



# Relationship Between Married Individuals' Relations with Their Family of Origin and Coping Styles with Stress

## *Evli Bireylerin Kök Aileleriyle İlişkileri ile Stresle Başa Çıkma Tarzları Arasındaki İlişki*

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### ABSTRACT

This study aims to determine the relationship between the family of origin relations and coping styles with stress in the married individuals. This research, which was conducted as a relational screening model was carried out with 150 married and at least high school graduates living in Ankara, selected with a purposeful sample. The data was obtained using the Information Form, Family of Origin Relations Inventory (FORI) and Styles of Coping Inventory (SCI). In married individuals, (n=150) the mean total score of SCI was 78.32±7.98; The mean total score of the FORI was found to be 26.51±4.50. There was no significant relationship between the total scores of FORI and SCI; It was determined that there is a positive correlation between the self-confident approach, helpless approach and submissive approach, which are the sub-dimensions of SCI, and the total score of the FORI. As a result, it was found that there was no relationship between family of origin relations and stress coping styles in married individuals, but as the relations with the family of origin relations improved, the use of self-confident approach, helpless approach and submissive approach increased among coping styles. For this reason, it is recommended to plan psychosocial interventions that will raise awareness about the relationship between their family of origin relations and their coping styles in order to enable married individuals to cope functionally.

**Keywords:** Coping styles, family of origin, married individual, stress.

### ÖZ

Bu araştırma, evli bireylerin kök aileyle ilişkileri ile stresle başa çıkma tarzları arasındaki ilişkinin değerlendirilmesi amacıyla yapılmıştır. İlişkisel tarama modelinde yapılan bu araştırma, amaçsal örneklem ile seçilen, Ankara'da yaşayan, en az lise mezunu ve evli olan 150 birey ile yürütülmüştür. Veriler 'Sosyo-Demografik Bilgi Formu', 'Stresle Başa Çıkma Tarzları Ölçeği' (SBTÖ), 'Kök Aileyle İlişkiler Envanteri' (KAİE) kullanılarak elde edilmiştir. Evli bireylerde SBTÖ toplam puan ortalaması 78,32±7,98; KAİE toplam puan ortalaması 26,51±4,50 bulunmuştur. KAİE ve SBTÖ toplam puanlarının arasında anlamlı bir ilişki olmadığı; SBTÖ alt boyutlarından kendine güvenli yaklaşım, çaresiz yaklaşım ve boyun eğici yaklaşım ile KAİE toplam puanı arasında pozitif yönde ilişki olduğu saptanmıştır. Sonuç olarak evli bireylerde kök aileyle ilişkiler ve stresle başa çıkma tarzları arasında ilişki olmadığı ancak kök aileyle ilişkiler iyileştikçe, baş etme tarzlarından kendine güvenli yaklaşım, çaresiz yaklaşım ve boyun eğici yaklaşımın kullanılmasının arttığı bulunmuştur. Bu nedenle evli bireylerin işlevsel baş etmelerinin sağlanması için, kök aileyle ilişkilerinin baş etme tarzları ile ilişkisine yönelik farkındalık geliştirecek psikososyal müdahalelerin planlanması önerilmektedir.

**Anahtar sözcükler:** Başa çıkma tarzları, evli birey, kök aile, stres.

## Introduction

Family of origin is a concept that includes "the characteristics and structure of the family in which one lived and grew up psychologically, physically and emotionally during childhood" (Cihan-Güngör 2007). The quality and trust-based family environment in childhood plays a decisive role in a healthy relationship with the world in adulthood (Kuzgun and

Eldeleklioğlu 1999). Social and personal harmony of individuals is shaped in this process (Özgüven 2014). Negative childhood experiences in the first 18 years of life can affect health and well-being throughout adulthood and even between generations (Schofield and Merrick 2013, Merrick et al. 2017).

It is assumed that all people have basic psychological needs such as establishing relationships with others, being competent, and having autonomy or self-determination. These needs may not be

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satisfied when there are negative situations in the family such as neglect, chaos, and pressure (Skinner and Wellborn 1994). On the other hand, insufficient sense of security and inadequate social relationships may also impair the ability to regulate emotions in adulthood (Porgess 2003). Therefore, people can use dysfunctional styles in coping with stress (Allem et al. 2015).

