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The relation ship between stress coping strategies and resilience with mental health of students at Payam Noor University, Alwan

ahmad bande chenani
master of general psychology islamic azad university ahvaz branch. iran

Abstract:
The purpose of this study was to investigate the relationship of coping strategies with stress and resilience with mental health of students. The statistical society of the study consisted of all students of Payam Noor University in Alwan, among them, 300 people were selected by cluster sampling. The tools used in this research were: stress coping strategies questionnaire of Andler Parker, resilience questionnaire of conner &Davidson (CD-RISC) and general health questionnaire (GHQ), all of which had acceptable credibility and reliability. The present study was correlation kind. To analysis data, multiple regression method was used. Results in P <0/0001 level showed that there is a negative correlation between problem- oriented coping strategy and mental health disorder and there is a positive correlation between emotion- oriented coping strategy and mental health disorder. In addition, there was no significant negative correlation between avoidance coping strategy and mental health disorder. There is also a significant negative correlation between mental health disorder and resilience. Also, multiple regression analysis showed that predictor variables identify strategies for coping with stress (problem-oriented, emotion- oriented and avoidance) and resilience of 29% variance of the criterion of mental health disorder.
Key words: strategies for coping with stress, resilience, mental health.

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Introduction

Mental health is one of the criteria determining the general health of individuals and its concept is: feeling good and ensuring your own efficiency, self- reliance, competitive capacity, intergenerational member ship and potential flourishing of intellectual, emotional and so forth. (The World Health Organization, 2000, according to Khosroshahi, Nusratabad). Any change in a person's life, whether pleasant or unpleasant, requires a kind of adaptation. Methods to cope with the changes and tensions resulting from these changes vary from person to person, depending on different situations. Generally, the coping style refers to cognitive and behavioral efforts to prevent, manage and reduce stress. (Lazarus RS, FOLK mans, 1984, penly, A, & Tomaka, 2002, Andler and Parker, 1990). Based on study to examine the general coping process, individuals differentiate according to the three basic types of coping style: problem- oriented coping strategy, emotion- oriented coping strategy and avoidance coping strategy.

In the area of mental health and coping strategies we can say that mental health in a two-way integration, on the one hand, the results of the selection and the use of effective coping strategies are proportional to change and stress and on the other, it creates a healthy mental environment that in the light of this, proper knowledge and assessment on the tense position is possible in order to choose effective coping strategies (Ghazanfary and Ghadam Poor, 1387).

Health psychology is very important for the role of coping strategies in physical and mental health (Carvercs et al, 1993). Identifying effective from of coping as an intermediate variable in relation to stress- disease is dedicated the front line of research in this field (Hobfoll Se, svhwarzer R. chon, 1998). In general, the dominant results of research have identified emotional coping as the effective mediators of the stress- disease relation ship (Pakenham, 2004). Stress- related illnesses and worsening of general health most are seen in people who continually use emotional coping (Piko, 2001).

Avoidance coping is known as an effective short-term strategy but in a long run, it prevents psychological compromise and increase symptoms of helplessness such as depression (Bryant RA, Harvey AG, 1995). One of the variables discussed in this research is resilience. It has a special place in the areas of psychology of change, family psychology and mental health so that everyday is added to the number of research related to this structure (Samani, Jokar, Sahragard, 1386). Garemzy and Masten (1991) defined the resilience on "a process, ability or the consequence of successful adaption to threatening conditions" in other words positive adjustment in response to adverse conditions (Waller, 2001). Of course resilience is not only sustainability to threats or threatening conditions and its not a positive state in dealing with dangerous situations, it is an active and constructive company in its perimeter environment. It can be said that resilience is a

