

Examining Coping Styles Of Nursing Students In Front Of Problems And Solving The Problem Of Depression And Other Mental Disorders

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Abstract:

Introduction: Psycho-social abilities enable a person to act positively and adaptively in relation to other people, society, culture and environment and ensure his mental health. One of the goals of this research is to investigate students' coping styles in front of problems and issues.

Methods: The research method is post-event; In this research, the statistical population is all male and female depressed nursing students. The sampling method was carried out as follows: students who considered themselves sad in the self-assessment form and their depression score (≤ 18 points) was determined in the Beck questionnaire. For the study group, the students whose depression score was obtained in the test ($9 \geq$ points) were selected for the comparison group; who were assigned to depressed and normal groups after interviewing and matching. Also, the research tools were: Cassidy and Long's problem solving style scale (1996), Beck depression questionnaire (long form) and depression self-assessment scale. In order to increase awareness of how and how to use effective coping styles in problem solving, the researcher participated in relevant educational workshops.

Findings: The findings of the present study confirm that the problem solving style of depressed students is significantly different from the problem solving style of normal students in the following factors: avoidance, helplessness, control, self-confidence, creativity and orientation. This difference has become significant in multi-factor variance analysis at the level of ($\alpha < 0.01$). Also, the comparison of the mean scores of the problem solving style factors of depressed and normal students show that depressed students have obtained more scores in the factors of helplessness, control and avoidance. On the other hand, normal students have higher scores in the factors of self-confidence, creativity and tendency to solve problems in problematic situations. The results of the Ben-Ferroni test showed that the difference between the averages obtained was completely significant ($\alpha < 0.01$).

Conclusion: Inefficient problem-solving styles are known as one of the most significant predictors of depression in the current research, which in the treatment process can clarify the way to identify and treat depression and be effective in reducing its symptoms.

Keywords: Depression, Personality Styles, Coping Strategies.

Introduction

Many people are not able to solve problems and eliminate, minimize or tolerate stress and usually use ineffective, incompatible and harmful coping mechanisms that cause more stress, whose effects are more severe and greater than the initial stress [1]. Depression is the second most common psychological disorder that affects about 100 million people worldwide every year. Research conducted in Iran also shows a relatively high prevalence of depression in Iranian society [2]. In general, depression is an emotional state characterized by sadness, worry, guilt, withdrawal from others, loss of sleep, appetite and sexual desire, loss of interest and pleasure in normal activities. For these people, concentration and attention are exhausting work. It is difficult to understand what they read or hear from others. Many of them prefer to sit alone. When they face a problem, they do not come up with strategies to solve the problem. They value personal health less and have many hypochondriacal complaints, such as many pains without physical origin, and in general, they are worried and sad most of the time [3]. Depressed people are not flexible about the future. They probably see their future more negatively than non-depressed people, and they think that the probability of achieving pleasant experiences is less, therefore, instead of trying to achieve valuable successes in the future, depressed people spend all their energy avoiding existing unpleasant situations [4]. Depressed people feel sad because they consider their problems to be stable, general and internal [5], stability means that depressed people consider negative events in their lives as permanent and stable, that is, they consider it impossible to change them. Non-depressed people consider negative experiences as temporary obstacles that do not last long [6]. Generalization means that depressed people get overwhelmed by their problems and generalize them to everything. Non-depressed people can avoid problems. They are able to interact between negative and positive events in their lives [7]. Internalization means that depressed people consider themselves responsible for their problems. Non-depressed people accept responsibility for the things they can change, but do not consider themselves responsible for their imperfection [8]. According to Jerome Frank, one of the best things that psychotherapists can do for their clients is to help them overcome their despair [9]. At any given point in time, 15-20% of adults suffer from depression symptoms at a significant level, and it is estimated that about 75% of patients hospitalized in mental hospitals are depression cases [10].

