



# Coping with Stress Among Israeli–Palestinian High School Students: The Role of Self-Control, Religiosity, and Attachment Pattern

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## Abstract

Israeli–Palestinian adolescents living in Israel may have a unique set of stressors, given the societal tension between Israeli and Palestinian practices that may influence youths' identities (e.g., modernization, gender roles). However, little research has examined risk factors that may undermine one's ability to cope with stress effectively within this population. Thus, the current study examined the role of religiosity, self-control skills and emotional attachment style as risk factors for less effective (more passive, fewer active strategies) coping with stressful situations. Participants ( $n = 487$ ) were recruited from seven junior high schools located in the Northern Triangle region of Israel. Consistent with hypotheses, poorer self-control skills, and anxious and avoidant emotional attachment style were each associated with a greater likelihood to engage in passive coping skills. In addition to positive correlation between religiosity and active coping skills in response to stressful situations, these findings parallel prior studies that have examined broader demographic samples, suggesting the cross-cultural relevance of these risk factors for effective coping with stress.

**Keywords** Self-control · Religiosity · Attachment pattern · Coping with stress · Israeli–Palestinian high school students

## Introduction

Stressful events may result in physiological (e.g., stomach aches) (Shahmohammadi 2011) and psychological (e.g., behavioral disorders) (Agbaria et al. 2012) symptoms, and the severity and emotional consequences of these symptoms vary based on individual characteristics (e.g., coping strategies) (Klingman 2000). Children

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in the Israeli–Palestinian society go through a uniquely stressful maturation process, since they live in a Jewish state that undergoes social changes and processes of modernization and Israelization on the one hand, and the contrasting process of Islamization/Palestinization on the other hand (Samuha 2004). This population remains understudied in terms of identifying risk factors that may undermine stress management, despite being recognized as especially susceptible to the negative consequences of stress. For instance, Schmidt (2006) described that approximately 330,000 Israeli–Palestinian children were defined as high risk, 165,000 of whom did not receive any help, and 135,000 children were found to be living in dangerous families. Thus, the current study addressed the gap in the literature to examine individual characteristics among Israeli–Palestinian that may elevate one’s risk for poorer coping with stress.

### Coping with Stress

Coping with stressful situations has been defined as a way to regulate emotions and thoughts evoked by stressful situations (e.g., fear, despair) to make them tolerable by altering the psychological framing of the situation (Shahmohammadi 2011). This is an effortful process, by which individuals engage in cognitive restructuring to develop a more adaptive narrative for the function of the stressful event and behavioral efforts to mediate internal and external influences in a manner that minimize negative personal consequences (Lazarus 2013).

Lazarus and Folkman (1984) conceptualized the process of coping with stress as having two components, one focused on the emotional reaction to the stressor and the second aspect focused on problem solving. Upon being faced with a stressor, an individual will engage in cognitive appraisal, a process by which the person conceptualizes the personal significance and potential consequences of an event in order to determine whether it is a significant stressor (e.g., poses threat to one’s lifestyle or self-esteem) (Lazarus 2013; Eisenbarth 2012; Carver and Connor-Smith 2010). Based on this appraisal, individuals cope with the stressor by applying both emotion- and problem-focused cognitive and behavioral strategies to respond to the internal and external demands of the situation (Sarason 2008). These strategies may be adaptive, reflecting active coping strategies, (e.g., reframing the stressor to highlight potential positive outcomes) or maladaptive, reflecting passive coping strategies (e.g., avoidance, denial) (Eisenbarth 2012; Carver and Connor-Smith 2010). Further, individuals may vary in terms of how frequently they employ emotion- versus problem-focused strategies. Research has suggested that the most effective coping style combines both emotion-oriented strategies and problem-oriented strategies. In general, problem-oriented coping may be more efficient in situations appraised as controllable or changeable, while emotion-oriented coping is more efficient when the situation is appraised as uncontrollable or for damage prevention (Shahmohammadi 2011).

