The Relationship between Mental Health and Coping Styles and Marital

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Abstract
Introduction: Marital adjustment represents the strength of the family system and plays an important role in family health. This study was conducted to investigate the relationship between mental health and coping styles and marital adjustment in a sample of men and women in Rasht.

Methods: This research is descriptive and correlational. The population included all married men and women in Rasht in 2015. A sample of 300 subjects was selected in a multi-stage cluster random method based on Morgan and Krejcie Table and they responded to a questionnaire of revised marital adjustment scale (RDAS), the questionnaire of coping styles and the questionnaire of general health. Data collected using Pearson correlation and multivariate linear regression coefficient in a stepwise method was analyzed.

Findings: Pearson correlation results showed that variables of mental health with correlation value -0.288, emotion-focused coping strategies with correlation value -0.177 and marital adjustment had a significant and negative relationship. Stepwise regression analysis showed that the variables of mental health and coping styles of two regression steps o.63 significantly explained marital adjustment variance.

Conclusion: the results of this study support an importance of the variables of mental health and coping styles in predicting marital adjustment.

Keywords: Mental health, Coping styles and marital adjustment.
1. Introduction

Family is introduced as a social institution which is the result of marriage between men and women. One of aspects of human social life is a healthy and constructive interaction among humans and establishing the same type of love and communion to each other; the family is a satisfaction of different physical needs and active, mental and emotional involvement and influence (Edlati & Redzuan, 2010). Increasing problems, dissatisfaction and marital conflict, rising divorce rate and its adverse consequences in recent years have highlighted the importance of the relations among spouses. Marital adjustment can be considered a source of family system and reducing or even part of the family’s existence (Mehrabizadeh Honarmand et al., 2013). Ellis believes that marital adjustment, feeling pleasure, satisfaction and joy experienced are all from husband by considering all aspects of marital life (Sadeghi, 2006). This shows the strength and efficiency of the family system; family health depends on healthy and thriving communication of couples and if the family foundation has not necessary strength, the negative message is some kinds of physical and mental problems (Satir, 1997). In marital adjustment, marital satisfaction as one of the deepest and most fundamental of human life enjoyments is important which lack of it is one of the largest sources of pain and discomfort (McKay et al., 2009). Mental health also means successful implementation of mental function that leads to constructive activities, communication with other people and ability to adapt to changes in the learning and confidence (Johnson, Editor, 2003). Mental health as defined by the World Health Organization is the ability for harmonious communication with others, personal and social change and improvement of personal and social environment and conflict resolution and personal desires reasonably and fairly and appropriately (the World Health Organization, 2014; quoted by Zangouei et al., 2015). The research of Shaker et al (2011) showed that mental health and attachment style were able to predict marital adjustment. This finding is consistent with a number of significant research such as Maria Grail (2008); Alferi, Carver, Antoni, Weiss, Duran (2001); Beach (2001); Heene, Buysse, Van Oost (2003-2005). The research of Keiqobadi (2008) also showed sexual performance and mental health had some effects on their marital adjustment and resulted in the continuity of life and marital adjustment (Keiqobadi, 2008). Today, despite the profound cultural changes and changes in lifestyles, many people in encountering the problems and difficulties of life are lack of necessary and basic skills to solve their problems and this issue leads to vulnerability of these people in the face of problems in everyday life. These skills and abilities enjoy learning and spend time and we can add to the framework of individual copings by spending time and effort. Methods of dealing with people with the stress of daily living and coping with them influenced by factors such as age, education, previous experience, culture and environment where people are living and also the severity and frequency stress suffered by individuals in the use and type of coping styles are effective (Ouyang, 2007). Today, the use of coping behaviors for adjustment is necessary (Gafvels & Wandell, 2006). Everyone experiences stress in daily life in different forms and inevitably tries to adopt a unique approach to responsive factors. According to the World Health Organization (2001), coping is a part of the interaction between man and environment and occurs when a person evaluates a stressful situation (Billings and Moos, 1981). Coping is defined as cognitive and behavioral reactions of people which are in response to the situation and their recent life stressors that happened. Lazarus has defined coping to efforts to control and dangerous and stressful situations and he considers stress involving three steps: A- the initial evaluation process which involves basic human perception of a threat or
danger; B- secondary assessment of the process referring to potential respond to the individual in the mind to cope with a threat; C- coping the process which the individual in this phase considers to what he has in his mind. Coping styles by increasing or decreasing stress can have an effect on metabolic control of diabetes directly through psycho-physical processes or indirectly through mutation treatment adherence and self-care (Pierrot et al., 1999).

