

To compare coping styles and material satisfaction in the patients with the bipolar disorder with the normal people

Marzieh Eshaghi¹ and Elahe Ahangari²

^{1,2}MA in clinical psychology, lecture in Azad University, Khorasan, Iran

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Abstract

This research is a descriptive as a scientific-comparison. The statistical society of this research is included two parts: all the hospitalization patients with a diagnosis of the bipolar disorder in the EBN SINA hospital in the Mashhad were available by the sampling method and normal and healthy people is of the random sampling method. The number of samples was formed of 100 people and the data collection tools is a DSM-V check list, the SCID interview, the orientation coping questionnaire against the problems and ENRICH marital satisfaction questionnaire. The data was analyzed by the version 19 of the SPSS software and the statistical method of the independent t-test and Xi2 non-parametric test.

Keywords:

copying styles, marital satisfaction, bipolar disorder.

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INTRODUCTION:

The temper is the penetrating and sustainability emotional mood which is experienced in the form of internally. Affection is attributed to the outer appearance of the temper. Individuals as usual are experienced a wide range of the emotional states. Mood disorders are a group of clinical disorders which their characteristic is that a sense of mastery is destroyed and the individual is drawn great suffer and torment. In the patients who have high temper (Mania) is seen openness, jump thoughts, sleep reduction, increasing confidence and so on. In the patients who have depressed mood is found loss of energy and interest, feel guilty, difficulty in the concentrating, loss of appetite and thoughts of death and suicide (SADOK, translated by REZAEI, 1378).

Bipolar disorder (mania- depression) is a kind of mood disorder and a mental illness. People with this disease is involved in severe changes in mood. Bipolar disorder as usual is presented at the end of the adolescence period or in the early adulthood. This disease has various types which the most important types of it are the bipolar disorder type one and the bipolar disorder type two. The difference between these two types of disorder is in the available of the mania period, in the type one this case is happened but in the type two the milder form of it which is semi-mania is emerged. The onset of the disease is usually with a period of depression and after one or more period of the depression, the mania period is cleared. In a smaller number of patients the onset of the disease is with the mania or semi-mania period. In the etiology of the depression has been proposed different perspectives. ARONBACK (1978) has been provided a cognitive model of depression. According to BACK depressed people are depressed to this reason which have pessimistic view about themselves, the world and the future, have mental mastic and negative beliefs which is activated with negative life events and also have cognitive biases. Negative mental mastic with the biases or the cognitive distortions are hold what he is called triple-negative which finally leads to the depression. BECK's theory is described as a learned helplessness theory. According to the theory, depression arises of experience the lack of the control. During the individual faces with the meaningful events in the life will pay to interpret and to



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find their causes and the internal, general and stable casual explanations in the negative event is done according to the coping style (ABRAMSON, SELIGMAN & TIZDIL, 1978).

