)	.69 (.50)
T	.07 (.08)	.00 (.00)	.00 (.00)	43.07 (.00)
Fr	.07 (.09)	.02 (.06)	.06 (.09)	4.47 (.01)
	<u>12-year-olds</u>	<u>15-year-olds</u>	<u>18-year-olds</u>	
	(n = 93)	(n = 86)	(n = 72)	F (p)
	M (SD)	M (SD)	M (SD)	
Fa	.07 (.9)	.11 (.10)	.17 (.09)	.22 (.00)
C	.10 (.05)	.02 (.06)	.00 (.00)	4.96 (.00)
Y	.16 (.07)	.16 (.07)	.19 (.10)	4.07 (.01)
T	.07 (.08)	.00 (.00)	.00 (.00)	58.91 (.00)
Fr	.03 (.07)	.04 (.08)	.08 (.11)	7.06 (.00)

Notes. F= Major Negative Interpersonal Events related to Family; C = Major Negative Interpersonal Events related to Classmates; Y = Major Negative Interpersonal Events related to Yourself; T = Major Negative Interpersonal Events related to Teacher; Fr = Major Negative Interpersonal Events related to Friends.

Table (16) does not show age differences ($p > .05$ in all cases) in the following factors of MNIE among Hungarian boys: Family, and classmates (Table 16). However, the results show that yourself-related events ($p = .00$) and friends-related events ($p = .00$) are more typical at the age of 18, while teacher-related events ($p = .00$) is more typical at the age of 12. No age differences ($p > .05$ in all cases) in the following factors among Hungarian girls: Yourself-related events. However, the family-related events ($p = .00$) and friends related events are typical at the age of 18, classmates-related events ($p = .00$) is typical among 15, and teacher-related events ($p = .00$) is typical at the age of 12. The results show that there are significant differences among Hungarians due to their age in all the factors of MNIE: Family ($p = .00$), yourself ($p = .01$), and friends-related events ($p = .00$) are typical among 18-year-olds, while classmates ($p = .00$) and teacher-related events ($p = .00$) are dominant among 12-year-olds.

4.1.8 Characteristics of psychological well-being (PWB) among Hungarians

The characteristics measured by PWB (Bradley, 1994) were analysed in the same way as the other characteristics among Hungarian students: By age and gender (Table 17). We compared the age and gender groups too (Table 18), which is an answer to question no. 8: What are the characteristics of PWB among 12-,15-, and 18- year-old Hungarian boys and girls adolescents?

Table 17

Characteristics of psychological well-being among Hungarian 12-, 15-, and 18-year-olds (N = 251)

PWB factors	Boys (n = 47)		<u>12-year-olds (N = 93)</u>		t	p
	M	(SD)	M	(SD)		
Neg	1.66	.42	1.57	.41	1.01	.31
En	1.67	.22	1.60	.27	1.27	.20
Pos	1.60	.15	1.57	.20	.80	.42
			<u>15-year-olds (N = 86)</u>			
	Boys (n = 35)		Girls (n = 51)		t	p
Neg	2.40	.23	2.39	.22	.15	.87
En	1.96	.17	1.91	.24	1.09	.27
Pos	1.56	.32	1.65	.41	1.04	.29
			<u>18-year-olds (N = 72)</u>			
	Boys (n = 27)		Girls (n = 45)		t	p
Neg	2.39	.27	2.35	.29	.59	.55
En	1.80	.35	1.80	.36	.00	1.00
Pos	1.72	.48	1.72	.45	.00	1.00

Notes. Neg = Negative Well-being; En = Energy Well-being; Pos = Positive Well-being.

Table 17 shows that no significant difference ($p > .05$ in all cases) between Hungarian boys and girls in terms of PWB factors at any age (12, 15, 18).

Table 18

Differences in psychological well-being among Hungarian 12-, 15-, and 18-year-olds (N = 410)

MNIE factors	12-year-old boys	15-year-old boys	18-year-old boys	ANOVA F (p)
	M (SD)	M (SD)	M (SD)	
Neg	1.66 (.42)	2.40 (.23)	2.39 (.27)	61.90 (.00)
En	1.67 (.22)	1.96 (.17)	1.80 (.35)	13.29 (.00)
Pos	1.60 (.15)	1.56 (.32)	1.72 (.48)	1.97 (.14)
	<u>12-year-old girls</u>	<u>15-year-old girls</u>	<u>18-year-old girls</u>	F (p)
	M (SD)	M (SD)	M (SD)	
Neg	.41 (.06)	.22 (.03)	.29 (.04)	96.44 (.00)
En	.27 (.04)	.24 (.03)	.36 (.05)	12.93 (.00)
Pos	.20 (.03)	.41 (.05)	.45 (.06)	1.84 (.16)
	<u>12-year-olds</u>	<u>15-year-olds</u>	<u>18-year-olds</u>	F (p)
	(n = 124)	(n = 127)	(n = 159)	
	M (SD)	M (SD)	M (SD)	
Neg	1.62 (.42)	2.39 (.22)	2.37 (.29)	157 (.00)
En	1.64 (.25)	1.93 (.21)	1.80 (.35)	24.81 (.00)
Pos	1.58 (.18)	1.61 (.38)	1.72 (.46)	3.22 (.04)

Notes. Neg = Negative Well-being; En = Energy Well-being; Pos = Positive Well-being.

Based on Table 18, there are no age differences in PWB factors among Hungarian boys. However, negative well-being ($p = .00$) and energy ($p = .00$) are more typical at the age of 15 among boys. No age differences in PWB among Hungarian girls. However, negative well-being ($p = .00$) is stronger at the age of 12, while energy ($p = .00$) is more typical at the age of 18 among Hungarian girls. Based on the results of age differences, negative well-being ($p = .00$) and energy ($p = .00$) are typical among 15-year-olds, while positive well-being ($p = .04$) is more typical among 18-year-olds.

4.2 Results of study (2): Differences between Hungarian and Palestinian adolescents in SPS, NEGORI, MNIE, and PWB based on age and gender

In order to compare the aspects of gender and age in all the study variables of the Hungarians with those of the Palestinians, the questions of differences were addressed.

4.2.1 Differences of social problem-solving between Hungarians and Palestinians

To answer Q1: What are the differences in SPS between Hungarian and Palestinian 12-,15-, and 18-year-old boys and girls adolescents? Table 19 shows the differences in social problem-solving between the results of Hungarian and Palestinian students (by age and gender).

Table 19

Differences in social problem-solving between Hungarian and Palestinian students (N = 661)

SPSI-R factors	Hungarian (n = 47)		Palestinian (n = 80)		t	p
	M	SD	M	SD		
NPO	2.02	1.01	1.36	.78	4.05	.00
PPO	2.04	.74	2.18	.94	.90	.37
RPS	2.20	.66	2.07	.94	.83	.40
ICS	1.85	.52	1.37	.71	4.02	.00
AS	1.56	.88	1.20	.61	2.71	.00
			12-year-old girls (N = 90)			
	Hungarian (n = 46)		Palestinian (n = 44)		t	p
	M	SD	M	SD		
NPO	1.76	.98	1.58	.98	.88	.37
PPO	2.28	.77	1.92	1.07	1.82	.07
RPS	2.57	.88	1.92	1.00	3.26	.00
ICS	1.94	.53	1.42	.78	3.70	.00
AS	1.25	.78	1.42	.91	.94	.34
			12-year-olds (N = 217)			
	Hungarian (n = 93)		Palestinian (n = 124)		t	p
	M	SD	M	SD		
NPO	1.89	1.00	1.44	.86	3.55	.00
PPO	2.16	.76	2.09	.99	.55	.58
RPS	2.38	.79	2.01	.96	2.97	.08
ICS	1.90	.53	1.39	.74	5.65	.00
AS	1.41	.844	1.28	.74	1.20	.23
			15-year-old boys (N = 110)			
	Hungarian (n = 35)		Palestinian (n = 75)		t	p
	M	SD	M	SD		
NPO	1.34	.82	1.29	.94	.23	.81
PPO	2.89	.73	2.02	1.12	4.16	.00
RPS	2.71	.75	1.94	1.09	3.74	.00
ICS	1.66	.65	1.45	.82	1.32	.18
AS	1.29	.81	1.35	.84	.37	.71
			15-year-old girls (N = 103)			
	Hungarian (n = 51)		Palestinian (n = 52)		t	p

	M	SD	M	SD		
NPO	1.84	1.06	1.53	1.05	1.49	.13
PPO	2.23	.64	2.24	.98	.06	.94
RPS	2.57	.86	2.01	.99	3.06	.00
ICS	1.72	.66	1.58	.81	1.01	.31
AS	1.14	.76	1.47	.87	1.99	0.04
<u>15-year-olds (N = 213)</u>						
	Hungarian (n = 86)		Palestinian (n = 127)		t	p
	M	SD	M	SD		
NPO	1.63	.99	1.39	.99	1.76	.07
PPO	2.50	.75	2.11	1.06	2.90	.00
RPS	1.70	.65	1.50	.81	4.88	.00
ICS	1.75	.70	1.65	.81	1.85	.06
AS	1.20	.78	1.40	.85	1.69	.09
<u>18-year-old boys (N = 81)</u>						
	Hungarian (n = 27)		Palestinian (n = 54)		t	p
	M	SD	M	SD		
NPO	1.56	.85	1.35	.88	1.00	.31
PPO	2.40	.65	2.17	1.17	.94	.34
RPS	2.70	.89	1.92	.99	3.44	.00
ICS	1.53	.53	1.42	.90	.58	.55
AS	1.51	.84	1.32	.80	.97	.33
<u>18-year-old girls (N = 150)</u>						
	Hungarian (n = 45)		Palestinian (n = 105)		t	p
	M	SD	M	SD		
NPO	1.72	.83	1.66	1.01	.33	.74
PPO	2.44	.65	2.57	.97	.80	.42
RPS	2.44	.90	2.33	.96	.69	.48
ICS	1.80	.67	1.70	.91	.67	.50
AS	1.41	.90	1.44	.88	.16	.87
<u>18-year-olds (N = 231)</u>						
	Hungarian (n = 72)		Palestinian (n = 159)		t	p
	M	SD	M	SD		
NPO	1.66	.83	1.55	.98	7.68	.44
PPO	2.43	.65	2.44	1.05	.06	.95
RPS	2.54	.90	2.19	.99	2.54	.01
ICS	1.70	.63	1.61	.91	.80	.42
AS	1.45	.88	1.40	.85	.41	.68

Notes. PPO = Positive Problem Orientation; NPO = Negative Problem Orientation; RPS = Rational Problem Solving; ICS = Impulsivity/Carelessness Style; AS = Avoidance Style.

Table 19 shows that, by gender, 12-year-old Hungarian boys are more likely to have negative problem orientation ($p = .00$), impulsivity/carelessness style ($p = .00$) and avoidance style ($p = .00$). However, the 12-year-old Hungarian girls are more likely to have rational problem-solving ($p = .00$) and impulsivity/carelessness style ($p = .00$) than Palestinians. The results show that positive problem-orientation ($p = .00$) and rational problem-solving ($p = .00$) are more characteristic of 15-year-old Hungarian boys, and rational problem-solving ($p = .00$) is more characteristic of 15-year-old Hungarian girls than Palestinians, while avoidance style ($p =$

.04) is more characteristic of 15-year-old Palestinian girls. Rational problem-solving ($p = .00$) is more typical for 18-year-old Hungarian boys than for Palestinian boys. The comparison of Hungarian and Palestinian age groups (Table 19) explains that negative problem orientation ($p = .00$) and impulsivity/carelessness style ($p = .00$) are more characteristic among 12-year-old Hungarian adolescents. Positive problem orientation ($p = .00$) and rational problem solving are more typical among 15-year-old Hungarian adolescents. However, rational problem-solving ($p = .00$) is characteristic among 18-year-old Hungarian adolescents.

4.2.2 Differences in negative orientation between Hungarians and Palestinians

Table 20 shows the differences in negative problem orientation between the results of Hungarian and Palestinian students (by age and gender). Question no. 2 (What are the differences in NEGORI between Hungarian and Palestinian 12-, 15-, and 18- year-old adolescent boys and girls?) was addressed.

Table 20

Differences in negative orientation between Hungarian and Palestinian students (N = 661)

SPSI-R factors	Hungarian (n = 47)		Palestinian (n = 80)		t	p
	M	SD	M	SD		
FP	1.14	.73	1.10	.93	.25	.80
NC	1.55	1.03	1.42	1.08	.64	.52
NSE	.44	.65	1.05	.78	4.53	.00
PC	1.07	1.43	1.07	.89	.03	.97
H/P	.73	.79	1.02	.86	1.85	.06
W	1.44	1.28	1.00	.84	2.32	.02
			12-year-old girls (N = 90)			
	Hungarian (n = 46)		Palestinian (n = 44)		t	p
	M	SD	M	SD		
FP	1.05	.71	1.47	1.12	2.11	.03
NC	1.22	.95	1.50	1.03	1.34	.18
NSE	1.52	.23	1.35	.96	8.24	.00
PC	1.18	1.54	1.46	1.06	1.00	.31
H/P	.73	.84	1.25	.96	2.72	.00
W	1.34	1.15	1.51	1.03	.72	.47
			12-year-olds (N = 217)			
	Hungarian (n = 93)		Palestinian (n = 124)		t	p
	M	SD	M	SD		
FP	1.10	.72	1.23	1.01	1.07	.28
NC	1.38	1.00	1.45	1.06	.46	.64
NSE	.29	.51	1.16	.85	8.62	.00
PC	1.13	1.48	1.21	.96	.47	.63
H/P	.73	.811	1.10	.90	3.10	.00
W	1.39	1.21	1.11	.94	1.43	.15
			15-year-old boys (N = 110)			

	Hungarian (n = 35)		Palestinian (n = 75)		t	p
	M	SD	M	SD		
FP	1.26	.87	1.32	1.06	.28	.77
NC	1.34	.77	1.28	.96	.30	.76
NSE	.85	.75	1.02	.87	.99	.32
PC	.72	.72	1.15	.89	2.50	.01
H/P	.60	.52	.11	.88	3.15	.00
W	1.00	.89	1.06	.84	.37	.70
<u>15-year-old girls (N = 103)</u>						
	Hungarian (n = 51)		Palestinian (n = 52)		t	p
	M	SD	M	SD		
FP	1.44	1.01	1.65	1.18	.97	.33
NC	1.69	.84	1.66	1.09	.14	.88
NSE	.82	.78	1.36	.88	3.24	.00
PC	.66	.91	1.41	.92	4.16	.00
H/P	.60	.57	1.27	.93	4.37	.00
W	.95	.86	1.34	1.00	2.12	.03
<u>15-year-olds (N = 213)</u>						
	Hungarian (n = 86)		Palestinian (n = 127)		t	p
	M	SD	M	SD		
FP	1.36	.96	1.45	1.11	.60	.54
NC	1.54	.82	1.44	1.03	8.13	.41
NSE	.83	.77	1.16	.88	2.77	.00
PC	.68	.83	1.26	.91	4.66	.00
H/P	.60	.55	1.17	.91	5.26	.00
W	.97	.87	1.18	.92	1.65	.10
<u>18-year-old boys (N = 81)</u>						
	Hungarian (n = 27)		Palestinian (n = 54)		t	p
	M	SD	M	SD		
FP	1.15	1.05	1.17	.89	.08	.93
NC	1.46	.78	1.33	.88	.64	.52
NSE	.93	.67	1.05	.86	.60	.54
PC	1.00	.91	1.18	.95	.83	.40
H/P	.75	.92	1.20	.95	2.04	.04
W	1.44	1.26	1.11	.94	1.31	.19
<u>18-year-old girls (N = 150)</u>						
	Hungarian (n = 45)		Palestinian (n = 105)		t	p
	M	SD	M	SD		
FP	1.35	.95	1.43	1.18	.40	.68
NC	1.57	.69	1.86	1.17	1.55	.12
NSE	.92	.89	1.35	1.12	2.26	.02
PC	1.06	1.15	1.34	1.04	1.47	.14
H/P	.91	.72	1.09	1.00	1.08	.27
W	1.17	.99	1.21	.97	.26	.79
<u>18-year-olds (N = 231)</u>						
	Hungarian (n = 72)		Palestinian (n = 159)		t	p
	M	SD	M	SD		
FP	1.28	.99	1.34	1.09	2.30	.02
NC	1.05	.72	1.68	1.10	1.06	.28
NSE	.92	.81	1.25	1.05	2.30	.02
PC	1.04	1.06	1.29	1.01	1.72	.08
H/P	.85	.80	1.13	.98	2.10	.03
W	1.27	1.10	1.18	.96	.63	.52

Notes. FP = Fending off the problem; NC = Negative Consequences; NSE = Negative Self-Efficacy; PC = Positive Consequences; H/P = Habit/Pattern; W=Waiting.

