



## PREDICTING PERCEIVED STRESS AMONG ARAB ADOLESCENTS IN A MINORITY CONTEXT: THE ROLE OF RELIGIOUS ORIENTATION AND COPING STRATEGIES

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### Abstract:

This study examined the relationships among coping strategies, religiosity, and perceived stress, as well as gender differences in perceived stress, among Arab adolescents in Israel. Guided by Lazarus and Folkman's transactional model of stress and coping, a sample of 667 high school students (M age = 16.8, SD = 1.69) completed the Brief-COPE, Arab Scale for Religiosity, and Perceived Stress Scale-10. Descriptive statistics, t-tests, correlations, and multiple regression analyses were conducted. Results showed that female adolescents reported significantly higher perceived stress than males. Avoidant and emotion-focused coping were positively associated with perceived stress, while problem-focused coping showed no significant predictive effect. Religiosity was also a significant positive predictor of stress. The regression model explained 23.8% of the variance in perceived stress, with avoidant coping emerging as the strongest predictor. Findings highlight the central role of maladaptive coping in adolescent stress and suggest a complex relationship between religiosity and perceived stress. The study emphasizes the need for culturally sensitive interventions that promote adaptive coping among Arab adolescents in Israel.

**Keywords:** perceived stress, coping strategies, religiosity, adolescents, gender differences

### 1. Introduction

Adolescence is a critical developmental period characterized by rapid biological, cognitive, emotional, and social changes. During this stage, individuals are required to navigate increasing academic demands, evolving family expectations, complex peer relationships, identity formation, and uncertainty about future roles. While these challenges are present under typical circumstances, they may become more intense in sociopolitical contexts marked by inequality, cultural tension, or instability. Under such

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conditions, adolescents are more likely to experience heightened stress, emotional strain, and psychological vulnerability.

In school settings, adolescents frequently encounter academic pressure, performance evaluation, and social comparison, all of which may negatively affect mental health and well-being. Psychological stress has been linked to reduced concentration, lower academic achievement, diminished motivation, and impaired emotional regulation (Al-Enezi, 2022). However, stress is not determined solely by external demands; rather, it depends on how individuals perceive and evaluate these demands. According to Lazarus and Folkman (1984), stress arises when perceived environmental demands exceed an individual's coping resources, emphasizing the central role of cognitive appraisal in shaping psychological outcomes.

Among Arab adolescents in Israel, perceived stress is shaped by both academic demands and broader sociocultural factors. These include collectivist family structures, high expectations for academic achievement, gender-role norms, and minority-related stressors. Together, these factors create a complex environment in which adolescents may be particularly vulnerable to stress, making coping processes and protective factors especially important for psychological adjustment.

In this context, coping strategies represent key mechanisms through which individuals manage stress. Coping refers to cognitive and behavioral efforts used to manage internal and external demands that are perceived as taxing or exceeding resources (Lazarus & Folkman, 1984). Coping strategies are commonly classified into problem-focused coping, emotion-focused coping, and avoidant coping. Problem-focused coping involves active efforts to address the source of stress through planning, problem-solving, and seeking instrumental support. Emotion-focused coping involves regulating emotional responses through strategies such as acceptance, positive reframing, and seeking emotional support. In contrast, avoidant coping involves disengagement, denial, and distraction, and is generally associated with less adaptive psychological outcomes.

Another important factor in adolescent adjustment is religiosity, which refers to the extent to which religious beliefs, values, and practices influence an individual's life and behavior (Ellis *et al.*, 2019). Religiosity may serve as a psychological resource by providing meaning, structure, emotional comfort, and social support. Research has shown that religiosity is often associated with improved mental health outcomes, including lower anxiety, greater resilience, and higher well-being (Kim-Prieto & Miller, 2018). However, its relationship with stress is complex and may depend on the type of religious coping and the degree of internalization.

Previous studies suggest that coping strategies and religiosity are both linked to perceived stress, yet their combined effects remain underexplored, particularly in culturally specific adolescent populations. In Arab societies in Israel, where adolescents experience unique cultural, academic, and minority-related pressures, understanding these relationships is especially important.

Therefore, the present study aims to examine the relationships among coping strategies, religiosity, and perceived stress among Arab adolescents in Israel, and to investigate gender differences in perceived stress.