Broadly, this transactional model of coping reflects a continuous, dynamic process that captures the interaction between an individual and his or her environment (Lazarus 2013). As such, this theoretical framework suggests that individuals have

utility in managing the quality and intensity of their emotional responses to stress and use of adaptive coping strategies, such as delaying unpleasant situations, changing threatening situations, or simply separating themselves from the unpleasant events (Lazarus 2013; Shahmohammadi 2011). However, prior literature has suggested several individual characteristics that may mediate one's ability to engage in effective coping in stressful situations, particularly among adolescents. One key behavioral indicator appears to be self-control, which increases the likelihood that the child will cope appropriately with distress and stressful situations (Agbaria and Bdier 2019; Agbaria et al. 2012; Agbaria and Natur 2018). In addition, an important environmental influence may be the child's emotional attachment style, as this has been associated with one's ability to mitigate outcomes of distress (Ditzen et al. 2008; Howard and Medway 2004). Thus, these individual characteristics will be investigated among Israeli–Palestinian adolescents to determine if they may be risk factors for coping with the unique stressors faced by this population.

### Self-Control

Self-control is defined as a behavior selected to be consistent with one's goal(s), which is carried out by an individual's free will (e.g., intrinsic influences) (Thoresen and Mahoney 1974). The individual acts on a certain behavior after deciding between several different and contrasting alternatives. The chosen behavior is often implemented because it is more consistent with one's long-term goals, rather than being the most pleasurable or desirable. This definition stresses two aspects: First, self-control is a behavior that the individual chooses to perform freely with the awareness that this is a personally important behavior, rather than out of pressure from the external environment. Second, the choice of executing this behavior comes at the expense of other, possibly more pleasurable options, which reflects one's value of choosing what is most important and efficient for him/her at a certain time (Agbaria et al. 2012). Rosenbaum (1993) also describes self-control as a cognitive skill that is highly relevant for overcoming difficulties, delaying gratifications, and coping with stress.

In a prior study of siblings (aged 8–19) of Jewish children with cancer who were living in Israel, higher self-control was associated with more effective coping with anxiety and loneliness (Hamama et al. 2009). In addition, better self-control skills have been associated with fewer negative psychosocial symptoms among Muslim Israeli–Palestinian adolescents living in Israel (Agbaria et al. 2012). More broadly, increased self-control has been related to greater ability to cope with stressful events (Duckworth et al. 2013). Further, self-control may be a target for interventions aimed at improving one's ability to cope with stress. Abu Suliman and Balawi (2014) investigated an intervention that addressed self-control skills among high school students and observed that the group who received the treatment, relative to a no-treatment control group, had decreased experiences of stress. Thus, self-control appears to be an important individual characteristic for predicting one's ability to cope with stress.

## Religiosity

Religiosity has been associated with greater psychological functioning, physical health, and perceived significance of one's life (Abu-Raiya and Pargament 2011; Hood et al. 2009; Koenig et al. 2001; Paloutzian and Park 2005), as well as increased overall well-being (Al-Issa 2000; Koenig et al. 1999; Witter et al. 1985) and self-esteem (Falbo and Shepperd 1986). The results indicated that among cancer patients in Malaysia that more spiritual respondents reported a higher level of quality of life and lower level of stress (Sharif and Ong 2019). Seeking the support of God had a strong correlation with reduced psychological distress (Agbaria 2013; Agbaria and Bdier 2019; Agbaria and Natur 2018; Nouman and Benyamini 2019), whereas positively predicted meaning in life, religiousness was only indirectly negatively related to the stress constructs. Non-religiosity linked to all stress constructs (Abu-Hilal et al. 2017). High religiousness could play a buffering role among older Somalis, as exposure to severe war trauma was not associated with high levels of PTSD or somatization symptoms among highly religious refugees (Mölsä et al. 2017).