Sappington (2003) believes that each of people works differently in the use of coping styles and no one gives an answer to stressful stimuli that others have given. Some people are very vulnerable to the effects of stressful stimuli, but against others in this regard they are very robust. According to him, factors such as genetic factors, personality factors and skills on vulnerability to mental pressure are effective. Coping skills results in positive behavior adjustment in the individual which these skills ease the responsibilities of community and the person without hurting yourself and others will face with desires, expectations and daily problems, especially in interpersonal relationships effectively (Taromian, 1999). Lazarus and Folkman(1980) believe that there are two main strategies to cope with stress including problem-focused and emotion-focused coping strategies. Problem-focused coping strategies to direct action to reduce the load refer to the increase in stress management skills (Klinikheh, 2001) and this includes constructive measures of the person in relation to stressful situations and this tries to remove or change source of stress. In this type of coping, the aim of the person is to calm him and achieve the peace that is disturbed due to stress (Ghazanfari & Qadimpour, 2008). In this way, a person is fully active and he seeks a solution to solve a problem or to minimize the psychological stress and he tries to do work or activate to eliminate or minimize stress (Maleki, 2007). But emotion-oriented coping strategy refers to cognitive strategies which delays fixing or removing stress by giving new meaning and name (Klinikheh, 2001) and includes efforts to regulate real excitement stressful consequences and maintains emotional balance by controlling the excitement from stressful situations (Ghazanfari & Qadimpour, 2008). In this method, a person does not perform activity and specific efforts to reduce or eliminate stress, but just relax himself and get away from the turmoil and confusion (Maleki, 2007). Problem-focused coping styles include cognitive and behavioral efforts to change the course of tension such as seeking help from friends, experts, etc. In contrast, in emotion-focused coping, the person is not striving for change stressor, but he is seeking the ways of dealing with emotional responses to stress (Salehi et al., 2013). Maltbay et al (2004) found that people, who had higher life satisfaction, used more effective and more convenient coping styles, experienced positive and deeper emotions and enjoyed higher public health and lack of life satisfaction was correlated with poorer health status, symptoms of depression, personality problems, inappropriate health behavior and poor social state. Also, they showed in other studies that problem-focused coping styles led to to increasing social skills in people who this led to increasing compatibility and satisfaction of couples. These results are consistent with the research of Hamidi (2007), Mansour iNasrabadi, Kouchak Entezar and Qodsi (2004), Gadeby and Kourich (2004), Mohammadi (2008), Zarean (2007); quoted by Shaker et al). In explaining this result, it can be said that those with high social skill know how to solve the problems based on understanding of social issues. These people in facing their problems instead of being affected, attempt to focus on themselves and investigate the problem with creativity and skills they have acquired and reflect the best measures. Other studies showed that there was a significant relationship between coping styles and marital adjustment and especially predicting marital adjustment was based on more task-oriented style confrontation to the extent that the use of this style increase, marital adjustment would increase (Mansour, 2002). According to the
above issues and the importance of marital adjustment, the present study attempts to discuss this subject in the form of a descriptive design that it is specified how much the variables of mental health and coping styles are able to predict marital adjustment in married men and women. Accordingly, hypotheses of the study are as follow:

There is a significant and positive relationship between marital adjustment and mental health.

There is a significant and positive relationship between marital adjustment and coping styles.