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person's ability to stabilize psychological balance in a dangerous situation (Conner and Davidson, 2003). In addition researchers believe that resilience is a kind of self-healing with emotional, sensitive and cognitive consequences (Garemzy, 1991; Masten, 2001; Rutter , 1999;Lauthar, SS, Cicchetti, D, & Becker, 2000). It is also mentioned that it can guarantee and enhance the mental health of individuals (Pinquart, 2008). In the context of the emergence of the resilience we can point to a higher level of mental health and life satisfaction (in researches of Lazaros, 2004, Antonovsky, 1987; Silliman, 1994 quoted from Samani, Jokar, Sahragard, 1386). In a research that Ghazanfari and Ghadam Poor (1387) Goodarzi and Moayeri Roodballi (1385) and Aghdasi and Abdi (1390) conducted with the title of rotation research of coping strategies and mental health; results showed that there is a significant relationship between mental health and avoidance strategies. In this way, the more the person uses the problem-oriented coping strategies, the higher the mental health and adversely the more the person uses emotional-oriented coping strategies is less likely to have mental health. And will have more physical harm, anxiety, social dysfunction and depression. Shojaiee especially Shokohi Yekta and Ghorbani (1391) in a study titled forecasting mental health symptoms based on the resilience in teenage men and women of the mentally retarded students of Shiraz in the academic year of 90-91 concluded that it is a negative and significant predictor of symptoms of physical impairment, anxiety, social function, depression of mental health. Carolyn M, Aldwin A, Loriena A (2001) came to the conclusion about coping methods that those who use problem-oriented coping methods, significantly decompose the problem into smaller and more controllable components and are looking for information and attention to different issues of the problem and to direct their actions. While in emotional-oriented coping strategies, emotional statements are emerging as avoidance, isolation, suppression and abandonment. In a study that Baldvin et al (2010) as a "resilience and optimism" conducted, results showed that there is a significant positive relationship between resilience and optimism. Additionally results showed that resilience positively related to optimism and the negatively related to distresses and the mood of optimism is negatively related to psychological distress. So we intend to do so in this research: study the relationship between stress coping strategies and resilience with mental health in students of Payam Noor University of Alwan.

Method

This research is a correlation kind. The statistical society of the study consisted of all students studying at Payam Noor University of Alwan in the academic year of 90-91. According Karaji and Morgan table, 300 people have been identified as an adequate number for the research sample in cluster sampling method. The total numbers of classes in the university was

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26, of these, 8 classes were randomly selected. In order to analyze the data in this research, the descriptive statistics methods were used: frequency calculation, average percentage, standard deviation and inferential empirical method such as Pearson correlation coefficient and multivariate regression analysis. To analyze collected data used of SPSS computer software version18. For all assumptions, a significant level of a=0/05 was considered.

Measurement tool:

Andler & Parker coping stress questionnaire:

This questionnaire was developed to measure adolescent and adult coping strategies in stressful and critical conditions in 1990 by Andler & Parker and consisted of 3 scales: problem-oriented coping, emotional-oriented coping and avoidance-oriented coping with questionnaire. The scale questions are a 5-point Likert scale and respectively, “no to never” to “very high” grades 1 to 5 (Taheri, 1389). Ghoraishi Rad to validate this scale in the Iranian sample using factor analysis showed that acquired components account for 58% of the total variance of the scale. The results of simultaneous analysis of this scale with the Billings and Mouse scales showed the correlation coefficient of 0/62 for problem-oriented and 0/40 for emotional-oriented scale. In assessing the validity of this scale also with a reciprocal method, the validity coefficient of total scale 0/83 calculated and for problem-oriented, emotional-oriented and avoidance subscales 0/86, 0/81 and 0/79 were calculated respectively. In current research, reliability coefficients of stress coping strategies questionnaire was calculated using the Cronbach’s Alfa and polygonal method which for the whole questionnaire was 0/82 and 0/70 respectively which indicated the acceptable reliability coefficients of this questionnaire.

Resilience questionnaire:

The questionnaire has 25 rows and Conner, K. M & Davidson provided it with a review of the research resources 1979-1991 in the resilience field. Grading scoring between zero= completely false to 4= always true, the highest score is 100 and the lowest is 0. Producers believe that this questionnaire is well suited to differentiate resilience people from non resilient in clinical and non clinical groups it can be used in clinical and research situations. In Iran, Mohammadi to standardize it (1384), before determining the validity using factor analyzing of the main components of the 2 indicators; sampling sufficiency amount is equal to 0/87 and the value of 2 Bartlett’s sprites was 5556/26. In current research, the reliability coefficients of the resilience questionnaire were calculated using the Cronbach’s Alpha and the harmonic method that for all of questionnaire is equal to 0/86 and 0/84 respectively which indicates the acceptable reliability coefficients on this questionnaire.

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General health questionnaire GHQ:
It has 28 items which examines the general health of the individual in the sub-scales of physical symptoms, anxiety and disorders in social function and depression. It is based on a scale of 0 to 3, a score higher than 6 in each of the sub-scales and above the score of 22 in the total of questionnaire indicating the presence of disease symptoms. Taghavi (1380) report the credit coefficient between questionnaire 0/72 through validation and Hooman (1376) report the credit coefficient of this questionnaire between0/84 to 0/92. In current study to determining reliability of mentioned questionnaire used of 2 methods of Cronbach's Alpha and harmonic which for all of the questionnaire is 0/86 and 0/70 respectively.

