

The Implications of Gender Differences and Choice of Coping Strategies on Levels of Self-Esteem Among Adolescents Living in Kuwait

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Abstract *The literature on Arab adolescents and the interplay between their coping strategies and self esteem attainment is somewhat lacking. Previous studies suggest that there is a significant difference between males and females in terms of engagement in coping strategies and academic attainment (Lawrence, 2006). In addition, the literature reveals that gender differences do exist in coping strategies of undergraduate students and in turn may impact self-esteem (Lawrence, 2006). The current study explores the extent to which certain selected coping strategies affect self-esteem and secondly, the impact of coping strategies within gender. The comprehensive COPE questionnaire (1989) and the Rosenberg Self Esteem Inventory (1965) were administered to a random sample of adolescents, ages 13 to 18, in Kuwait. A survey methodology was used to collect the data amongst both female and male adolescent students attending various high schools across Kuwait. The sample entailed 467 students, 232 males and 235 females, attending private schools in Kuwait. We hypothesized that 1) religion will be utilized by both sexes given the collectivist and religious nature of the Kuwaiti society, 2) females will utilize seeking of social support for emotional reasons, 3) denial will be utilized by males due to societal gender role restrictions of personal expression, 4) adolescents with high self-esteem will use more assimilative coping mechanisms, and 5) accommodative coping strategies imposed by collectivist societies, such as religion and support for emotional reasons, will decrease self esteem since such coping strategies entail conformity and inhibit individuality.*

Introduction

According to Piko (2001) "coping encompasses the cognitive and behavioral strategies where the individual is able to manage stressful situations and the negative emotion reactions elicited by that event". Due to the broad definition of coping, the research on the topic is one that is wide yet lacking in light of the multitude of factors that impact the selection of coping mechanisms.

Limited studies have explored the interplay between gender differences, coping strategies, and self esteem amongst Arab adolescents. With the increasing focus on cultural diversity and the need to understand individuals within their mainstream culture, this paper aims to minimize the gap in the literature and hopes to shed light on the various coping strategies utilized by male and female adolescents living in Kuwait, and in turn how such selected strategies impact self esteem.

In order to enhance the understanding of the interplay between coping strategies, culture, and self esteem, Attila Olah's three-A parcel theory will be utilized. The three-A parcel theory divides commonly used coping strategies into one of three domains: Assimilation, Accommodation, and Avoidance. Olah (1995) postulates that all coping strategies involve cognitive and behavioral attempts on the individual's part to either change his/her environment (assimilative), change himself/herself as part of environmental adaptation (accommodation), or to physically and/or psychologically disconnect (avoidant) (pp. 495-496).

As for Carver's research on coping, the aim was to develop a more comprehensive questionnaire (1989). Carver tackled three main problems in his comprehensive COPE inventory, that of "none of the preexisting measures sampled all of the specific domains that [they] felt to be of theoretical interest," to eliminate the ambiguity or lack of clarity in some of the earlier surveys' items, and to practically link the inventories to actual behavior rather than to theories, as was the case in the past (Carver, Scheier, & Weintraub, 1989). Carver and his colleagues developed the COPE inventory to be more reflective of coping strategies that correlate to different factors such as personality dispositions (optimism, pessimism, self-esteem, commitment, control, anxiety, etc.).

As for the Rosenberg Self-Esteem Scale (SES), the research behind this survey postulates that self esteem is affected by and affects other personality factors (Rosenberg, 1965).

The current paper will attempt to group the strategies outlined by Carver (1989), in the COPE questionnaire, into Olah's three-A parcels. Specifically the paper postulates that a) positive reinterpretation and growth, b) instrumental social support, c) active coping, and d) planning can be considered Assimilative coping strategies, while a) religious

coping, b) humor, c) emotional social support, d) acceptance, and e) restraint are considered Accommodative coping techniques, and finally a) mental disengagement, b) focus on and venting of emotions, c) denial, d) behavioral disengagement, e) substance abuse, and f) suppression of competing activities are grouped under the Avoidance coping strategies. These coping strategies are each defined in the methodology. The paper thus attempts to broaden conclusions regarding individual utility of coping strategies within a specific cultural setting, that of adolescents living in Kuwait.

Cultural Background

Understanding the scope and parameters of the Kuwaiti collectivist culture is essential to comprehending the interplay of selected coping strategies and self esteem. Literature is scarce with regards to Arab adolescents in the Gulf region, particularly the country of Kuwait.