2. Method

2.1 Population and sample and method of sampling

This research is descriptive and correlational. The population included all married men and women in Rasht in 2015. A sample of 300 subjects was selected in a multi-stage cluster random method based on Morgan and Krejcie Table. Accordingly, Rasht was divided to 4 parts of North, South, East and West, in the next step, the north and south of the city was chosen and their neighborhoods were identified. Then, 5 districts from the north and 5 districts from the south of the city were selected for sampling. It should be noted that each of these neighborhoods was divided into streets and alleys and sampling was carried out with great care and generalizability. Since the issue of marital adjustment is one of the moral issues, to ensure the confidentiality of information relating to the basics of the study was considered. To participate in this research, informed consent of individuals and being married were considered as the main provisions of the study. Researchers conducted to sampling in a period of three months by referring to people and they were asked to respond questionnaires during 30 minutes. SPSS.ver.18 was used to analyze the data and the results were reported in the form of descriptive and inferential statistics. To assess the association between the variables of Pearson correlation test was used and the test of multivariate linear regression was used to predict the share of predictor variables in explaining the variance of marital adjustment in the method of step by step.

3. Research instruments

Questionnaire of Revised Marital Adjustment Scale (RDAS): Scale of dyadic adjustment of this questionnaire in 1976 by Spanier was developed in order to determine the relationship between the couples. This was revised in 1995 by Busby et al. Now, this questionnaire includes 14 questions in 6-point Likert scale which measures three dimensions of consensus with husband, marital satisfaction and cohesion of the couples. The overall score for this test is indicative of the compatibility of the couples. This questionnaire studies consensus of the couples in decision-making and appropriate behavior, marital satisfaction and sexual attraction. The minimum and maximum score on this scale are from 0 to 69. Busby et al (1995) have reported internal consistency of this test in Cronbach's alpha method between from 70% to 90%. Crane et al (2000) have also reported internal consistency of this test in the couples 90%. Alavian et al (2006) have reported the reliability of the test 90%.

Questionnaire of coping styles: Methods of coping with stress by Billings and Moosin 1981 has designed and developed in order to measuring the methods of coping with stress. This scale has 19 items. Each subject to this scale responds by choosing one of the options of never, sometimes, often and always. The score range of the subject will vary between zero and 57 in this questionnaire. In the research of Pourshahbaz (1995), test-retest reliability coefficient of the questionnaire was obtained 73% and behavioral coping 77%, cognitive coping 88% and
avoidance coping 60%. Dehqani (1993) has obtained Cronbach's alpha coefficient of the questionnaire over 90% (quoted by Saadat and Khodayari, 2012).

General Health Questionnaire (GHQ 12): this questionnaire is developed in a form of 60 questions by Goldberg in 1972 and is widely used in order to diagnosis of mild mental disorders. Because of the length of the form of 60 questions in order to research purposes, gradually shorter forms of the questionnaire in the form of 28, 30 and 12 questions have been designed and used in several studies. In this study, the short form of 12 questions is used. The questionnaire is validated after translating into Farsi on 748 students aged 18 to 25. Internal consistency reliability of the questionnaire was obtained with Cronbach's alpha. The validity of the questionnaire was obtained through the convergent validity with the questionnaire of the quality of life. Also, based on factor analysis, two factors were identified in the questionnaire. One is psychological distress and another is the wicked. The questions are scored based on scoring two shots (0-0-1-1). Thus, two right answers in each phrase are given a score of zero and the next two, point one is awarded. Scores range from 0 to 12 will vary which high scores indicate low mental health. The validity of the questionnaire was obtained through convergent validity with the quality of life indicating high validity (Montazeri et al, 2003). Ebadi et al (2002) have reported the reliability 87% using Cronbach's alpha coefficient.

4. Findings
The participation included 297 people and only three did not return their questionnaires. The mean age of participants was 45.51 years. 150 people were men and 147 people were also women. Then, the mean and standard deviation of variables are reported in Table 1.