Although each change whether big or small is considered stressful and is obliged the individual to confronting, in spite of this, the pressures are not always bad and unpleasant. In fact perhaps can be said that the psychological stresses and even their severity of its kind are not bad and incompatible rather the important is how to deal with these situations. Therefore, the strategies which the individual is chosen for confronting are considered as part of his vulnerability profile (PETERSEN, 1993, quote to DADSETAN & et al, 1386). The understanding of the coping styles can be helpful in the recognition of the growth period and the clinical treatment (especially advice) (FRAIDENBERG & LOIESM 1993). The confronting is defined as behavioral and cognitive efforts which causes to restrain, to tolerate and to reduce the needs or the internal and external demands and the conflict between them. LAZAROS and FOLECMAN are specified two general forms of the confronting. Problem-focused confronting and emotional-focused confronting. The strategy focused on problem can be focused to the inside or outside. The purpose of the coping strategies turned outside is to change the position or behavior of others, however, the coping strategies turned inside is included the efforts which to review the attitudes and its needs and to earn the skills and new replies, the emotional-focused confronting is included physical exercise, meditation and the searching of the support. The results of a survey is shown that the women and the men who are used active behavioral and cognitive coping methods take easy the problems and have less anxiety, also these individuals are having high confidence. The individuals are declined issues and problems is talented to the anxiety and depression and are suffered of physical stress, as well as avoid cleaners are having lower financial, education resources and family support (LAZAROS & FALEKMAN, 1984, translated by KILINKE, 2001). ENDELER and PARKER (1990) according to the coping style are divided the individuals to three groups, problem-oriented coping style, emotion-oriented coping style and avoidant coping style. Problem-oriented coping strategies are described the ways which based on that the individual is calculated the actions which should be done to reduce or to eliminate a stress. Problem-oriented behaviors includes to find out more information about the problem, to change the structure of the problem regard to the cognitive and to give priority to steps to address the issue. Unlike, the emotion-focused coping strategies is described the ways which based on that the individual is focused on himself and all of his efforts is noticed to reduction of his unpleasant feelings. The emotion-focused coping responses is included crying, to be nervous and upset, to proceed the cynical behavior, intellectual occupation and imagination and finally avoidant coping strategies is required the activities and cognitive changes which their objective is to avoid stressful situations. Avoidance coping behaviors may be appeared in the form of the attracting and engaging in a new activity or in the form of the turning to the community and others (JAFAR NEZHAD & et al, 1382). Another variables which negatively can be affected the bipolar disorder is marital satisfaction. According to the definition, marital satisfaction is a case which during it husband and wife have feeling of happiness and satisfaction of their marriage and togetherness (SINHA & MAKREJI, 1991, quoted by MIRAHAMADIZADEH & et al, 1382). VINCH and his et al (1974) are believed that marital satisfaction is the conformity between the current situation and the expected situation. According to this definition the marital satisfaction when is appeared which the current situation in the marriage relationships is coincident with the individual's expected situation. Also ELIS in 1989 states that the marital satisfaction is objective feelings of the pleasure, satisfaction and the experienced enjoyment by spouses when are considering all aspects of their marriage (SOLEIMANIAN, 1373). Although when defining and describing the marital satisfaction it seems that the issue is simple, but, when considering the significance and consequences of the presence or absence of marital satisfaction, the simply imagine is departed and complexity taking its place. The marital satisfaction is emotional-cognitive and intellectual evaluation which one person has of marriage relationship (ESPERICHER & et al, 2008).

HERMAN ESTAL, ESTEMLER and PETERSON (1995) showed that the trend strategies was along with lower depression and the avoidance strategies was along with higher depression. Also, the subjects which over time put aside the trend strategies and are used the avoidance strategies are affected more depression. Unlike, the subjects which put aside the avoidance strategies and are used the trend strategies, the depression is decreased.

ESTINER, ERIKSON, HERNANDZ and PAOLSKI (2003) showed that the coping trend strategies negative relation with the health problems and the behaviors are damaging to health, but, the coping avoidance strategies have the positive relation with these threads.

The research findings of STINER, ERIKSON, HERNANDZ and PAOLSKI (2002) suggests that the coping trend method has weak correlation with the indicators of health problems and the risk behaviors, while, the coping avoidance method shows positive correlation with these dimensions. Also it has been shown that although both sexes have not difference in the number of events are causing experienced stress, women towards the men are evaluated the life more negative and more uncontrollable. Moreover, women compare to men are getting higher scores in the coping avoidance styles, emotion-oriented and psychological disorders and the symptoms of the physical illness. In the other words, women compare to men are shown the higher emotional scores (METIOD, 2004).

DEHKORDI and et al (1390) in the research with the title of compare the coping styles of the mothers of exceptional children with each other and the mothers of normal children are reached to this conclusion that in terms of the using of the coping style of avoidance, responsibility, escape and elusion and the positive assessment between the mothers of exceptional children and the mothers of normal children has exist a significant difference at 5% level. Also, this research shown that between the mothers of exceptional children groups with each other are available differences too which the mothers of children with hearing loss group have most difference with the other group of mothers.

The qualitative research of TEOBALD and et al (1997) shown that the marital relationship satisfaction is decreased because of fear of recurrence, the feeling of protection more than enough, the feeling of guilty and the feeling of responsibility and to respond to the needs of the other side (quotes of SARHADI & et al, 1391). MARKMAN and et al (1980) also believes that for the adults a happy, fortunate and stable marriage is the best protection against the diseases and the early and untimely death. For the children such marriage (successful) is the best source for the emotional stability and the physical health.