Kuwait is "characterized by authoritarian and collective values rather than liberal and individualistic ones" (Dwairy, 1998, p. 326). Within collectivist societies "an individual's self and identity are enmeshed in the collective identity" (Dwairy, 1998, p. 316). Collectivist societies are interdependent and focused on the group identity. Thus, an individual's behavior both impacts and is impacted by nuclear and distant group members.

Kuwait is also an Islamic country, located on the coast of the Arabian Gulf. It shares its borders with Iraq and Saudi Arabia, and its population of 2.2 million consists of 85% Muslims and 15% other religions (Christian, Hindu). Nearly 60% of this population is male and 40% female and only 39.8% of Kuwait's residents are Kuwaiti (Kuwait Government, 2005; Kuwait Government Online, 2008). Thus, it is apparent that Kuwaitis are a minority in their own country. However, despite Kuwait being impacted by certain foreign values, it is still collectivist at its core (Torstrick and Faier, 2009, p. 109). Kuwait, as a collectivist society, adheres to the tenants of group identity and interdependence.

Religion

Hence, the country is not only collectivist in nature but also religious in orientation. Religion plays a vital role in identity formation, as its political, economical and social tenants are governed by religious sanctions and doctrines. Thus "religion is not just one aspect of life but its center, affecting all activity, thought, and feeling" (Nobles & Sciara, 2000, p.184). Therefore, we hypothesize that religion will be utilized by both sexes given the collectivist and religious nature of the Kuwaiti society.

Family

In addition to religion, family plays a vital role in shaping individuals' values and beliefs. An individual's collectivist identity mainly stems from reliance on family as a source of security, support and comfort. The "survival of the individual in Arab society is almost totally contingent upon his/her relationship with the family" given that the family serves as "the source of vital economic, social and emotional support" (Dwairy & Van Sickle, 1996, p. 231). In a typical patriarchal society, such as Kuwait, men are seen as the main providers for the family, in terms of economics, while women are the ones responsible for raising the children (Encyclopedia Britannica, 2009). In their book "Culture and customs of the Arab Gulf States," Torstrick and Faier highlight that this difference is nurtured in children from a young age as "growing up, sons often have more leisure time for play, while daughters shoulder adult responsibilities such as helping with the households chores or caring for younger siblings" (p. 112, para. 3, 2009).

Gender

The interplay of family and religion unfolds in matters such as gender roles, decision making, individuation or lack of, locus of control, and overall worldviews. In Kuwait, as in any other Muslim Arab country, men and women are expected to oblige to strictly defined gender roles. Even though, in Islam, men and women are said to be equal "in human dignity," these gender roles "often affect women adversely impeding their self determination in areas like their socio-economic status, status within the family, health, life expectation, independence, freedom and rights" (Safra Project). As mentioned earlier, men are viewed as the "guardians" or "protectors" while women are seen as fragile creatures that need to be taken care of.

In the Arab world, the issue of homosexuality, which is currently on the rise, is a very controversial matter and not spoken about openly as men and women are expected to behave in accord with the gender role dictated by their biological sexes. In Islam men and women who do not oblige to their biological sexes are cursed (Safra Project).

As a result to the clear intertwine between family and religion, and the presence of strict gender roles in Kuwait, "Kuwaiti adolescents usually define themselves according to how they relate to the Kuwaiti culture, in the aspects of religion,

gender, citizenship, and even social class" (Dinkha, Abdulhamid, and Abdelhalim, 2008). This mesh is expected to uniquely define male and female adolescents' coping strategies. It is thus expected that females will select seeking social support for emotional reasons and that males will use denial, as a coping strategy due to societal restrictions of male personal expression.

Adolescence

Adolescence is a critical transitional developmental period, as it entails a multitude of factors that interplay and impact identity development. According to Plancherel et.al (1998), adolescence "is characterized by transitions in many areas, hormonal and physical changes accompanied by cognitive developments (beginning of abstract thinking and theorization) as well as social affective changes (sexual relationships, self esteem, locus of control and autonomy from parents). The implementation of effective coping strategies, during this phase, is essential as it has a long term impact on mental health, interpersonal relationships, and one's self esteem. This matter is further complicated by socio-cultural factors that prescribe normative gender roles, application of coping mechanisms and manifestation of emotional and cognitive needs.