Table 1: Descriptive findings of research variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital adjustment</td>
<td>297</td>
<td>39.00</td>
<td>89.00</td>
<td>52.0034</td>
<td>6.61821</td>
</tr>
<tr>
<td>Mental health</td>
<td>297</td>
<td>.00</td>
<td>16.00</td>
<td>4.0875</td>
<td>3.75955</td>
</tr>
<tr>
<td>Problem-focused strategy</td>
<td>297</td>
<td>8.00</td>
<td>57.00</td>
<td>20.3569</td>
<td>6.30320</td>
</tr>
<tr>
<td>Emotion-focused strategy</td>
<td>297</td>
<td>1.00</td>
<td>16.00</td>
<td>7.0539</td>
<td>3.03089</td>
</tr>
</tbody>
</table>

Table 2: The correlation coefficients among the variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>Marital adjustment</th>
<th>Mental health</th>
<th>Problem-focused strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital adjustment</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mental health</td>
<td>-0.288**</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>P value</td>
<td>0.0001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem-focused strategy</td>
<td>0.791**</td>
<td>-0.232**</td>
<td>1</td>
</tr>
<tr>
<td>P value</td>
<td>0.0001</td>
<td>0.0001</td>
<td>0.0001</td>
</tr>
<tr>
<td>Emotion-focused strategy</td>
<td>-0.177**</td>
<td>0.435**</td>
<td>-0.182**</td>
</tr>
<tr>
<td>P value</td>
<td>0.0001</td>
<td>0.0001</td>
<td>0.0001</td>
</tr>
</tbody>
</table>
Pearson correlation matrix among the variables is presented in Table 2. The results showed that the variables of mental health with the correlation value -0.288, emotion-focused coping strategies with the correlation value -0.177 and marital adjustment had a significant and negative relationship. In other words, whatever people are slower mental health and they use inefficient emotion-focused strategies, they report less marital adjustment. In contrast, there is a significant and positive relationship between marital adjustment and problem-focused coping strategies. Whatever people use problem-focused coping strategies, they enjoy more marital satisfaction.

Table 3: Stepwise regression to predict marital adjustment

<table>
<thead>
<tr>
<th>Steps</th>
<th>Variables</th>
<th>r</th>
<th>r²</th>
<th>F</th>
<th>B</th>
<th>Beta</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Problem-focused strategy</td>
<td>0.791</td>
<td>0.626</td>
<td>494.03</td>
<td>.804</td>
<td>.766</td>
<td>21.21</td>
<td>.000</td>
</tr>
<tr>
<td>Second</td>
<td>Mental health</td>
<td>0.798</td>
<td>0.638</td>
<td>258.61</td>
<td>-.194</td>
<td>-.110</td>
<td>-3.05</td>
<td>.002</td>
</tr>
</tbody>
</table>

In order to determine the contribution of mental health and coping strategies in predicting marital adjustment variables, stepwise regression analysis was used. According to the findings of Table 3, the results showed that in the first step, problem-focused coping strategy had a high and significant correlation with marital adjustment and t coefficient for it was 21.21 which with the value (p = 0.00) was significant. In the second step, mental health was entered the equation which t coefficient for it was -3.05 and it was significant in terms of statistics. Finally, predictor variables in two steps of regression 0.63 from the variance of marital adjustment are explained significantly.

5. Discussion

This study was conducted to investigate the relationship between mental health and coping styles and marital adjustment in a sample of men and women in Rasht. The result of Pearson correlation between the variables of mental health and emotion-focused coping strategies with marital adjustment has a significant and negative relationship. In other words, whatever people are slower mental health and they use inefficient emotion-focused strategies, they report less marital adjustment. In contrast, there is a significant and positive relationship between marital adjustment and problem-focused coping strategies. Whatever people use problem-focused coping strategies, they enjoy more marital satisfaction. The result of Pearson correlation between the variables of marital adjustment with mental health has a significant and negative relationship. In other words, whatever the score of the individual in the questionnaire is high; this shows that the individual has less mental health. As a result, with the increase in mental health questionnaire score, the adjustment of people is reduced. The research of Shaker et al (2011) showed that mental health and attachment style were able to predict marital adjustment. This finding is consistent with a number of significant research such as Maria Grail (2008); Alferi, Carver, Antoni, Weiss, Duran (2001); Beach (2001); Heene, Buysse, Van Oost (2003-2005). What mental health and social functioning is affected is not the stress itself, but it is to cope with stress. Coping is defined as efforts to enhance the fit between the person and the environment and as efforts to handle stressful events (Seidi et al, 2014). The research of Keiqobadi (2008) also shows...
that sexual performance and mental health of women have some effects on their marital adjustment and education and raising the level of mental health in the continuity of life and marital compatibility also plays a significant role while they lead to disorders such as anxiety and depression (Keiqobadi, 2008). In explaining, it can be said that whatever people have mental problem, their marital adjustment is lower and also those who have not mental health, they continue with more adjustment and satisfaction to their marital life because these people think with more confidence to other dimensions of their life and attempt in increasing and improving the quality of life and their marital adjustment. Also, these people have successful mental performance which results in constructive activities, communicating with other people and the ability to adapt to changes in learning and confidence (Jahnson, Editor, 2003). Also, it should be mentioned that people with mental health have the ability for harmonious communication with others, personal and social change and improvement of personal and social environment and conflict resolution and personal desires reasonably and fairly and appropriately and they are less likely to incompatibility or lack of resolve conflicts (quoted by Zangouei et al., 2015). People who enjoy mental health, during of which each person can perform work and activity efficiently and constructively and in the community to which it belongs, they also play an important role (Heidari & Mahmoudi, 2008).