Coping is the organizational structure that enables the individual to regulate his/her own behaviors, emotions and motivational orientations in order to meet the needs in case of psychological distress. The close relationships established in childhood and whether the needs are met are critical for the development of effective coping with stress (Skinner and Wellborn 1994). Individuals who experienced situations in childhood that negatively affected emotional development, such as trauma and abuse, continue to use dysfunctional coping styles in adulthood (Schore 2009, Bradley et al. 2011, Gerson and Rappaport 2013) because negative experiences in childhood affect how children see the world and how they interpret interpersonal relationships (Schore 2009).

The reason why each individual exhibits different reactions to stress is the different response patterns acquired in the process and different ways of coping with stress specific to each individual (Lazarus 1994). According to the National Institute of Mental Health (2016), stress is not only the brain's natural response to any demand, but also people's ability to respond to internal and external demands. Stressors, personal perceptions, temperament, social support, social support groups, culture, spirituality and religion may affect the response of individuals to stress (Halter 2014). Stress is thought to include three interrelated dimensions, which are stressors, the psychological, physiological or biochemical responses to stressors, and evaluation of sources of stress using coping styles (Hansen and Sullivan 2003).

The coping mechanisms of individuals are the conscious methods that the person uses to overcome a problem or a stressor, and they may require being emotional. In addition, some ineffective coping methods such as smoking and overeating are known to cause various problems. Some unconscious defense mechanisms may also affect the choice of coping mechanisms. Common coping behaviors include sharing problems with others, crying, shouting, and laughing (Linda and Donna 2008). Among the coping methods, four personal characteristics that help improve stress management are preventive health behavior habits, life satisfaction, social support, and effective and healthy responses to stress (Halter 2014). Personality traits and ways of evaluating the situation are important factors shaping individuals' ways of coping with stress, and it is also known that individuals' past experiences of stress are effective in regulating their internal situations (Rosenbaum 1983, Lazarus 1993). These characteristics, which affect the coping styles used, are the characteristics that individuals learn or develop in their families of origin.

When the studies that investigated the relationship between individuals' styles of coping with stress and the family of origin (Yeh and Chiao 2013, 2015, 2018, Zhong et al. 2016, Öklük 2018, Yılmaz and Parlar 2019, Kılıçarslan and Parmaksız 2020, Yeh and Waters 2021) were examined, it was seen that the mediating role of the coping style was investigated. This study is the first to examine the relationship between the two constructs. The study

aimed to unveil the relationship between married individuals' relationships with their family of origin and their ways of coping with stress. The following research questions are addressed in the study:

What is the distribution of married individuals according to sociodemographic characteristics and scale scores?

Do married individuals' level of relationship with their family of origin and the scores of coping with stress differ according to their demographic characteristics?

Is there a relationship between relationships with the family of origin and the styles of coping with stress in married individuals?

## Method

The study used the correlational survey model, which is one of the quantitative research methods. The aim is to investigate the relationship between relations with family of origin and coping styles in married individuals. In addition, it was aimed to reveal how characteristics such as age, gender, years of marriage, and number of children affect relations with the family of origin and the styles of coping with stress. Ethics committee approval (numbered 570 and dated 20/12/2019) was obtained from Ankara Yıldırım Beyazıt University Ethics Committee prior to the implementation of the study.

## Sample

The target population of the study consisted of individuals living in Ankara. Individuals living in the Çankaya district of Ankara were reached. The purposive sampling method, one of the non-random sampling methods, was used in the study. The sample size of the study was calculated using the G\*Power Software (ver. 3.1.9.2). The smallest sample size of the study was calculated as 115 participants with 95% confidence interval, 5% significance level, and 0.15 effect size. No research has been found in the literature on the relationship between married individuals' relationships with their families of origin and their styles of coping with stress. The effect size was accepted as 0.30 according to the correlation analysis determined by Cohen (1988).