## Attachment Patterns

Attachment patterns may be another evidence-based individual characteristic with relevance to adolescents' abilities to mitigate stress. Bowlby's seminal attachment theory reflects behavioral patterns initiated in infancy and revolves around how the infant's central need for emotional attachment is met or unmet by the mother or primary caregiver (Bowlby 1973). When the attachment figure is accessible, responsive, and reliable, the individual will develop a good image of the self, with a sense of value and being loved, as well as an internal model of reliable and responsible "others." In contrast, when the attachment figures are inaccessible and inconsistent, the infant develops a sense of worthlessness and of unreliable "others" (Bowlby 1980).

According to Bowlby (1988), the attachment system is active throughout the entire life of the individual, is fixed, and guides future perceptions of oneself and interpersonal relationships. As such, attachment style has been associated with emotional regulation skills, mental health, and mental distress. Notably, secure attachment style, where an infant's caregiver effectively and consistently met his/her need for emotional attachment, has been associated with more effective stress management and one's ability to flexibly adapt to stressful situations (Mikulincer and Shaver 2003; Kobak and Sceery 1988). In contrast, anxious or avoidant attachment styles, where the infant's caregiver did not effectively nor consistently meet his/her need for emotional attachment, have been related to stronger emotional responses to stress (e.g., anxiety, rumination) (Mikulincer and Shaver 2003, 2007).

Thus, attachment style has been suggested as a protective or risk factor for adjustment difficulties and various psychiatric disorders throughout life (for a review see Mikulincer and Shaver 2007). Theoretically, insecure (avoidant/anxious) attachment styles may enhance negative emotions and exacerbate adjustment difficulties, which may manifest as recurring experiences of frustration, failure, and disappointment in

relationships and in school (Mikulincer and Shaver 2007). These experiences may be the basis for self-doubt, declining perceptions of self-efficacy, and general dissatisfaction with various aspects of life, all of which culminate to increase distress (Mikulincer and Shaver 2007). In support, prior studies have demonstrated that insecure attachment styles are associated with increased experiences of frustration, distress in personal relationships, and lack of confidence (Krausz et al. 2001; Pines 2004; Schirmer and Lopez 2001; Skovholt et al. 2001). Further, insecure attachment styles have been related to a multitude of psychiatric disorders, such as somatization (Stuart and Noyes 1999), eating disorders, alcoholism, or drug abuse (Brennan and Shaver 1995; Magai 1999; McNally 2003) behavioral disorders (Fonagy et al. 2004) and personality disorders (Bender et al. 2001; Fossati et al. 2003).

Notably, insecure attachment styles have also been associated with greater stress reactivity, as these individuals may exaggerate the threat assessment in situations of stress, doubt their ability to cope with the situation, and recruit emotion-focused strategies of passive coping (e.g., avoidance) (Zimmer-Gembeck et al. 2017). Interestingly, some prior research has found that these individuals underreport their general level of stress on self-report measures but exhibit increased stress responses on behavioral tests of stress (Berant et al. 2001; Mikulincer et al. 1990, 2005) or physiological arousal (Diamond et al. 2006; Borelli et al. 2014). Anxious or avoidant attachment style and dyadic coping strategy were found to account for 67% of the variance in coping with stress in life, suggesting the key significance of attachment style as an individual characteristic with relevance to one's ability to cope with stress (Fuenfhausen and Cashwell 2013; Craparo et al. 2018). Thus, attachment style will also be examined as a potentially important individual characteristic relevant to stress coping within the current population of Israeli–Palestinian adolescents.

## The Current Study

The present work investigated whether three individual characteristics that have demonstrated relevance to stress management in prior literature (self-control, religiosity, and attachment style) may impact one's ability to cope with stress among a unique, understudied sample of Israeli–Palestinian adolescents living in Israel. Israeli–Palestinian adolescents face a weighty challenge to their identity as Israeli–Palestinians in a Jewish country. This dual identity as Israeli/Israeli–Palestinian presents the basic challenge of belonging to the minority population complicated further by the history of the Israeli–Palestinian conflict in the region. Israeli–Palestinian students may experience a more difficult adolescence in which they need to cope with dilemmas pertaining to their sense of belonging and personal identity that are more intense than the expected, normative challenges faced by Jewish and other majority adolescent populations. Israeli–Palestinian adolescents must navigate the tension between being an Israeli–Palestinian in a non-Palestinian country, especially due to the history of conflict between their home country of Israel and other Arab countries. The disparities when it comes to family size, level of education, employment, and income cause substantial socioeconomic gaps between Israeli–Palestinian and Jews. In 2016, 53% of Israeli–Palestinian families were below the poverty