The result of Pearson correlation between the variables of marital adjustment and coping style has a significant relationship. Maltbay et al (2004) found that people, who have higher life satisfaction, use more effective and more convenient coping styles, experience positive and deeper emotions and enjoy higher public health and lack of life satisfaction is correlated with poorer health status, symptoms of depression, personality problems, inappropriate health behavior and poor social state. Other studies showed that that problem-focused coping styles lead to increasing social skills in people which this itself led to increasing compatibility and satisfaction of couples. These results are consistent with the research of Hamidi (2007), Mansouri Nasrabadi, Kouchak Entezar and Qodsi (2004), Gadeby and kourich (2004), Mohammadi (2008), Zarean (2007); quoted by Shaker et al). In explaining this result, it can be said that those with high social skill know how to solve the problems based on understanding of social issues. These people in facing their problems instead of being affected, attempt to focus on themselves and investigate the problem with creativity and skills they have acquired and reflect the best measures. Other studies showed that there was a significant relationship between coping styles and marital adjustment and especially predicting marital adjustment was based on more task-oriented style confrontion to the extent that the use of this style increase, marital adjustment will increase (Mansour, 2002). Usually these people by finding appropriate solutions to your problems create psychological satisfaction that it causes discipline and intellectual coherence and emotional distress and reduces mental disorder. Through coherence of thought and emotional relaxation obtained, the source of stress is better identified and it may be controlled and evaluated (Latifiyan, &Shikh Eslami, 2004).

In connection with the main research question, according to stepwise regression analysis of the variables of mental health and coping styles, respectively in two steps they could explain 63% of the variance of marital adjustment significantly. Given the importance of the variables of the research in marital adjustment, it is suggested that mental health professionals pay more attention to these variables and they provide proper education and information to people in order to growth in life. In this regard, families are also recommended that they attempt to provide more mental health for their children and educate how they encounter their problem accurately so that
when they are young and in the process of marriage and then with peace of mind and more ability, they can better manage their problems. Among the limitations of the present study was that such as the research they use the questionnaire, the use of self-report scale raises the possibility of bias in the answers which the complementary tools of the questionnaire should be used to confirm the results in future research.

6. Conclusion

According to the results of the present and previous studies, it can be concluded that the variables of mental health and coping styles have a significant role in increasing marital adjustment. Enjoying the tranquility and mental health lead to an attractive relationship among the couples and also, adjustment and marital satisfaction are also provided for them. Other results also showed that problem-focused coping styles had an important role in the development of marital adjustment. On this basis, it is suggested that the main families pay more attention to parenting and mental health and coping with stress and conflict in parenting be taken into consideration. Also, counselors and psychologists are recommended that in their counseling sessions with couples, their ability to enhance and increase the ability to fight against stress and marital problems be improved. Since the variables play an important role in marital adjustment, it is recommended that women with elevating levels of problem solving rationally and emotional control and disputes provide better conditions for their marriage and thereby improve their marital adjustment in life.

Acknowledgments

We thank and appreciate all people help us in performing this study.
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