

The Relationship Between Coping Strategies and Mental Health with Marital Adjustment

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Abstract

This study has been conducted in order to the relationship between coping strategies and mental health with marital adjustment. This research is correlational study. The study population has been consisted of all the married men and women in Rasht city. A sample of 300 people has been selected by multistage cluster sampling. In order to collect the data, the General Health Questionnaire, and the Spanier revised questionnaire of marital adjustment dimensions and the coping style questionnaire have been used. The results have shown that the variables of mental health and emotion-focused, problem-focused coping strategies have a significant relationship with marital adjustment. The results of regression analysis have shown that the predictor variables can significantly explain lots of the martial adjustment variance. In general, it can be concluded that coping strategies and mental health are the predictive factors in marital adjustment.

Keywords: Coping Strategies, Mental Health, Marital Adjustment.

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Introduction

The first steps of communication between human beings are formed in the family, and the best source of healthy relationships is home and family. Pleasant and peaceful relationships between couples not only provide the most appropriate ground for their growth and prosperity and excellence of character, but also such relationships are one of essential needs of every child and they are effective on child's growth and development (Monjazi et al, 2013). The important issues in a marriage and its survival are the marital adjustment and martial satisfaction.

Marital adjustment implies to the agreement and compliance between husband and wife in a specified time period (Locke & Wallace, 1959). Ellis (1980) defines marital adjustment as the real feeling of satisfaction and joy that comes from the spouse, with regard to all of the aspects of marital life. Marital adjustment, marital satisfaction, marital happiness and such terms imply to the quality of marital relationship (Chen et al, 2013, Mikhila et al, 2013). Researchers have mentioned several factors in connection with the marital relationship's quality; for example Dew

& Wilcox (2011) in a research have tried to analyze the reasons for the decline in martial satisfaction in women. The results have shown that when women become mothers, they spend less time with their husbands and as a result the quality of their martial relationship decreases. They also have a sense of injustice because in addition to caring the child, they have to deal with home affairs and ultimately this feeling of fatigue will have a negative impact on the quality of their marital relationship. Mental health is one of the effective factors on marital adjustment, and the level of people's health has a direct relationship with their adjustment (Mahmudi, 2011). Generally, in the World Health Organization Statute, health is considered as the state of complete physical, mental and social goodness which is an issue that has attracted the attention of many researches today (Aslani et al, 2012).

The World Health Organization (2005) defines mental health as a state of well-being in which the person could recognize his abilities and capabilities, tolerate the pressure of daily routines, work effectively and have the ability to interact with his community. Many of the disputes occur in

families due to the problems and stressful situations such as financial management, marital problems, parenting, etc. and spouses have not the ability to use efficient strategies in order to deal with these situations. Unsuccessful couples use inefficient strategies such as avoiding the problems, making controversies and inconclusive arguments; while, successful couples use the strategies that are based on conflict's solutions, experts' help and getting advice from their families, and as a result, it will gradually enhance the optimal performance of families. Pudrovska and Carr in a research have found that inefficient coping strategies and the perceptions of high levels of stress can cause disturbance in the family system and also can cause marital conflicts. The other results have indicated that there is a positive correlation between divorce and inefficient coping strategies in families (Pudrovska & Carr, 2008). Coping strategies are one of the variables that are related to marital adjustment and family cohesion (Mahmoodi, 2011; Esmaeili Kia, 2013).

Coping strategies refer to cognitive and behavioral efforts in order to prevent, manage and reduce the tensions that people use in stressful situations (Lazarus and Folkman, 1984). Endler and Parker have categorized people based on the three basic types of coping strategies: problem-focused, emotion-focused and avoidance coping strategies. Problem-focused strategies include the strategies in which the person tries to solve the problem through looking for more information about the problem, changing the cognitive structure of the problem, calculating and prioritizing. Emotion-focused strategies are the strategies in which instead of solving the problem, the person tries to reduce his unpleasant feelings. Emotion-focused coping strategies include nervousness and getting upset, crying, blaming and obsessing. Avoidance coping strategies include the behaviors that mostly contain avoiding and escaping the stressful situations (Endler & Parker, 1990). Sudani et al (2009) believe that teaching the communication skills and solving the issues for the couples who have problems in marital interactions will improve marital relationships and also will reduce the conflicts and finally will lead to enhancement of mental health. Accordingly, the role of life skills and coping strategies and the way of dealing with the problems in the family are the underlying factors in marital satisfaction and marital adjustment. According to the previous studies, the variables of marital adjustment and the quality of family relationships and coping strategies are the effective factors to prevent divorces. Also, it has been seen that efficient coping strategies that are one of the life skills can effectively guarantee adjustment and happiness in the families. According to the fact that family is the smallest but

the most important and most fundamental element of any society; and since, marital satisfaction is an important factor to maintain and strengthen the family, and also given that mental health of family members especially couples depends on the health of marital relationships in the family, and also based on the fact that women's mental health is one of effective factors in this regard; a research has been conducted on this field and based on the importance of marital relationships as a factor that maintains the family, and it seems that considering this issue is necessary and has a particular importance and value. According to the mentioned issues, this study has been conducted in order to investigate the role of coping strategies and mental health in predicting marital adjustment in a sample of married men and women. So, finally it could be found that how much coping strategies and mental health are able to predict the marital adjustment in everybody.