Adolescents in Kuwait

As mentioned earlier, the Kuwaiti collectivist society adheres to strict Islamic regulations, which dictate basic societal tenants and complex individual expectations. In essence, adolescents not only need to factor in biological, physical, emotional and cognitive developments but also need to adapt to such developments within a society that emphasizes religion, family, and appropriate gender role display. Previous researches have highlighted the significance of family structure and family dynamics and how they impact adolescents' sense of autonomy, individuation, and overall self esteem (Perosa and Perosa, 1993; Constantine, Donnelly, and Myers, 2002). Perosa and Perosa (1993) indicated that there is some support for "Minuchis assertion that a balance of enmeshment and disengagement in the family is associated with the development of a stable identity and the use of positive coping strategies by young adults" (pg.485).

Identity and Self-Esteem

Many adolescents have not explored the meaning of their ethnicity. Moreover, if these young people have internalized negative societal stereotypes of their ethnic group, they are likely to experience lower self-esteem and self confidence, and they may have difficulty in finding meaning in their lives (Dinkha, Abdulhamid, and Abdelhalim 2008).

As it pertains to the current study, it is expected that the interdependent nature of the Kuwaiti family and society will likely impact adolescent development in terms of reduced autonomy, continued need for emotional support, decreased self reliance, and problematic decision making. Adolescents living in Kuwait learn that family is the source of support and also the forum in which problems are resolved. Moreover, gender roles are an imminent factor in how problems are expressed, emotions are manifested, and support is sought.

In essence, given the patriarchal nature of Kuwaiti society and the Islamic regulations regarding female social outlets, it is predicted that females will more likely utilize social support for emotional reasons. On the other hand, males will likely utilize denial as a coping mechanism to stay in accord with prescribed male gender norms and roles. This is especially the case with regards to the need to manage impressions imposed by societal and religious sanctions. Despite such predicted differences in the utility of coping mechanisms, religion is expected to be an overarching and underlying catalyst. Indeed, researchers of religious coping have found that Muslims commonly engage in religious coping when faced with challenges in their daily lives (Ali, Peterson & Huang, 2003; Eapan & Reveesz, 2003; Errihani et al., 2008). Several researchers have also reported a positive association between Islamic religiosity and well being, happiness, life satisfaction, and general mental health (Abdel-Khalek, 2006; Abdel Khalek, 2007).

Research has also suggested that adolescents with higher self-esteem take a more internal control over their surroundings and thus use more assimilative coping strategies and are more proactive when dealing with problems (Colletta, Hadler, & Gregg, 1981).

Therefore, we postulate that the working hypotheses of the current study are as follows: 1) religion will be utilized by both sexes given the collectivist and religious nature of the Kuwaiti society, 2) females will utilize seeking of social support for emotional reasons, 3) denial will be utilized by males due to societal gender role restrictions of personal expression, 4) adolescents with high self-esteem will use more assimilative coping mechanisms, and 5) accommodative coping strategies imposed by collectivist societies, such as religion and support for emotional reasons, will decrease self esteem since such coping strategies entail conformity and inhibit individuality. It is anticipated that adolescents living in Kuwait will utilize a combination of assimilative, accommodative, and avoidance coping strategies depending on the scope of established gender roles, family values, and religiosity. However, given the prevalence of uniform cultural, religious and familial values, accommodative coping strategies are predicted to be utilized more often.

Methodology

For the purposes of this research we used the full COPE questionnaire (Carver et al., 1989) and the Rosenberg Self-Esteem Scale (Rosenberg, 1965).

The COPE questionnaire is a 60-item measure designed to evaluate the different coping mechanisms people use in response to stress and includes 15 subscales: (Carver et al., 1989).

1. *Positive reinterpretation and growth*; making the best of the situation by growing from it or viewing it in a more favorable light.
2. *Instrumental social support*; seeking assistance, information, or advice about what to do.
3. *Active coping*; taking action or exerting efforts to remove or circumvent the stressor.
4. *Planning*; thinking about how to confront the stressor, planning one's active coping efforts.
5. *Religious coping*; increased engagement in religious activities.
6. *Humor*; making jokes about the stressor.
7. *Emotional social support*; getting sympathy or emotional support from someone.
8. *Acceptance*; accepting the fact that the stressful event has occurred and is real.
9. *Restraint*; coping passively by holding back one's coping attempts until they can be of use.
10. *Mental disengagement*; psychological disengagement from the goal with which the stressor is interfering, through daydreaming, sleep, or self-distraction.
11. *Focus on and venting of emotions*; an increased awareness of one's emotional distress, and a concomitant tendency to ventilate or discharge those feelings.
12. *Denial*; an attempt to reject the reality of the stressful event.
13. *Behavioral disengagement*; giving up, or withdrawing effort from, the attempt to attain the goal with which the stressor is interfering.
14. *Substance abuse*; turning to the use of alcohol and other drugs as a way of disengaging from the stressor.
15. *Suppression of competing activities*; suppressing one's attention to other activities in which one might engage in order to concentrate more completely on dealing with the stressor (Taylor, 1998)