line (66% of Israeli–Palestinian children), compared to only 14% of Jewish families (20% of Jewish children) (Podem 2013). Based on prior literature, four research hypotheses were defined:

1. High level of self-control will be associated with more adaptive coping style (positively correlated with active coping style, negatively correlated with passive coping style).
2. Individuals with insecure (anxious or avoidant) attachment styles will be less likely to engage in active coping strategies.
3. Individuals with insecure (anxious or avoidant) attachment styles will be more likely to engage in passive coping strategies.
4. High level of religiosity will be associated with more adaptive coping style (positively correlated with active coping style, negatively correlated with passive coping style).

## Methodology

### Research Design

The current research was conducted as a cross-sectional study, where self-report data from a single time point were collected and examined to test the study hypotheses.

### Participants

The study's sample was selected as a convenience sample (nonrandom sampling method) from ten national high schools located within the northern Triangle area. The study's sample was selected as a convenience sample (non-random sampling method) from ten national high schools located within the northern Triangle area. The participants were randomly chosen from three grades in each school. Participants ( $n = 487$ ) were 54% female. The distribution of school grade varied among participants: 35% were in 10th grade, 25% in 11th grade, and the others in 12th grade. Thirty-eight percent of the parents have academic education, and others had lower than a high school education. The majority of the participants reported that their parents were married (95%), 2% of the participants reported having one deceased parent, and 3% stated they had parents who are divorced.

### Research Tools

All of the measures were translated from English and Hebrew into Arabic and pilot tested by five Israeli–Palestinian professional experts in psychology, counseling, Arabic language, and education. They evaluated the clarity and relevance of the questions and the translation, which was done by the researchers with the help of the professional experts. After completion, the translated draft of the questionnaires was back-translated into English by an independent expert in translation. The translated

version was then pilot tested among twenty 7-12 graders and refined further for clarity according to their comments.

### Personal Details Questionnaire

This questionnaire includes personal and familial background on the adolescent: gender, year of birth, grade, number of children in the family, order of birth, and grade average of the previous year.

### Coping with Stressful Situations Questionnaire

The questionnaire was developed by Moos (1992) to evaluate the ability for an individual to cope with a personalized problem. The questionnaire prompts the student to think about a problem in school that the student had to cope with during the past year. After mentioning the problem, the student responded to 21 items that measure utilization of active and passive coping strategies. An example of a question that indexes an active, problem solving coping strategy is: “I made a plan and acted according to it.” An example of a question that measures passive (avoidant) coping is “I refused to believe it was happening.” Each of the 21 items is responded to using a 4-point Likert scale from 1 (disagree) to 4 (agree/often). The questionnaire had good internal consistency in the current study: general coping with stressful situations— $\alpha=.88$ , for active coping style— $\alpha=.88$ , and passive coping style— $\alpha=.81$ .

### Self-Control Questionnaire

This questionnaire was originally developed by Rosenbaum (1980) to evaluate the individual differences in self-control skills. The questionnaire examines self-reported use of cognition (such as self-instruction) and the application of problem-solving strategies to cope with emotional and physiological responses. The questionnaire was adapted for children and adolescents by Rosenbaum and Ronen (1991) and includes 32 items, which assess various parameters of self-control skills: delayed gratification, overcoming pain, ability to plan, and use of self-instruction. The participant evaluated each of the items on a 6-point Likert-type from 1—“very uncharacteristic of me” to 6—“very characteristic of me.” A study conducted by Agbaria et al. (2012) on Israeli–Palestinian adolescents yielded a good internal consistency of  $\alpha=0.77$ , which was exceeded in the current sample  $\alpha=.84$ .