The sample consisted of 150 individuals, who were married and at least high school graduates and who agreed to voluntarily participate in the study. The inclusion criteria were living in the city of Ankara, being married, having at least a high school diploma, and volunteering to participate in the research. The exclusion criteria were being mentally retarded, having a diagnosis of a chronic psychological disorder, and not fully participating in the research.

## Mesasures

The Socio-Demographic Information Form, the Coping Style Scale (CSI), and the Family of Origin Relations Inventory (FORI) were used to collect data.

### **The Socio-Demographic Information Form,**

It is developed by the researchers through literature review, is a form consisting of 30 items on individual characteristics such as age, gender, years of marriage, relationships with parents, and stress level.

### **The Coping Styles Inventory (CSI):**

The scale, developed by Şahin and Durak in 1995, is the abbreviated version of the Ways of Coping inventory by Folkman and Lazarus and includes 30 items. The items in the scale are rated on a four-point Likert type scale. The sub-dimensions of the inventory are self-confident approach, helpless approach, submissive approach, optimistic approach, and seeking of social support approach. Items 1 and 9 are reverse coded. As a result of three studies that used the CSI to collect data, the Cronbach's alpha coefficients of the subdimensions of the scale were found to be ranging between .62 and .80 for the self-confident approach, .64 and .73 for the helpless approach, .49 and .68 for the optimistic approach, .47 and .72 for the submissive approach, and .45 and .47 for the seeking of social support approach. In this study, the Cronbach's alpha coefficients of the subdimensions of the scale were as follows: .79 for the self-confident approach; .56 for the helpless approach; .65 for the optimistic approach; .57 for the submissive approach, and .43 for the seeking of social support approach. The Cronbach's alpha was calculated as .65 for the whole scale. Higher scores on the sub-dimensions of the self-confident approach, optimistic approach and seeking of social support approach indicate that the individual used functional coping strategies. Higher scores on the helpless approach and submissive approach subdimensions suggest that the individual used dysfunctional coping strategies (Şahin and Durak 1995).

### **The Family of Origin Relations Inventory (FORI)**

The inventory was developed by Cihan Güngör in 2007. It is administered to individuals who are at least high school graduates and married. The scale consists of 21 yes/no items under three sub-dimensions: family environment, paternal relationships, and maternal relationships. Items 5, 11 and 13 are reverse-coded. The Cronbach's alpha of the scale is .95 for the family environment sub-dimension, .85 for the paternal relationships sub-dimension, and .70 for the maternal relationships sub-dimension. In the present study, the Cronbach's alpha was .71 for the family environment sub-dimension; .71 for the relationships with the father sub-dimension, and .70 for the relationships with the mother sub-dimension. The Cronbach's alpha for the whole scale is .85. The highest score that can be obtained from the scale is 21. Higher total scores indicate an increase in healthy family of origin relationships.

### **Procedure**

After the participants were informed about the purpose and significance of the study and the data collection forms, they were ensured that there would be no personal information on the data collection forms and no one other than the researchers could access the responses given to the scale items. The Informed Consent Form was read and it was explained that participation in the study was voluntary. Data were collected face-to-face between 20.12.2019 and 15.01.2020 by distributing the data collection forms to the participants who volunteered to participate. At this stage, 181 participants were reached. Nine people who did not have high school education level, two people who had a chronic psychological disorder, and 20 people who did not complete data collection forms were excluded from the study. Thus, the study was completed with 150 participants.

### **Statistical Analysis**

The data were analyzed using the SPSS 24 package program and summarized as number, percentage, and mean  $\pm$  standard deviation. The Kolmogorov-Smirnov test and graphical methods were used for the normality assumption, which is one of the parametric test assumptions. The Mann Whitney U test was used to examine whether there was a difference between the participants in terms of the FORI and CSI scores based on gender, child status, employment status, being stressed in a new environment, presence of a chronic disease, and presence of a chronic disease in the family where the participant grew up. The Kruskal Wallis test was used for socioeconomic status, whether the parents are alive, the factor causing the highest level of stress, stress level, maternal attitude until the age of 18, and paternal attitude until the age of 18. In cases when a difference was observed, Tamhane's T2 test was performed to reveal the factor that caused the difference. The relationship between age, years of marriage, number of children, and FORI and CSI scores was investigated using the Spearman correlation analysis. Cronbach's alpha was calculated to reveal the coefficient of agreement between the items in the scales used. The level of significance was set at  $p < 0.05$ .