As for the Rosenberg Self-Esteem Scale, it is a ten-item scale, with items answered on a four-point scale – ranging from strongly agree to strongly disagree

In our current study we used the stratified random sampling method. Male and female adolescents, between the ages of 13 to 18, studying at various private schools in Kuwait, were administered the COPE comprehensive questionnaire and the Rosenberg Self Esteem Scale. Trained American University of Kuwait (AUK) students administered the above mentioned tools to selected schools.

Results

The first set of analyses examined how coping styles differed as a function of respondents' gender and age. Each of the fifteen coping scales derived from the COPE questionnaire were independently analyzed using a 2 x 5 factorial ANOVA with gender (male, female) and age (13,14,15,16,17) as between-subjects factors. These results are depicted in Table 1.

Table 1. Factorial ANOVA of the COPE scales with gender and age as between-subjects factors

COPE Scale	Factor	Df	F
Positive Reinterpretation	Gender	1,457	5.44*
	Age	4,457	1.10
	Gender x Age	4,457	1.30
Mental Disengagement	Gender	1,457	5.29*
	Age	4,457	1.10
	Gender x Age	4,457	0.16
Venting of Emotions	Gender	1,457	8.81**
	Age	4,457	1.99
	Gender x Age	4,457	2.33
Instrumental Social Support	Gender	1,457	4.93*
	Age	4,457	0.49
	Gender x Age	4,457	0.80
Active Coping	Gender	1,457	0.63

	Age	4,457	0.34
	Gender x Age	4,457	0.60
Denial	Gender	1,457	0.02
	Age	4,457	1.30
Religious Coping	Gender x Age	4,457	2.29
	Gender	1,457	1.81
Humor	Age	4,457	0.35
	Gender x Age	4,457	2.01
Behavioral Disengagement	Gender	1,457	2.07
	Age	4,457	0.90
Restraint	Gender x Age	4,457	0.22
	Gender	1,457	0.60
Emotional Social Support	Age	4,457	0.97
	Gender x Age	4,457	1.53
Substance Use	Gender	1,457	2.10
	Age	4,457	0.21
Acceptance	Gender x Age	4,457	2.38
	Gender	1,457	9.27**
Suppression Com Activities	Age	4,457	0.38
	Gender x Age	4,457	0.66
Planning	Gender	1,457	0.95
	Age	4,457	2.44*
	Gender x Age	4,457	0.73
	Gender	1,457	1.23
	Age	4,457	0.37
	Gender x Age	4,457	0.65
	Gender	1,457	0.23
	Age	4,457	2.63*
	Gender x Age	4,457	1.89
	Gender	1,457	0.27
	Age	4,457	0.33
	Gender x Age	4,457	1.32

*p<.05, **p<.01

The results of the ANOVA indicate that five of the coping scales showed significant differences as a function of gender: Positive Reinterpretation, Mental Disengagement, Venting of Emotions, Instrumental Social Support, and Emotional Social Support. As shown in Figure 1, females scored higher than males on all five of these scales.

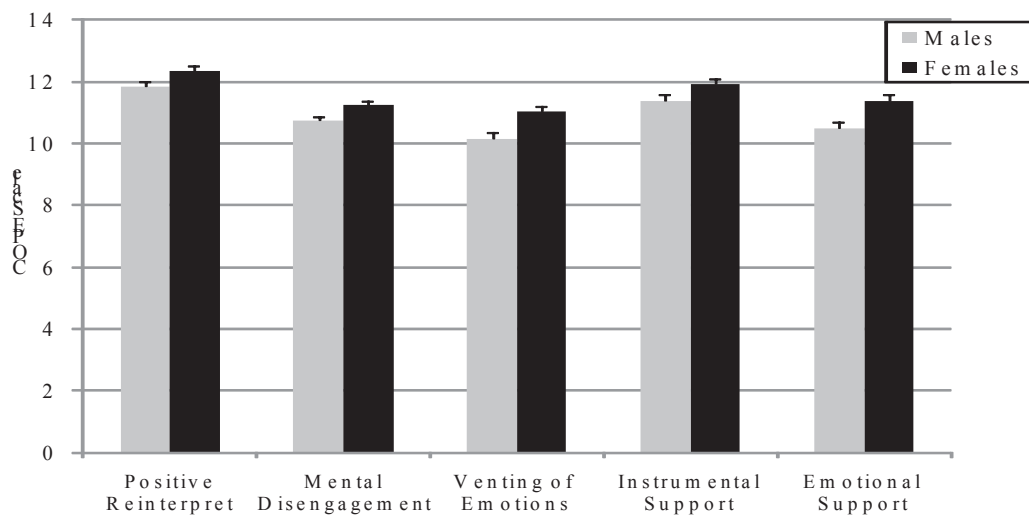


Figure 1. Coping scales as a function of gender.