### Emotional Attachment Pattern

This 36-item questionnaire was developed by Brennan et al. (1998) and measure emotions and perspectives toward close relationships with others. The questionnaire includes two scales of 18 items each: one for avoidance and the other for anxiety, and each question is rated on a 7-point Likert scale from 1—“strongly disagree” to 7—“strongly agree.” An example of an avoidance item is “I feel insecure when others want to be close to me,” and an example of an anxiety item is “I need

a lot of reassurances that I am loved by people close to me.” The current study had good internal reliability values for general emotional attachment of  $\alpha = .73$ , for avoidance— $\alpha = .69$ , and for anxiety  $\alpha = .72$ .

### Positions Regarding Religion Questionnaire

This questionnaire was developed by Kendler et al. (2003). The questionnaire examines different positions toward religion and includes 63 items measuring five attitudes toward religion: religiosity in general, social religiosity, forgiveness, God as judge, and lack of desire for revenge. Each participant evaluates each of the items on a five-point scale (1 = never to 5 = always). The present research only made use of the first section, which included 31 items reflecting more elements of spirituality and understanding of one’s place in the universe, in addition to the contribution of the relationship with God as expressed in daily activities and during crises. Further, the questionnaire was translated into Israeli–Palestinian and adapted for the Israeli–Palestinian Muslim population: Four items were deleted from the questionnaire, and 12 items were added. Example questions were: “I live my life as Gods decreed,” “I look for opportunities to strengthen my spirituality on a daily basis.” Cronbach’s alpha values for the various sections were high, ranging from  $\alpha = .86$  to  $\alpha = .93$  (Agbaria 2014). In the present study, Cronbach’s alpha was ( $\alpha = .88$ ). All the items were with a load level greater than 0.4.

### Research Procedure

The researcher obtained approval to engage in this work from the Ministry of Education and proceeded to contact 10 high schools in the Northern Triangle region of Israel. The researcher sent letters to the parents of potential participants to explain the nature of the research study and invited them to attend an informational meeting at the school. At this meeting, parents were asked to provide consent on behalf of their minors to complete the self-report questionnaires that comprised the study protocol. Students whose parents consented on their behalf met with the researcher during regular school hours and provided them with information about their participant rights (e.g., confidentiality) and the purpose of the study. Students who agreed to participate then completed the questionnaires, which were presented in Israeli–Palestinian ic.

### Statistical Analysis

Descriptive statistics for the study variables (active coping style, passive coping style, avoidant attachment, anxious attachment, self-control, and religiosity) were examined. In order to examine the study hypotheses, two approaches were used. First, bivariate correlations were examined for all continuous study variables. Second, linear regression models were employed to test the associations of self-control, religiosity, avoidant attachment, and anxious attachment on (1) active coping style and (2) passive coping style, in two separate models. The regression models were



**Table 1** Descriptive statistics of study variables ( $n = 356$ )

	Mean	SD	Min	Max
Active coping style	2.52	0.77	1.00	3.73
Passive coping style	1.98	0.63	1.00	3.60
Avoidance attachment pattern	2.97	1.10	1.00	6.53
Anxiety attachment pattern	3.65	0.81	1.41	5.82
Self-control	3.63	0.67	1.09	5.22
Religiosity	3.87	1.67	1	5

**Table 2** Correlations among study variables ( $n = 356$ )

	(1)	(2)	(3)	(4)	(5)	(6)
(1) Active coping style	–					
(2) Passive coping style	–.65**	–				
(3) Avoidance attachment pattern	–.43**	.33**	–			
(4) Anxiety attachment pattern	–.39**	.34**	.42**	–		
(5) Self-control	.46**	–.39**	–.35**	–.37**	–	
(6) Religiosity	.52**	–.49**	–.37**	–.34**	.45**	–

\*\* $p < .01$

used in order to understand how each of the individual characteristics (self-control, religiosity and attachment style) uniquely relates to the outcomes of active and passive coping while controlling for the other independent variables in the model.