The results show (Table 20) that among 12-year-olds, Palestinian boys have a higher negative self-efficacy ($p = .00$) and Hungarian boys have a higher waiting ($p = .02$). Palestinian girls aged 12 years old are more likely to have fending off the problem ($p = .03$) and habit/pattern ($p = 0.00$), while negative self-efficacy ($p = .00$) is more characteristic of Hungarian girls. For 15-year-old boys, habit/pattern ($p = .00$) is more characteristic of Hungarian boys, while positive consequences ($p = .01$) is more characteristic of Palestinian boys. The negative self-efficacy ($p = .00$), positive consequences ($p = .00$), habit/pattern ($p = .00$) and waiting ($p = .03$) are more characteristic of Palestinian girls aged 15. The results show that habit/pattern ($p = .04$) is more typical for Palestinian boys aged 18 than that of the Hungarians', and at this age, Palestinian girls have significant higher negative self-efficacy ($p = .02$). The comparison of Hungarian and Palestinian age groups shows negative self-efficacy ($p = .00$) and habit/pattern ($p = .00$) are characteristic of 12-year-old Palestinian adolescents. Negative self-efficacy ($p = .00$), positive consequences ($p = .00$) and habit/pattern ($p = .00$) are characteristic of 15-year-old Palestinian adolescents. In addition, fending off the problem ($p = .00$), negative self-efficacy ($p = .00$) and habit/pattern ($p = .00$) are more typical among 18-year-old Palestinian adolescents.

4.2.3 Differences in major negative interpersonal events between Hungarians and Palestinians

Table 21 shows the differences in major negative interpersonal events between the results of Hungarian and Palestinian students (by age and gender). The following question was addressed: What are the differences in MNIE between Hungarian and Palestinian 12-, 15-, and 18-year-old boys and girls?

Table 21

Differences in major negative interpersonal events between Hungarian and Palestinian students (N = 661)

SPSI-R factors	Hungarian (n = 47)		12-year-old boys (N = 127)		t	p
	M	SD	M	SD		
Fa	.10	.09	.17	.17	2.35	.02
C	.00	.04	.20	.23	5.55	.00
Y	.16	.05	.14	.21	.40	.48
T	.06	.08	.06	.16	.02	.97

Fr	.00	.00	.15	.23	4.37	.00
			<u>12-year-old girls (N = 90)</u>			
	Hungarian (n = 46)		Palestinian (n = 44)		t	p
	M	SD	M	SD		
Fa	.04	.08	.22	.24	4.56	.00
C	.02	.06	.15	.21	3.93	.00
Y	.17	.09	.13	.21	.98	.32
T	.07	.08	.14	.20	1.85	.06
Fr	.07	.09	.11	.21	1.01	.31
			<u>12-year-olds (N = 217)</u>			
	Hungarian (n = 93)		Palestinian (n = 124)		t	p
Fa	.07	.09	.19	.20	4.92	.00
C	.01	.05	.18	.22	6.96	.00
Y	.16	.07	.14	.21	1.16	2.44
T	.07	.08	.09	.18	.97	.33
Fr	.03	.07	.13	.22	4.01	.00
			<u>15-year-old boys (N = 110)</u>			
	Hungarian (n = 35)		Palestinian (n = 75)		t	p
	M	SD	M	SD		
Fa	.10	.08	.20	.25	2.37	.02
C	.00	.03	.19	.26	4.26	.00
Y	.13	.04	.18	.28	1.01	.31
T	.00	.00	.16	.25	3.7	.00
Fr	.05	.09	.18	.29	2.39	.01
			<u>15-year-old girls (N = 103)</u>			
	Hungarian (n = 51)		Palestinian (n = 52)		t	p
	M	SD	M	SD		
Fa	.12	.11	.26	.23	.37	.00
C	.03	.08	.28	.32	5.19	.00
Y	.17	.08	.22	.26	1.26	.21
T	.00	.00	.15	.18	6.06	.00
Fr	.02	.06	.20	.30	3.8	.00
			<u>15-year-olds (N = 213)</u>			
	Hungarian (n = 84)		Palestinian (n = 127)		t	p
	M	SD	M	SD		
Fa	.11	.10	.22	.24	4.05	.00
C	.02	.06	.23	.29	6.44	.00
Y	.16	.07	.20	.27	1.34	.18
T	.09	.15	1.60	.22	6.54	.00
Fr	.04	.08	.18	.30	4.47	.00
			<u>18-year-old boys (N = 81)</u>			
	Hungarian (n = 27)		Palestinian (n = 54)		t	p
	M	SD	M	SD		
Fa	.13	.09	.24	.25	2.04	.04
C	.00	.00	.36	.34	5.58	.00
Y	.20	.11	.21	.26	.79	.88
T	.00	.00	.25	.26	.79	.00
Fr	.11	.12	.27	.32	.79	.02
			<u>18-year-old girls (N = 150)</u>			
	Hungarian (n = 45)		Palestinian (n = 105)		t	p
	M	SD	M	SD		
Fa	.20	.08	.19	.22	.13	.89
C	.00	.00	.15	.24	4.17	.00
Y	.19	.09	.18	.24	.22	.82
T	.00	.00	.11	.18	4.32	.00
Fr	.06	.09	.09	.21	.84	.39

	Hungarian (n = 72)		18-year-olds (N = 231) Palestinian (n = 159)		t	p
	M	SD	M	SD		
Fa	.17	.09	.21	.23	1.21	.22
C	.11	.19	.22	.29	.640	.00
Y	.19	.100	.19	.25	.11	.91
T	.09	.14	.16	.22	6.19	.00
Fr	.08	.11	.15	.27	2.09	.00

Notes. F= Major Negative Interpersonal Events related to Family; C = Major Negative Interpersonal Events related to Classmates; Y = Major Negative Interpersonal Events related to Yourself; T = Major Negative Interpersonal Events related to Teacher; Fr = Major Negative Interpersonal Events related to Friends.

The results (Table 21) display that family ($p=.02$), classmates ($p = .00$) and friends-related events ($p=.00$) are more typical for 12-year-old Palestinian boys than those for the Hungarian boys, and family-related events ($p = .00$) and classmates-related events ($p = .00$) are more typical among 12-year-old Palestinian girls. In the case of 15-year-old boys, family ($p = .02$), classmates ($p = .00$), teacher ($p = .00$), and friends-related events ($p = .01$) are more typical for Palestinian boys, and family ($p = .00$), classmates ($p = .00$), teacher ($p = .00$), and friends-related events ($p = .00$) are more typical for 15-year-old Palestinian girls. The results indicate that family ($p = .04$), classmates ($p = .00$), teacher ($p = .00$), and friends-related events ($p = .02$) are more typical among 18-year-old Palestinian boys than those among Hungarian boys, and classmates-related events ($p = .00$), and teacher-related events ($p = .00$) are more typical among 18-year-old Palestinian girls than Hungarian girls.

The comparison of Hungarian and Palestinian age groups display family ($p = .00$), classmates ($p = .00$) and friends-related events ($p = .00$) are more characteristic of 12-year-old Palestinian adolescents. Family ($p = .00$), classmates ($p = .00$), teacher ($p = .00$) and friends-related events ($p = .00$) are more typical of 15-year-old Palestinian adolescents, while classmates ($p = .00$), teacher ($p = .00$) and friends-related events ($p = .00$) are more typical of 18-year-old Palestinian adolescents. The comparison of age and gender between Palestinians and Hungarians revealed that all the factors of major negative interpersonal events are more typical of Palestinians than those among Hungarians.

4.2.4 Differences in psychological well-being between Hungarians and Palestinians

Table 22 shows the differences in psychological well-being between the results of Hungarian and Palestinian students (by age and gender). The following question was addressed: (4) What are

the differences in PWB between Hungarian and Palestinian 12-, 15-, and 18-year-old boys and girls?

Table 22

Differences in psychological well-being between Hungarian and Palestinian students (N = 661)

SPSI-R factors	Hungarian (n = 47)		Palestinian (n = 80)		t	p
	M	SD	M	SD		
Neg	1.66	.42	1.73	.62	.70	.48
En	1.67	.22	1.95	.34	5.01	.00
Pos	1.30	.15	2.16	.56	6.71	.00
<u>12-year-old girls (N = 90)</u>						
	Hungarian (n = 46)		Palestinian (n = 44)		t	p
	M	SD	M	SD		
Neg	1.57	.41	1.67	.57	.92	.34
En	1.60	.27	1.81	.47	2.55	.01
Pos	1.57	.20	2.11	.65	5.36	.00
<u>12-year-olds (N = 217)</u>						
	Hungarian (n = 93)		Palestinian (n = 124)		t	p
	M	SD	M	SD		
Neg	1.62	.42	1.71	.60	1.29	.19
En	1.64	.25	1.90	.39	5.63	.00
Pos	1.58	.18	2.14	.59	8.79	.00
<u>15-year-old boys (N = 110)</u>						
	Hungarian (n = 35)		Palestinian (n = 75)		t	p
	M	SD	M	SD		
Neg	2.40	.23	1.55	.51	9.29	.00
En	1.96	.17	1.94	.39	.34	.72
Pos	1.56	.32	2.09	.57	4.99	.00
<u>15-year-old girls (N = 103)</u>						
	Hungarian (n = 51)		Palestinian (n = 52)		t	p
	M	SD	M	SD		
Neg	2.39	.22	1.91	.71	4.50	.00
En	1.91	.244	1.84	.42	1.03	.30
Pos	1.65	.41	2.07	.64	3.95	.00
<u>15-year-olds (N = 213)</u>						
	Hungarian (n = 84)		Palestinian (n = 127)		t	p
	M	SD	M	SD		
Neg	2.39	.22	1.70	.62	9.77	.00
En	1.93	.21	1.89	.40	.70	.48
Pos	1.61	.38	2.08	.60	6.36	.00
<u>18-year-old boys (N = 81)</u>						
	Hungarian (n = 27)		Palestinian (n = 54)		t	p
	M	SD	M	SD		
Neg	2.39	.27	1.64	.54	6.73	.00
En	1.80	.35	1.82	.38	.211	.83
Pos	1.72	.48	2.10	.64	2.68	.00
<u>18-year-old girls (N = 150)</u>						
	Hungarian (n = 45)		Palestinian (n = 105)		t	p
	M	SD	M	SD		
Neg	2.35	.29	2.09	.64	2.60	.01
En	1.80	.36	1.98	.32	2.98	.00
Pos	1.72	.45	2.10	.60	3.75	.00

	Hungarian (n = 72)		<u>18-year-olds (N = 231)</u> Palestinian (n = 159)		t	p
	M	SD	M	SD		
Neg	2.37	.29	1.94	.64	5.39	.00
En	1.80	.35	1.92	.35	2.47	.01
Pos	1.72	.466	2.10	.61	5.14	.00

Notes. Neg = Negative Well-being; En = Energy Well-being; Pos = Positive Well-being.

Table 22 shows that energy ($p = .00$) and positive well-being ($p = .00$) are more typical among 12-year-old Palestinian boys, while energy ($p = .01$), and positive well-being ($p = .00$) are more typical among 12-year-old Palestinian girls. Based on the results, negative-wellbeing ($p = .00$) is more typical among Hungarian 15-year-old boys, while positive well-being ($p = .00$) is more typical among Palestinian 15-year-old boys. The values of negative well-being ($p = .00$) is higher among Hungarians, while the values of positive well-being ($p = .01$) are more typical among Palestinian girls. In the case of 18-year-old boys, negative well-being ($p = .00$) is more typical among Hungarians, while positive well-being ($p = .00$) is more typical among Palestinians. Data indicate that there are differences between the Palestinians and Hungarian 18-year-old girls in all factors of PWB: Negative well-being ($p = .00$) is more typical among Hungarians, while energy ($p = .01$) and positive well-being ($p = .00$) are more typical among Palestinian. The comparison of Hungarian and Palestinian age groups reports that energy ($p = .00$), and positive well-being ($p = .00$) are more characteristic of 12-year-old Palestinian adolescents. Negative well-being ($p = .00$) is more typical of 15- and 18-year-old Hungarian adolescents, while positive well-being ($p = .00$) is more typical of 15- and 18-year-old Palestinian adolescents. All age and gender groups show that Hungarians have negative well-being, while Palestinians have positive well-being.

4.3 Results of study (3): Correlation between SPS, NEGORI, MNIE and PWB in the Hungarian and Palestinian samples

4.3.1 Correlation between SPS, NEGORI, MNIE and PWB in the Palestinian sample

The first question of study 3 is: (1) Is there a significant relationship between SPS, NEGORI, MNIE, and PWB in Palestinian 12-, 15-, and 18-year-old adolescents? To answer the question, the correlation (by age) was examined by using the Pearson Correlation Coefficient, completed with a z-test to check the generalizability of the strength differences between the correlation values. Table 23 shows the results of the Palestinian sample.

Table 23

Correlation between SPS, NEGORI, MNIE and PWB in the Palestinian samples (N = 410)

Other factors	SPSI-R factors				
	PPO	NPO	RPS	ICS	AS
<u>12-year-old Palestinians (n = 124)</u>					
FP	n.s.	.46**	.244**	.50**	.44**
NC	.25**	.58**	.36**	.55**	.39**
NSE	n.s.	.51**	.25*	.47**	.50**
PC	n.s.	.46**	.21*	.44**	.47**
H/P	n.s.	.51**	.22*	.47**	.48**
W	.19*	.55**	.29**	.60**	.54**
Fa	n.s.	n.s.	n.s.	n.s.	n.s.
C	n.s.	n.s.	n.s.	n.s.	n.s.
Y	n.s.	.22*	n.s.	n.s.	n.s.
T	n.s.	n.s.	n.s.	n.s.	n.s.
Fr	n.s.	n.s.	n.s.	n.s.	n.s.
Neg	n.s.	.39**	n.s.	.28**	.26**
En	n.s.	.21*	.29**	.32**	.27**
Pos	.36**	n.s.	.35**	n.s.	n.s.
<u>15-year-old Palestinians (n = 103)</u>					
FP	.25**	.40**	.29**	.38**	.46**
NC	.26**	.58**	.27**	.49**	.52**
NSE	n.s.	.62**	n.s.	.46**	.47**
PC	n.s.	.47**	n.s.	.41**	.46**
H/P	n.s.	.47**	.19*	.37**	.40**
W	n.s.	.50**	n.s.	.50**	.52**
Fa	n.s.	n.s.	n.s.	n.s.	n.s.
C	n.s.	n.s.	n.s.	n.s.	n.s.
Y	n.s.	n.s.	n.s.	n.s.	n.s.
T	n.s.	n.s.	n.s.	n.s.	n.s.
Fr	-.19*	n.s.	n.s.	n.s.	n.s.
Neg	n.s.	.55**	n.s.	.28**	.33**
En	.21*	.25**	.31**	.33**	.23**
Pos	.32**	n.s.	.39**	n.s.	n.s.

18-year-old Palestinians (n = 150)					
FP	.16*	.40**	.21**	.40**	.42**
NC	.24**	.61**	.22**	.48**	.47**
NSE	n.s.	.58**	n.s.	.44**	.48**
PC	.15*	.38**	.23**	.45**	.42**
H/P	n.s.	.35**	n.s.	.40**	.43**
W	n.s.	.39**	.20**	.42**	.48**
Fa	n.s.	n.s.	n.s.	n.s.	n.s.
C	n.s.	n.s.	n.s.	n.s.	n.s.
Y	n.s.	n.s.	n.s.	n.s.	n.s.
T	n.s.	n.s.	n.s.	n.s.	n.s.
Fr	n.s.	n.s.	n.s.	n.s.	n.s.
Neg	n.s.	.52**	n.s.	.34**	.37**
En	.25**	.23**	.199*	.17*	.29**
Pos	.41**	n.s.	.34**	n.s.	n.s.

Notes. PPO = Positive Problem Orientation; NPO = Negative Problem Orientation; RPS = Rational Problem Solving; ICS = Impulsivity/Carelessness Style; AS = Avoidance Style; FP = Fending off the problem; NC = Negative Consequences; NSE = Negative Self-Efficacy; PC = Positive Consequences; H/P = Habit/Pattern; W=Waiting; Fa= Major Negative Interpersonal Events related to Family; C = Major Negative Interpersonal Events related to Classmates; Y = Major Negative Interpersonal Events related to Yourself; T = Major Negative Interpersonal Events related to Teacher; Fr = Major Negative Interpersonal Events related to Friends; Neg = Negative Well-being; En = Energy Well-being; Pos = Positive Well-being, n.s.= Not Significant * $p < .05$; ** $p < .01$.

The data in Table 23 show that among 12-year-old Palestinian students, positive problem orientation is positively correlated with two factors of the NEGORI (negative consequences, and waiting) and the positive factor of the PWB. Negative problem orientation is strongly and positively correlated with all NEGORI factors, as well as with negative self-related life experience and two PWB factors (negative well-being and energy). Rational problem solving is positively correlated with most NEGORI factors (fending off the problem, negative consequences, positive consequences, habit/pattern and waiting) and PWB factors (energy and positive well-being). However, rational style is not correlated with the MNIE factors. Impulsivity and avoidance style level is positively correlated with all NEGORI factors and two PWB factors (negative well-being, positive well-being). However, impulsivity is not correlated with MNIE factors.

Among 15-year-olds (Table 23), positive problem orientation is related to two factors of NEGORI (fending off the problem and negative consequences) and two factors of PWB (energy and positive well-being). Positive problem orientation and one factor of MNIE (friends-related events) show a weak negative correlation (the only significant negative correlation in the whole

Palestinian sample). Negative problem orientation is positively related to all factors of NEGORI and two factors of PWB (Energy and negative well-being). Rational problem-solving is correlated with NEGORI factors (fending off the problem, negative consequences and habit/pattern) and two PWB factors (Energy and positive well-being), but not with MNIE factors. Impulsivity and avoidance are strongly related to each of the NEGORI factors and two factors of PWB (negative well-being and positive well-being), but impulsivity is not correlated with the MNIE factors.