Two of the coping scales also showed significant age differences. As depicted in Figures 2 and 3, Substance Use declined with age, while Suppression of Competing Activities increased with age.

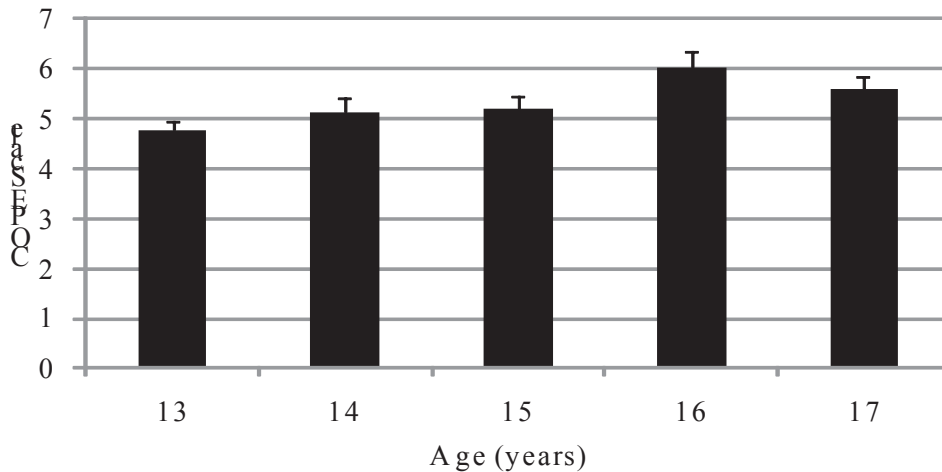


Figure 2. Substance Use as a function of age.

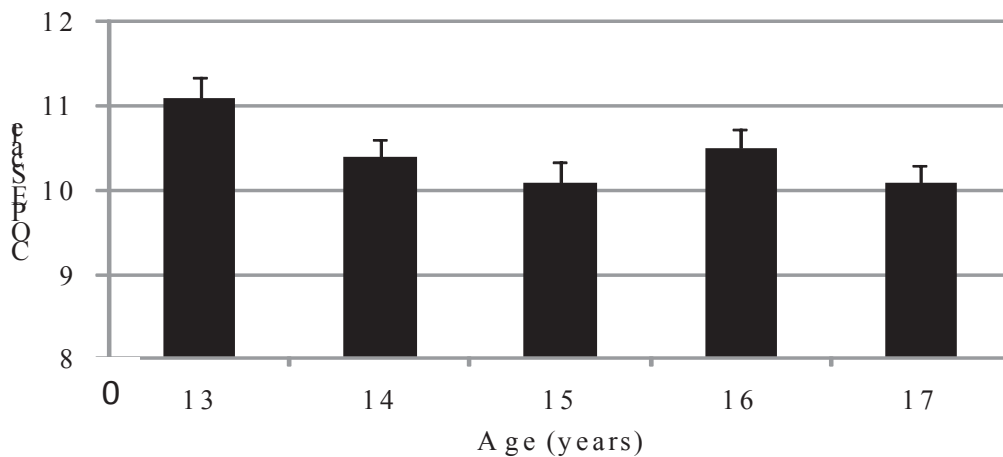


Figure 3. Suppression of Competing Activities as a function of age.

The next analyses examined the effects of gender and age on scores derived from the Rosenberg Self-Esteem Scale (SES). A 2 x 5 factorial ANOVA with gender (male, female) and age (13, 14, 15, 16, 17) as between-subjects factors revealed no effect of gender $F(1,456)=1.19, p=n.s.$, no effect of age $F(4,456)=0.67, p=n.s.$, and no interaction, $F(4,456)=1.51, p=n.s.$

To test the hypothesis that coping mechanisms significantly predict self-esteem, simultaneous multiple regression was performed using the COPE scales as predictor variables and the Rosenberg Self-Esteem Scale as the dependent variable. This model was statistically significant $F(15,450)=16.9, p<.001$, Adjusted R square = 0.34. As shown in Table 2, the COPE scales of Active Coping and Humor had significant positive regression weights, while Denial and Behavioral Disengagement had significant negative regression weights.