The study is guided by the following hypotheses:

- 1) Religiosity will be associated with perceived stress,
- 2) Adaptive coping strategies will be associated with perceived stress,
- 3) Maladaptive coping strategies will be associated with perceived stress,
- 4) Female adolescents will report higher perceived stress than males, and
- 5) Coping strategies and religiosity will significantly predict perceived stress.

## 2. Literature Review

### 2.1 Coping Strategies

Coping refers to the cognitive and behavioral efforts individuals use to manage internal and external demands that are perceived as stressful (Lazarus & Folkman, 1984). It represents a central psychological mechanism through which individuals regulate stress, adapt to challenging situations, and maintain emotional balance. According to the framework developed by Richard Lazarus and Susan Folkman, coping strategies are commonly categorized into problem-focused coping and emotion-focused coping (Chang *et al.*, 2006).

Problem-focused coping involves actively addressing the source of stress through planning, problem-solving, and seeking instrumental support. Problem-focused coping is used at a moderately high level among Arab adolescents in Israel, reflecting a generally adaptive approach to dealing with stress. This coping style, which involves active efforts to address stressful situations, careful planning, prioritizing tasks, and seeking practical support from others, suggests that many adolescents tend to engage in constructive and goal-directed behaviors when facing difficulties. To conclude, the results show that participants are relatively inclined to confront stressors directly rather than avoid them, although the use of these strategies is not consistently maximal, indicating some variability in how frequently they are applied across different situations.

Whereas emotion-focused coping aims to regulate emotional responses through strategies such as acceptance, emotional support, and positive reframing. The emotion-focused coping among Arab adolescents in Israel indicates that this coping style is used fairly often but not at a high or dominant level. This coping dimension, which includes seeking emotional support, denial, acceptance, positive reframing, and turning to religion, reflects a mixture of both adaptive and less adaptive emotional responses to stress. The findings suggest that adolescents commonly rely on emotional regulation strategies such as accepting situations, reframing stressful experiences in a more positive way, and seeking comfort through religious beliefs or emotional support from others. At the same time, the presence of denial within this coping style indicates that some responses may also involve avoidance of reality in dealing with stress. To conclude, the

pattern reflects a balanced but mixed use of emotional coping strategies, where adaptive methods are present but not consistently dominant across all situations.

A third category, avoidant coping, includes denial, withdrawal, distraction, and disengagement from stressors and is generally associated with less favorable psychological outcomes (Fu *et al.*, 2020). The avoidant coping among Arab adolescents in Israel is compared to other coping styles, suggesting that these strategies are used less frequently overall. This coping dimension, which includes venting of emotions, behavioral disengagement, self-distraction, self-blame, and humor, reflects a tendency to manage stress by distancing oneself from the problem or regulating emotions indirectly rather than addressing the source of stress. The results suggest that while some adolescents may occasionally rely on distraction, emotional release, or even self-critical responses when faced with difficulties, these strategies are not the dominant approach in their coping repertoire. To conclude, the pattern implies that avoidant coping is present but less preferred, which may be seen as relatively positive, as heavy reliance on avoidance-based strategies is often linked to higher psychological distress.

Research consistently demonstrates that problem-focused coping and adaptive forms of emotion-focused coping are linked to better psychological adjustment, resilience, and well-being, while avoidant coping tends to predict higher levels of distress and poorer mental health outcomes (Agbaria & Mokh, 2022; Fu *et al.*, 2020; Gustems-Carnicer & Calderón, 2013; Wang *et al.*, 2022). However, the effectiveness of coping strategies may vary depending on the nature and controllability of the stressor. Earlier studies also emphasized the important role of coping resources and social support in facilitating psychological adjustment under stressful conditions (Billings & Moos, 1984). Among teachers and adolescents, coping style has been shown to play a significant role in emotional functioning and well-being, highlighting the importance of adaptive coping processes in promoting resilience and reducing psychological distress (Aulén *et al.*, 2021; Şahin & Hepsöğütü, 2018).