As for Palestinian 18-year-olds (Table 23), positive problem orientation is positively related to several NEGORI factors (fending off the problem, negative consequences and positive consequences) and two factors of PWB (energy and positive well-being). Negative problem orientation is positively correlated with the NEGORI factors and two PWB factors (energy and negative well-being). Rational problem-solving shows a significant relationship with most of the NEGORI factors (fending off the problem, negative consequences, positive consequences and waiting) and the PWB factor (energy and positive well-being). RPS is not correlated with the MNIE factors. Impulsivity and avoidance style are also positively related to NEGORI factors and two PWB factors (negative well-being and positive well-being). There is no relationship between impulsivity and avoidance with the MNIE factors.

Overall, there is a strong correlation between SPSI–R factors and NEGORI factors across all age groups. In contrast, the relationships between SPSI-R factors and MNIE factors are very weak at all three age groups. Not all SPSI–R factors are correlated with MNIE; with one factor (negative problem orientation and yourself-related events) in 12-year-olds and one factor (negative problem orientation and friends-related events) in 15-year-olds. There was no correlation between SPSI–R and MNIE factors in 12-year-old Palestinian adolescents. Impulsivity and avoidance showed nearly equal strength (medium) correlations with the other factors at all age groups.

4.3.2 Correlation between SPS, NEGORI, MNIE and PWB in the Hungarian samples

The second question of study 3 is: (2) Is there a significant relationship between SPS, NEGORI MNIE, and PWB in Hungarian 12-, 15-, and 18-year-old adolescents? To answer the question, the correlation calculations were also performed on the Hungarian sample. The data are presented in Table 24.

Table 24

Correlation between SPS, NEGORI, MNIE and PWB in the Hungarian sample (N = 251)

Other factors	SPSI-R factors				
	PPO	NPO	RPS	ICS	AS
<u>12-year-old Hungarians (n = 93)</u>					
FP	n.s.	n.s.	n.s.	n.s.	n.s.
NC	n.s.	n.s.	n.s.	n.s.	n.s.
NSE	n.s.	n.s.	n.s.	n.s.	n.s.
PC	n.s.	.22*	n.s.	n.s.	n.s.
H/P	n.s.	n.s.	n.s.	n.s.	n.s.
W	n.s.	n.s.	n.s.	n.s.	n.s.
Fa	n.s.	n.s.	n.s.	-.33**	n.s.
C	n.s.	.23*	.23*	n.s.	n.s.
Y	n.s.	-.21*	-.36**	n.s.	n.s.
T	n.s.	n.s.	.10*	n.s.	n.s.
Fr	n.s.	n.s.	.50**	n.s.	n.s.
Neg	.24*	n.s.	n.s.	n.s.	n.s.
En	n.s.	n.s.	n.s.	n.s.	n.s.
Pos	n.s.	n.s.	n.s.	n.s.	n.s.
<u>15-year-old Hungarians (n = 86)</u>					
FP	n.s.	.28**	-.37**	.30**	.29**
NC	-.22*	.43**	n.s.	n.s.	n.s.
NSE	-.38**	.55**	n.s.	n.s.	.46**
PC	n.s.	.28**	-.23*	n.s.	.34**
H/P	n.s.	n.s.	n.s.	n.s.	n.s.
W	n.s.	.24*	-.28**	n.s.	.55**
Fa	-.25*	.36**	n.s.	n.s.	.24*
C	n.s.	n.s.	n.s.	n.s.	n.s.
Y	n.s.	n.s.	n.s.	n.s.	n.s.
T	n.s.	n.s.	n.s.	n.s.	n.s.
Fr	n.s.	n.s.	n.s.	n.s.	n.s.
Neg	n.s.	n.s.	n.s.	n.s.	.22*
En	n.s.	n.s.	n.s.	n.s.	n.s.
Pos	n.s.	n.s.	n.s.	n.s.	-.22*
<u>18-year-old Hungarians (n = 72)</u>					
FP	n.s.	n.s.	n.s.	n.s.	n.s.
NC	n.s.	.35**	n.s.	n.s.	.40**
NSE	n.s.	n.s.	n.s.	n.s.	.31**
PC	n.s.	n.s.	-.22*	n.s.	n.s.
H/P	n.s.	.24*	-.38**	n.s.	.34**
W	n.s.	n.s.	n.s.	n.s.	.33**
Fa	.28*	.31**	n.s.	n.s.	n.s.
C	n.s.	n.s.	n.s.	n.s.	n.s.
Y	n.s.	n.s.	-.36**	n.s.	n.s.
T	n.s.	n.s.	n.s.	n.s.	n.s.
Fr	n.s.	n.s.	n.s.	n.s.	n.s.
Neg	n.s.	n.s.	n.s.	n.s.	n.s.
En	n.s.	n.s.	n.s.	n.s.	n.s.

Pos	n.s.	n.s.	n.s.	n.s.	n.s.
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Notes. PPO = Positive Problem Orientation; NPO = Negative Problem Orientation; RPS = Rational Problem Solving; ICS = Impulsivity/Carelessness Style; AS = Avoidance Style; FP = Fending off the problem; NC = Negative Consequences; NSE = Negative Self-Efficacy; PC = Positive Consequences; H/P = Habit/Pattern; W=Waiting; Fa= Major Negative Interpersonal Events related to Family; C = Major Negative Interpersonal Events related to Classmates; Y = Major Negative Interpersonal Events related to Yourself; T = Major Negative Interpersonal Events related to Teacher; Fr = Major Negative Interpersonal Events related to Friends; Neg = Negative Well-being; En = Energy Well-being; Pos = Positive Well-being, n.s.= Not Significant * $p < .05$; ** $p < .01$.

Many negative correlations can be identified in the Hungarian sample. Among 12-year-old students (Table 23), positive problem orientation shows only a correlation with one factor of PWB (negative well-being) and no significant correlation with the other factors. Negative problem orientation shows a positive relationship with a NEGORI factor (positive consequences), and among the MNIE factors, a positive relationship with classmates-related events and a negative relationship with yourself-related events. Rational problem solving has a positive relationship with three of the MIE factors (classmates, teacher and friend-related events) and a negative relationship with yourself-related events. Impulsivity shows a correlation only with Family-related event. Avoidance style has no significant relationship with any of the factors NEGORI, MNIE and PWB.

For 15-year-old students (Table 23), positive problem orientation is negatively related to two NEGORI factors (negative consequences and negative self-efficacy) and one MNIE factor (family-related events). Negative problem orientation is positively related to several NEGORI factors (fending off the problem, negative consequences, negative self-efficacy, positive consequences, and waiting) and also positively related to one MNIE factor (family-related events). Rational problem solving is negatively related to three factors of the NEGORI (fending off the problem, positive consequences, and waiting). Impulsivity is positively related only to the FP factor of the NEGORI. Avoidance style is related to the four factors of NEGORI (fending off the problem, negative self-efficacy, positive consequences, and waiting) and to the negative well-being and positive well-being factors of PWB (the correlation between avoidance and positive well-being is negative, the other correlation values are positive).

Positive problem orientation in 18-year-olds (Table 23) is significantly associated only with the family-related major negative events factor. Negative problem orientation is correlated with two NEGORI factors (negative consequences, and habit/pattern), and one MNIE factor, and

family-related major negative events. Rational problem-solving is negatively related to two NEGORI factors (positive consequences, and habit/pattern) and the MNIE factor of yourself. Impulsivity has no significant relationship with any of the factors. Avoidance style is positively related only to the NEGORI factors (negative consequences, negative self-efficacy, habit/pattern, and waiting).

The following values showed a significant difference between the Hungarian and the Palestinian sample based on the z-test. Overall, the variables are stronger among Palestinians at all ages. At the age of 12, the relationship between NPO-PC ($z = 2.04, p = .02$) and NPO-Y ($z = .07, p = .04$) is stronger among Palestinian adolescents. At 15, PPO-NC ($z = .29, p = .03$), NPO-FP ($z = .95, p = .01$), NPO-PC ($z = 1.56, p = .05$), NPO-W ($z = 2.14, p = .01$), RPS-FP ($z = .23, p = .02$), and AS-PC ($z = 1.01, p = .01$) show stronger associations among Palestinian adolescents. The AS-W ($z = 1.24, p = .10$) association is stronger among Hungarians ($z = .34, p = .55$). At 18, the NPO-NC ($z = .61, p = .00$) is stronger among Palestinians, and the RPS-PC ($z = 3.16, p = .00$) is also stronger among Palestinians ($z = .41, p = .23$).

4.4 The effects of family composition, parents' education, MNIE, NEGORI, and PWB factors on SPSI-R factors among Palestinian and Hungarian adolescents

4.4.1 Regression models (Palestinian sample)

Regression analysis was carried out to see the effect of measured personality and environmental factors on SPS. To answer the question no. 3: What is the effect of (family composition, parents' education, MNIE, NEGORI and PWB factors) on SPS factors among Palestinian 12-, 15-, and 18-year-old adolescents? Regression of the independent variables (family composition, mother's and father's education, MNIE and PWB factors) on the dependent variables (SPSI-R factors; NPO, PPO, RPS, ICS, AS) among the Palestinian (Table 25) and Hungarian (Table 26) adolescents are illustrated. Tables (25, 26) contain the regression models, and the details of the regression analysis can be found in Appendix 1.

Table 25

Regression models (Palestinian sample, N = 410)

SPSI-R factors	age 12 (n = 124)			age 15 (n = 103)			age 18 (150)		
	R ²	R _{adj.}	F (p)	R ²	R _{adj.}	F (p)	R ²	R _{adj.}	F (p)
NPO	.42	.169	3.26 (.001)	.34	.28	5.46 (.000)	.32	.27	6.31 (0.000)
PPO	.211	.134	2.72 (.004)	.167	.087	2.08 (.026)	.246	.189	4.35 (.000)
RPS	.235	.159	3.11 (.001)	.211	.136	2.79 (.003)	.203	.143	3.40 (.000)
ICS	.194	.115	2.45 (.009)	.187	.109	2.40 (.010)	.205	.145	3.44 (.000)
AS	.203	.125	2.59 (.006)	.198	.122	2.58 (.006)	.200	.140	3.33 (.000)

Notes. PPO = Positive Problem Orientation; NPO = Negative Problem Orientation; RPS = Rational Problem Solving; ICS = Impulsivity/Carelessness Style; AS = Avoidance Style; R²=R-squared, R_{adj.}=Adjusted R-Squared, p < .05.

Table 25 shows that the regression model is significant for the SPSI-R factors as dependent variables. However, the explanatory power of all independent variables is not significant (see Appendix 1). Among 12-year-old Palestinian adolescents, negative problem orientation is significantly influenced by major negative events related to the self (2.84, p = .00) and major negative events related to friends (-2.42, p = .01). However, among 15- and 18-year-old adolescents, only negative well-being (5.79, p = .00) explains negative problem orientation. Positive problem orientation is only affected by positive well-being (3.48, p = .00) among 12-year-old adolescents. However, among 15-year-olds, major negative events related to friends (-1.92, p = .05) and positive well-being (2.59 p = .010) impact their positive problem orientation. Only negative well-being (2.02, p = .04) and positive well-being (5.2, p = .001) affect 18-year-old Palestinian adolescents' positive problem orientation. Rational problem solving is affected by energy (2.20, p = .029) and positive well-being (2.88, p = .001) among 12-year-old adolescents. Among 15-year-olds, positive well-being (2.84, p = .005) impact their rational problem solving. Among 18-year-olds, negative well-being (-.02, p = .979) and positive well-being (4.35, p =

.001) affect their rational problem solving. Impulsivity/carelessness style is affected by energy (2.35, $p = .020$) among 12-year-old Palestinian adolescents. Negative well-being (2.43, $p = .016$), and energy (2.18, $p = .031$) impacted impulsivity/carelessness style among 15-year-old adolescents, while family composition (2.45, $p = .015$), negative well-being (3.83, $p = .001$), and positive well-being (2.10, $p = .037$) affected 18-year-old Palestinian adolescents' impulsivity/carelessness style. Avoidance style was affected by major negative events related to teacher (2.42 $p = .017$), and energy (2.44, $p = .016$) among 12-year-old Palestinian adolescents. Negative well-being affected 15-year-old Palestinian adolescents, while family composition (2.22 $p = .028$), and negative well-being (3.68 $p = .000$) affected avoidant style among 18-year-old Palestinian adolescents.

4.4.2 Regression models (Hungarian sample)

Table 26

Regression models (Hungarian sample, $N = 251$)

SPSI-R factors	age 12 (n = 93)			age 15 (n = 86)			age 18 (72)		
	R ²	R _{adj.}	F (p)	R ²	R _{adj.}	F (p)	R ²	R _{adj.}	F (p)
NPO	.10	-.01	.87 (.571)	.18	.07	1.65 (.107)	.16	.03	1.31 (.249)
PPO	.143	.026	1.22 (.283)	.175	.065	1.59 (.125)	.205	.090	1.77 (.091)
RPS	.433	.356	5.63 (.000)	.233	.131	2.27 (.022)	.254	.146	2.35 (.024)
ICS	.167	.054	1.47 (.156)	.099	-.021	.82 (.603)	.142	.018	1.14 (.348)
AS	.107	-.014	.88 (.560)	.293	.199	3.11 (.002)	.101	-.030	.77 (.641)

Notes. PPO = Positive Problem Orientation; NPO = Negative Problem Orientation; RPS = Rational Problem Solving; ICS = Impulsivity/Carelessness Style; AS = Avoidance Style; R²=R-squared, R_{adj.}=Adjusted R-Squared, $p < .05$.

The results (Table 26) suggest that negative problem orientation, positive problem orientation and impulsivity/carelessness style are non-significant models for all age groups of Hungarian adolescents (see the details in Appendix 1). The regression models show that the model is significant only for the rational problem-solving among 12- and 18-year-old adolescents and only for the rational problem-solving and avoidance style among 15-year-olds. RPS is the common predictive factor for all age groups. Only among 12-year-old Hungarian adolescents, rational problem solving was predictive of major negative events related to the self (-3.44 $p = .001$), and major negative events related to friends (5.13 $p = .001$). Major negative events related to the self (2.31 $p = .023$) and Energy (-2.57 $p = .012$) were predictive among 15-year-olds, while major negative events related to the self (-2.31 $p = .027$) and negative well-being (-2.26 $p = .027$) were predictive among 18-year-olds. Avoidance style was influenced by father's education (2.78 $p = .007$), major negative interpersonal events related to family (3.65 $p = .000$) and major negative interpersonal events related to friends (2.97 $p = .004$) among 15-year-old Hungarian adolescents.

4.5 Summary of the results

The results show that Palestinian and Hungarian adolescents have different characteristics of SPS. There are no differences between the Palestinian 12- and 15-year-old boys and girls in their positive problem orientation, negative problem orientation, rational problem solving, impulsivity/carelessness style, and avoidance style, while rational problem solving is more typical among Hungarian 12-year-old girls. Negative problem orientation is found significant among Hungarian 15-year-old girls, while positive problem orientation is more typical among Hungarian 15-year-old boys. Positive problem orientation and rational problem solving are found typical among Palestinian 18-year-old girls, while no differences are reported among Hungarian 18-year-old boys and girls.

In NEGORI characteristics, the Palestinian 12-year-old girls report that they are characterized by fending off the problem, positive consequences, and waiting, while only negative self-efficacy is typical among Hungarian 12-year-old boys. Among 15- and 18-year-old, only negative consequences are more typical among girls. However, only negative consequences was typical among 15-year-old girls. For 18-year-old, there are no differences between Hungarian boys and girls. MNIE was also fluctuating among Hungarian and Palestinian

adolescents. Among Palestinian 12-year-old, MNIE related to family are significant in boys, while MNIE related to friends were more typical among girls. However, among Hungarian 12-years old, MNIE related to family are significant in boys, while MNIE related to friends are more typical among girls. Among 15-year-old Hungarian adolescents, MNIE related to classmates and yourself are more typical among girls. Among 18, Palestinian boys adolescents show that they experienced MNIE related to classmates, teacher, and friends more than girls. Among Hungarians 18-year-old, Hungarian girls show that they experienced MNIE related family more than boys, while MNIE related to friends are more typical among boys. The findings of the PWB report that among 15-year-old, negative well-being is significant among girls. For 18-year-olds, negative well-being and energy are significant among girls. However, among 12-, 15-and 18-year-old, there are no differences between boys and girls in their PWB.

The findings reveal that there is an impact of major negative interpersonal events related to yourself and friends on 12-year-old Palestinian adolescents' negative orientation. Negative well-being affected 15-and 18-year-old Palestinian adolescents' negative orientation. Positive well-being affects 12-year-old Palestinian adolescents' positive orientation. Major negative interpersonal events related to friends affect 15-year-old Palestinian adolescents. Negative well-being and positive well-being influence 18-year-old Palestinian adolescents' positive orientation and rationality. Energy and positive well-being affect 12-year-old Palestinian adolescents' rational style. Positive well-being affects 15-year-old Palestinian adolescents' rational problem solving. Family composition, negative well-being, and positive well-being affect 18-year-old Palestinian adolescents' impulsive/carelessness style. Major negative interpersonal events related to teacher impact 12-year-old Palestinian adolescents' avoidance style. Negative well-being affects 15-year-old Palestinian adolescents' impulsive/carelessness style, while family composition and negative well-being affect 18-year-old Palestinian adolescents' avoidance style. Major negative interpersonal events related to friends and major negative interpersonal events related to yourself affect 12-year-old Hungarian adolescents' rational style. Major negative interpersonal events related to yourself and energy affect 15-year-old Hungarian adolescents' rational style, while major negative interpersonal events related to yourself and negative well-being are predictive among 18-year-old Hungarian adolescents' rational style. Father's education affects Hungarian 12-year-old avoidant style. Finally, major negative interpersonal events related to family and friends affect 15-year-old Hungarian adolescents' avoidant style.