## Results

Table 1 details the descriptive statistics of the study variables.

The participants scored within medium degree on religiosity, self-control, and coping with stress. In contrast, the emotional attachment questionnaire yielded low marks.

The study hypotheses were tested through the use of both bivariate correlational analyses (Table 2) and two linear regression models (Table 3).

The first hypothesis focused on how self-control relates to active and passive coping styles. Table 2 shows a significant positive correlation between self-control active coping style ( $r = .46$ ,  $p < .001$ ) and a significant negative correlation between self-control and passive coping style ( $r = -.39$ ,  $p < .001$ ). The regression models (Table 3) demonstrated that self-control predicted a unique amount of variance beyond attachment style in a positive direction for active coping style ( $B = .27$ ,  $SE = .11$ ,  $\beta = .23$ ) and a negative direction for passive coping style ( $B = -.25$ ,  $SE = .09$ ,  $\beta = -.20$ ).

The second research hypothesis focused on how avoidance and anxiety emotional attachment patterns relate with active coping style. Table 2 shows a significant, negative correlation between avoidant emotional attachment pattern and active coping

**Table 3** Linear regression for predicting coping with stressful events ( $N = 356$ )

	Active coping style		Passive coping style	
	$R^2$	$B$	$R^2$	$B$
	.52		.39	
Self-control		.27**		– .25**
Religiosity		.31**		– .29**
Anxiety attachment pattern		– .23**		.24**
Avoidance attachment pattern		.26**		.24**

\*\* $p < .01$ 

style ( $r = -.43, p < .01$ ) and negative correlation between anxious emotional attachment pattern and active coping style ( $r = -.39, p < .01$ ). The regression model specifying active coping style as the outcome measure (Table 3) demonstrated that both avoidant attachment style ( $B = -.26, SE = .11, \beta = -.33$ ) and anxious attachment style ( $B = -.23, SE = .13, \beta = -.30$ ) were unique, negative predictors of the variance in active coping style.

The third research hypothesis focused on how avoidant and anxious emotional attachment patterns relate to passive coping style. Table 2 shows a significant, positive correlation between avoidant emotional attachment pattern and passive coping style ( $r = .33, p < .01$ ) and also a positive correlation between anxious emotional attachment pattern and passive coping style ( $r = .34, p < .01$ ). The regression model specifying passive coping style as the outcome measure (Table 3) demonstrated that both avoidant attachment style ( $B = .24, SE = .12, \beta = .21$ ) and anxious attachment style ( $B = .24, SE = .10, \beta = .22$ ) were unique, positive predictors of the variance in passive coping style.

The fourth hypothesis focused on how religiosity relates to active and passive coping styles. Table 2 shows a significant positive correlation between religiosity active coping style ( $r = .52, p < .001$ ) and a significant negative correlation between religiosity and passive coping style ( $r = -.49, p < .001$ ). The regression models (Table 3) demonstrated that religiosity predicted a unique amount of variance beyond attachment style in a positive direction for active coping style ( $B = .31, SE = .13, \beta = -.27$ ) and a negative direction for passive coping style ( $B = -.29, SE = .11, \beta = -.25$ ).

## Discussion

The current research was conducted among a unique sample of Israeli–Palestinian high students in the northern Triangle area in Israel, in order to examine the contribution of emotional attachment styles, religiosity, and self-control on effective coping with stressful situations. All four study hypotheses were confirmed.

## Self-Control Skills and Coping with Stressful Events

The first hypothesis was supported, as higher self-control skills were associated with greater reported utilization of active coping strategies and lesser reported utilization of passive coping strategies in response to stressful events. The findings are supported by previous studies that have examined the associations of self-control and coping with stress in diverse demographic samples (Abu Suliman and Balawi 2014; Agbaria et al. 2012; Duckworth et al. 2013; Hamama et al. 2000). As suggested in prior research, those with higher self-control may be more skilled at delaying gratification in a manner that allows for appropriate coping strategies in response to stress. Further, participants with greater self-control may more effectively be able to use cognitive (e.g., self-instruction) and behavioral (e.g., problem solving) strategies in order to cope with emotional and physiological responses to stress.