## **2.2 Religiosity**

Religiosity refers to the extent to which religious beliefs, values, and practices influence an individual's life, behavior, and worldview (Ellis *et al.*, 2019). It is commonly understood as a combination of religious commitment, faith, moral values, and engagement in religious practices that provide individuals with meaning, structure, and guidance in daily life (Tabish, 2021). Religiosity is a person's level of belief, religious knowledge, and commitment expressed through worship and daily behavior. It includes five dimensions: intellectual, ideological, public practice, private practice, and religious experience, which together reflect religious beliefs, feelings, and actions (Huber & Huber, 2012; Glock & Stark, 1965). For many adolescents, religiosity serves as an important psychological and social resource that helps them interpret life experiences, cope with uncertainty, and maintain emotional stability during periods of stress and transition. This role may be especially significant during adolescence, a developmental stage often

characterized by identity exploration, emotional fluctuations, and increased psychological vulnerability.

A growing body of research suggests that religiosity is associated with positive psychological outcomes, including lower levels of anxiety and depression, greater emotional well-being, and higher levels of resilience (Kim-Prieto & Miller, 2018; Papanikolopoulos & Kaprinis, 2022; Sista *et al.*, 2021). One explanation for these associations is that religiosity provides individuals with a meaningful interpretive framework through which stressful experiences can be understood as manageable, purposeful, or temporary. Religious beliefs may foster hope, patience, optimism, and emotional comfort, while religious practices such as prayer and communal worship may strengthen emotional regulation and social connectedness (Ramsay *et al.*, 2019). Harris and Balogun-Mwangi (2023) investigated whether high school spiritual practice, daily spirituality, and coping strategies predict anxiety among 140 college-aged women. Results from multiple regression indicated that maladaptive coping (e.g., emotional venting and disengagement) and encouragement of spiritual practice in high school significantly predicted anxiety levels, suggesting that coping style and early spiritual influences are associated with anxiety outcomes.

Hodges, McBride, and Bailey (2015) examined the association between religiosity and perceived stress among 163 undergraduates at a Seventh-day Adventist-affiliated university, comparing general religiosity with Self-Determination Theory-based internalization (identified vs. introjected regulation). Regression results showed that identified regulation was a significant negative predictor of perceived stress and more explanatory than general religiosity measures, indicating that autonomous religious motivation is more strongly linked to lower stress. In collectivist societies, religiosity may further enhance family cohesion and social support networks, thereby reinforcing its protective psychological function. Whereas, Carpenter, Laney, and Mezulis (2012) found in a 12-week prospective study of 111 adolescents that negative religious coping significantly strengthened the association between stress and depressive symptoms, particularly among highly religious youth. Positive religious coping showed only a marginal buffering effect. Overall, negative religious coping increased vulnerability to stress-related depression, whereas the protective effects of positive coping were limited. Moreover, Carter (2016) examined the relationship between religious commitment and perceived stress in a sample of 172 undergraduate students. Using the Religious Commitment Inventory and the Perceived Stress Scale, the study found no significant association between overall religious commitment and perceived stress. However, significant relationships emerged among dimensions of religious commitment and gender differences in intrapersonal religious commitment. Overall, the findings suggest that religious commitment alone may not directly relate to perceived stress in college students, highlighting the need for further research on additional coping-related variables.

### 2.3 Perceived Stress and Its Role in Adjustment

Perceived stress refers to the extent to which individuals evaluate their life circumstances as unpredictable, uncontrollable, and overwhelming. It is not only the presence of stressors that matters, but also how individuals cognitively appraise them. When stress is perceived as exceeding coping resources, it can lead to emotional exhaustion, anxiety, and reduced psychological functioning. Prolonged stress exposure may negatively affect emotional regulation and daily functioning (Yousef, 2007).

Nidup *et al.* (2022) found that most high school students in Bhutan experienced moderate perceived stress, with social and academic factors identified as the main sources. Common symptoms included headaches, anxiety, and irritability, and males reported higher stress levels than females. The study highlights the need for school-based stress management interventions. What is more, Pham-Ngoc *et al.* (2025) found that perceived stress was associated with both positive and negative religious coping and lower resilience among 416 undergraduates. Positive religious coping increased help-seeking attitudes, while negative religious coping reduced resilience and help-seeking. Resilience showed no significant direct effect on help-seeking. Overall, religious coping played a key role in students' help-seeking behavior under stress. High levels of perceived stress have been consistently linked to lower resilience and poorer mental health outcomes. Research indicates that individuals who experience greater stress tend to report lower optimism, reduced coping ability, and higher psychological distress (Chen *et al.*, 2026). Similarly, perceived stress has been associated with lower happiness and life satisfaction among adolescents and students (Pour *et al.*, 2022).