5. DISCUSSION

The following is the discussion of the results of the variables we investigated (social problem-solving, negative orientation, major negative interpersonal events, and psychological well-being) among Palestinian and Hungarian adolescents.

5.1 Social problem-solving (SPS)

The Results show that positive problem orientation is a distinctive feature of Palestinian 18-year-old girls. This means that they are characterized by the following Nezu (2004): They have a positive outlook and believe that difficulties can be solved. They strongly believe in their ability to manage difficulties and realize that effective problem-solving needs effort and time. In addition, rational style is found among Palestinian 18-year-old girls, which shows more explanation about the Palestinian 18-year-old adolescents' SPS as they have a reasonable, intentional, and methodical application of effective problem-solving techniques. They see problems as tasks that can be methodologically resolved (D'Zurilla et al., 2003; D'Zurilla et al., 2002; Jaffee & D'Zurilla, 2003; Maydeu-Olivares & D'Zurilla, 1995).

The Hungarian characteristics of SPS reveal that negative problem-orientation was more typical among 15-year-old Hungarians girls and 12-year-old Hungarian boys. The results are supported by Kasik (2015) who reveals that negative problem orientation is typical among girls within the 10–18 age group. Additionally, Kasik (2014) reveals that rational problem-solving and positive problem orientation are typical among Hungarian boys, whereas negative problem orientation and impulsive/carelessness are more typical among Hungarian girls (Kasik, 2014). Additionally, (Kasik et al., 2016) show that negative problem orientation is typically significant among 12-year-old Hungarians. There is a significant difference in negative orientation in 12-, 14-, and 16-year-old; there is a major difference in impulsivity among 12-year-olds; avoidance among 14- and 16-year-olds about rationality in the 16-year-old (Kasik et al., 2018). Our results indicate that negative problem orientation is found significant among Hungarian 15-year-old girls adolescents. However, middle-aged adults score higher on the dimension of positive problem orientation and rational problem-solving score lower on the dimension of negative problem orientation (D'Zurilla et al., 2004). Furthermore, comparing Hungarian and Palestinian adolescents in SPS results, it is found that negative orientation is more typical among 12-year-old Hungarian boys.

Since results find that avoidance style is more significant among 15-year-old Palestinian girls than their Hungarian counterparts, it defines the nature of the Palestinian 15-year-old as they put off dealing with the problem, or have others to solve it for them (D’Zurilla et al., 2003; Maydeu-Olivares & D’Zurilla, 1995; D’Zurilla et al., 2002; Jaffee & D’Zurilla, 2003). However, despite the workable short-term solution (e.g., reducing the stress brought on by the problem), it could be disruptive in the long run because problems recur later and typically have a negative impact on social relationships (Laplanche & Pontalis, 1994). The Palestinian girls negatively think of their problems as they avoid them lest confrontation and communication with others. However, the results of this question contradict Abu-Ghazal and Falwah (2014) who state that males have higher levels in the avoidance style. As our results show rational problem solving is more typical among 18-year-old Hungarian boys, (Zita, et al., 2022) indicates that negative problem orientation is more typical among high school students. However, we uphold the opinion of (D’Zurilla, Maydeu-Olivares, & Kant, 1998) who declare that gender differences consider impulsivity/carelessness style and avoidance style vary, depending on the country where the study is implemented. Hampel and Petermann (2005) state that there are no significant differences in the use of SPS strategies between 8- and 14-year-olds. In addition, Cooper (2011) reveals that early adolescents who exhibit rational problem-solving concurrently have a high level of aggression.

The parent’s SPS style significantly determines the child’s SPS evaluation as well (e.g. Fagot & Guavin, 1997; Guavin, Fagot, Leve, & Kavanagh, 2002). Furthermore, family composition and adolescents’ position within the family structure could influence an individual’s problem-solving behaviour (Grusec & Davidov, 2007). Our findings tell that family composition affects impulsive/carelessness style and avoidant style among Palestinian 18-year-old. This result is consistent with the results of (Kasik, et al., 2016) which indicate that family composition and the mother’s education played the most influential role in the development of SPS. Both the family type and the mother’s educational level are primarily associated with negative problem orientation, impulsivity and avoidance. Furthermore, Positive problem orientation is linked to better family quality of life (e.g., the absence of parent–adolescent conflicts) and can contribute to a favourable impact on peer interactions and SPS at school (Leeson & Heaven, 2009). Furthermore, Frauenknecht and Black (2010) claim that a person’s family has a significant

influence on their ability to change; shared adverse events in daily life feed negative attitudes, and correlation values show that negative orientation itself and avoidance are seen as beneficial.

Our findings reveal that father's education affects 15-year-old Hungarian adolescents' avoidance style. Parents' educational levels are the most profoundly influential in terms of social problem-solving. Mothers' education significantly affects negative problem orientation while fathers' education affects rationality (Kasik, et al., 2016). Castan et al. (1985) confirm the same results; mothers' educational level impacts negative problem orientation. Parents' educational level has a significant effect on their children SPS (e.g., Hofferth & Sandberg, 2001). In Hungary, (Kasik, 2014) finds that parents' educational levels significantly affect SPSI-R subscales. Hungarian studies (e.g., Zsolnai & Kasik, 2011) reveal that mothers' education significantly affects SPS factors. Mothers' education has an effect on negative orientation and impulsive style, whereas fathers' education has an impact on rational style. Furthermore, the family background has the greatest influence on negative orientation (Kasik, et al., 2018). Father's education affected 15-year-old Hungarian adolescents' avoidant style.

5.2 Negative problem orientation

NEGORI differences between Hungarians and Palestinians show that negative self-efficacy, fending off the problem, and habit/pattern were more typical of the Palestinian sample. There appeared to be a low level of responsibility, the fear of not finding an answer, and the desire to avoid the feelings of shame brought on by the failed solution in the background, in addition to limited self-efficacy, limited belief in the solution that responds to the problem, and the perception that the solution is unneeded (Kasik, 2016). Age-related patterns of negative orientation, as well as delaying and avoiding problems, are brought on by socialization impacts. Negative orientation in classmates, instructors, and relatives influences pupils' own negative orientation. When closely linked to accepting responsibility, fending off the problem ('It's not my fault, therefore I do not have to do anything') can be interpreted when it is linked to taking responsibility. However, it poses a lack of explanation and looking into the problem and analysing the relations within the problem. As the study revealed, negative self-efficacy was more typical among Hungarians. Based on Scheier et al. (1986) as well as Chang and Sanna's (2001) research, the attitudes and actions of persons in one's immediate environment (family, peers) significantly form high negative self-efficacy. Few potential solutions are taken into

account by pessimistic adolescents, who frequently make decisions based only on their emotions. As a result, problems are typically avoided (Kasik, et al., 2018). Among Hungarian adolescents, in 12-year-olds, only NSE is significant among boys. This could be justified as mentioned by (Kasik, 2014) who asserted that that negative self-efficacy is the central component behind the occurrence of NPO.

Additionally, a negative view of the future and low self-reported efficacy in frustrated situations are characteristic of the Hungarian adult population in general (Kopp et al., 2004). Consequently, negative self-efficacy makes them reject the implementation of solving the problems, and the fear of negative consequences. The 12-year-old Palestinian girls are characterized by the following: They fend off their problems as they do not feel that they cause the problem and; therefore, they do not want to solve it. They attribute the problems to other people. They think positively, according to their perspective, not dealing with their problems—which is also a negative side despite its positivity to them; they think that not solving problems will keep them calm, not agitated, and not sad. In addition, they wait for the problem to be solved by itself over time, or by someone else, so they do not intervene to solve it. This result upholds a previous study by Szabó et al. (2015) that reveals girls are more likely to blame another person for a problem and wait for others to start looking for a solution, which involves accepting responsibility retrospectively and making informed decisions about the future. However, the results obtained show that there are no differences in habit/pattern between boys and girls, and thus differ from those of Kasik et al. (2018), who show boys gained higher scores for the habit/pattern factor.

As findings show, there are no differences in Palestinian 15- and 18-year-old's fending off the problem, positive consequences, habit/pattern, or waiting, while negative consequences are significant among 15- and 18-year-old girls. We may attribute this to the Palestinian girls at those ages who expect potential negative consequences (e.g., they were either unable to address the issue because they had reasons such as the belief that it will not work out, and they would disappoint both themselves and/or others, or they thought that it would take care of itself). These results are in conformity with the observation that girls' values are higher than boys in the case of negative consequences. Only girls' responses consistently referenced fear of negative outcomes, which is consistent with research suggesting that they tend to approach problems and conflicts more emotionally and that their responses are more influenced by others' opinions and

self-formulated internal demands (e.g., Grusec & Davidov, 2007; Ladd, 2005). Furthermore, the results contradicted the study of Kasik et al. (2018), which reveal that negative self-efficacy and fending off the problem were typical of 18-year-old boys. Habit/pattern is also found more typical among Palestinians of nearly all age groups. Problem-solving, orientation and solution processes, are more defined by previous experiences taking the form of habits and patterns as we get older (Frauenknecht & Black, 2010). In accordance with Larson's (2000) theory of initiative, negative self-efficacy, well-being, and social skill could be experienced by volunteer activities, which support the growth of their initiative (Bohnert et al., 2007, Hattie et al., 1997, Mahoney et al., 2002).

5.3 Major negative interpersonal events

In major negative interpersonal events, teachers, classmates, and friends-related events were more typical among Palestinians, while family and friends-related events were more typical among the Hungarian groups. Comparing the two groups, family, classmates, friends, and teacher-related events were more typical among Palestinians.

Additionally, the findings indicate that major negative interpersonal events related to friends are significant among 12-year-old Palestinian adolescents. Major negative interpersonal events related to friends are typical among 12-year-old Hungarian adolescents. Furthermore, major negative interpersonal events related to teacher affected 12-year-old Palestinian' avoidance style.

We notice that the Palestinian and Hungarian 12-year-old boys experience MNIE related to family more than girls and the girls in both countries showed that they experience MNIE related to friends more than boys. Our results show that MNIE related to Family are significant among the Palestinian and Hungarian 12-year-old boys, and Hungarian girls report having MNIE related family than boys. Moreover, major negative interpersonal events related to family affect avoidant style in 15-year-old Hungarian adolescents. In SPS, family members act as role models; in addition, parenting and family interactions are significant (Keltikangas-Järvinen 2005). Additionally, family structure and person's order in the family during childhood and adolescence could possibly be one of the most significant influences on how adolescents solve problems (Grusec and Davidov 2007). Furthermore, it is found that mothers' intervention in household differences impact children's SPS (Goodman et al. 1999). Perez et al. (1981) add that children

who suffer from family problems tend to be less effective when dealing with SPS in a school environment.

The outcomes of this research reveal that MNIE related to teacher are found among 18-year-old Palestinian boys and 12-year-old Hungarians. Furthermore, classmates-related MNIE are found among 18 years old Palestinian boys, and 15-year-old Palestinian and Hungarian girls. It is worth focusing on the peer formation of a student's class as it has been found to have an impact on adolescents' social outcomes in several studies (Juvonen and Cadigan 2002); however, less emphasis has been paid to how peers affect adolescent's SPS (Kasik et al., 2018). Moreover, Brophy-Herb et al. (2007) and Jennings and Greenberg (2009) explain that teachers and classrooms factors have an influence on the development of social competence. Furthermore, it is important to focus on both the interaction within the school community and the future development of social problem-solving because the majority of programmes designed to help children and adolescents improve their social problem-solving are embedded in a school context (Kasik et al., 2018).

Family relationships also constitute a factor for adolescents in their possession to SPS. Keltikangas-Järvinen (2005) declares that the growth of social problem solving is also strongly determined by the interactions within the family. Also, Perez et al., (1981) state that children who suffer from family problems have less effective social problem-solving in a school environment.

The results show that adolescents in Palestinian society suffer from various MNIE affecting their lives, which is not a good indicator. This surely affects their psychological well-being. The results correspond to Khamis' (2013) data where the majority of Palestinian adolescents suffered from MNEs. This is also comparable to the results of Thabet (2008) who reports that each Palestinian adolescent suffered from four MNEs during the Second Uprising (Intifada), and Odah (2010) who finds that 95% of adolescents witnessed incidents of people being shot. The results are consistent with the following studies that show family MNIEs among Palestinian adolescents (Mousa, 2015; Altawil et al., 2008; Thabet et al., 2008; Abu-Hain, 2007). Additionally, teacher-related MNIEs are also found among Palestinian adolescents. Altawil et al. (2008) report that 22% of adolescents had problems either with their teachers or parents. Furthermore, friends-related MNIEs are found in Palestinian adolescents in the study of Altawil

et al. (2008). These investigators report that 46% of adolescents experienced injury to a friend. Finally, classmates-related MNIEs are reported in the same study.

The results are also various; different ages have various characteristics of MNIE. This means that both genders have the same experiences. Assaf and Abu-El-Hassan (2007) indicate that there are no differences attributed to Palestinian boys and girls in their experience of MNIE. Additionally, they report that 15-year-old adolescents suffered the most MNEs. It is worth mentioning that the factor of family-related MNIE is newly investigated in Palestinian literature. Family ties help adolescents face their MNIEs and take the appropriate decision to cope with these negative events (Al-Damen, 2005). Furthermore, it is conceivable that some MNIEs may be contributed to parents' education. For example, when parents have separated and family members move out of the family home. Also, some of the adolescents' relationships could be affected by their parents' education. A father's education could influence adolescent coping strategies. However, the literature is very poor when it comes to the relationship between MNIEs and the father's education.

5.4 Psychological well-being

The results of psychological well-being detail that Hungarians of all age groups and gender groups suffer negative well-being, while Palestinians enjoy positive well-being.

Although the results of previous Palestinian research (i.e. Al-Krenawi, 2007; Elbedour, et al., 2007; Qouta, et al., 2007; Thabet, et al., 2008,) show that Palestinians have less levels of PWB, surprisingly, we find that energy and positive well-being are common among Palestinian adolescents at all age groups, while negative well-being is found common among Hungarians at all age groups. It is true that Hungarians are very negative about their future as they have poor self-efficacy in their interpersonal connections and high level of stress (Kopp et al., 2004). Additionally, Kasik et al. (2018) report that 16-year-old Hungarian adolescents report having anxiety. The degree of negative orientation is associated to Hungarian adolescents who suffer growing anxiety. Negative orientation also influences the personal distress of 16-year-old Hungarians. Furthermore, Guti (2014) reveal that state anxiety is typical among 14-year-old more than 18-year-old Hungarians. Hungarian National epidemiological research show that one-fifth of children and adolescents have psychosocial problems or some form of emotional or behavioural disorder (Várnai, et al., 2004).

Among Palestinians, our results reveal that negative well-being affected Palestinian 12-year-old's negative orientation, while positive well-being affected 12-year-old Palestinian adolescents' positive orientation. Ciarrochi et al. (2009) find that adolescents who have positive orientation enjoy high emotion rates. Additionally, higher levels of positive orientation are also related to better quality of life. Ciarrochi and his colleagues add that adolescents who were characterized by positive orientation have positive emotions. It is very necessary for adolescents to overcome their social problems, and to do this, positive orientation is the key to being possessed. By doing so, happy life will be achieved (Vecchio et al., 2007).

The findings reveal that 18-year-old Palestinian adolescents' negative well-being and positive well-being affect their rational problem-solving. Additionally, positive well-being influences 15-year-old Palestinian's rational problem-solving. Furthermore, negative well-being impacts Hungarian 18-year-old rationality. D'Zurilla & Nezu (1999) find that rational style is inhibited by the increase of emotional stress. Furthermore, individuals' participants in longitudinal studies reveal that negative orientation predicts future stress and anxiety (Ciarrochi & Scott, 2006).

Our results show negative well-being affects avoidance style among 18-year-old Palestinian adolescents. Kasik et al (2016) state that, regardless of age, the degree of negative problem orientation and avoidance is higher among those with increased anxiety as compared to those with lower levels of anxiety. Furthermore, negative orientation is more frequently observed during adolescence (Kasik 2014). Negative well-being and positive well-being affected 18-year-old Palestinian adolescents' impulsive/carelessness style. Belzer et al. (2002) mention that impulsive/carelessness style is principally a reason for the relationship between SPS and catastrophic worry. SPS is crucial for both an individual's well-being and the quality of their social connections. Deficits in SPS noticed in empirical studies to a variety of adjustment outcomes, such as anxiety, sadness, violence, drug dependency, and subsequent criminal behaviour (Dodge and Price 1994; Keltikangas-Järvinen, 2005). Furthermore, Hungarians tend to be very pessimistic about their future. Additionally, they lack self-efficacy in their interpersonal connections (Kopp et al., 2004). Furthermore, a substantial number of Hungarian males (10–15%) experience high levels of stress, which show fatigue, sadness, and sometimes pessimism and an aggressive outlook towards the world. Many adolescents already express avoidance and

emotion-based conflict resolution, which is partially attributed to pessimism (Margitics & Pauvlik, 2006).