Method

This research is a descriptive and correlational study. The study population has been consisted of all of the married men and women in Rasht city in 2017. A sample of 350 people has been selected by multistage cluster sampling and based on Krejcie and Morgan table. Accordingly, Rasht city has been divided into 4 parts of North, South, East and West, in the next step the north and south parts of the city have been selected and their neighborhoods have been specified, and then 5 districts from the north and 5 districts from the south have been selected for the sampling. It should be noted that each of these neighborhoods have been divided into streets and alleys and this sampling has been carried out with a great accuracy and generalizability. Since the issue of marital adjustment is a moral issue, ensuring the confidentiality of information has been considered as the basic of this study. Informed consent and being married have been considered as the main conditions of participation in this study. In a period of three months the researchers have started to sampling and they have met with people and have asked them to respond to the questions of the questionnaire within 30 minutes. The data has been analyzed by SPSS.ver.18 and the results have reported in the form of descriptive and inferential statistics. In order to assess the relationship between research variables, the Pearson correlation test has been used, and in order to predict the share of predictor variables in explaining marital adjustment variance, the stepwise multivariate linear regression analysis has been used.

Research tools

The Spanier revised questionnaire of marital adjustment dimensions: the revised dyadic adjustment scale of this questionnaire has been designed by Spanier in 1976 in order to assess the relationship between couples. In 1995 it has been reviewed by Busby and et al. currently, this questionnaire has 14 questions in the 6-factor Likert scale that measures the three dimensions of consensus with spouse, marital satisfaction and cohesion. The total score of this test indicates the level of marital satisfaction in couples. This questionnaire studies couples' consensus in decision-making, appropriate behaviors, marital satisfaction and marital attraction. The minimum and maximum scores on this scale range from 0 to 69. Busby and et al (1995) by using Cronbach's alpha test have reported internal consistency of 0.70 to 0.90 for this test. Crane and et al (2000) have reported the Cronbach's alpha of 0.90 for internal consistency of this test. Alavian and et al (2006) have reported reliability of 0.90 for this test.

Coping styles questionnaire: The methods of coping with stress have been designed and developed by Billings & Moos in 1981. This scale has 19 items. Each participant answers to this scale by selecting one of the options of never, sometimes, often or always. The range of scores in this questionnaire varies from 0 to 57. In the study of Poorshahbaz (1995) the test-retest reliability coefficient for the questionnaire has been obtained 73% and for the behavioral coping 77%, for cognitive coping 88% and for avoidance coping has been obtained 60%. Dehghani (1993) has achieved the Cronbach's alpha coefficient of over 90% for this questionnaire (quoted by Saadat and Khodayari, 2012).

General Health Questionnaire: This questionnaire has been designed in the form of 60

questions by Goldberg in 1972 and it has been widely used to diagnose mild mental disorders. Due to the length of the 60 questions for research purposes, gradually shorter types of this questionnaire in the form of 28, 30 and 12 questions has been designed and used in several studies. In this study, the short form of 12 questions has been used. After the translation of this questionnaire to Persian, it has been validated on 748 students of 18 to 25 years old. The reliability of internal consistency of the questionnaire with Cronbach's alpha has been obtained 0.87. The validity of the questionnaire has been obtained through the convergent validity with the questionnaire of the quality of life. Also according to the factor analysis, two factors have been identified in the questionnaire. One of them is mental confusion, and the other one is malfeasance. The questions have been scored based on (0-0-1-1) scoring. Thus, the two right answers in each phrase had the score of zero and the other two answers in the left of the phrase had the score of 1. The range of scores varies from 0 to 12, and high scores show low mental health. The validity of the questionnaire has been obtained through the convergent validity with questionnaire of the quality of life which shows the high validity of the questionnaire (Montazeri and et al, 2003). Ebadi and et al (2002) by using Cronbach's alpha coefficient have reported 87% of validity for this questionnaire (Sayadi et al., 2014).

The findings

316 people have participated in this study and only three people have not returned their questionnaires. The mean age of participants was 43.51 years old. The mean and standard deviation of research variables have been reported in Table 1.

