

English summary of thesis

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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Social problem-solving (SPS) is the balance that each person ought to have in order to cope with his/her major negative 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 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). 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 boy adolescents. 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 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.

Questions of the study based on the part of the Study (1–3)

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.

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

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

Study (2): Differences of 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 of SPS between Hungarian and Palestinian 12-,15-, and 18- year old-boys and girls adolescents? (2) What are the differences of NEGORI between Hungarian and Palestinian 12-,15-, and 18- year-old boys and girls adolescents? (3) What are the differences of MNIE between Hungarian and Palestinian 12-,15-, and 18- year-old boys and girls adolescents? (4) What are the differences of PWB between Hungarian and Palestinian 12-,15-, and 18- year-old boys and girls adolescents?

Hypothesis: The results from the Hungarian studies tell that were positive problem orientation was more typical of 12-year-olds and negative problem orientation and rationality are more common among 16-year-olds (Kasik et al., 2014), while in 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 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).

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

The third study investigated the relationships between the study variables, and then aimed to see the effects of some independent variables on SPS in Hungarian and Palestinian boys and girls adolescents of ages (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 PWB (D'Zurilla & Nezu, 2007). (4) PWB affects Hungarian and Palestinian adolescents' SPS at all ages (D'Zurilla & Nezu, 2007).

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 12, 15, and 18, (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 age that begins at 10 and ends at of 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 variable. Therefore, the three selected ages were chosen to cover the beginning, the middle and the final age 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. The Background Questionnaire includes five fields: Age (12, 15, or 18), 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 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). In the case of the educational level, the questions investigated if the adolescents' mother or father finished the following educational

stages: (1) non-educated, (2) elementary school, (3) secondary school, (4) secondary school, (5) college or university, and (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
Father's education	Grandparents and grandsons	4	1.6
	Non-educated	2	.8
	Elementary	16	6.4
	Preparatory	117	46.4
	Secondary	104	41.4
	University	9	3.6
	Postgraduate	3	1.2
Mother's education	Non-educated	1	.4
	Elementary	25	10.0
	Preparatory	111	44.2
	Secondary	107	42.6
Mother's education	University	6	2.4
	Postgraduate	1	.4

The 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
	Grandparents and grandsons	3	0,7
	Non-educated	12	2,9
	Elementary	33	8,0
	Preparatory	61	14,9
Father's education	Secondary	141	34,4
	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

The 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.

Statistics analysis

The following statistical test 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.

Psychometric properties

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 measure 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)"; 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).

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 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 consists 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 solve 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).

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, stressful school class) (e.g., Archea et al., 2007). We developed a measurement contained 29 statements, which was 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 differed 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 was not meant 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 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 all 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 the field of education; it clearly described the events that negatively influence researchers, as 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 counselors to 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 as a leap in the field of instruments that investigated MNE or MNIE. As mentioned, the previous studies were relatively old as the last one that was reviewed was developed in 2010, some in 2008 and other in 2007. In addition, the majority of them were developed before 2000.

Referee Validity for the designed measurement – MNIE: Primarily, 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 relationship to the factors. Finally, the final measurement was designed after having the totally agreed 29 items of the questionnaire.

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 increased mood of the subscale label). The W-BQ12 General Well-being total score as 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).

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 countries, 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 show that negative self-efficacy, fending off the problem, and habit/pattern were more typical of the Palestinian sample. In major negative 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 countries, family, classmates, friends, and teacher-related events were more typical among Palestinians. 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. 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 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, while Hungarians, who does not face the same, 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). 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 constructed in light of the findings of studies to train adolescents on how to solve 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 hugely 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.

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 facets 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 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' characteristics of SPS. However, in Hungarians contexts (Kasik & Gál, 2016) explained the parents' and teachers' opinions of preschool children's social problem-solving and behavioral problems, and (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 of those ages only, and the specified numbers of participants

(Palestinians=410; Hungarians=251). The study did not study a big 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 sample 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 able to 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 to 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 in alleviating the impact of these MNIEs on the life of adolescents. Therefore, interventions program to promote students' social and emotional learning are 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 of the study constructs analyses will also help to improve problem-solving-focused school development programs/studies for children and adolescents and enable them to focus on the solution-defining orientation.