The current study extends these findings to suggest that self-control is also highly relevant to coping with stress among the unique sample of Israeli–Palestinian high school students living in Israel. Adolescents with these skills are able to divert attention and think creatively to find alternative solutions, to change the automatic ways of thinking and replace them with planned and more appropriate, to use self-talk and self-control, to resist difficult and stressful situations, and to resist temptation. Self-control skills can lead to balanced thinking and planned and orderly responses, instead of exaggerated worry, bothersome thoughts, and criticism of one's behavior and emotions. In this way, the individual can reduce his fear of failure and negative results in coping with stressful events. These skills may be especially important given the environmental stressors of Israeli–Palestinian tension among these adolescents.

## Emotional Attachment Patterns and Coping with Stress

The second and third hypotheses were supported, as individuals with anxious or avoidant attachment styles were less likely to utilize active coping strategies and more likely to use passive coping strategies in response to stressful events. These findings are also consistent with prior research in broader demographic samples (Frías et al. 2014; Fuenfhausen and Cashwell 2013; Zimmer-Gembeck et al. 2017; Howard and Medway 2004). Thus, the current findings build upon previous studies to provide support that avoidant and anxious attachment styles seem to be risk factors for poorer coping in stressful situations.

These findings may stem from the tendency for individuals with anxious or avoidant attachment style to generally react to stress in a helpless, inflexible manner and be less likely to seek out help or support (Mikulincer and Shaver 2007; Landen and Wang 2010; Parade et al. 2010). It may be that individuals with anxious or avoidant attachment style tend to lack confidence in a way that could undermine their ability to cope with stress. For instance, individuals with anxious attachment style tend to exaggerate the threat of a stressor and may be more likely to implement passive, emotion-focused coping strategies (e.g., avoidance, denial) in a frantic attempt to

respond (Mikulincer and Shaver 2003). Thus, the utilization of more adaptive, active strategies (e.g., reframing, problem solving) may be less likely to occur in the urgent manner that these individuals respond to stress.

### Religiosity and Coping with Stress

The fourth hypothesis was supported, as higher religiosity associated with greater reported utilization of active coping strategies and lesser reported utilization of passive coping strategies in response to stressful events. The findings are supported by previous studies that have examined the associations of religiosity and coping with stress (Abu-Raiya and Pargament 2011; Agbaria 2013; Agbaria and Natur 2018; Nouman, and Benyamini 2019; Hood et al. 2009; Koenig et al. 2001; Paloutzian and Park 2005; Pourkord et al. 2020), as well as increased overall well-being (Al-Issa 2000; Koenig et al. 1999; Witter et al. 1985).

Notably, the risk of having avoidant or anxious emotional attachment styles for poorer coping with stress has important implications within the context of the current sample of Israeli–Palestinian high school students. Persons with avoidant or anxious emotional attachment styles tend to be exposed more than others to exaggerated and distorted beliefs and perceptions, thus leading to the creation of a “cycle of anxiety” in which beliefs and perceptions lead to anxiety, which in turn makes it difficult to perform well in stressful events. This may be especially problematic among Israeli–Palestinian adolescents living in Israel, as the frequency and intensity of cultural stressors may be increased, relative to the typical experience of adolescents.