### **Results**

64.7% of the participants are women, 85.3% have children, 70% were working, 76.7% perceived their socioeconomic status as medium, and both parents of 56% of the participants were alive. 68.7% stated that they were stressed in a new environment. 34.7% reported that environmental factors caused the highest level of stress, and 56.7% perceived their level of stress as medium. 44.7% of the participants defined their mothers' attitude until the age of 18 as tolerant/flexible and 43.3% defined their fathers' attitude until the age of 18 as tolerant/flexible. 87.3% did not have a chronic disease; 76% did not report a chronic disease in their family. The mean age of the participants was  $44.41 \pm 12.18$ ; the mean years of marriage was  $18.55 \pm 13.95$ ; and the maximum number of children was 4 (Table 1).

The CSI total mean score was found to be  $78.32 \pm 7.98$ . The mean scores for the subdimensions of the CSI were as follows: self-confident approach  $22.13 \pm 3.61$ ; helpless approach  $18.74 \pm 3.67$ ; submissive approach  $11.66 \pm 3.40$ ; optimistic approach  $14.35 \pm 2.65$ ; and seeking of social support approach  $16.00 \pm 1.84$ . The FORI total mean score was found to be  $26.51 \pm 4.50$ . The mean scores for the subdimensions of the FORI were as follows: relationships with the mother  $8.77 \pm 1.83$ , relationships with the father  $9.50 \pm 1.95$ , and family environment  $8.23 \pm 1.59$  (Table 2).

The comparison of the CSI and FORI scores of the participants according to their descriptive characteristics is shown in Table 3. As seen in the table, no significant difference was found between the FORI and CSI scores of the participants according to gender and child status ( $p > 0.05$ ). A significant difference was found between the CSI total score (0.048) and the subdimensions of seeking of social support ( $p = 0.002$ ) and helpless approach ( $p = 0.023$ ) according to employment status. No significant difference was found between FORI and CSI scores according to socioeconomic status ( $p > 0.05$ ).

<b>Table 1. Distribution of Participants by Descriptive Characteristics (n=150)</b>			
<b>Descriptive characteristics</b>		<b>n</b>	<b>%</b>
Gender	Female	97	64.7
	Male	53	35.3
Child status	Yes	128	85.3
	No	22	14.7
Employment status	Yes	105	70
	No	45	30
Socioeconomic status	Low	24	16
	Medium	115	76.7
	High	11	7.3
Whether parents are alive	Both are alive	84	56
	Only mother is alive	25	16.7
	Only father is alive	10	6.7
	Neither are alive	31	20.7
Being stressed in a new environment	Yes	103	68.7
	No	47	31.3
The factor causing the highest level of stress	Family	13	8.7
	Spouse/boyfriend-girlfriend	10	6.7
	Economic situation	38	25.3
	Environmental factors	52	34.7
	Working life	30	20
	Educational Life	7	4.7
Level of stress	Low	32	21.3
	Medium	85	56.7
	High	33	22
Maternal attitude until the age of 18	Balanced/democratic	30	20
	Authoritarian/oppressive	23	15.3
	Tolerant/flexible	67	44.7
	Indifferent	6	4
	Overprotective/intrusive	24	16
Paternal attitude until the age of 18	Balanced/democratic	33	22
	Authoritarian/oppressive	31	20.7
	Tolerant/flexible	65	43.3
	Indifferent	12	8
	Overprotective/intrusive	9	6
Presence of a chronic disease	Yes	19	12.7
	No	131	87.3
Presence of a chronic disease in the family where the participant grew up	Yes	36	24
	No	114	76
	Mean ±Standard deviation	Minimum	Maximum
Age	44.41 ±12.18	23	81
Years of marriage	18.55 ±13.95	0	60
Number of children	1.68 ±1.01	0	4