Regarding major depressive disorder, general studies have been conducted in different countries, which show that its prevalence in women is twice that of men. The reason for such a difference may be different

stresses, childbirth, learned helplessness and hormonal effects [11]. Recent studies in the field of depression indicate the existence of several different elements in the etiology and symptomatology of depression. An active cognitive element in the etiology and symptomatology of depression is mentioned in the literature as worry or negative disturbing thoughts [12]. A number of studies have shown that worry is strongly related to depression [13] when unwanted negative thoughts come to a person's consciousness, they are stressful and uncomfortable. They form doubts about self-worth, worries about the future or illusions about the past [14]. Such thoughts destroy a person's sense of well-being and increase negative mood. Fortunately, it seems that most people are able to replace such unwanted thoughts with more favorable ones [15]. But it seems that not all people are capable of such mental control, so that a number of people suffer from depression for a long period and experience penetrating and stable negative thoughts, and their depression may be caused by a special failure in their ability to control negative thoughts [16]. On the other hand, the existence of negative thoughts may interfere with a person's ability to create useful solutions to solve his problems [16]. People face stressful life events, failures and disappointments; Some people are able to use unpleasant life experiences [17] while others remain in their depression; Those who save themselves from depression have a kind of underlying thinking [18] so that they benefit from more effective measures and strategies. A number of researchers have identified common factors in people who are likely to become depressed and also their type of intervention in solving their life problems and found that by measuring the correlation between the preferred coping responses of depressed people and comparing their solutions with non-depressed people, effective strategies to deal with depression can be identified [19]. Also, people who have good problem-solving skills are less likely to be depressed compared to people who lack this skill. Inability to make a decision is one of the main characteristics of depressed people, this inability can be considered as a kind of incompetence in using effective skills in decision making or problem solving [20].

D Zurrilla & Goldfried have defined problem solving as a cognitive behavioral process that can provide people with a variety of potentially useful alternative responses to deal with difficult situations. Therefore, one of the goals of teaching clients in problem solving skills is to provide them with a strategy for overall adaptation [21].

Nezu and Perry's study showed that problem solving is a cognitive-behavioral therapeutic approach that is effective and useful in the treatment of depression. According to cognitive models, depressed people have depressing cognitive structures and processes [22].

The depressing thinking of patients prevents them from solving problems, the main goal of treatment is to find solutions for the patient's problems using cognitive-behavioral strategies, not just to help the patient to have rational thinking [23]. Therefore, cognitive-behavioral therapy can be considered as a type of problem solving, the short-term goal of which is to relieve the symptoms of depression, and the long-term goal of which is to use problem-solving strategies to solve life problems and reduce depression episodes in the future [24]. Therefore, by carefully studying and scientifically examining problem solving styles in depressed people and comparing them with non-depressed people, it is possible to identify and evaluate different coping styles, and also find out how the problem solving processes in coping strategies played a role in the cognitive constructions of depression so that the therapists can gain more knowledge and ability about this process, how to control and reduce it.

Methods

The research design is non-experimental and post-event; In this research, the statistical population is all male and female depressed nursing students. Sampling method (it was done by using available subjects)