Thai *et al.* (2021) conducted a cross-sectional study of 500 gifted high school students in Ho Chi Minh City and found that 28.4% experienced perceived stress, mostly at a moderate level. Problem-solving was the most common coping strategy, while wishful thinking and cognitive restructuring were also frequently used. Higher stress and strong parental pressure were linked to more disengagement coping (e.g., withdrawal and self-criticism), whereas supportive relationships and extracurricular activities were associated with more adaptive coping strategies. The study highlights the importance of school-based support to improve coping skills among gifted students.

These findings suggest that stress not only affects emotional well-being directly but also weakens the psychological resources necessary for resilience. In adolescent populations, stress may be particularly impactful because coping systems are still developing. Therefore, understanding how stress interacts with coping strategies and protective factors such as religiosity is essential for explaining differences in resilience. Gollamudi Subbarao (2017) studied 198 secondary school students to examine the relationship between perceived stress and coping strategies using standardized scales and a correlational design. The results showed a positive and significant relationship, indicating that higher perceived stress was associated with greater use of coping strategies. Perceived stress was also found to significantly predict coping strategies, suggesting that students who experience more stress tend to engage more in coping behaviors.

## 2.4 Cultural and Gender Influences on Coping and Stress

Cultural context significantly shapes how individuals experience and respond to stress. In collectivist cultures, such as Arab society in Israel, coping is often embedded within family and community relationships. This may lead individuals to rely more on social support but also, in some cases, on avoidant coping strategies to maintain social harmony or avoid burdening others (Abu-Kaf & Khalaf, 2020).

Gender differences further influence coping patterns. Research suggests that female adolescents often report higher use of both adaptive and maladaptive coping strategies. This may be related to higher exposure to stressors, greater emotional awareness, or social expectations regarding emotional expression. Studies also indicate that females may engage more in emotional regulation and help-seeking behaviors but may also experience higher levels of rumination or self-blame under stress (Sitinjak *et al.*, 2024). Age and gender differences may also influence resilience levels during adolescence (Kumari & Sinha, 2025). Previous studies have also identified gender-related differences in self-resilience among adolescents (Pranowo & AlHalik, 2025). These patterns highlight the importance of considering both cultural and gender factors when studying resilience. Arab adolescents in Israel experience a unique set of structural, cultural, and psychological challenges. These include socioeconomic disadvantage, limited educational resources, academic pressure, and experiences of discrimination associated with belonging to an ethnic minority group. In addition, collectivist family structures often place strong emphasis on academic achievement and family reputation, which may increase adolescents' levels of stress and psychological pressure (Herruzo Cabrera & Masarwy, 2024). Cultural expectations regarding social behavior, family responsibility, and future success may further contribute to emotional strain during adolescence. Recent research conducted in Jerusalem also identified differences in resilience and coping patterns between Arab and Jewish students under wartime conditions, highlighting the influence of sociopolitical context on adolescents' psychological adjustment (Harari Paltiel *et al.*, 2025). Despite these challenges, many Arab adolescents demonstrate strong motivation and resilience, emphasizing the importance of understanding the protective factors that support their psychological well-being. Despite these challenges, many female Arab adolescents demonstrate strong academic motivation and achievement, viewing education as a pathway to independence and social mobility. However, their psychological well-being is shaped by the interaction of multiple risk factors (e.g., stress, discrimination, academic pressure) and protective factors (e.g., religiosity, coping strategies, family support). Understanding these interactions is essential for identifying mechanisms that promote resilience in this population.

Although existing research has examined stress, coping, and religiosity independently, relatively few studies have investigated how these variables interact simultaneously within the context of female Arab adolescents in Israel. There is a need for integrated models that consider both psychological processes and culturally specific protective factors in explaining resilience.

### 3. Methodology

#### 3.1 Participants

The sample included 667 Arab high schoolers studying in Israel. Most participants were female (71.2%). Their ages ranged from 15.7 to 18.1 years ( $M = 16.8$ ,  $SD = 1.69$ ). All participants were Muslims.