Table 2. Multiple regression analysis of SES using COPE scales as predictors.

COPE Scale	B	t
Positive Reinterpretation	.08	1.68
Mental Disengagement	-.05	-1.27
Venting of Emotions	.01	.22
Instrumental Social Supp	.07	1.43
Active Coping	.10	2.03*
Denial	-.13	-2.75**

Religious Coping	.07	1.69
Humor	.12	2.78**
Behavioral Disengagement	-.36	-7.27**
Restraint	-.06	-1.23
Emotional Social Support	.02	.40
Substance Use	.00	.01
Acceptance	.00	.01
Suppression Com Activities	.04	.99
Planning	.10	1.80

*p<.05, **p<.01

Discussion and Future Implications

The purpose of this paper was to expand the cultural diversity literature and enrich the understanding of the factors that impact selection of coping strategies among adolescents living in Kuwait. Furthermore, the paper aimed to investigate the interplay of selection of coping strategies and levels of self esteem.

Given the dominant factors of religion, family, and gender roles, in a collectivist and religious Kuwaiti society, it was expected that adolescents will utilize coping strategies that take into account above mentioned factors as they play a significant role in their identity understanding and development. Specifically, it was anticipated that the accommodative coping strategy of religion will be utilized by both sexes given its apparent impact within culture. As predicted, results affirmed that both sexes utilized this coping strategy and that there were no significant age or gender differences. In addition, it was also anticipated that females will utilize more accommodative coping strategies, specifically seeking of emotional support, and that males will use more avoidant coping strategies specifically that of denial, given their biological make up and gender roles. Results showed that females, in general, used more of the following coping strategies: Positive Reinterpretation and Instrumental Social Support (Assimilative), and Emotional Social Support (Accommodative), and Mental Disengagement and Venting of Emotions (Avoidant) which were not only accommodative ones but also assimilative and avoidant ones. Thus, females seem to utilize more coping strategies as compared to males, and their utility of various coping strategies likely indicates their developing identity, expansion of gender roles, and adaptation to society.

Furthermore, it was predicted that adolescents who use assimilative coping strategies will have higher self esteem. Results showed that there was a positive association between the assimilative coping strategy of active coping and the accommodative coping strategy of humor, and self esteem. These results are likely explained by the fact that both strategies entail proactive efforts on the individual's part to either modify his/her behavior or implement change within the environment. Our final hypothesis was that utility of accommodative coping strategies, such as religion and emotional support, will decrease self esteem as individuals will take on a more passive role of adaptation rather than a more proactive role of development. The results did not yield any significant findings for this hypothesis but additional results showed that the utility of the avoidant coping strategies of behavioral disengagement and denial were negatively associated with self esteem. This is likely explained by the fact that using avoidance entails an external locus of control and no active effort in dealing with stressors.

Additional results of this paper included a significant age effect for the Avoidant coping strategies of venting of emotions, substance use and suppression of competing activities. Substance use declines with age, while Suppression of competing activities increased with age, likely as a result of the stigma attached to substance use and that adolescents are developing more sophisticated ways of dealing with stressors. With regards to suppression of competing activities increasing with age, adolescents are likely experiencing identity confusion and crises due to bombardment of varying mainstream and subculture views. Finally, results also showed a significant interaction effect for venting of emotions, whereby females score higher than males, and males' utility of it declines with age while females remain constant. In Arab cultures, men are encouraged and expected to hold back their emotions and appear calm and collected or in control of the situation as a way to display their masculinity, while women are seen as fragile and more emotional, thus expected to display their emotions in both public and private situations. This would probably also explain why venting of emotions as a coping strategy decreases with age because as individuals grow, they are expected to be presentable in public situations and are expected to be composed at all times.

Results of this paper lead to the conclusion that although Kuwaiti society's makeup impacts individuals and their choice of coping strategies and in turn their levels of self esteem, yet it is obvious that Kuwait is becoming more multicultural and diverse in nature. Thus, various other components likely impact adolescents, their identity development,

and their sense of self esteem. Future research should likely expand this study and compare it to adolescents in other Gulf and Middle Eastern regions as well as expand on the effects of some limitations, such as questions on surveys that are considered culturally inappropriate and likely impacted responses.

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