5.5 Conclusion

The study investigates the characteristics of social problem-solving factors, negative orientation factors, major negative interpersonal events, and psychological well-being, their correlations and the impact of family composition, parents' education, MNIE factors and PWB factors on SPSI factors. To that end, the following measurements were adopted: SPSI-R (D'Zurilla et al., 2022), NEGORI (Kasik et al., 2018), MNIE-M (Aburezeq & Kasik, 2022), and W-BQ12 (Bradley, 1994). The goals of the study stemmed from the Model of SPS, stress, and PWB (D'Zurilla & Nezu, 2007), which stipulates the multiple relations of major negative events, social problem-solving, and well-being. In the model, social problem-solving played an intermediary role and a coping strategy for achieving well-being. The literature review of the study supported the relationships between social problem-solving and social competence, psychological distress, life satisfaction, depression, distress, anxiety, and optimism, health-related behaviors, situational coping, externalizing behaviors, and aggression (Chang, 2002; Dreer et al., 2005; Dreer et al., 2004; D'Zurilla et al., 2003; Jaffee & D'Zurilla, 2003). Also, the association between major negative interpersonal events and social problem-solving were revealed (i.e. Lazarus, & Folkman, 1984; Bras & Cruz, 2008; Rabkin & Struening, 1976; Sarason, Johnson, & Siegel, 1978). The study included 661 Hungarian and Palestinian adolescents using random stratified sampling. The Hungarian sample (n = 251) included the following: boys (n = 109), girls (n = 142), 12-year-old (n = 93), 15-years-old (n = 86), and 18-years-old (n = 72). On the other hand, the Palestinian sample (n = 410) included the following: boys (n = 201), girls (n = 209), 12-year-old (n = 124), 15-years-old (n = 127), and 18-years-old (n = 159).

The results revealed that positive problem orientation was more typical among Palestinian 18-year-old girls, while in the Hungarian sample, the rational style was more typical of Hungarian 12-year-old girls. However, when comparing the two samples, negative problem orientation was more typical among Hungarian 12-year-old, while rational problem solving was more typical in the Hungarian sample. In NEGORI, fending off the problem, positive consequences, and waiting were more typical of Palestinian 12-year-old girls. Among Hungarians, negative self-efficacy was more typical of 12-, and 18-year-old adolescents.

NEGORI differences between Hungarians and Palestinians samples show that negative self-efficacy, fending off the problem, and habit/pattern were more typical of the Palestinian sample. In major negative interpersonal events, teachers, classmates, and friends-related events were more typical among Palestinians, while family and friends-related events were more typical among the Hungarian groups. Comparing the two samples, family, classmates, friends, and teacher-related events were more typical among Palestinians. The results of psychological well-being show that Hungarians at all age groups and gender groups suffer from negative well-being, while Palestinians enjoy positive well-being. The results of regression show that major negative interpersonal events factors and psychological well-being factors affect social problem-solving factors.

It is concluded that both Hungarian and Palestinian adolescents have different characteristics of social problem-solving, negative orientation, major negative interpersonal events and psychological well-being. The results extend our knowledge about social functioning in adolescence period and their relationships to major negative events and psychological well-being. The results of the study contribute to the educational field, especially for school counselors who are concerned about the social and emotional life of students. The results give more insights into Hungarian and Palestinian interpersonal life. Astonishingly, although Palestinians face more major negative events related to classmates, teacher, friends, and family, positive well-being is found to be more typical among them. However, Hungarians, who do not face the same major negative interpersonal events, have negative well-being more than Palestinians. This indicates that negative well-being is a characteristic of Hungarian adolescents' life, as supported by other studies (i.e. Kopp et al., 2004; Piko & Fitzpatrick, 2001; Varga et al., 2014). Additionally, the results reveal that the model (D'Zurilla & Nezu, 2007) was supported by the results of the current study; associations among major negative interpersonal events, social problem-solving, and psychological well-being were found.

In short, more sample groups in both Hungary and Palestine should be included in such studies in the future. In the case of Palestine, intervention programmes ought to be designed in light of the findings of the study to train adolescents on how to practise their social problems solving, how to avoid being negative to their social problems, how to reduce exposure to major negative events and how to deal with such events. The current study is significant as it targets a very critical stage of life – adolescence. It is the turning point. If we manage to intervene

correctly in adolescents' life, they will not suffer much when they get old, their life will be better and balanced.

5.6 Contributions of the study

The following aspects can be employed to discuss the contributions of this work: (1) The contributions to the measurement of SPSI-R and NEGORI; the study presents an Arabic version of both SPSI-R and NEGORI. This makes the measurements available to the researchers in the Arab countries. (2) The contribution to the field of SPS; by doing the comparison between Hungarian and Palestinian adolescents' in terms of SPS, it made the study the first comparative study in these two countries. (3) The combination of the three variables also makes the study unique and novel as no study addressed SPS, NEGORI, MNIE, and PWB collectively. (4) We present a new measurement for major negative interpersonal events – MNIE. It is novel in this field; the previous research did not invent a separate measurement for measuring major negative interpersonal events. (5) In Hungary, we have no study about MNIE; this adds valuable results to the Hungarian context. (6) In Palestine, we have no studies about measuring the three variables collectively; the study bridges a gap. Finally, (7) the effect of MNIE factors on SPSI subscales showed interesting results while no other studies investigated these effects.

5.6.1 Contribution of the study to the educational field

The results definitely have a close connection to education and students' lives. This research comes under the umbrella of social education, which is concerned with the behaviors of students in the surrounding area including peers, teachers, and family members. Increasing students' social competency can aid them in making a good adjustment to their new environment and prevent their well-being from declining (Gál et al., 2022). The results of social problems at school have a substantial impact on both the short- and long-term well-being of the school (e.g., D'Zurilla et al., 2004; Hascher, 2010; Kasik, 2015). In addition, it is necessary to investigate the personal traits that contribute to their adjustment in order to gain knowledge that could be useful for intervention programs and counseling services offered by educational institutions (Gál et al., 2022). Changing in social ties, especially among classmates makes the well-being of high school students and middle school students decline throughout school transitions (Benner et al., 2017). Adolescents in many countries' educational systems have been affected by any possible

outcomes (Kyndt et al., 2017). As evidenced, social problem-solving affects school well-being, and thus affecting achievement. The results of the current study might open the door for new studies in the field. For example, to investigate the role of rational style in adolescents' attainment in different subjects (i.e. English, mathematics, or science). Additionally, to investigate the performance of high achiever and low achiever students in connection to their social problem-solving skills; to see what are the typical social problem-solving characteristics of high and low achievers.

Furthermore, the results reveal the associations between social problem-solving skills and psychological well-being among adolescents in Hungary and Palestine. An increasing corpus of research indicates a connection between student performance at school and their overall well-being (Gál et al., 2022). Many studies have demonstrated the value of students' well-being in explaining differences in their academic achievement, including their motivation, self-worth, attendance, and overall performance (e.g., Suldo et al., 2011; Tuominen-Soini et al., 2012). Several pieces of research have indicated a connection between social abilities and many aspects of well-being, such as levels of satisfaction with life and academic well-being (e.g., Gillham et al., 2011). Also, children frequently describe issues at school, with peers, or with teachers, and all of which are key factors in their school well-being (D'Zurilla & Nezu, 2007; Konu et al., 2002). Specifically, they frequently describe how uncomfortable they are school or with their peers. Hence, in the Palestinian context, there is a lack of study in regard to the effects of social problem-solving on psychological well-being and their relationship to academic achievement. The same current study therefore will give significant results when applied to primary, preparatory, or secondary students. Then, the same variables will give a deep understanding of other categories (for example, talented students, students with special needs, new students, migrant students, or any category of students). Negative psychology and negative orientation could be investigated separately among different types of students. Moreover, positive well-being, positive orientation, and rational study could be studied among students' well-being and their relationship to attainment.

The study brought to light the characteristics of major negative interpersonal events among 12-, 15-, and 18-year-old students in Hungary and Palestine. The outcomes go further with the finding of other research; adolescents who have trouble in resolving their social conflicts with their classmates have weaker ties to their school and classmates, have less happy

school memories, and consider their own effectiveness and life satisfaction lower in general (e.g., Vecchio et al., 2007). Additionally, Vedder et al. (2005) emphasized the impact of accessible teacher assistance and students' problems on school well-being, whereas Kökönyei et al. (2002) reveals that students' well-being is also influenced by their connectedness to family. Various research articles have found that student peers have an effect on social results (Juvonen & Cadigan, 2002); however, slight consideration has been paid to the role of classmates in affecting adolescents' SPS. Most probably there are more problems to be solved due to the fact that students' SPS is less developed (Kasik et al., 2016).

Instructors ought to understand that their actions in specific circumstances and the overall school environment have an impact on students' ability to develop social skills (Brophy-Herb et al. 2007; Jennings and Greenberg 2009). Students' interactions at school (such as emotional bonds and problems among classmates as well as interactions with educators) and the possibilities the school gives them to self-actualize (such as assessments and inspiration) have the biggest effects on their school well-being (Blaskova & McLellan, 2017; Konu et al., 2020; Poulou, 2017). It is evidenced that major negative interpersonal events affect school life and students' attainment. These results of the study may help teachers to know which major negative interpersonal events factors that might affect their students' life. For example, could family-related major negative events affect students' progression? If it is found that classmates' major negative event affect their school attainment, then counseling programmes to fix these problems might be formulated in light of the findings.

Gál et al. (2022) further explained that interventions must improve rationality and low self-efficacy in both age groups. In our study, NEGORI's negative self-efficacy was examined among the three age groups and with interactions with family background (composition and parents' education). Self-efficacy refers to a person's confidence in their ability to carry out actions to create particular performance outcomes (Bandura, 1994). So, self-efficacy ought to be examined based on the on-going studies among different categories of students. Hence, as mentioned, it could be concluded that social and emotional aspects of students' life affect their school performance, attainment, achievement, progress, and relationship with classmates and teachers. The current study unveils the characteristics of 12-, 15-, and 18-year-old Hungarian and Palestinian students. With more investigations about students' social and psychological life, more aspects are revealed and helped us improve students' educational life. Hence, identifying

the MNIEs experienced by adolescents helps teachers to better evaluate their students in the various subjects and recognize why there are some weaknesses points in their learning. The findings emphasized academic achievement elements linked to these non-cognitive talents that can be improved. Students may adopt stronger self-regulation techniques if specific self-efficacy and social problem-solving skills are developed both directly and indirectly in and outside of the classroom. The development of these traits may also result in improved interpersonal connections and academic performance, both of which are crucial components of subjective well-being (Diener, 2000; Steinmayer et al., 2015).

5.7 Limitations and future studies

Mainly, the limitation of the study is bound to the use of questionnaires and the number of respondents in the Hungarian and Palestinian samples. Other questionnaires to investigate social problem-solving, the negative orientation of the social-problem, major negative interpersonal events, and the psychological well-being of Palestinians and Hungarians could be utilized in separate studies; this could give a comprehensive view over many factors affecting their social problem-solving, their negative orientation, their major negative events, and psychological well-being. It is recommended that studies should be conducted to investigate Palestinian and Hungarian adolescents' PWB by the use of interviews to explore more insights. For Palestinians, we need to know why they have positive well-being and energy while they experience many MNIE. For Hungarians, we need to know why Hungarians have fewer levels of PWB while they have fewer MNIE.

It is possible that the respondents' answers did not reflect their actual behavior; we limitedly relied on their views and feelings – without other observations by other observers like parents or teachers. Therefore, further studies could be a qualitative addition by including parents' and teachers' views; for example, to learn more about the characteristics of Palestinian adolescents SPS. However, in Hungarian contexts (Kasik & Gál, 2016) explained the parents' and teachers' opinions of preschool children's social problem-solving and behavioral problems. Kasik (2014) conducted a longitudinal study to investigate the development of social problem-solving among adolescents in Hungary and described the nature of correlations between the raters' judgments (mother and teacher).

The study analyzed the concurrent relationships between social problem-solving, negative problem orientation, major negative interpersonal events, and psychological well-being among 12-, 15-, and 18-year-old Palestinian and Hungarians adolescents. Therefore, the results are limited to Palestinian and Hungarian adolescents at those ages only, and the specified numbers of participants (Palestinians=410; Hungarians=251). The study did not study a larger number in Hungarian society due to the difficulty of reaching more students during the outbreak of Corona Virus. The study is limited to the description of the samples' characteristics of the study variables (SPS, NEGORI, MNIE, and PWB), the comparison of these variables between Hungarian and Palestinian adolescents, the association among the variables and the effects of family composition, MNIE and parents' education on the factors of SPS. However, there is a need to study the effects of SPS orientations and styles (i.e. positive orientation, negation orientation, rational style, impulsive/carelessness style, and avoidant style) on psychological well-being factors (positive well-being, energy, and negative well-being). Associations between parents' education and psychological well-being could be studied also.

A study should be conducted to explore how Palestinian parents develop their sons/daughters' SPS. This could be conducted by some questionnaires to be addressed to parents and conducting interviews with them. In the field of SPS, only two studies investigated SPS among Palestinian adolescents. More studies ought to be conducted among (i.e., 8-, 9-, and 10-year-olds).

No adoption of NEGORI among Palestinians at all. It is recommended that some studies adopting NEGORI should be conducted among adolescents and younger adults. It is recommended to study how Palestinian teachers develop their students' SPS. No studies addressed that in the Palestinian context. The same variables of the study ought to be investigated among other samples; especially Palestinians. Future research may be of great benefit by examining social environment features and their relationships with the variables examined in this study in order to acquire a thorough understanding of school social life and provide relevant support. For instance, Piko & Hamvai (2010) suggest that parental support, like peer support, may have a significant protective role in students' well-being. Furthermore, even though instructors' self-efficacy was not examined in this study, future research must look at its connections to the study's dimensions. High school teachers' opinions of their own self-efficacy

may be a very important study to contribute to the quality of the learning environment and the well-being of the students at their institution since they have a direct and indirect impact on how problematic classroom behaviors are perceived and handled (i.e. Gibbs & Miller, 2014).

At the international level, the study is considered a new addition to the field of major negative events, interpersonal relationships, social ties, and social problem-solving. In Palestine, the scope of the study brings new ground in terms of the variables and their measurement. It is recommended that more studies using the study factors be conducted. The results indicate which MNIEs the Palestinians suffer from, which is important for social workers, teachers, counselors, and parents. Some programs could be conducted involving teachers and parents to better help alleviating the impact of these MNIEs on the life of adolescents. Therefore, interventions program to promote students' social and emotional learning is needed in Palestine and Hungary in light of the study findings, especially with reference to family background (Kasik et al., 2018). By taking more personal characteristics into account, in addition to problem-solving styles, the findings of the correlation between the study constructs analyses will help improve problem-solving-focused school development programs/studies for children and adolescents, and enable them to focus on the solution-defining orientation.

List of the publications related to the dissertation

- Aburezeq, K. & Kasik, L. (2022). Gender and Age Differences in Negative Problem Orientation among Palestinian Adolescents. *Human Behavior, Development & Society*, 23(3), 77-87. <https://so01.tci-thaijo.org/index.php/hbds/article/view/262572>
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APPENDICES

Appendix (1) Results of regression analysis

Results of regression analysis (dependent variable: **NO**, Pal. age **12-15-18**)

Independent variables	age 12				age 15				age 18			
	B	SE	β	t (p)	B	SE	β	t (p)	B	SE	β	t (p)
Family Compo.	.01	.16	.00	.09 (.928)	.03	.17	.01	.20 (.480)	.03	.17	.01	.20 (.085)
Moth. Edu.	-.01	.10	-.01	-.11 (.921)	-.18	.10	-.15	-1.68 (.096)	-.18	.10	-.15	-1.68 (.437)
Fath. Edu	-.03	.07	-.05	-.50(.611)	.08	.08	.09	.98 (.328)	.08	.08	.09	.98 (.878)
Fa	-.54	.42	-.13	-1.27 (.204)	.37	.47	.09	.79 (.429)	.37	.47	.09	.79 (.817)
C	.32	.49	.08	.65 (.512)	-.41	.52	-.12	-.79 (.429)	-.41	.52	-.12	-.79 (.566)
Y	1.52	.53	.37	2.84 (.005)	-.08	.49	-.02	-.17 (.865)	-.08	.49	-.02	-.17 (.867)
T	.90	.50	.19	1.79 (.075)	.11	.53	.02	.21 (.833)	.11	.53	.02	.21 (.261)
Fr	-1.54	.63	-.41	-2.42 (.017)	.08	.57	.02	.15 (.878)	.08	.57	.02	.15 (.247)
Neg	.38	.14	.26	2.72 (.008)	.83	.14	.52	5.79 (.000)	.83	.14	.52	5.79 (.000)
En	.27	.21	.12	1.30 (.194)	.28	.23	.11	1.19 (.235)	.28	.23	.11	1.19 (.601)
Pos	-.15	.13	-.10	-1.12 (.265)	-.09	.15	-.05	-.59 (.551)	-.09	.15	-.05	-.59 (.384)

Notes. NPO = Negative Problem Orientation; Family. Compo. = Family Composition; Moth. Edu. = Mother's Education; Fath. Edu = Father's education; Fa= Major Negative Interpersonal Events related to Family; C = Major Negative Interpersonal Events related to Classmates; Y = Major Negative Interpersonal Events related to Yourself; T = Major Negative Interpersonal Events related to Teacher; Fr = Major Negative Interpersonal Events related to Friends; Neg = Negative Well-being; En = Energy Well-being; Pos = Positive Well-being; B=unstandardised estimates, β =standardised estimates, SE=Standard deviation.