### Limitations and Future Research

While the current study adds to the literature in numerous ways, there are limitations that should be considered in future work. First, the generalizability of this work is limited by the convenience sample of Israeli–Palestinian adolescents from a restricted geographic range of the Israeli “Northern Triangle,” where only 10% of the country’s Israeli–Palestinian population resides. The sample consisted only of sedentary Muslim students, without representation of individuals who identified Christians, Druze, or Bedouins. Therefore, we recommend repeating this study on a more representative sample. Another significant limitation was the reliance on self-report methodology as the sole source of data. While this allowed adolescents to offer their perspective on their thoughts and behaviors, there may have been reporting bias due to a desire to conform to social norms or a lack of insight. Thus, it will be important for future studies to integrate secondary sources of information, such as reports from teachers and/or parents, in order to obtain a more complete, reliable source of information. Thirdly, the emotional attachment pattern questionnaire includes just two dimensions (avoidance and anxiety); future studies may take into account the secure attachment pattern. Lastly, the absence of qualitative techniques did not permit the adolescents to provide information about their experiences that may have been relevant to understanding the study questions but that was not explicitly asked about on the questionnaires selected. This approach may be employed in

future work, particularly within unique demographic samples as used in the current study.

## Applications

The research supports and expands on existing knowledge regarding emotional responses to stress and coping resources as health-promoting factors among Israeli–Palestinian adolescents. Prior research supports a positive relationship between a higher degree of self-control skills and an increased use of appropriate coping strategies (Abu Suliman and Balawi 2014; Agbaria et al. 2012; Duckworth et al. 2013; Hamama et al. 2000; Lim et al. 2010). Additionally, research supports the relationship of an avoidant and anxious attachment styles with passive coping strategies (Frías et al. 2014; Fuenfhausen and Cashwell 2013; Zimmer-Gembeck et al. 2017; Howard and Medway 2004). Most recently, religious attitude and secure attachment were shown to positively impact Iranian adolescents' coping ability during stressful events (Pourkord et al. 2020) and past research further supports a positive correlation between religiosity and an increased use of active coping strategies (Abu-Raiya and Pargament 2011; Agbaria 2013; Agbaria and Natur 2018; Nouman, and Benyamini 2019; Hood et al. 2009; Koenig et al. 2001; Paloutzian and Park 2005).

Past research, in combination with the findings of this study, may contribute to the development of intervention policies for professionals who treat adolescents who experienced or might experience stressful situations. It may help to devise and promote prevention and intervention programs at the level of the individual, school, and community.

Understanding ways of coping is the foundation for the development of educators' abilities to help students cope effectively with stressful situations before they become distressed in a manner that may reach clinical significance (Klingman 2000). Since adolescents may have limited means of coping relative to adults, they may be more likely to use fewer active strategies like problem solving, as they do not possess the skills to use strategies (Masten and Osofsky 2010). The current study suggests two targets for intervention: improving self-control skills religious beliefs and providing early intervention efforts to individuals with anxious or avoidant attachment styles.

Direct intervention can be used to improve the skill of self-control, which is one of the most significant resources for effective coping with stressful situations (Agbaria and Hamama 2012). The current work and prior research suggests that learning skills of self-control and religious beliefs would likely contribute to the student's ability to cope with challenges and stressful situations, by enabling the student to identify the role of his/her thoughts and overcome negative emotions (Ronen 2003). Programs that give training in behavioral and cognitive skills can also be developed for better coping with stressful situations. Thus, the findings of the research indicate that it is worthwhile to teach and train adolescents to use more problem-solving strategies in an aware and active manner, which may be achieved by increasing self-control skills and religious beliefs. These interventions may be especially important

for youths with anxious or avoidant emotional attachment styles, as this appears to be a significant risk factor for poorer ability to cope with stress.

## Conclusion

In summary, the current research demonstrated that low self-control, religious beliefs and anxious or avoidant emotional attachment patterns are risk factors for poorer ability to cope with stress (e.g., less engagement in active coping strategies) among a sample of Israeli–Palestinian adolescents living in Israel. Notably, these findings parallel prior studies in broader demographic samples, suggesting the cross-cultural relevance of these risk factors for adaptive responses to stressful situations.

## Compliance with Ethical Standards

**Conflict of interest** The authors declare that they have no conflict of interest.

**Ethical Approval** All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee (include name of committee + reference number) and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

**Informed Consent** Informed consent was obtained from all individual participants included in the study.

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