The studies of HAROTIZ and et al (1977) on more than 800 youth living in New Jersey shows those who have married and satisfied compare to others have had the lower level of depression and less have been involved in problems with alcohol. Generally, many research findings have shown that a good relationship between husband and wife also decreases the risk of affliction to psychiatric disorders and between the mental health and the marital adjustment is available an interaction relation (HALFORD & et al, 1999). Most research is done in the field of marital satisfaction and depression which is stating a turbulent and stressful relationship in the marriage relations is a strong predictor of depression especially in women (HALFORD & et al, 1999).

Therefore, according to the mentioned researches, although the searching of scientific resources is shown that in the worldwide level has been considered to relationship of coping strategies and marital satisfaction and their relationship with the incidence of mental disorders, but unfortunately in these researches slightly has been done regarding to this relationship. Therefore, in this research are looking for the answering to this question that is between the coping style and marital satisfaction of individuals with bipolar disorder and the normal individuals exist a significant difference or not?

Materials and methods:

Research methodology in this research is descriptive and is casual-comparative. The statistical society of this research is included two parts: part one are all hospitalized patients in the EBNE SINA hospital in Mashhad which about them according to the psychiatric council was given diagnosis of bipolar disorder. Part two of statistical society is included all of the normal and healthy individuals of Mashhad. The number of samples in this research has been composed of 100 (50 with bipolar disorder and 50 normal individuals). In this research for choosing the normal sample is used random sampling method and for choosing the sample with the bipolar disorder is used available sampling method (the diagnosis of bipolar disorder which was given in the hospital when patient admission, in the later interviews is confirmed by psychiatrist according to the criteria for the fifth version of the diagnostic and statistical manual of mental disorders (DCM-V) and by using the structured clinical interview according to DCM-V (SDID)).

Data collection tools:

- A)DSM-V checklist which was prepared according to DCM-V criteria for the bipolar disorders.
- B)SCID is a structure interview which provides diagnosis according to DCM-V and its implementation is required the clinical judgment of the interviewer about the interviewee's responses. In this study is used the

Persian version of SCID. Reliability and validity of the Persian version of this questionnaire is evaluated and it has been reported desired (FEREST, SPITERZ, GIBON & WILIAMZ, Persian translation, 1384).

C)Coping orientation questionnaire against the problems (COPE)

The COPE questionnaire based on the LAZARUS's model has been provided of stress and the self-regulation model of behavior. This questionnaire has 60 point and 15 subscales and has been regulated based on the 4 degrees LIKRET scale (ever, slightly, on average and high). In spite of this, because of having its fifteenth subscales of the poor reliability has been criticized. KAROR, SHIRER and VINTERAB (KAROR, 1989), in order to increase the reliability of the factors in the questionnaire are proposed three coping styles as follows which have more reliability towards the fifteenth subscales: problem-focused coping style, emotion-focused coping style and dysfunctional coping style. According to the re-evaluation of COPE psychometric properties by LAINI and RAJER (2000) through the analysis factors method is obtained the following three factors which are having suitable reliability: logical or active coping (18 points with the CRONBACH's alpha 0/89), emotion coping (8 points with the CRONBACH's alpha0/83) and avoidance or inability coping (11 points with the CRONBACH's alpha 0/69). The generalizability of COPE is examined in the Italian culture (DESICA, 1997) and Estonia culture (KALASMA, 2000) and most of the results of KAROR, SHEER and WINTERAP has been confirmed in these two countries. In the IRAN BORDBAR (1382) is examined the reliability and the validity on the groups of students in Shiraz University and CROBACH's alpha coefficient 0/90 for the internal consistency, the coefficient of agreement 0/76 for the clarity of the points and the coefficient of agreement 0/70 to contact materials for each subscale was reported by its name.