#### 3.2 Instruments

##### 3.2.1 Demographic Variables Questionnaire

A brief researcher-developed demographic questionnaire was used to gather participants' background information. This study, it included self-reported items assessing gender and age.

##### 3.3 Coping Strategies

Coping strategies were measured using the Brief-COPE (Al-Mansouri, 2014), which is adapted from Carver's original instrument (1997). The questionnaire includes 28 items rated on a 4-point Likert scale ranging from 1 (I have not been doing this at all) to 4 (I have been doing this a lot). For the purposes of this study, the items were categorized into three main coping dimensions: problem-focused coping, emotion-focused coping, and avoidant coping.

Problem-focused coping comprised active coping, planning, and seeking instrumental support. A sample item is, *"I've been concentrating my efforts on doing something about the situation I'm in."* Emotion-focused coping included emotional support, acceptance, positive reframing, and religion, with a sample item being, *"I've been praying or meditating."* Avoidant coping consisted of self-distraction, denial, behavioral disengagement, venting, and self-blame, for example, *"I've been criticizing myself."* These broader groupings were used to reflect general coping patterns relevant to the objectives of the study. In this sample, the internal consistency was acceptable for all three subscales, with Cronbach's alpha values of .79 for problem-focused coping, .76 for emotion-focused coping, and .71 for avoidant coping.

##### 3.4 Religiosity

Religiosity was assessed using the Arab Scale for Religiosity (Abdel-Khaleq, 2016), a 15-item scale designed for Arab Muslim populations. Responses are given on a 5-point Likert scale, and the instrument evaluates religious beliefs, commitment, values, and daily practices. A sample item is, *"My religious beliefs guide my behavior and way of life."* In the present study, the scale demonstrated strong internal reliability, with a Cronbach's alpha of .87.

##### 3.5 Perceived Stress

Perceived stress was measured using the Arabic version of the Perceived Stress Scale-10 (PSS-10; Ali *et al.*, 2021), originally developed by Cohen *et al.* (1983). This scale assesses

the extent to which individuals perceive their lives as stressful over the past month. It contains 10 items rated on a 5-point scale from 0 (never) to 4 (very often), where higher scores indicate greater perceived stress. The instrument captures perceptions of unpredictability, lack of control, and overload. Sample items include, “*In the last month, how often have you felt upset because of unexpected events?*” and “*In the last month, how often have you felt unable to control important things in your life?*” In this study, the scale showed good internal consistency, with a Cronbach’s alpha of .81.

### 3.6 Procedure

Data were gathered during the 2026 academic year from Arab adolescents living in Arab towns and villages in Israel. An anonymous online survey was administered using Google Forms. Prior to participation, respondents were provided with information about the aim of the study and were assured that their responses would be kept confidential and fully anonymous. Participation was entirely voluntary, and only those who consented proceeded to complete the questionnaire.

### 3.7 Data Analytic Plan

Data were analyzed using SPSS version 26. Initially, descriptive statistics such as means, standard deviations, minimum, and maximum values were computed for all primary study variables. Pearson correlation analyses were then performed to explore the relationships between coping strategies, religiosity, and perceived stress. Independent samples t-tests were subsequently conducted to examine group differences. Finally, multiple regression analysis was used to assess whether coping strategies and religiosity significantly predicted perceived stress while accounting for demographic variables.

## 4. Results

### 4.1 Descriptive Statistics

**Table 1:** Means, Standard Deviations, Minimums, and Maximums for the Study Variables

Variable	M	SD	Min	Max
Problem-focused coping	2.85	.57	1.00	4.00
Emotion-focused coping	2.63	.49	1.00	4.00
Avoidant coping	2.32	.50	1.00	4.00
Religiosity	3.36	1.03	1.00	5.00
Perceived stress	2.25	.517	.00	4.00