Table 1: Descriptive findings of research variables

Variable	N	Minimum	Maximum	Mean	Std. Deviation
Marital Adjustment	300	39.00	89.00	52.2215	6.78993
General Health	300	.00	16.00	4.0032	3.73529
Problem oriented	300	8.00	57.00	20.5538	6.49153
Emotion oriented	300	1.00	16.00	6.9557	3.06407

Table 2: correlation coefficients between research variables

Variable		Marital Adjustment	General Health	Problem oriented
General Health	Pearson Correlation	-.320**	1	
	Sig. (2-tailed)	.000		
	N	316	316	
Problem oriented	Pearson Correlation	.814**	-.270**	1
	Sig. (2-tailed)	.000	.000	
	N	316	316	316
Emotion oriented	Pearson Correlation	-.236**	.451**	-.242**
	Sig. (2-tailed)	.000	.000	.000
	N	316	316	316

The Pearson correlation matrix between the research variables has been presented in Table 2. Results have shown that the mental health variable with the correlation value of -0.320, and emotion-focused coping strategies variable with correlation value of -0.236 have a significant negative relationship with marital adjustment. In other words, people who have lower mental health and

use inefficient emotion-focused strategies will report less marital adjustment. Meanwhile, there is a significant positive relationship between marital adjustment and problem-focused coping strategies. People who use more problem-focused coping strategies have more marital satisfaction.

Table 3: Stepwise regression to predict marital adjustment

Model	Variable	r	r ²	T	Beta	B	F	P
1	Problem oriented	0.81	0.66	23.42	.785	.821	617.75	.000
2	General Health	0.82	0.67	-3.24	-.109	-.198	323.52	.001

In order to determine the share of mental health and coping strategies variables to predict marital adjustment, the stepwise regression test has been used. According to the results of table 3, it has been found that, in the first step the problem-focused coping strategies have a high and significant correlation with marital adjustment, and their t factor is 42.23 which is significant (p=0.00). In the second step, the mental health with the t factor of -3.24 was statistically significant. Finally, the predictor variables in the stepwise regression significantly explain 0.67 of marital adjustment variance.

Discussion and conclusion

This study has been conducted with in order to investigate the role of coping strategies and mental health in predicting marital adjustment in a sample of married men and women. The results have shown that there is a significant positive relationship between marital adjustment and problem-focused coping strategies. This means that in this questionnaire, by increasing the use of problem-focused coping strategies, the marital

adjustment will increase; meanwhile, if the score of marital adjustment decreases, the level of using problem-focused coping strategies will also decrease. Results also have shown that there is a significant negative relationship between avoidance coping strategies and marital adjustment. In this study, no significant relationship has been seen between emotion-focused coping strategies and marital adjustment. The findings of Esmailikia and et al (2013), Mahmudi (2011), and Badgar (1990) are consistent with the results of this study.

Tamanaifar (2011) have conducted a research in order to have a comparative study on mental health, marital adjustment and coping strategies among fertile and infertile women. The results have shown that there is a significant difference between mental health, marital adjustment and coping strategies of fertile and infertile women. Infertile women have lower mental health and marital adjustment than fertile women. Also, infertile women use more inefficient coping responses and have less marital adjustment; these results are nearly consistent with the results of

this study. In the present study it has been shown that there is a significant positive relationship between active coping strategies and marital adjustment. Accordingly, the results of this study can be explained based on the framework of Lazarus and Folkman theory (1984). When couples use problem-focused and active coping strategies in stressful situations, they provide inner satisfaction, discipline, and intellectual coherence for their spouse and themselves. In the process, the person focuses on the situation with contemplation and identifies the source of stress and then learns to control it. On the one hand identifying the source of control and, on the other hand assessing the controllability of the situation will help to enhance the quality of family, and as a result the couples will be more satisfied with themselves and their marriage. It can be also concluded that properly coping with stressful situations and problems of life and the not avoiding the problems and not having emotional behaviors during the problem will bring marital adjustment and marital satisfaction and it finally leads to the solutions and increases the optimal performance of the family. The other results of this study have shown that there is a significant positive relationship between mental health and marital adjustment. The results of this study are consistent with the studies of Gholami (2010), Shahi et al (2011), Hoseini Dowlatabadi et al (2013). In other words, these researchers have found that mental health has a positive impact on the quality of married life. People who have higher level of health have more compatibility and marital satisfaction. Gholami (2010) has conducted a research to investigate the relationship between personality dimensions, mental health and perfectionism and marital satisfaction in the children in a control and non-control groups, and it has been found that mental health has a significant positive relationship with marital satisfaction in both control and non-control groups.

Shahi and et al (2011) in a research have shown that marital satisfaction has been predicted by the level of person's mental health. Also, depression and anxiety have been significantly correlated with marital satisfaction. Therefore, the study results of Shahi et al (2011) are consistent with the results of this study. Studies have shown that the mental health of each of the spouses has a direct role in their satisfaction of their marriage. When one of the spouses is anxious or depressed, it will have a direct impact on the reduction of marital satisfaction. Therefore, if one of the spouses tries to improve his mental health, this means that he has taken a step to improve his marital relationship. This study has been conducted on the couples of Rasht city and in the field of the relationship between mental health, coping

strategies and marital adjustment; therefore if other researches want to generalize this study to other populations they should implement it with great caution and accuracy. According to these results, it is suggested that some training sessions should be held with emphasis on the importance of mental health of couples and positive problem-focused and emotion-focused coping skills. It is also recommended to conduct this study in other cities of the country.

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