D)Enrich's questionnaire of the marital satisfaction:

In this research, in order to measure the marital satisfaction is used the ENRICH's questionnaire of the marital satisfaction. This questionnaire has been designed by OLSON and et al (1992) which is used in order to assess the potential problem areas and to identify the areas of strength and to fruitful the marital relations. This test has two forms of 115 questions and 125 questions which has been composed of 12 subtests. This questionnaire even has total score and even in the subscales offers the independent score. The subscales of this test is included distorted idealistic, satisfaction, personality issues, communication, conflict resolution, financial management, leisure activities, sexual relations, children and parenting, family and friends, the roles of egalitarianism and the religious orientation (PORGHAFARI & et al, 1391).

The main form due to the high number of the inquiries of questionnaire led to the fatigue pf the examiners. SOLEIMANIAN (1376) is provided a short form of this questionnaire which has 47 questions and 11 agents (FATEHIZADEH, 1384). The calculated scores are interpreted based on the final table which in it the average is equal to 50 and the standard deviation is 10.

Stability and reliability:

OLSON and et al (1992) are calculated the reliability of this questionnaire in the range between 0/48- 0/90. The alpha coefficient of ENRICH's subscales in such various researches has been 0/68- 0/86 with the average of 0/79. Retest reliability of this questionnaire in a four-week has been between 0/77- 0/92 with average of 0/86 (SANAEI, 1387). MAHDAVIAN (1376, quoted by SANAEI, 1387) is calculated the stability of this questionnaire in the retest method for the men and women groups and the total sample 0/94. SOLEIMANIAN the stability of the short form of questionnaire through the calculating of CRONBACH's alpha is reported 0/90 (FATEHIZADEH, 1384).

SHARIFNIA (1380) the reliability of the marital satisfaction questionnaire with the family assessment device compatibility test (FAD) is reported 0/92, SOLEIMANIAN (1373) is reported the concurrent validity 0/95 which is represented high reliability of the questionnaire. In this research the validity of the questionnaire is obtained through the CHRONBACH's alpha 0/76.

The implementation method of the research:

To conduct the research and to collect data and to determine the sample size after the obtaining of the required permission and the coordination with the authorities of the EBN SINA hospital the questionnaire to put in charge of the patients who were eligible to study (the samples are selected according to the study conditions after the explaining of the purpose of research and the acquisition of informed consent of them to participate in the research, about be anonymity, the maintaining of the secrets and to respect the privacy of

the patients). This work is continued to reach the desired sample size. As well as, the sample of normal group also is selected among the partners and the clients to the hospital the questionnaire to put in charge of them.

Data analysis method:

In this research, to report the findings is used descriptive statistics indicators (such as standard deviation and histogram) and to test the hypothesis is used inferential statistics indicators of t test with two independent samples Xi non-parametric test. The data analysis is done by SPSS software (version 19).

In this research, from total 100 sample of research are 23 normal men (equivalent to 46 percent) and 27 normal women (equivalent to 54 percent) and also 31 sick men (equivalent to 62 percent) and 27 sick women (equivalent to 38 percent). Participants in the research in terms of age in the both groups more to be positioned in the range of 51-55.

THE GENERAL HYPOTHESIS:

Between the coping styles and the marital satisfaction in the patients with the bipolar disorder and healthy individual has exist difference.

The first sub-hypothesis: between the coping styles in the patients with the bipolar disorder and healthy people has exist difference.

In this research each individual has one of the coping styles. Also are available two groups of healthy and sick individual which in each of the groups the coping styles are available with the different frequencies. Therefore, in the following by using the Xi test are tested that is between two groups of healthy and sick individuals in terms of frequency of coping styles exist different?

Table 1- The observed and expected frequencies of the interaction between the group of healthy and sick individuals with the coping styles

Total	Coping style type						
	Problem-oriented	Emotion	dysfunctional				
45	27	13	5	Observed frequency	Healthy	group	
45	23	13	9	Expected frequency			
45	19	13	13	Observed frequency	Sick		
45	23	13	9	Expected frequency			
90	46	26	18	Observed frequency	total		
90	46	26	18	Expected frequency			

The above table is shown that the healthy group more have the problem-focused coping style and less have dysfunctional coping style (avoidance) and in return the patients group more have dysfunctional coping style and less have problem-focused coping style.