Descriptive statistics were computed for the study variables, including coping strategies, religiosity, and perceived stress among Arab adolescents in Israel. As shown in the table, problem-focused coping had a mean score of  $M = 2.86$  ( $SD = 0.57$ ), indicating a moderate level of use among participants, with scores ranging from 1.00 to 4.00. Emotion-focused coping showed a slightly lower mean ( $M = 2.63$ ,  $SD = 0.50$ ), while avoidant coping had the lowest mean among coping strategies ( $M = 2.32$ ,  $SD = 0.50$ ), suggesting that avoidant

strategies were used less frequently compared to other coping styles. Religiosity demonstrated a relatively high mean score ( $M = 3.37$ ,  $SD = 1.03$ ) on a 5-point scale, indicating generally strong religious orientation among participants, with scores ranging from 1.00 to 5.00. Perceived stress showed a moderate level ( $M = 2.26$ ,  $SD = 0.52$ ), with responses ranging from 0.00 to 4.00, reflecting variability in stress experiences across the sample. Overall, the descriptive findings suggest that participants tend to rely more on adaptive coping strategies (particularly problem-focused coping), report relatively high religiosity, and experience moderate levels of perceived stress.

#### 4.2 Gender Differences in Coping Strategies, Religiosity, and Perceived Stress

**Table 2:** Means, Standard Deviation, Independent Samples T-test Values according to Gender

	Male Students (N=192)		Female students (N=475)		t	df	p
	M	SD	M	SD			
Problem-focused coping	2.75	.64	2.90	.53	-2.734	665	.007
Emotion-focused coping	2.46	.56	2.70	.44	-5.275	665	.000
Avoidant coping	2.19	.56	2.37	.46	-3.838	665	.000
Religiosity	3.375	1.22	3.36	.93	.110	665	.913
Perceived stress	2.05	.58	2.33	.46	-6.522	665	.000

As shown in Table 2, an independent-samples *t*-test was conducted to examine gender differences in coping strategies, religiosity, and perceived stress among Arab adolescents in Israel. Female students reported significantly higher levels of problem-focused coping ( $M = 2.90$ ,  $SD = 0.53$ ) than males ( $M = 2.75$ ,  $SD = 0.64$ ),  $t(665) = -2.73$ ,  $p = .007$ . Females also showed higher levels of emotion-focused coping ( $M = 2.70$ ,  $SD = 0.44$ ) compared with males ( $M = 2.46$ ,  $SD = 0.56$ ),  $t(665) = -5.28$ ,  $p < .001$ , as well as higher avoidant coping ( $M = 2.37$ ,  $SD = 0.46$ ) than males ( $M = 2.19$ ,  $SD = 0.56$ ),  $t(665) = -3.84$ ,  $p < .001$ . No significant gender differences were found in religiosity,  $t(665) = 0.11$ ,  $p = .913$ . However, females reported significantly higher perceived stress ( $M = 2.33$ ,  $SD = 0.46$ ) than males ( $M = 2.05$ ,  $SD = 0.58$ ),  $t(665) = -6.52$ ,  $p < .001$ . Overall, the findings indicate that female adolescents experience higher stress and use coping strategies more frequently than males.

#### 4.3 Correlations Among the Study Variables

**Table 3:** Pearson Correlations Among the Study Variables (N = 667)

Variable	1	2	3	4	5
Problem-focused coping	1				
Emotion-focused coping	.608**	1			
Avoidant coping	.222**	.426**	1		
Religiosity	.172**	.253**	.018	1	
Perceived stress	.263**	.371**	.416**	.185**	1

\*\*  $p < .01$ .

As shown in Table 3, a Pearson correlation analysis was conducted to examine the relationships among coping strategies, religiosity, and perceived stress among Arab adolescents in Israel ( $N = 667$ ). The results revealed significant positive correlations among most study variables. Problem-focused coping was positively associated with emotion-focused coping ( $r = .608, p < .01$ ), avoidant coping ( $r = .222, p < .01$ ), religiosity ( $r = .172, p < .01$ ), and perceived stress ( $r = .263, p < .01$ ). Emotion-focused coping was also positively correlated with avoidant coping ( $r = .426, p < .01$ ), religiosity ( $r = .253, p < .01$ ), and perceived stress ( $r = .371, p < .01$ ). In addition, avoidant coping showed the strongest positive association with perceived stress ( $r = .416, p < .01$ ). Religiosity was weakly but significantly related to perceived stress ( $r = .185, p < .01$ ). Overall, the findings suggest that higher use of coping strategies, particularly avoidant and emotion-focused coping, is associated with higher levels of perceived stress among adolescents.