Finding:
Current research includes the following hypotheses which hypothesis, along with the results obtained from its analysis presented in tables.

Table1: simple correlation coefficient between problem-oriented coping strategy and disorder in mental health of students.

Sample amount (n)	Significant level (p)	Correlation coefficient (r)	Statistical index / Cases to be examined	Criterion variable	predictor variable
300	0/0001	-0/25	All of students	Disorder in mental health	Problem-oriented coping strategy
150	0/0001	-0/21	Girl students		
150	0/0001	-0/29	Boy students		

As can be seen in this table, there is a significant negative relationship between problem-oriented coping strategy and disorder in mental health of all students (r=-0/25, =p0/0001). So the first hypothesis is confirmed. In the other words, increasing the problem-oriented coping strategy of students has been accompanied by a reduction of disorder in their mental health. There is a significant negative relationship between problem-oriented coping strategy and disorders in mental health of girl students(r=-0/21, =p0/0001). In other words with increase of problem-oriented coping strategy of boy students, disorders in their mental health is reduced.

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Table2: simple correlation coefficient between emotional-oriented coping strategy and disorder in mental health of students.

Sample amount (n)	Significant level (p)	Correlation coefficient (r)	Statistical index / Cases to be examined	Criterion variable	predictor variable
300	0/0001	0/36	All of students	Disorder in mental health	Emotional-oriented coping strategy
150	0/0001	0/43	Girl students		
150	0/0001	0/29	Boy students		

As can be seen in this table, there is a significant positive relationship between emotional-oriented coping strategy and disorder in mental health of all students (r=-0/36, =p0/0001). So the second hypothesis is confirmed. In the other words, with increasing the emotional-oriented coping strategy of students, disorder in their mental health is increased. There is a significant positive relationship between emotional-oriented coping strategy and disorders in mental health of girl students(r=-0/043, =p0/0001). In other words, the more increased the emotional-oriented coping strategy as much as their mental health disorder rises. There is a significant negative relationship between emotional-oriented coping strategy and disorders in mental health of boy students(r=-0/29, =p0/0001). In other words increasing of emotional-oriented coping strategy of boy students, was accompanied by increasing disorder in their mental health.

Table3: simple correlation coefficient between avoidance coping strategy and disorder in mental health of students.

Sample amount (n)	Significant level (p)	Correlation coefficient (r)	Statistical index / Cases to be examined	Criterion variable	predictor variable
300	0/480	-0/04	All of students	Disorder in mental health	Avoidance coping strategy
150	0/210	-0/10	Girl students		
150	0/742	-0/029	Boy students		

As can be seen in this table, there is not a significant negative relationship between avoidance coping strategy and disorder in mental health of all students (r=-0/04, =p0/480). So the third hypothesis is not confirmed. There

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is not a significant negative relationship between avoidance coping strategy and disorders in mental health of all students.

Table4: simple correlation coefficient between resilience and disorder in mental health of students.

Sample amount (n)	Significant level (p)	Correlation coefficient (r)	Statistical index / Cases to be examined	Criterion variable	predictor variable
300	0/0001	-0/40	All of students	Disorder in mental health	resilience
150	0/0001	-0/37	Girl students		
150	0/0001	-0/43	Boy students		

As can be seen in this table, there is a significant negative relationship between resilience and disorder in mental health of all students (r=-0/40, =p0/0001). So the forth hypothesis is confirmed. In the other words, increasing resilience of students accompanied by reduce of disorders in their mental health.

There is a significant negative relationship between resilience and disorders in mental health of girl students(r=-0/37, =p0/0001). In other words, with increasing resilience of girl students, disorder in their mental health is reduced. There is a significant negative relationship between resilience and disorders in mental health of boy students(r=-0/43, =p0/0001). The more increased resilience of students as much as their mental health disorder diminishes.

In the following to review relationship between problem-oriented, emotional-oriented, avoidance coping strategies and resilience with disorder in mental health; used of multiple correlation coefficient:

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Table5: multiple correlation coefficients of forecast variables (problem-oriented, emotional-oriented, avoidance coping strategies and resilience) with disorder in mental health of students with simultaneous and step by step entry methods.