Table 2- the Xi test the difference between the observed and the expected frequencies

The significant level	Degree of freedom	The amount of Xi2
0.04	2	14.94

In the table of Xi2 test is shown that the difference between the observed and the expected frequencies in the alpha level lower than 0/05 is significant and with 95 percent confidence it can be said that the healthy group

more have problem-focused coping style and the patient group more have dysfunctional coping style (avoidance).

The second sub-hypothesis: between the marital satisfaction in the patients with bipolar disorder and the healthy individual has exist difference:

The following table shows the average and the standard deviation of the marital satisfaction and its dimensions with the breakdown of the healthy and patient individuals.

Table 3- the average and the standard deviation of the marital satisfaction and its dimensions

Standard deviation	Average	Group		Standard deviation	Average	Group	
4.23	17.92	Healthy	Leisure activities	27.38	170.34	Healthy	Overall satisfaction
5.64	16.9	Patient		38.47	166.38	Patient	
3.57	18.18	Healthy	Sexual	4.2	18.14	Healthy	Personality issues
2.4	16.5	Patient		6.31	17.6	Patient	
3.54	17.5	Healthy	Marriage and children	3.5	17.86	Healthy	Marital relationship
4.65	17.26	Patient		2.22	17.06	Patient	
3.91	18.22	Healthy	Relatives and friends	3.69	20.1	Healthy	Conflict resolution
5.09	18.84	Patient		5.77	18.54	Patient	
3.5	17.52	Healthy	Religious orientation	2.86	17.86	Healthy	Financial management
5.21	17.8	Patient		4.18	17.44	Patient	

Table 4- t test for the comparing of the average of scores of both groups

T test					The LEVEN test for the consistency of variances			
The standard error of differences	The differences between the averages	Sig.	DF	t	Sig.	F		
6.67	3.96	.55	88.51	.59	.00	20.77	The differences of variances	Overall marital satisfaction
1.07	.54	.61	85.35	.5	.00	9.80	The differences of variances	Personality subjects
.58	.8	.04	82.88	1.36	.01	7.09	The differences of variances	Marital relationship

.96	1.56	.04	83.44	2.6	.00	11.06	The differences of variances	Conflict resolution
0.71	0.42	0.56	86.64	0.58	0.00	11.9	The differences of variances	Financial management
0.99	1.02	0.30	90.84	1.02	0.03	5.16	The differences of variances	Leisure activities
0.60	1.68	0.001	98	2.76	0.22	1.49	The consistency of variances	Sexual relationship
0.82	0.24	0.77	98	0.29	0.07	3.2	The consistency of variances	Marriage and children
0.90	-0.62	0.49	91.93	-0.68	0.00	11.04	The differences of variances	Relatives and friends
0.88	-0.28	0.75	85.76	-0.31	0.00	18.46	The differences of variances	Religious orientation

As the table 4 of t test shows the P-Value of LEVEN test is lower than 0/05 in the variables of overall satisfaction, personality subjects, marital relationship, conflict resolution, financial management, leisure activities, relatives and friends and religious orientation, so, in their t test has been used the differences of variances assumption and is higher than 0/05 in the variables of sexual relationship and marriage and children, so in their t test has been used the consistency of variances assumption.

In the following, as the table shows:

A) The significant level of t test in the sexual relationship dimension is lower than 0/01 ($p < 0/01$), the differences between the averages of both groups in this dimension is significant and with 99 percent confidence can be said that in the sexual relationship dimension of the marital satisfaction between the healthy people and the patients with the bipolar disorder has exist significant difference.

B) The significant level of t test in the marital relationship and the conflict resolution dimensions is lower than 0/05 ($p < 0/05$), the differences between the averages of both groups in these two dimensions is significant and with 95 percent confidence can be said that in the leisure activities dimension and the religious orientation between the healthy people and the patients with the bipolar disorder has exist significant difference.

C) The other observed differences between the healthy group and the patients with the bipolar disorder is not significant ($p < 0/05$) and can't be said that between the healthy people and the patient with the bipolar disorder in terms of the overall marital satisfaction and the personality subjects, the leisure activity, the financial management, the marriage and children, the relatives and friends and the religious orientation has exist significant difference.