Results of regression analysis (dependent variable: **PO**, Pal. age **12-15-18**)

Independent variables	age 12				age 15				age 18			
	B	SE	β	t (p)	B	SE	β	t (p)	B	SE	β	t (p)
Family Compo.	.06	.19	.03	.34 (.734)	-.03	.21	-.01	-.14 (.887)	.19	.15	.09	1.3 (.192)
Moth. Edu.	.09	.12	.07	.75 (.452)	.07	.13	.06	.58 (.558)	.03	.09	.03	.40 (.686)
Fath. Edu	.07	.08	.08	.85 (.395)	-.02	.09	-.02	-.21 (.827)	.00	.06	.00	.03 (.974)
Fa	-.62	.50	-.12	-1.2(.219)	-.56	.58	-.13	-.97 (.338)	-.42	.45	-.09	-.92 (.354)
C	.98	.58	.22	1.69 (.094)	.60	.64	.16	.94 (.347)	-.11	.43	-.03	-.26 (.792)
Y	.73	.63	.15	1.17 (.244)	.26	.60	.06	.43 (.665)	.02	.44	.00	.04 (.963)
T	.18	.58	.03	.31 (.751)	.69	.65	.14	1.06 (.287)	.84	.52	.17	1.61 (.108)
Fr	-.60	.74	-.13	-.80 (.423)	-1.35	.70	-.38	-1.92(.057)	-.31	.49	-.08	-.62 (.532)
Neg	-1.36	.16	-.08	-.82 (.413)	.10	.17	.06	.61 (.547)	.31	.15	.19	2.02 (.045)
En	.26	.24	.10	1.06 (.289)	.20	.28	.07	.71 (.479)	.04	.27	.01	.16 (.870)
Pos	.56	.16	.33	3.48 (.001)	.48	.18	.27	2.59 (.011)	.76	.14	.44	5.2 (.000)

Results of regression analysis (dependent variable: **R**, Pal. Age **12-15-18**)

Independent variables	age 12				age 15				age 18			
	B	SE	β	t (p)	B	SE	β	t (p)	B	SE	β	t (p)
Family Compo.	.20	.18	.09	1.10 (.270)	.03	.20	.01	.149 (.882)	.24	.14	.12	1.66 (.097)
Moth. Edu.	.054	.11	.04	.46 (.642)	.05	.12	.04	.40 (.686)	-.04	.08	-.03	-.45 (.647)
Fath. Edu	.052	.08	.06	.64 (.523)	.00	.09	.00	.01 (.988)	.05	.06	.06	.85 (.393)
Fa	-.49	.48	-.10	-1.02 (.309)	-.52	.55	-.12	-.94 (.346)	-.26	.43	-.06	-.60 (.545)
C	.62	.55	.14	1.11 (.269)	-.15	.61	-.04	-.24 (.806)	-.49	.41	-.14	-1.18 (.238)
Y	1.32	.60	.29	2.18 (.031)	.12	.57	.03	.20 (.835)	-.26	.42	-.06	-.63 (.529)
T	.38	.56	.07	.68 (.498)	.88	.62	.19	1.41 (.159)	.92	.50	.20	1.83 (.069)
Fr	-1.27	.71	-.30	-1.77 (.079)	-.48	.67	-.14	-.72 (.471)	.04	.47	.01	.09 (.928)
Neg	-.07	.15	-.04	-.45 (.647)	.10	.16	.06	.60 (.545)	.28	.14	.18	1.91 (.057)

En	.52	.23	.21	2.20 (.029)	.47	.27	.18	1.72 (.088)	-.00	.26	-.00	-.02 (.979)
Pos	.45	.15	.27	2.88 (.005)	.50	.17	.29	2.84 (.005)	.60	.14	.37	4.35 (.000)

Results of regression analysis (dependent variable: ICS, Pal. Age 12-15-18)

Independent variables	age 12				age 15				age 18			
	B	SE	β	t (p)	B	SE	β	t (p)	B	SE	β	t (p)
Family Compo.	-.12	.14	-.08	-.88 (.377)	.01	.15	.00	.06 (.949)	.32	.13	.18	2.45 (.015)
Moth. Edu.	.05	.09	.05	.57 (.568)	-.08	.09	-.08	-.82 (.421)	-.05	.08	-.05	-.69 (.486)
Fath. Edu	-.09	.06	-.14	-1.39 (.165)	-.01	.07	-.02	-.23 (.813)	.03	.06	.04	.49 (.619)
Fa	-.57	.37	-.15	-1.51 (.132)	-.00	.43	-.00	-.00 (.994)	-.45	.40	-.11	-1.12 (.262)
C	.29	.43	.09	.68 (.496)	-.40	.48	-.14	-.84 (.402)	-.17	.38	-.05	-.45 (.647)
Y	.77	.47	.22	1.64 (.104)	.72	.45	.24	1.57 (.118)	.58	.39	.16	1.48 (.139)
T	.37	.44	.09	.83 (.404)	-.10	.49	-.02	-.20 (.840)	.20	.46	.05	.44 (.658)
Fr	-.61	.56	-.19	-1.08 (.280)	-.35	.53	-.13	-.67 (.504)	-.29	.43	-.08	-.67 (.501)
Neg	.19	.12	.15	1.56 (.121)	.32	.13	.24	2.43 (.016)	.52	.13	.37	3.83 (.000)
En	.43	.18	.23	2.35 (.020)	.47	.21	.23	2.18 (.031)	-.13	.24	-.05	-.55 (.582)
Pos	.06	.12	.05	.52 (.604)	.09	.14	.06	.66 (.509)	.27	.12	.18	2.10 (.037)

Results of regression analysis (dependent variable: A, Pal. Age 12-15-18)

Independent variables	age 12				age 15				age 18			
	B	SE	β	t (p)	B	SE	β	t (p)	B	SE	β	t (p)
Family Compo.	-.09	.14	-.06	-.68 (.494)	-.10	.16	-.05	-.64 (.522)	.27	.12	.17	2.22(.028)
Moth. Edu.	-.13	.09	-.15	-1.46 (.154)	-.13	.10	-.13	-1.30 (.194)	-.05	.07	-.06	-.73 (.467)
Fath. Edu	-.00	.06	-.00	-.08 (.934)	-.02	.07	-.03	-.32 (.744)	-.03	.05	-.04	-.59(.554)
Fa	-.53	.37	-.14	-1.42 (.158)	-.54	.45	-.15	-1.19 (.237)	-.03	.37	-.00	-.08(.930)
C	-.20	.43	-.06	-.47 (.635)	.31	.50	.10	.62 (.536)	-.12	.35	-.04	-.35(.722)
Y	.85	.47	.24	1.81 (.072)	-.06	.47	-.02	-.13 (.895)	.05	.36	.01	.15(.875)
T	1.06	.44	.26	2.42 (.017)	.80	.51	.21	1.58 (.116)	-.11	.43	-.02	-.25(.801)
Fr	-.52	.56	-.16	-.94 (.349)	-.65	.55	-.23	-1.19 (.233)	.06	.41	.02	.15(.876)
Neg	.15	.12	.12	1.27 (.207)	.50	.13	.36	3.68 (.000)	.46	.12	.35	3.60(.000)
En	.45	.18	.24	2.44 (.016)	.06	.22	.03	.30 (.763)	.11	.22	.04	.51(.608)
Pos	-.04	.12	-.03	-.34 (.728)	.18	.14	.12	1.24 (.215)	.14	.12	.10	1.20(.232)

Results of regression analysis (dependent variable: NO, Hun. Age 12-15-18)

Independent variables	age 12				age 15				age 18			
	B	SE	β	t (p)	B	SE	β	t (p)	B	SE	β	t (p)
Family Compo.	.05	.147	.043	.39 (.694)	.076	.11	.07	.66 (.506)	-.13	.17	-.10	-.77 (.441)
Moth. Edu.	-.03	.161	-.02	-.19 (.845)	-.06	.13	-.05	-.46 (.644)	.07	.184	.05	.39 (.697)
Fath. Edu	-.09	.179	-.06	-.52 (.598)	.02	.03	.06	.60 (.545)	-.00	.140	-.01	-.06 (.948)
Fa	.68	1.23	.06	.55 (.579)	3.89	1.11	.39	3.49 (.001)	2.60	1.30	.28	1.99 (.051)
C	2.72	2.30	.144	1.18 (.240)	2.89	1.65	.19	1.75 (.084)	.32	.49	.08	.65 (.512)
Y	-2.18	1.42	-.17	-1.53 (.128)	.18	1.43	.01	.12 (.901)	-1.44	1.10	-.17	-1.30 (.135)
T	-.148	1.35	-.01	-.10 (.913)	-.02	.142	-.01	-.15(.745)	.11	.53	.02	.21 (.833)
Fr	1.51	1.42	.12	1.06 (.291)	.08	1.45	.00	.05 (.955)	.11	.53	.02	.21 (.833)
Neg	.01	.27	.00	.06 (.945)	.23	.77	.05	.30 (.759)	.41	.59	.143	.69 (.489)
En	.00	.44	.00	.00 (.997)	-.30	.52	-.06	-.58(.560)	.49	.34	.20	1.43 (.156)
Pos	-.34	.63	-.063	-.54 (.586)	.04	.45	.01	.10 (.915)	.07	.33	.04	.21 (.830)

Results of regression analysis (dependent variable: **PO**, Hun. Age **12-15-18**)

Independent variables	age 12				age 15				age 18			
	B	SE	β	t (p)	B	SE	β	t (p)	B	SE	β	t (p)
Family Compo.	.02	.11	.02	.20 (.842)	-.11	.08	-.15	-1.35 (.040)	-.07	.13	-.06	-.54 (.586)
Moth. Edu.	.07	.12	.06	.61 (.539)	.05	.09	.05	.54 (.179)	-.00	.13	-.00	-.01 (.990)
Fath. Edu	.08	.13	.07	.63 (.525)	.00	.02	.01	.12 (.588)	.09	.10	.13	.92 (.361)
Fa	.01	.92	.00	.01 (.988)	-2.09	.84	-.28	-2.48 (.015)	2.3	.98	.33	2.36 (.021)
C	-1.78	1.72	-.12	-1.03 (.304)	-2.58	1.24	-.23	-2.07 (.042)	2.72	2.30	.144	1.18 (.240)
Y	2.40	1.06	.24	2.26 (.026)	1.23	1.08	.12	1.14 (.257)	-.65	.83	-.10	-.78 (.347)
T	-.01	1.01	-.00	-.01 (.987)	-.46	1.10	-.04	-.41 (.676)	-.148	1.35	-.01	-.10 (.913)
Fr	2.33	1.06	.24	2.18 (.032)	-.60	.58	-.18	-1.02 (.253)	1.29	.82	.22	1.58 (.119)
Neg	-.04	.20	-.02	-.19 (.846)	.04	.39	.01	.10 (.308)	-.57	.44	-.25	-1.28 (.205)
En	-.16	.32	-.05	-.51 (.611)	-.37	.34	-.18	-1.08 (.917)	.17	.25	.09	.67 (.504)
Pos	.58	.47	.14	1.23 (.219)	-.11	.08	-.15	-1.35 (.279)	-.19	.25	-.13	-.75 (.453)

Results of regression analysis (dependent variable: **R**, Hun. age **12-15-18**)

Independent variables	age 12				age 15				age 18			
	B	SE	β	t (p)	B	SE	β	t (p)	B	SE	β	t (p)
Family Compo.	.04	.09	.03	.43 (.663)	-.16	.09	-.19	-1.79(.077)	-.05	.17	-.03	-.29 (.772)
Moth. Edu.	.03	.10	.02	.29 (.768)	.02	.10	.02	.25 (.796)	.07	.18	.05	.41 (.682)
Fath. Edu	.15	.11	.12	1.34 (.184)	-.01	.02	-.07	-.70(.484)	.03	.14	.03	.22 (.832)
Fa	-.73	.78	-.08	-.94 (.348)	-1.36	.88	-.17	-1.55(.125)	1.09	1.33	.11	.81 (.416)
C	.90	1.45	.06	.62 (.537)	-1.73	1.30	-.14	-1.32(.188)	.15	.11	.12	1.34 (.184)
Y	-3.10	.90	-.30	-3.44 (.001)	2.63	1.13	.25	2.31(.023)	-2.60	1.12	-.28	-2.31(.027)
T	.03	.85	.00	.03 (.970)	.13	.10	.11	1.22 (.150)	-.48	.67	-.14	-.72 (.471)
Fr	4.64	.90	.46	5.13 (.000)	.62	1.15	.06	.53(.592)	1.47	1.10	.17	1.33 (.188)
Neg	-.09	.17	-.05	-.57 (.567)	-1.16	.61	-.32	-1.89(.063)	-1.36	.60	-.43	-2.26 (.027)
En	-.48	.27	-.15	-1.72 (.089)	-1.06	.41	-.28	-2.57(.012)	-.11	.34	-.04	-.32 (.750)
Pos	.97	.40	.22	2.42 (.018)	-.06	.36	-.03	-.18(.852)	-.50	.34	-.26	-1.45 9.150)

Results of regression analysis (dependent variable: **ICS**, Hun. age **12-15-18**)

Independent variables	age 12				age 15				age 18			
	B	SE	β	t (p)	B	SE	β	t (p)	B	SE	β	t (p)
Family Compo.	-.04	.07	-.06	-.60 (.546)	.06	.07	.09	.78 (.438)	.06	.07	.09	.78 (.438)
Moth. Edu.	.00	.08	.01	.10 (.918)	.15	.09	.19	1.74 (.085)	.15	.09	.19	1.74 (.085)
Fath. Edu	-.01	.09	-.01	-.14 (.882)	-.02	.02	-.14	-1.23 (.221)	-.02	.02	-.14	-1.23 (.221)
Fa	-1.91	.63	-.33	-3.03 (.003)	.43	.77	.06	.56 (.571)	.43	.77	.06	.56 (.571)
C	.64	1.17	.06	.54 (.586)	.59	1.14	.06	.52 (.604)	.59	1.14	.06	.52 (.604)
Y	-.27	.72	-.04	-.37 (.708)	-.51	.99	-.06	-.52 (.603)	-.51	.99	-.06	-.52 (.603)
T	-.14	.69	-.02	-.20 (.835)	.60	1.07	.04	.52 (.522)	.11	.10	.13	1.20 (.180)
Fr	1.00	.72	.15	1.37 (.172)	-.24	1.00	-.03	-.24 (.807)	-.24	1.00	-.03	-.24 (.807)
Neg	.02	.13	.02	.20 (.836)	.34	.53	.11	.63 (.526)	.34	.53	.11	.63 (.526)
En	-.20	.22	-.10	-.93 (.355)	.20	.36	.06	.57 (.566)	.20	.36	.06	.57 (.566)
Pos	-.02	.32	-.00	-.07 (.940)	-.03	.31	-.01	-.10 (.918)	-.03	.31	-.01	-.10 (.918)

Results of regression analysis (dependent variable: A, Hun. age 12-15-18)

Independent variables	age 12				age 15				age 18			
	B	SE	β	t (p)	B	SE	β	t (p)	B	SE	β	t (p)
Family Compo.	-.09	.12	-.08	-.74 (.460)	.01	.08	.01	.12 (.901)	.07	.18	.04	.36
Moth. Edu.	-.00	.13	-.00	-.04 (.968)	.09	.09	.09	.94 (.347)	-.04	.20	-.03	-.24
Fath. Edu	-.09	.15	-.07	-.63 (.530)	.06	.02	.28	2.78 (.007)	-.05	.15	-.05	-.34
Fa	-1.51	1.03	-.16	-1.46 (.147)	2.98	.81	.38	3.65 (.000)	-.63	1.42	-.06	-.44
C	.59	1.94	.03	.30 (.760)	2.08	1.21	.17	1.72 (.089)	-.12	.35	-.04	-.35(.722)
Y	-.14	1.19	-.01	-.12 (.905)	.64	1.05	.06	.61 (.543)	.03	1.20	.00	.02
T	1.53	1.14	.15	1.34 (.183)	.51	.99	.06	.52 (.603)	.80	.51	.21	1.58 (.116)
Fr	-2.17	1.20	-.20	-1.80 (.075)	3.18	1.06	.32	2.97 (.004)	-1.84	1.17	-.23	-1.56
Neg	.04	.23	.02	.19 (.849)	.70	.56	.20	1.23 (.220)	.86	.64	.28	1.33
En	.52	.37	.15	1.42 (.157)	.12	.38	.03	.31 (.750)	.37	.37	.15	.99
Pos	-.70	.53	-.15	-1.30 (.195)	-.17	.33	-.08	-.53 (.595)	.20	.36	.10	.54

Appendix (2) The students' background

1. What is your gender?

- a) Boy
- b) Girl

2. How old are you?

- a) 12 years
- b) 15 years
- c) 18 years

3. How is your family structure?

- a) Mother, father, and one child
- b) Mother, father, and more than one child
- c) Mother and her children only
- d) Father and his children only
- e) Grandparents and grandsons only

4. What is your father's level of education?

- a) Non-educated
- b) Elementary school
- c) Preparatory school
- d) Secondary school
- e) University degree
- f) Postgraduate degree (master or Ph.D.)