in such a way that: In this way, among the available students who were diagnosed as depressed according to the diagnosis of a psychiatrist and psychologist and were still undergoing treatment, and also the students who answered the depression self-assessment questionnaire (the questionnaire was provided to the students in the dormitories, library, internship, dining hall and classes). The number of 148 girls and 114 boys who had determined their level of sadness above the average in the self-measurement scale were selected; again, with the back BDI questionnaire that was provided to the above students, the number of 84 people who obtained (points \leq 18) were selected and with the diagnostic interview that was conducted according to DSM-IV with the cooperation of 2 clinical psychologists, the number of 35 females and 24 males were diagnosed with depression criteria. The subjects of the normal group were selected non-randomly from among the students who had evaluated themselves as happy in the self-assessment questionnaire and had $9\geq$ scored in the Beck test. The normal group was individually matched based on the control variables of age and gender. In this research, a total of 118 students, 70 female students (35 depressed and 35 normal) and 48 male students (24 depressed and 24 normal). They were selected in two study groups (depressed) and comparison group (normal). Also, the research tools were: Cassidy and Long's (1996) problem solving style scale was made during two studies. In the first study, a total of 408 people (155 men and 253 women) with an age range of 17-65 years with different life histories were selected. 611 people (299 men and 312 women) participated in the second study. Subjects between 15 and 57 years of age and with different work backgrounds participated in the survey, including 48 of them were treated for mood disorders in mental hospitals and 54 of them joined self-help groups for substance dependence disorders. Beck Depression Questionnaire (long form): This test is a diagnosis tool that was compiled in 1961 to measure depression and it contains 84 questions that are grouped under 21 aspects: 1- Mood 2- Pessimism 3- Feeling of failure 4 - Dissatisfaction 5 - Feeling of guilt 6 - Feeling of punishment 7 - Self-hatred 8 - Self-accusation 9 - Tendency to self-harm 10 - Crying 11 - Irritability 12 - Withdrawal from society 13 - Indecision and helplessness 14 - Body image 15 - Laziness or laziness at work 16 - Sleep disorder 17 - Tiredness 18 - Anorexia 19 - Weight loss 20 - Mental preoccupations about body health 21 - Decreased physical strength. Four or five sentences are written against each aspect that represents a special behavioral symptom of depression, and these attacks measure the degree of disturbance in the related aspects from the mildest to the most severe. The validity and reliability of the Beck depression test, in 1961, Dr. Beck used this test on mental patients and proved that this test is able to separate depressed patients from other mental patients, and the depression self-assessment scale, this test is a self-made scale. Subjects were asked to rate their happiness or sadness on a 100-point scale. In such a way that zero expresses a very happy state and hundred expresses a very sad state. Also, the researcher participated in relevant educational workshops in order to increase awareness of how and how to use effective coping styles to solve problems. For a more detailed study, the literature and background of the problem solving style scale of Cassidy and Long was translated and in order to check the reliability and validity of the test, first a sample of 50 male and female students was randomly selected and their answers to each of the questions of the problem solving style scale factors were calculated. Then, alpha coefficients and average internal correlation of items of problem solving style factors were obtained using Cronbach's alpha formula. About the validity of the test, the opinions of several psychologists of the Institute of Psychiatry and Psychometrics of Tehran University were obtained, and all of their opinions indicated the acceptable content validity of the mentioned scale. Due to the large size of the research sample, the questionnaire was administered in a group and in four sessions, and the cooperation of a clinical psychologist was used in the interview and test. According to the sample size obtained from the entire target population, the researcher has subjected the raw data from the target sample to statistical analysis for description and inference. Therefore, after measuring and measuring depression and equalizing the groups, the correct selection of people in the research groups was investigated with

appropriate statistical methods. Also, because the problem solving scale is a multi-factor scale; therefore, to test the research hypotheses by performing statistical operations (mean and standard deviation), the way of using problem solving style factors (avoidance-helplessness-control-creativity-self-confidence-tendency) was compared between depressed (male and female) and normal (male and female) students; then, for the significance of the observed differences, the results are analyzed by multifactor analysis of variance and Benferroni's follow-up test.

Findings

The average Beck depression score for the clinical group is 21 and for the normal group in the above test is 8.15. Considering that, the students who scored equal to or more than 18 in the Beck test were included in the clinical group, and the students whose depression score was equal to or less than 9 in the Beck test were selected for the normal group. Therefore, the above results indicate the correct selection of people in the research groups. The average age in depressed women is 22 years and in normal group women is 22.34 years. Also, the average age in depressed men was 22.01 years and in normal men was 22 years. According to the average age variable in the clinical group and the normal group, which is 22.19 and 22.09, respectively, the above results indicate the control of the age variable in the research sampling. The average avoidance factor in problem solving is 5.14 for the normal group and 7.15 for the depressed group in the above variable. Also, the results show that the averages obtained in the avoidance factor for depressed women and men are 7.25 and 7, respectively, and for normal women and men are 5.37 and 4.97, respectively. The difference between the averages can indicate the difference between depressed women and men and normal women and men in the avoidance factor. The average problem solving helplessness factor for the normal group is 4.61 and for the depressed group the helplessness factor is 7.71. The results show that the two groups differ from each other in the helplessness factor. The averages obtained in the above factor for depressed women and men are 7.88 and 7.45 respectively and for normal women and men are 4.65 and 4.54 respectively. The comparison of the above means shows the difference between depressed women and normal women and also depressed men and normal men in the helplessness factor. The average control factor in problem solving is 4.50 for the normal group and 7.15 for the depressed group. The results show that the two groups differ from each other in the control factor. The averages obtained in the control factor for depressed women and men are 7.87 and 6.65, respectively, and for normal women and men, 4.45 and 4.58 respectively. The above results indicate that depressed women and men are different in the problem solving control factor compared to their normal counterparts. The average creativity factor in problem solving is 7.83 for the normal group and 5.15 for the depressed group. The results show that the two groups differ from each other in the factor of creativity. The averages obtained in the variable of creativity for normal women and men are 7.82 and 7.83, respectively, and for depressed women and men are 4.29 and 5.74, which shows that depressed men and women are different from normal men and women in terms of creativity. The mean variable of confidence in problem solving for the normal group is 7.94 and for the depressed group in the above factor is 4.50. The results show that clinical and normal groups differ from each other in the trust factor. The averages obtained in the variable of self-confidence for depressed women and men are 4.70 and 4.37, respectively, and for normal women and men, 8.00 and 7.91, which indicate the difference between depressed women and men compared to normal same sexes in the factor of self-confidence to solve problems. The mean variable of tendency style in problem solving is 7.49 for the normal group and 4.40 for the depressed group in the above factor. The results show that the two clinical and normal groups differ from each other in the tendency style factor. The averages obtained in the tendency style variable for depressed women and men are 4.29 and 4.48, respectively, and for normal women and men are 7.42 and 7.58, which indicates the