#### 4.4 Regression Analysis Predicting Perceived Stress

**Table 4:** Regression Analysis Predicting Perceived Stress

Predictor	B	SE	Beta	t	Sig
Problem-focused coping	.068	.039	.076	1.769	.077
Emotion-focused coping	.157	.049	.150	3.182	.002
Avoidant coping	.344	.039	.332	8.801	.000
Religiosity	.065	.018	.128	3.641	.000

$R^2 = .238, F(4, 662) = 51.559, p = .000$

A multiple regression analysis was conducted to examine whether coping strategies and religiosity significantly predicted perceived stress among Arab adolescents in Israel. The overall regression model was statistically significant,  $F(4, 662) = 51.56, p < .001$ , explaining 23.8% of the variance in perceived stress ( $R^2 = .238$ ).

The findings showed that avoidant coping was the strongest positive predictor of perceived stress ( $\beta = .332, t = 8.80, p < .001$ ), indicating that higher use of avoidant coping strategies was associated with greater perceived stress. Emotion-focused coping also significantly predicted perceived stress ( $\beta = .150, t = 3.18, p = .002$ ), suggesting that greater reliance on emotional coping strategies was related to higher stress levels. Religiosity was likewise a significant positive predictor ( $\beta = .128, t = 3.64, p < .001$ ). In contrast, problem-focused coping did not significantly predict perceived stress ( $\beta = .076, t = 1.77, p = .077$ ). To sum up, the results suggest that maladaptive coping strategies, particularly avoidant coping, play an important role in increasing adolescents' perceived stress.

#### 5. Discussion

The present study examined the relationships between coping strategies, religiosity, and perceived stress among Arab adolescents in Israel, guided by Lazarus and Folkman's transactional model of stress and coping. Overall, the findings provided partial support

for the study hypotheses and highlighted the complex role of coping processes and religiosity in explaining adolescent stress in a culturally and socially demanding context.

### **5.1 Coping Strategies and Perceived Stress**

The results showed that avoidant coping was the strongest positive predictor of perceived stress, supporting the hypothesis that maladaptive coping strategies would be associated with higher stress. Adolescents who relied more on disengagement, denial, self-blame, and distraction reported higher levels of stress. This finding is consistent with previous research demonstrating that avoidant coping is associated with poorer psychological adjustment and higher distress (Fu *et al.*, 2020; Wang *et al.*, 2022). From a theoretical perspective, avoidant coping may provide temporary emotional relief but fails to resolve stressors, leading to sustained or increased psychological strain over time.

Emotion-focused coping also significantly predicted higher perceived stress, partially supporting the hypothesis. Although emotion-focused coping can include adaptive strategies such as acceptance and emotional support, it may also reflect emotional overload when individuals use it in response to high stress rather than as an effective regulation strategy (Chang *et al.*, 2006; Agbaria & Mokh, 2022). Thus, the positive association observed in this study may indicate that adolescents use emotional coping more when stress is already elevated.

In contrast, problem-focused coping did not significantly predict perceived stress, leading to partial rejection of the hypothesis. This finding aligns with Lazarus and Folkman's (1984) assertion that problem-focused coping is most effective when stressors are perceived as controllable. Given the academic pressure, sociocultural expectations, and minority-related stressors experienced by Arab adolescents in Israel, many stressors may be perceived as only partially controllable, limiting the effectiveness of problem-solving efforts. Similar findings have been reported in adolescent populations exposed to high academic demands (Thai *et al.*, 2021; Nidup *et al.*, 2022).

### **5.2 Religiosity and Perceived Stress**

Contrary to the initial hypothesis, religiosity was positively associated with perceived stress and emerged as a significant predictor in the regression model. This finding differs from studies suggesting that religiosity typically functions as a protective factor (Kim-Prieto & Miller, 2018; Papanikolopoulos & Kaprinis, 2022). However, prior research also emphasizes that the relationship between religiosity and stress is complex and depends on the type of religious engagement and coping style.

One explanation is that religiosity may become more salient during periods of stress, meaning that adolescents may turn more strongly to religion when experiencing higher distress (Harris & Balogun-Mwangi, 2023). Additionally, negative religious coping (e.g., guilt or feeling punished) has been shown to increase psychological distress (Carpenter *et al.*, 2012). In collectivist contexts, religiosity may also be linked with family expectations and moral obligations, which can increase perceived pressure rather than reduce it.