5. What is your mother's level of education?

- a) Non-educated
- b) Elementary school
- c) Preparatory school
- d) Secondary school
- e) University degree
- f) Postgraduate degree (master or Ph.D.)

Appendix (3) The students' background questions - Arabic Translation

استبيان خلفية الطالب

١. ما هو جنسك؟

(أ) ذكر

(ب) أنثى

٢. كم عمرك؟

(أ) ١٢ سنة

(ب) ١٥ سنة

(ج) ١٨ سنة

٣. كيف هو تكوين عائلتك؟

(أ) الأم والأب وطفل واحد.

(ب) الأم والأب وأكثر من طفل.

(ج) الأم وأطفالها فقط.

(د) الأب وأطفاله فقط.

(هـ) الأجداد والأحفاد فقط.

٤. ما هو المستوى التعليمي لوالدك؟

(أ) غير متعلم.

(ب) المرحلة الابتدائية.

(ج) المرحلة الإعدادية.

(د) المرحلة الثانوية.

(هـ) شهادة جامعية.

(و) درجة الدراسات العليا (ماجستير أو دكتوراه).

٥. ما هو المستوى التعليمي لوالدتك؟

(أ) غير متعلمة.

(ب) المرحلة الابتدائية.

(ج) المرحلة الإعدادية.

(د) المرحلة الثانوية.

(هـ) شهادة جامعية.

(و) درجة الدراسات العليا (ماجستير أو دكتوراه).

Appendix (4) The students' background questions (Hungarian Translation)

Háttérkérdőív

Minden kérdésnél jelöld meg a megfelelő választ!

1. Mi a nemed?

- a, fiú
- b, lány

2. Hány éves vagy?

- a, 12
- b, 15
- c, 18

3. Kikkel élsz együtt?

- a, anyával és apával
- b, anyával, apával és testvére(im)mel
- c, csak anyával
- d, csak apával
- e, nagyszülővel/nagyszülőkkel

4. Mi szüleid legmagasabb iskolai végzettsége?

Apa	Végzettség	Anya
a	8 általánosnál kevesebb	a
b	8 általános	b
c	középiskola érettségi nélkül	c
d	érettségi	d
e	egyetem/főiskola	e
f	Phd	f

Appendix (5) SPSI-R – English

Statements	0	1	2	3	4
1. I feel threatened and afraid when I have an important problem to solve.	0	1	2	3	4
2. When making decision, I do not evaluate all my options carefully enough.	0	1	2	3	4
3. I feel nervous and unsure of myself when I have an important decision to make.	0	1	2	3	4
4. When my first efforts to solve a problem fail, I know if I persist and do not give up too easily, I will be able to eventually find a good solution.	0	1	2	3	4
5. When I have a problem, I try to see it as a challenge, or opportunity to benefit in some positive way from having the problem.	0	1	2	3	4
6. I wait to see if a problem will resolve itself first, before trying to solve it myself.	0	1	2	3	4
7. When my first efforts to solve a problem fail, I get very frustrated.	0	1	2	3	4
8. When I am faced with a difficult problem, I doubt that I will be able to solve it on my own no matter how hard I try.	0	1	2	3	4
9. Whenever I have a problem, I believe that it can be solved.	0	1	2	3	4
10. I go out of my way to avoid having to deal with problems in my life.	0	1	2	3	4
11. Difficult problems make me very upset.	0	1	2	3	4
12. When I have a decision to make, I try to predict the positive and negative consequences of each option.	0	1	2	3	4
13. When problems occur in my life, I like to deal with them as soon as possible.	0	1	2	3	4
14. When I am trying to solve a problem, I go with the first good idea that comes to mind.	0	1	2	3	4
15. When I am faced with a difficult problem, I believe that I will be able to solve it on my own if I try hard enough.	0	1	2	3	4
16. When I have a problem to solve, one of the first things I do is to get as many facts about the problem as possible.	0	1	2	3	4
17. When a problem occurs in my life, I put off trying to solve it for as long as possible.	0	1	2	3	4
18. I spend more time avoiding my problems than solving them.	0	1	2	3	4
19. Before I try to solve a problem, I set a specific goal so that I know exactly what I want to accomplish.	0	1	2	3	4
20. When I have a decision to make, I do not take the time to consider the pros and cons of each option.	0	1	2	3	4
21. After carrying out a solution to a problem, I try to evaluate as carefully as possible how much the situation has changed for the better.	0	1	2	3	4
22. I put off solving problems until it is too late to do anything about them.	0	1	2	3	4
23. When I am trying to solve a problem, I think of as many options as possible until I cannot come up with any more ideas.	0	1	2	3	4
24. When making decisions, I go with my “gut feeling” without thinking too much about the consequences of each option.	0	1	2	3	4
25. I am too impulsive when it comes to making decisions.	0	1	2	3	4

Appendix (6) SPSI-R (Arabic Translation)

الفقرة	ليس صحيحاً على الإطلاق بالنسبة لي	صحيح بشكل قليل بالنسبة لي	صحيح إلى حد ما بالنسبة لي	صحيح بالنسبة لي	صحيح جداً بالنسبة لي
١.	•	١	٢	٣	٤
٢.	•	١	٢	٣	٤
٣.	•	١	٢	٣	٤
٤.	•	١	٢	٣	٤
٥.	•	١	٢	٣	٤
٦.	•	١	٢	٣	٤
٧.	•	١	٢	٣	٤
٨.	•	١	٢	٣	٤
٩.	•	١	٢	٣	٤
١٠.	•	١	٢	٣	٤
١١.	•	١	٢	٣	٤
١٢.	•	١	٢	٣	٤
١٣.	•	١	٢	٣	٤
١٤.	•	١	٢	٣	٤
١٥.	•	١	٢	٣	٤
١٦.	•	١	٢	٣	٤
١٧.	•	١	٢	٣	٤
١٨.	•	١	٢	٣	٤
١٩.	•	١	٢	٣	٤
٢٠.	•	١	٢	٣	٤
٢١.	•	١	٢	٣	٤
٢٢.	•	١	٢	٣	٤
٢٣.	•	١	٢	٣	٤
٢٤.	•	١	٢	٣	٤
٢٥.	•	١	٢	٣	٤

Appendix (7) SPSI-R (Hungarian Translation)

Problémamegoldás

A kijelentések arról szólnak, hogy mit gondolsz, hogyan érzel vagy mit csinálsz, ha valamilyen problémád van valakivel. Amikor kitöltöd a kérdőívet, azokra a problémáidra gondolj, amelyek az elmúlt hat hónapban alakultak ki! Mindegyik kijelentésnél karikázd be azt az egy számot, amelyik a legjobban jellemző rád!

1 = egyáltalán nem jellemző rám 2 = kicsit jellemző rám
3 = közepes mértékben jellemző rám 4 = jellemző rám 5 = nagyon jellemző rám

Kijelentés		1	2	3	4	5
1.	Ha meg kell oldanom egy problémát, megijedek és félek.	1	2	3	4	5
2.	Ha döntenem kell, nem gondolom át alaposan a lehetőségeket.	1	2	3	4	5
3.	Ha döntenem kell, ideges és bizonytalan vagyok.	1	2	3	4	5
4.	Ha nem tudok előre megoldani egy problémát, nem adom fel.	1	2	3	4	5
5.	Egy probléma megoldása kihívást jelent számomra.	1	2	3	4	5
6.	Várom, hogy a problémáim maguktól megoldódjanak, és ha nem, csak akkor próbálom én megoldani.	1	2	3	4	5
7.	Ha nem tudok előre megoldani egy problémát, nagyon rosszul érzem magam.	1	2	3	4	5
8.	Amikor meg kell oldanom egy problémát, úgy érzem, feleslegesen próbálkozom.	1	2	3	4	5
9.	A problémáimat meg tudom oldani.	1	2	3	4	5
10.	Mindent megteszek, hogy ne kelljen foglalkozni a problémáimmal.	1	2	3	4	5
11.	Ha meg kell oldanom egy problémát, ideges leszek.	1	2	3	4	5
12.	Döntés előtt végiggondolom minden lehetséges megoldás jó és rossz következményét.	1	2	3	4	5
13.	Azonnal meg akarom oldani a problémáimat.	1	2	3	4	5
14.	Ha meg kell oldanom egy problémát, azt teszem, ami elsőre jónak látszik.	1	2	3	4	5
15.	Ha meg kell oldani egy problémát, kitartó vagyok.	1	2	3	4	5
16.	Ha meg kell oldani egy problémát, az első dologom az, hogy minél többet megtudok a problémáról.	1	2	3	4	5
17.	A problémák megoldását húzom-halasztom.	1	2	3	4	5
18.	Több időt töltök a problémáim elkerülésével, mint a megoldásukkal.	1	2	3	4	5
19.	Egy probléma megoldása előtt pontosan kigondolom, mit akarok elérni.	1	2	3	4	5
20.	Ha döntenem kell, nem gondolkodom sokat, hogy melyik megoldás a legjobb.	1	2	3	4	5
21.	Egy probléma megoldása után végiggondolom, hogy javult-e a helyzetem.	1	2	3	4	5
22.	Addig halogatom a problémák megoldását, hogy már nem tudok semmit sem tenni.	1	2	3	4	5
23.	Ha meg akarok oldani egy problémát, az összes lehetséges megoldást végiggondolom.	1	2	3	4	5
24.	Ha döntenem kell, az érzéseimre hallgatok.	1	2	3	4	5
25.	Ha döntenem kell, nem gondolkodom túl sokat.	1	2	3	4	5

Appendix (8) NEGORI Questionnaire (English)

Think back to your problems with your peers in the past month. Based on these memories, **mark the number** after each statement that best represents your opinion. In each line, the main clause of the sentence (I do not solve my peer related problems because...).

0 = absolutely not true about me

1 = a little true about me

2 = somewhat true about me

3 = true about me

4 = absolutely true about me

I do not solve my peer related problems because...	0	1	2	3	4
1. I am sure I cannot solve the problem.	0	1	2	3	4
2. not solving them keeps me calm.	0	1	2	3	4
3. I am awkward, so I cannot solve the problem.	0	1	2	3	4
4. I did not cause the problem.	0	1	2	3	4
5. I do not trust that I can solve the problem.	0	1	2	3	4
6. I am afraid that my attempt might go wrong.	0	1	2	3	4
7. I am waiting for our problem to solve itself.	0	1	2	3	4
8. it is usually not my fault.	0	1	2	3	4
9. I am afraid that it might end badly.	0	1	2	3	4
10. this way I avoid becoming agitated.	0	1	2	3	4
11. the other person has caused the problem.	0	1	2	3	4
12. my friends usually do not solve theirs either.	0	1	2	3	4
13. it solves itself anyway.	0	1	2	3	4
14. this is how we react to such a situation at home.	0	1	2	3	4
15. if it cannot be solved, it will become worse for me.	0	1	2	3	4
16. I am not the cause of the problem.	0	1	2	3	4
17. this way I will not become sad.	0	1	2	3	4
18. I am unable to solve my problems.	0	1	2	3	4
19. I am afraid that something bad might come out of it.	0	1	2	3	4
20. my teachers do not deal with problems either.	0	1	2	3	4
21. it will get solved somehow.	0	1	2	3	4

Appendix (9) NEGORI Questionnaire (Arabic Translation)

٤	٣	٢	١	٠	لا أستطيع حل المشكلات المرتبطة بالأقران	
٤	٣	٢	١	٠	لأنني لست متأكدًا بأنني قادر على حلها.	1.
٤	٣	٢	١	٠	لأن عدم حلها يجعلني هادئاً.	2.
٤	٣	٢	١	٠	لأنني أشعر بالحرَج، وبالتالي لا أستطيع حلها.	3.
٤	٣	٢	١	٠	لأنني لم اتسبب في تلك المشكلات.	4.
٤	٣	٢	١	٠	لأنني لست واثقاً بأنني قادر على حلها.	5.
٤	٣	٢	١	٠	لأنني خائفاً بأن تفشل المساعي التي أقوم بها لحلها.	6.
٤	٣	٢	١	٠	لأنني أنتظر من المشكلات أن تحل نفسها بنفسها.	7.
٤	٣	٢	١	٠	لأنها لست خطأي.	8.
٤	٣	٢	١	٠	لأنني أتخوف أن تنتهي بشكل سيء.	9.
٤	٣	٢	١	٠	لأنه بهذه الطريقة اتجنب أن أكون منفعل.	10.
٤	٣	٢	١	٠	لأن الشخص الآخر هو من تسبب في المشكلة.	11.
٤	٣	٢	١	٠	لأن أصدقائي لا يستطيعون حل مشاكلهم أيضاً.	12.
٤	٣	٢	١	٠	لأنها تحل نفسها بنفسها على أية حال.	13.
٤	٣	٢	١	٠	لأننا نتعامل بهذه الطريقة في البيت.	14.
٤	٣	٢	١	٠	لأنه لو لم يتم حلها، ستصبح أسوأ بالنسبة لي.	15.
٤	٣	٢	١	٠	لأنني لست المسبب للمشكلات.	16.
٤	٣	٢	١	٠	لأنه بهذه الطريقة لن أكون حزينا.	17.
٤	٣	٢	١	٠	لأنني غير قادر على حل مشكلاتي.	18.
٤	٣	٢	١	٠	لأنني أخاف أن يُنتج شيئاً سيئاً منها.	19.
٤	٣	٢	١	٠	لأن معلمي لا يتعاملون مع المشكلات أيضاً.	20.
٤	٣	٢	١	٠	لأنه سوف يتم حلها بطريقة ما.	21.

Appendix (10) NEGORI Questionnaire (Hungarian Translation)

Negatív orientáció

Gondolj vissza a kortársaiddal kapcsolatos és az elmúlt egy hónapban történt problémáidra. Ezek alapján **karikázd be** mindegyik kijelentés után azt az egy számot, amelyik legjobban kifejezi véleményedet! Mindegyik sorban a főmondat (*Azért nem oldom meg a kortársaimmal kapcsolatos problémáimat, mert...*) fejeződik be valahogyan.

0 = egyáltalán nem igaz rám 1 = kicsit igaz rám 2 = közepes mértékben igaz rám
3 = igaz rám 4 = teljes mértékben igaz rám

Azért nem oldom meg a kortársaimmal kapcsolatos problémáimat, mert...	0	1	2	3	4
1. biztosan nem tudom megoldani a problémát.	0	1	2	3	4
2. így leszek nyugodt.	0	1	2	3	4
3. béna vagyok, nem fogom tudni megoldani a problémát.	0	1	2	3	4
4. nem én okoztam a problémát.	0	1	2	3	4
5. nem bízom abban, hogy meg tudom oldani a problémát.	0	1	2	3	4
6. attól tartok, hogy rosszul sül el a próbálkozásom.	0	1	2	3	4
7. azt várom, hogy magától megoldódjon a problémánk.	0	1	2	3	4
8. nem én szoktam lenni a hibás.	0	1	2	3	4
9. attól tartok, hogy rossz vége lesz.	0	1	2	3	4
10. így nem leszek ideges.	0	1	2	3	4
11. a másik a probléma okozója.	0	1	2	3	4
12. a barátaim sem szokták megoldani.	0	1	2	3	4
13. úgyis megoldódik minden magától.	0	1	2	3	4
14. nálunk otthon ez a szokás.	0	1	2	3	4
15. ha nem sikerül megoldani, akkor még rosszabb lesz nekem.	0	1	2	3	4
16. nem miattam alakul ki probléma.	0	1	2	3	4
17. így nem leszek szomorú.	0	1	2	3	4
18. képtelen vagyok megoldani a problémáimat.	0	1	2	3	4
19. félek attól, hogy annak valami rossz dolog lesz a vége.	0	1	2	3	4
20. a tanáraink sem foglalkoznak a problémákkal.	0	1	2	3	4
21. majd valahogy megoldódik.	0	1	2	3	4

Appendix (11) MNIE-M - English

Negative events		Yes or No	
1.	My family member passed away.	yes (0)	no (1)
2.	My family member experienced a physical assault.	yes	no
3.	My family member moved out of my home.	yes	no
4.	My parents separated.	yes	no
5.	My family member had an accident.	yes	no
6.	My family member had a serious illness.	yes	no
7.	One of my parents was fired from his/her job.	yes	no
8.	One of my classmates passed away.	yes	no
9.	One of my classmates had a serious accident.	yes	no
10.	One of my classmates had a serious illness.	yes	no
11.	One of my classmates experienced a physical assault.	yes	no
12.	One of my classmates was fired from our class.	yes	no
13.	I had a serious incident.	yes	no
14.	I had a serious illness.	yes	no
15.	I made a big problem with my friend (boy/girl).	yes	no
16.	I had a bad problem with one of my parents.	yes	no
17.	I had a bad argument with my teacher.	yes	no
18.	Some of the people attacked me physically.	yes	no
19.	I made a big problem with my classmate.	yes	no
20.	One of my teachers passed away.	yes	no
21.	One of my teachers had an accident.	yes	no
22.	One of my teachers had a serious illness.	yes	no
23.	My best teacher left the school.	yes	no
24.	One of my teachers experienced a physical assault.	yes	no
25.	My friend (boy/girl) passed away.	yes	no
26.	My friend (boy/girl) had a serious accident.	yes	no
27.	My friend (boy/girl) had a serious illness.	yes	no
28.	My friend (boy/girl) experienced a physical assault.	yes	no
29.	My friend (boy/girl) was fired from the school.	yes	no

Appendix (12) MNIE-M (Arabic Translation)

الرقم	البند	حدث آخر ٦ شهور
١	توفى أحد أفراد عائلتي.	نعم
٢	تعرض أحد أفراد عائلتي لاعتداء جسدي.	نعم
٣	ترك أحد أفراد عائلتي البيت.	نعم
٤	انفصل والداي عن بعضهما البعض.	نعم
٥	تعرض أحد أفراد عائلتي لحادث.	نعم
٦	أصيب أحد أفراد عائلتي بمرض خطير.	نعم
٧	تم طرد أحد والداي من العمل.	نعم
٨	توفى أحد زملائي في الفصل.	نعم
٩	تعرض أحد زملائي في الفصل لحادث خطير.	نعم
١٠	أصيب أحد زملائي في الفصل بمرض خطير.	نعم
١١	تعرض أحد زملائي في الفصل لاعتداء جسدي.	نعم
١٢	تم طرد أحد زملائي في الدراسة من الفصل.	نعم
١٣	تعرضت لحادث خطير.	نعم
١٤	أصبت بمرض خطير.	نعم
١٥	حدث بيني وبين صديقي/تي مشكلة كبيرة.	نعم
١٦	حدث بيني وبين أحد والداي مشكلة كبيرة.	نعم
١٧	حدث بيني وبين معلمي جدال سلبي.	نعم
١٨	تعرضت للاعتداء الجسدي من قبل بعض الأشخاص.	نعم
١٩	حدث بيني وبين زميلي في الفصل مشكلة كبيرة.	نعم
٢٠	توفى أحد معلميني.	نعم
٢١	تعرض أحد معلميني لحادث.	نعم
٢٢	أصيب أحد معلميني بمرض خطير.	نعم
٢٣	ترك أفضل معلم عندي المدرسة.	نعم
٢٤	تعرض أحد معلميني لاعتداء جسدي.	نعم
٢٥	توفى أحد أصدقائي/صديقاتي.	نعم
٢٦	تعرض أحد أصدقائي/صديقاتي لحادث خطير.	نعم
٢٧	أصيب أحد أصدقائي/صديقاتي بمرض خطير.	نعم
٢٨	تعرض أحد أصدقائي/صديقاتي لاعتداء جسدي.	نعم
٢٩	تم فصل أحد أصدقائي/صديقاتي من المدرسة.	نعم

Appendix (13) MNIE-M (Hungarian Translation)

Negatív életesemények

Olvasd el az életeseményeket. Mindegyiknél jelöld meg, hogy az elmúlt hat hónapban történt-e olyan az életemben (Igen) vagy sem (em).