existence of a difference in the tendency style factor between depressed women and normal women and depressed men and normal men in problem solving.

Table1. Multivariate analysis of variance of depression and gender variables with problem solving style factors

Source of Variance		Sum of Squares	Degrees of freedom	Mean Square	F
Depression	Avoid	281.58	1	108.87	**216.66
	Helplessness	268.82	1	268.82	**1312.47
	Control	214.68	1	214.68	**543.51
	Creativity	225.42	1	225.42	**1170.85
	Self	332.51	1	332.51	**1807.49
	Confidence Orientation	276.61	1	276.69	**655.7
Depression and Gender	Avoid	0.153	1	0.153	0.304
	Helplessness	0.69	1	0.69	3.38
	Control	8.48	1	8.48	**21.47
	Creativity	15.09	1	15.09	78.37**
	Self	0.44	1	0.44	2.57
	Confidence Orientation	0.86	1	0.86	2.05
Error	Avoid	57.28	114	*95 percent $\alpha < 0.05$ *99 percent $\alpha < 0.01$	
	Helplessness	23.34	114		
	Control	45.03	114		
	Creativity	21.94	114		
	Self	19.87	114		
	Confidence Orientation	48.10	114		

As can be seen in the above table, compared to the normal group, depressed students are different in the factors of avoidance, helplessness, control, creativity, self-confidence and tendency. The two groups have a significant difference in the avoidance factor according to $F(1, 114) = 216.66$ at the level of $\alpha < 0.01$. In the helplessness factor, there is a significant difference at the level of $\alpha < 0.01$. In the problem solving control factor, $F(1, 114) = 543.51$, there is a significant difference at the level of $\alpha < 0.01$. There is a significant difference in the creativity factor $F(1, 114) = 1170.85$, at the level of $\alpha < 0.01$. There is a significant difference in the self-confidence factor $F(1, 114) = 1807.49$ at the level of $\alpha < 0.01$ and finally,

a significant difference has been shown in the tendency style factor $F(1, 114) = 655.7$ at the level of $\alpha < 0.01$.

Table 2. Analysis of variance and follow-up test to compare positive and negative problem solving styles in two groups of depressed and normal students

Variable	Group	Average	Standard Deviation	Source of Changes	Sum of Squares	Degrees of Freedom	Mean Square	F	Ben Ferroni's test	
									T	Meaningful
Negative ineffective problem solving style	Normally	14.25	0.146	Depressed	30.61	1	30.61	31.52	7.76	0.01
	Depressed	22.01	0.146							
Positive efficient problem solving style	Normally	23.27	0.144	Error	112.64	116	0.97		9.23	0.01
	Depressed	14.06	0.144							