Discussion and conclusion:

All of us are wanted mental health and its promotion and the cognitive method of coping is the most adaptive coping strategies with the stress and the problem solving. If wanted to live in peace and mental health, first of all should choose the suitable coping style. Today, depression, hopelessness, frustration and etc. is seen more in the society which itself are the result of several factors. The effort to find these factors continues and especially given the notice to the role of coping styles and the methods of dealing with the problems of life is increasing. Accordingly the objective of this research has been the comparing of the coping styles and the marital satisfaction in the patients with the bipolar disorder and the healthy people. The findings show that between the coping styles in the patients with the bipolar disorder and the healthy people has exist difference.

THE FIRST HYPOTHESIS:

between the coping styles in the patients with the bipolar disorder and the healthy people has exist difference.

The results of the table 1 is shown that the healthy group more have problem-focused coping style and less have dysfunctional coping style and in return the patient group more have dysfunctional coping style (avoidance) and less have problem-focused coping style. The dysfunctional coping style (avoidance) was observed in the patients with the bipolar disorder. This finding is lined with the findings of ESTAL, ESTEMLER and PETERSON (1995), ESTINER, ERIKSON, HERNANDZ and PAOLSKI (2003), SHIOR and MIKOLISTER (2007), BESHARAT and SHALCHI (1387). The findings research of PEN LIOT and MAKHA (2002) is shown that is available correlation between the neuroticism factor with the experienced negative emotions and the use of emotion-oriented strategies and between the extroversion factors, loyalty and the acceptance of the experienced emotions such as joy and pride and the use of problem-oriented solutions. The results of research of KARDAM and KERAPIC (2001) suggests that the extroversion has direct positive impact on the emotion-focused coping styles and the problem-focused coping styles and the neuroticism and the psychosis have direct positive impacts on the avoidance coping style. The indirectly effects of character traits on the coping styles by the mental stress is low for all three styles. In the article which MOHAMMAD GODARZI and ZAHRA MOEENI RODBARI (1385) are done with the subject of to check out the coping styles and the mental health in the high school students is obtained these results which between the problem-focused coping styles and the logic coping styles can be predicted the disease indicators of the health indicators and the emotion and dysfunctional or avoidance coping styles.

THE SECOND HYPOTHESIS:

between the marital satisfaction in the patients with the bipolar disorder and the healthy people has exist difference.

The results of the table (3) is shown that between the overall marital satisfaction and the dimensions of the personality subjects, the leisure activities, the conflict resolution, the financial management, the marriage and children, the relative and friends and the religious orientation has not exist a significant difference ($p > 0/05$). Also the results of the table is shown that in the sexual satisfaction variable in the level lower than 0/01 and in the dimensions of the marital satisfaction and the religious orientation in the level lower than 0/05 has exist a significant difference between the two groups.

The findings research is lined with the researches of SARHADI and et al (1389), SHAMSI POUR and et al (1384), HEIDARI and et al (1391), HOSEINI GHADAMGAHI and et al (1377), KENSTAM and et al (2007), LOCARINEN and et al (2003), AREN HAL and et al (2010), BLOK (2006), SHOARTZ and et al (2008) and VERBI and et al (1991). One of the dimensions of the marital relationship which has been effected the diseases and the disorders in this study is the marital satisfaction. The created tensions due to this disease and the restrictions is caused by it plays the important role in the decrease of marital satisfaction of patients and their spouses. The results of study is lined with the studies of VERBI and et al. in this study is expressed the decreased satisfaction of the relations by disrupting the usual family activities.

The other dimension of the marital satisfaction which is effected the disease in this research and is observed a significant difference between the two groups is the conflict resolution between the two groups. Certain diseases generally and the bipolar disease especially is underlie the family conflicts in spouse. The stressful stimulus like the financial burden caused by the disease, changes in family functions, frequent hospitalizations, anxiety and depression of the couples and children is followed by conflicts and as a result the decrease of marital satisfaction and if these conflicts are not resolved causes the intensification of disease and to create the other numerous problems.

SUGGESTIONS:

To the professionals of the health area and the other institutions associated with the patients is suggested are considering the role of the coping styles as a predictor factor in the incidence of mental disorders.

The marital satisfaction issue is considered lower to scholars especially in the dimensions of sexual satisfaction, marital relationship and conflict resolution which is recommended is considered in the future researches.

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