	Életesemény	Igen	Nem
1.	Elhunyt az egyik családtagom.	1	2
2.	Az egyik családtagomat fizikai bántalmazás érte.	1	2
3.	Az egyik családtagom elköltözött otthonról.	1	2
4.	Elváltak a szüleim.	1	2
5.	Baleset érte az egyik családtagomat.	1	2
6.	Az egyik családtagom súlyos betegségben szenvedett.	1	2
7.	Az egyik szülőm elvesztette az állását.	1	2
8.	Az egyik osztálytársam meghalt.	1	2
9.	Az egyik osztálytársamnak súlyos balesete volt.	1	2
10.	Az egyik osztálytársam súlyosan megbetegedett.	1	2
11.	Az egyik osztálytársamat fizikailag bántalmazták.	1	2
12.	Az egyik osztálytársamat kirúgták az iskolából.	1	2
13.	Súlyos balesetet szenvedtem.	1	2
14.	Súlyosan megbetegedtem.	1	2
15.	Nagy problémát okoztam az egyik barátomnak.	1	2
16.	Volt egy nagy vitám az egyik szülőmmel.	1	2
17.	Volt egy csúnya vitám az egyik tanárommal.	1	2
18.	Fizikailag bántalmaztak.	1	2
19.	Nagy bajt okoztam az egyik osztálytársamnak.	1	2
20.	Az egyik tanárom meghalt.	1	2
21.	Az egyik tanárom balesetet szenvedett.	1	2
22.	Az egyik tanárom súlyosan megbetegedett.	1	2
23.	A legjobb tanárom elment az iskolából.	1	2
24.	Az egyik tanáromat fizikai bántalmazás érte.	1	2
25.	Meghalt az egyik barátom.	1	2
26.	Az egyik barátomnak súlyos balesete volt.	1	2
27.	Az egyik barátom súlyosan megbetegedett.	1	2
28.	Az egyik barátomat fizikailag bántalmazták.	1	2
29.	Az egyik barátomat kirúgták az iskolából.	1	2

Appendix (14) PWB-Q - English

Statements	1	2	3
1. I have episodes of crying or wanting to cry.	1	2	3
2. I feel down-hearted and sad.	1	2	3
3. I feel fear for no reason.	1	2	3
4. I become upset easily and panic.	1	2	3
5. I feel energetic, active, or full of vitality.	1	2	3
6. I feel without energy or weak.	1	2	3
7. I feel tired, worn out and exhausted.	1	2	3
8. I wake up feeling fresh and rested.	1	2	3
9. I'm happy, satisfied or content with my personal life.	1	2	3
10. I have the type of life I wanted to have.	1	2	3
11. I feel enthusiastic to get on with daily tasks or take new decisions.	1	2	3
12. I feel I can easily deal with any serious problem or big change in my life.	1	2	3

Appendix (15) PWB-Q (Arabic Translation)

مقياس الرفاهية النفسية

الفقرة	ليس صحيحاً على الإطلاق بالنسبة لي	صحيح إلى حد متوسط بالنسبة لي	صحيحاً جداً بالنسبة لي
١. لدي نوبات من البكاء أو انتظار للبكاء.	١	٢	٣
٢. أشعر بالإحباط والحزن.	١	٢	٢
٣. أشعر بالخوف بدون أي سبب.	١	٢	٢
٤. أشعر بالانزعاج والذعر بسهولة.	١	٢	٢
٥. أشعر بالطاقة والنشاط أو الحيوية الكاملة.	١	٢	٢
٦. أشعر بأني بلا طاقة أو ضعيف.	١	٢	٢
٧. أشعر بالتعب والانهك والإرهاق.	١	٢	٢
٨. أستيقظ شاعراً بالانتعاش والراحة.	١	٢	٢
٩. أنا سعيد أو راضٍ أو مقتنع بحياتي الشخصية.	١	٢	٢
١٠. لذي نمط الحياة الذي أريد.	١	٢	٢
١١. أشعر بالحماس لمواصلة المهام اليومية أو اتخاذ قرارات جديدة.	١	٢	٢
١٢. أشعر أنه يمكنني التعامل بسهولة مع أي مشكلة خطيرة أو تغيير كبير في حياتي.	١	٢	٢

Appendix (16) PWB-Q (Hungarian Translation)

Jóllét

Minden kijelentés után jelöld meg azt a számot, amelyik a legjobban kifejezi véleményed.

1 = egyáltalán nem igaz rám 2 = közepes mértékben igaz rám 3 = nagyon igaz rám

	Kijelentés	1	2	3
1.	Vannak olyan pillanataim, amikor sírok.	1	2	3
2.	Lehangolt és szomorú vagyok.	1	2	3
3.	Félek, de nem tudom, hogy mitől.	1	2	3
4.	Könnyen kiborulok és pánikba esem.	1	2	3
5.	Aktív és energikus vagyok.	1	2	3
6.	Erőtlennek, gyengének érzem magam.	1	2	3
7.	Fáradtnak, kimerültnek érzem magam.	1	2	3
8.	Frissnek és kipihentnek érzem magam.	1	2	3
9.	Boldog vagyok, elégedett vagyok az életemmel.	1	2	3
10.	Olyan életem van, amelyet szerettem volna magamnak.	1	2	3
11.	Lelkesen végzem a napi feladataimat, és örömmel hozok döntéseket.	1	2	3
12.	Könnyen kezelem a problémákat és a változásokat.	1	2	3

Appendix (17) Parental Consent Form

I am, the student's guardian:....., agree to my son/daughter to participate in filling out the research questionnaire entitled "**The Relationship among Social Problem-Solving, Negative Orientation, Major Negative Events and Psychological Well-Being: A Comparative Study between Hungarian and Palestinian Adolescents**" that is conducted by the PhD student: Khalil Abdullah Khalil Aburezeq, the University of Szeged-Hungary, provided that the information provided by the student to be used only for the purposes of this study and for the purposes of the scientific research.

نموذج موافقة الوالدين

أنا ولي أمر الطالب.....، أوافق على مشاركة ابني في تعبئة الاستمارة البحثية بعنوان " العلاقة بين حل المشكلات الاجتماعية والتوجه السلبي والأحداث السلبية الشخصية الكبرى والرفاهية النفسية: دراسة مقارنة بين المراهقين الهنغاريين والفلسطينيين " لطالب الدكتوراه: خليل عبدالله خليل أبو رزق، من جامعة سيجد-هنغاريا، على أن لا تستخدم المعلومات المُعطاة من قبل الطالب إلا لأهداف هذه الدراسة ولغايات البحث العلمي فقط.

توقيع ولي الأمر

التاريخ :

للاستفسار: يرجى التواصل مع الباحث من خلال:

البريد الإلكتروني: Khalil.aburezeq@gmail.com

Appendix (18): The University Ethical Approval

University of Szeged



Institutional Review Board
Doctoral School of Education

6722 Szeged, 30-34 Petőfi S. Av., Hungary
Phone/fax: +36 62 544-032

Khalil Aburezeq
PhD Student: Doctoral School of Education
Reference number: 16/2021
Subject: Ethical evaluation of a research project

Date: 13 October, 2021

ETHICAL APPROVAL

The Institutional Review Board (IRB) of the Doctoral School of Education, University of Szeged has recently reviewed your application for an ethical approval (Title of the Research Project: **“The Relationship among Social Problem-Solving, Major Negative Events and Psychological Well-Being: A Comparative Study between Hungarian and Palestinian Adolescents”**, senior researcher: Dr. László Kasik). This proposal is deemed to meet the requirements of the ethical conducts on social research with human subjects of the Doctoral School of Education, University of Szeged.

IRB decision: approved

Justification:

The research project meets the requirements of the professional-ethical criteria of the social research including human subjects within the field of education science.

Main goal of the study is to find the relationship among the three variables: Social Problem Solving (SPS), Major Negative Events (MNE) and Psychological Well-Being (PWB). Participants are adolescents: **300** Hungarians and **300** Palestinians. Data collection is planned to use online surveys – questionnaires. Participation is voluntary and anonymous. Informed consent from the participants and their parents will be achieved through the Ministry of Education, then by the school Principal, and then by teachers. Procedure of the data collection does not harm their privacy law, it does not have an impact on the participants' mental or physical health. Data cannot be handled by persons to whom they are not concerned.

In a summary, full ethical approval has been granted.

We wish you all the best for the conduct of the project.


Prof. Dr. Bettina Pékó
IRB coordinator



Appendix (19): Request to the Palestinian Ministry of Education to facilitate the mission of conducting the research

A request for facilitating the mission of a PhD researcher

Mr: The Respected, Rashid Muhammad Abu Jahjouh,
The Director General of Educational Planning at the Ministry of Education and Higher Education -
Gaza
Kind Greetings,

The Faculty of Arts and Humanities at University of Szeged, Hungary, sends you the most delicate expressions of respect and appreciation, and hopes that you facilitate the mission of the researcher: Khalil Abdullah Khalil Aburezeq, from Khan Yunis and holds the Palestinian ID number 802227579. The researcher is currently studying at the Doctoral Program in Educational Sciences at University of Szeged, Hungary. He was nominated by the Palestinian Ministry of Education and Higher Education to obtain a scholarship to study in Hungary in 2019. He seeks to apply a study entitled:

Social Problem-Solving and its Relationship to Major Negative Events and Psychological Well-Being: A Comparative Study between Hungarian and Palestinian Adolescents

The study tools will be questionnaires to measure the previous three variables on the students of the following ages (12, 15, and 18 years) in the Directorate of Education – West of KhanYounis, hoping that the researcher applies his study at the beginning of the second semester of the year 2020/2021.

Sincerely Yours,

Dr. László Kasik

Deputy Dean of the Faculty of Arts and Humanities – University of Szeged, Hungary

2 February 2021

طلب تسهيل مهمة باحث دكتوراه

السيد: أ. رشيد محمد أبو ججججج، حفظه الله،

مدير عام التخطيط التربوي بوزارة التربية والتعليم العالي - غزة

تحية طيبة وبعد،،،

ترسل إليكم كلية الآداب والعلوم الإنسانية بجامعة سيجيد، هنغاريا، أجمل عبارات الاحترام والتقدير، وتأمل منكم

المساعدة في تسهيل مهمة الباحث: خليل عبد الله خليل أبو رزق، من مدينة خان يونس ويحمل الهوية الفلسطينية رقم

802227579، وهو يدرس الآن في برنامج الدكتوراه في العلوم التربوية في جامعة سيجيد - هنغاريا، حيث تم

ترشيحه من قبل وزارة التربية والتعليم العالي الفلسطينية للحصول على منحة للدراسة في هنغاريا للعام 2019.

ويسعى إلى تطبيق دراسة بعنوان:

حل المشكلات الاجتماعية وعلاقتها بالأحداث السلبية الكبرى والرفاهية النفسية: دراسة مقارنة بين المراهقين

الهنغاريين والفلسطينيين

وتتمثل أدوات الدراسة في استبيانات لقياس المتغيرات الثلاثة السابقة على الطلبة من الأعمار التالية (12، 15، و18

عاماً) في مديرية التربية والتعليم غرب خان يونس. وتأمل أن يقوم الباحث بتطبيق دراسته في بداية الفصل الدراسي

الثاني للعام الدراسي 2020/2021.

تفضلوا بقبول فائق الاحترام والتقدير

د. لاسلو كاشيك

نائب عميد كلية الآداب والعلوم الإنسانية - جامعة سيجيد - هنغاريا

2 فبراير/شباط 2021

Appendix (20): The Approval of the Palestinian Ministry of Education

State of Palestine
Ministry of Education & Higher Education
General Directorate of planning & Development

دولة فلسطين
وزارة التربية والتعليم العالي
الإدارة العامة للتخطيط والتطوير

الرقم: وتدع مذكرة داخلية |
التاريخ: 2021/02/09
الموافق: 27 جمادى الآخرة، 1442 هـ

المحترمون السادة / مديرو التربية والتعليم
السنة عليكم ورحمة الله وبركاته

الموضوع / تسهيل مهمة باحث

نهدبكم أطيب التحيات، ونتمنى لكم موفور الصحة والعافية، وبخصوص الموضوع أعلاه، يرجى تسهيل مهمة الباحث/ خليل عبد الله خليل أبو رزق والذي يجري بحثاً بعنوان:

" حل المشكلات الاجتماعية وعلاقتها بالأحداث السلبية الكبرى والرفاهية النفسية"

"دراسة مقارنة بين المراهقين الهنغارين والفلسطينيين"

استكمالاً لمتطلبات الحصول على درجة الدكتوراه في العلوم التربوية بجامعة سيجيد - هنغاريا، في تطبيق أدوات البحث على عينة من طلبة المرحلة الأساسية العليا والثانوية بمديريتكم الموقرة، وذلك حسب الأصول.

وتفضلوا بقبول فائق الاحترام،،،

أ. رشيد محمد أبو ججوج
مدير عام التخطيط والتطوير

دولة فلسطين
وزارة التربية والتعليم العالي

السيد / وكيل وزارة التربية والتعليم العالي
السيدة / وكيل الوزارة المساعد للتعليم العالي

Appendix (21): The Approval of the Directorate of Education - Khan Younis

دولة فلسطين
وزارة التربية والتعليم العالي
مديرية التربية والتعليم - خان يونس

State of Palestine
Ministry Of Education & Higher Education
Directorate of Education Khan -Younis

قسم التخطيط والتطوير والأداء المؤسسي
التاريخ 10 / 10 / 2021 م

السادة/ معراء المدارس ومديراتها
المحترمون

السلام عليكم ورحمة الله وبركاته ،،،

الموضوع / تسهيل مهمة باحث

نهيديكم أطيب التحيات، ونتمنى لكم موفور الصحة والعافية، وبخصوص الموضوع أعلاه، يرجى تسهيل مهمة الباحث/ خليل عبدالله خليل أبو رزق والذي يجري بحثاً بعنوان:

"حل المشكلات الاجتماعية وعلاقتها بالأحداث السلبية الكبرى والرفاهية النفسية "

دراسة مقارنة بين المراهقين الهنغارين والفلسطينيين"

وذلك استكمالاً لمتطلبات الحصول على درجة الدكتوراه تخصص في العلوم التربوية بجامعة سيجيد - هنغاريا، في تطبيق أدوات البحث على عينة من طلبة المرحلة الأساسية والثانوية العليا، وذلك حسب الأصول .

وتفضلوا فائق التقدير والاحترام ،،،

رئيس قسم التخطيط والتطوير والأداء المؤسسي
نضال إبراهيم أبو الحصين

مدير التربية والتعليم
أ. عبد الرحيم محمد الفراء

10/10/2021
وزارة التربية والتعليم العالي
مديرية التربية والتعليم - خان يونس
قسم التخطيط والتطوير والأداء المؤسسي

T:2054410/2054494/2054972 Fax: +972- 8 -20851172 Khan _Younis ت : 2054410/2054494/2054972 فاكس + 972- 8 -20851172 خان يونس