In Cassidy and Long's problem solving method, efficient (positive) and ineffective (negative) problem solving style is evaluated. Inefficient problem solving style, the factors of helplessness, avoidance, control and control of the problem are involved, and the use of creativity, tendency and confidence in problem solving indicates a positive or efficient style in problem solving. As can be seen in the above table, the averages of ineffective problem solving style factors were 14.25 in the normal group and 22.01 in the depressed group. Also, the average of the efficient problem solving style factors was 23.27 for the normal group and 14.06 for the clinical group. In the analysis of variance conducted according to: $F(116, 1) = 31.52$, there is a significant difference between positive and negative problem solving styles in the two groups of depressed and normal students at the level $\alpha < 0.01$. In Ben Ferroni's follow-up test, the average difference between the ineffective problem solving style in the depressed and normal groups was 7.76, and the effective problem solving style was 9.23. In other words, normal students are significantly superior to students with depression in terms of using efficient (positive) problem solving style factors. ($\alpha < 0.01$).

Discussion

Using the findings of the current research, we can generally conclude; that there are significant differences in problem solving styles between depressed and normal students, and students with depression have more ineffective problem solving styles in dealing with life issues, such as feeling helpless in the face of problems, lack of control over things, inability to invent a new solutions way in problematic situations, lack of self-confidence in solving the problem and use more of the avoidance method instead of the confrontation method. Choosing an inefficient and unhelpful style in solving the

problem, in turn, not only causes depressed people to be deprived of personal experiences, but also to be caught in a vicious circle, which increases the intensity of their depression more and more. In this way, successive and unwanted negative thoughts and worries about oneself and the surrounding world lead to a decrease in self-confidence. As a result of low self-confidence, the source of external control increases and they lose the desire to try hard on problems and choose a way of escape-avoidance, which increases their helplessness in the face of problems. This vicious circle causes an ineffective cognitive-behavioral style in front of issues. Many research evidences have confirmed the ineffective coping process of solving the problem of depressed people, which was discussed in the research results in their reports. (Heimberg, Vermilia, Deuch, Bicrow Barlow 1987; Patterson and Seligman, 1987; Reps, Patterson, Reinhardt, Abramson and Seligman, 1982; Marshall and Long, 1990; quoted by Klinge, translated by Mohammad Khani, 2013).

Another finding of the present study is the adoption of an efficient and beneficial problem solving style by normal students in dealing with problems. The way of applying the problem solving style factors of normal students, when solving problems, causes a feeling of more internal control, the use of different solutions in new situations, and as a result, increasing the sense of confidence in solving problems and gaining useful personal experiences. The importance of this issue considering the changes in different aspects of young people's lives, which require effective decisions in dealing with mental stress caused by social conflicts and other life challenges. In the field of mental health, it is especially at the level of prevention, as many studies have reported that people who have good problem-solving skills, compared to people who act ineffectively; they are less likely to be depressed. (Nezo, Sarai Darian, Kalher Veronan, 1986). In explaining the above findings, it can be stated that depressed students have a different style in solving problems, and choosing ineffective ways to solve problems causes depression and its continuation. On the other hand, efficient problem-solving style can be effective in improving or reducing the specific symptoms of depression in young students and increase their personal sufficiency and adaptability. These results provide answers to the questions of the present study.

Also, the findings indicate that the problem solving style of depressed female students is different from depressed male students in creativity and control factors. This finding confirms this article and emphasizes the study reports that have shown that people who have poorer performance by claiming that some factors are beyond their control, think of only one solution and ignore other solutions. This coping style causes a person's selfishness so that in dealing with stress, a person experiences more intense fear and worry. The research that shows the different reaction of girls and boys to the experience of failure emphasizes that coping with failure is more influenced by their evaluation of their skills and abilities. Therefore, if the issues are evaluated in such a way that the problem or situation is always considered beyond the capabilities of the individual, it provides the causes of self-disability. Therefore, it can be concluded that among depressed students, girls suffer more from the complications of depression compared to boys, which in turn provides an acceptable self-justification in understanding how women experience severe periods of depression more than men.

Conclusion

In general, the findings of the present study indicate that more emphasis should be placed on problem solving styles in the construction, emergence and etiology of mood disorders, especially in depression. Also, the obtained results can be explained in this way, that inefficient problem-solving styles are known as one of the most significant predictors of depression in the current research, which in the process of treatment can clarify the way to identify and treat depression and be effective in reducing its symptoms so

that students prone to depression can be identified by measuring the problem solving style and by making the problem solving style factors more efficient, they can be made more resistant to depression.

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