Furthermore, findings from Hodges *et al.* (2015) suggest that internalized or autonomous religious orientation is more strongly associated with lower stress than general religiosity. Therefore, the present findings may reflect general religiosity rather than adaptive religious coping.

### 5.3 Gender Differences in Perceived Stress

The findings supported the hypothesis that female adolescents would report higher perceived stress than males. This result is consistent with prior studies showing that female adolescents tend to experience higher stress due to emotional sensitivity, academic pressure, and sociocultural expectations (Sitinjak *et al.*, 2024; Kumari & Sinha, 2025). In Arab collectivist contexts, additional gender-related expectations regarding behavior, family responsibility, and academic success may further contribute to increased stress among females (Herruzo Cabrera & Masarwy, 2024).

### 5.4 Integrated Predictive Model

The regression model explained 23.8% of the variance in perceived stress, indicating a moderate explanatory power and supporting the hypothesis that coping strategies and religiosity significantly predict perceived stress. However, the relatively modest variance explained suggests that additional factors not included in the model—such as socioeconomic status, family functioning, school climate, and discrimination—likely play an important role in shaping adolescent stress (Abu-Kaf & Khalaf, 2020).

Several limitations should be acknowledged. First, the cross-sectional design prevents causal interpretations; therefore, it is not possible to determine whether coping strategies and religiosity influence stress or are influenced by it. Second, reliance on self-report measures may introduce social desirability and recall bias, particularly for sensitive constructs such as religiosity and coping behavior. Third, the sample was limited to Arab Muslim adolescents in Israel, which restricts generalizability to other cultural or religious populations. Fourth, grouping coping strategies into broad categories may have masked important differences between specific coping subtypes. Finally, conceptual overlap between religiosity and religion-related coping items may have influenced associations among variables.

## 6. Recommendations for Future Research

Future studies should employ longitudinal designs to examine changes in coping, religiosity, and stress over time. It is also recommended to differentiate between positive and negative religious coping, as these have been shown to have opposite psychological effects (Carpenter *et al.*, 2012). Additionally, future research should incorporate broader ecological variables such as family dynamics, school environment, peer relationships, and experiences of discrimination to develop a more comprehensive model of adolescent stress.

Mixed-method approaches could also provide deeper insight into how adolescents interpret stress and apply coping strategies in real-life contexts. Comparative cross-cultural studies between Arab adolescents and other ethnic groups in Israel or neighboring countries would further clarify the role of cultural context in shaping stress and coping processes.

### **6.1 Empirical and Practical Implications**

The findings have important implications for schools and mental health practitioners. First, the strong role of avoidant coping suggests that interventions should focus on reducing disengagement strategies and promoting active coping skills such as problem-solving and emotional regulation. School-based programs can help adolescents develop more adaptive coping repertoires and improve stress management skills (Fu *et al.*, 2020; Wang *et al.*, 2022). Second, the complex role of religiosity indicates that religious beliefs may not automatically protect against stress. Therefore, interventions should encourage adaptive forms of religious coping, such as meaning-making, hope, and social support, while addressing maladaptive interpretations such as guilt or punishment-based beliefs. Third, the higher stress levels among female adolescents highlight the need for gender-sensitive interventions that address specific stressors faced by girls in collectivist and academic contexts. In summary, the results support the need for culturally sensitive mental health programs that integrate psychological coping skills with an understanding of religious and cultural frameworks.

## **7. Conclusion**

The present study demonstrates that coping strategies, particularly avoidant coping, play a central role in predicting perceived stress among Arab adolescents in Israel. Emotion-focused coping and religiosity also contribute to stress, although their roles are more complex than initially expected. Female adolescents experience significantly higher stress than males, highlighting important gender differences in psychological adjustment. To sum up, the findings support Lazarus and Folkman's transactional model and emphasize that adolescent stress is shaped by the interaction of cognitive appraisal, coping strategies, and cultural factors. The study underscores the importance of developing culturally informed interventions aimed at strengthening adaptive coping and reducing reliance on maladaptive strategies to enhance adolescent well-being.

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### **Conflict of Interest Statement**

The author declares no conflicts of interest.

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