= p	T	β	= p	F	R^2	R	predictor variable	method
0/106	-1/62	-0/10	0/0001	31/00	0/29	0/54	Problem-oriented coping strategy	A: entrance
0/0001	7/54	0/37					Emotional-oriented coping strategy	
0/289	1/06	-0/05					Avoidance coping strategy	
0/0001	-5/60	-0/33					resilience	
0/0001	-7/55	-0/40	0/0001	57/08	0/16	0/40	-1 resilience	B:phasal
0/0001	-8/00	-0/39	0/0001	59/69	0/28	0/43	-2 emotional-oriented coping strategy	
0/0001	7/24	0/35						

As can be seen in this table, forecast regression of disorder in mental health of students is significant from the problem-oriented, emotional-oriented, avoidance coping strategies and resilience (f=31/00, =p<0/0001). Variable of emotional-oriented coping strategy with Beta coefficient 0/37, positively and significantly can forecast disorder in mental health of students. Resilience variable with Beta coefficient 0/33, negatively and significantly can forecast disorder in mental health of students. So R2 show that 29% of variance of disorder in mental health of students determined by mentioned variables. Results of step by step regression analysis also showed that resilience variables and emotional-oriented coping strategy respectively forecasting disorder in mental health of students.

Discussion and conclusion:

Results showed that there is a significant negative relationship between problem-oriented coping strategies and disorder in mental health. In other words, increase of problem-oriented coping strategy of students

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accompanied by reducing disorder in their mental health. This finding is along with results of research of Patacek JT, Dodge KL (1995); Hoseinian, Yazdi, Khaleghi Ghadiri and Zahraiee (1385); Ghazanfri and Ghadampoor (1387). These findings can be explained on this basis that according Folkman and Lazaros moder (1984) in the coping process, cognitive skills are used to solve the problem. By using a problem-oriented coping style used of cognitive skills to solve problem. On this base, method of coping with problem reviewed directly and usually finding appropriate solutions to the problem of psychological satisfaction is achieved. On the other hand, this situation leads to orderliness and intellectual coherence and reduces emotional excitement. In the shadow of coherence and emotional relaxation, the source of stress is better identified and maybe verified controllable. Recognizing the source of stress on the one hand and controllable evaluation on the other hand helps to increasing mental health. Results showed that there is a significant positive relationship between emotional-oriented coping strategies and disorder in mental health of students. Several studies reviewed relationship between health and coping skills which is consistent with findings of current research. Results of this review showed that emotional-oriented coping is related to distress and concern (Mathews et al, 2000) chronic diseases (Moos, R.H., & Schaefer, 1996) chronic pain (Katz et al, 1996) drug abuse (Wills, T.A., & Hirky, 1996; Hannah, R. & Nicole, 2003) and depression. Generally according several studies, emotional-oriented coping defined as the most effective mediator between stress-related illnesses and worsening of general psychological health is seen in people who continually use emotional coping (Ireland et al, 2005). This finding can be explained on this basis. According Folkman and Lazarous model (1984) using of emotional-oriented strategy prevents a person from having a direct and effective conflict with the problem and reduces his ability to solve the problem. This condition disrupts intellectual coherence and emotional excitement and reduces mental health. Intellectual and emotional excitement also reduces the possibility of correctly recognizing the source of stress and negatively affects mental health. Results showed there is a relationship between avoidance coping strategy and disorder in mental health of students. Also is not confirmed that this finding is consistent with research results of Cosway et al (2000), Poornaghash Taheri, Akbari and Teimori (1391). Considering that the subjects studied in this research were people who smart and well educated which is likely to signal that stress is exacerbating the symptoms of their illness. As a result they try to avoid the stressor so that the signs of their illness are not exacerbated. These factors have caused no significant relationship between the 2 mentioned variables. Resilience increase accompanied by reducing disorder in their mental health. This finding is consistent with researches of Tugade, M.M & Fredrickson (2004); Inzlicht et al (2006); Masten (2001); Rahimian, Boogar and Asgharnejad Farid (1387). These researches show that people

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with high resiliency are psychologically healthy and have psychological adaptability in stressful and disastrous situations. Resilience defined as a person's confidence in his ability to overcome stress, having coping skills, self esteem, emotional stability and individual characteristics that increase social support (Penikorat, 2008). Finally given that a large part of coping skills and resilience are training, therefore with the development and implementation of effective training programs can help to strengthen these elements.

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