**Table 2. Distribution of Participants across CSI and FORI Sub-Dimension Mean Scores (n=150)**

CSI and subdimensions	Mean $\pm$ Std. deviation	Minimum	Maximum	Cronbach's Alpha
Self-confident approach	22.13 $\pm$ 3.61	12	28	.79
Helpless approach	18.74 $\pm$ 3.67	10	29	.56
Submissive approach	11.66 $\pm$ 3.40	6	21	.65
Optimistic approach	14.35 $\pm$ 2.65	8	20	.57
Seeking of social support approach	16.00 $\pm$ 1.84	6	16	.43
<b>Total</b>	78.32 $\pm$ 7.98	59	99	.65
<b>FORI and subdimensions</b>				
Relationships with the mother	8.77 $\pm$ 1.83	7	14	.71
Relationships with the father	9.50 $\pm$ 1.95	7	14	.71
Family environment	8.23 $\pm$ 1.59	7	13	.70
Total	26.51 $\pm$ 4.50	21	39	.85

FORI: Family of Origin Relations Inventory, CSI: Coping Style Scale

**Table 3. Comparison of Participants' Descriptive Characteristics with FORI, CSI and Sub-Dimension Mean Scores (n=150)**

Descriptive characteristic of the participants	FORI total score Mean $\pm$ Std. Deviation	CSI Self-confident approach Mean $\pm$ Std. Deviation	CSI Helpless approach Mean $\pm$ Std. Deviation	CSI Submissive approach Mean $\pm$ Std. Deviation	CSI Optimistic approach Mean $\pm$ Std. Deviation	CSI Seeking of social support approach Mean $\pm$ Std. Deviation	CSI total mean score Mean $\pm$ Std. Deviation
<b>Gender</b>							
Female	26.544.58	21.893.49	18.893.64	11.703.38	14.112.62	11.251.88	77.857.07
Male	26.474.39	22.583.82	18.473.74	11.603.46	14.792.67	11.711.73	79.169.44
Significance test value	U=2548.00; p=0.929	t=0.441; p=0.660	U=2302.00; p=0.289	U=2555.00; p=0.951	U=2177.00; p=0.119	U=2210.00; p=0.150	U=2491.00; p=0.754
<b>Child status</b>							
Yes	26.814.64	22.193.66	18.893.69	11.823.33	14.352.68	11.381.84	78.638.27
No	24.773.10	21.823.36	17.903.53	10.773.74	14.362.53	11.631.86	76.505.85
Significance test value	U=1075.50; p=0.07	U=1301.00; p=0.568	U=1183.50; p=0.231	U=1137.50; p=0.149	U=1399.00; p=0.962	U=1230.00; p=0.337	U=1244.00; p=0.383
<b>Çalışma durumu</b>							
Yes	26.044.18	22.043.72	18.313.80	11.343.25	14.132.73	11.751.69	77.588.18
No	27.625.04	22.363.38	19.753.14	12.423.64	14.132.40	10.641.96	80.047.32
Significance test value	U=1950.50; p=0.090	t=0.492; p=0.624	<b>U=1812.50; p=0.023</b>	U=2011.50; p=0.148	U=2009.00; p=0.144	<b>U=1606.00; p=0.002</b>	<b>U=1881.50; p=0.048</b>
<b>Socioeconomic status</b>							
Low	27.674.45	22.254.08	19.704.75	11.203.93	14.752.72	11.542.37	79.457.93
Medium	26.404.51	22.053.50	18.613.34	11.863.27	14.302.65	11.481.69	78.328.14
High	25.184.33	22.733.97	18.004.26	10.633.47	14.002.64	10.451.96	75.816.30
Significance test value	KW=3.526; p=0.172	F=0.188; p=0.829	KW=1.443; p=0.486	KW=2.249; p=0.325	KW=0.798; p=0.671	KW=2.366; p=0.306	KW=1.686; p=0.430
<b>Whether parents are alive</b>							
Both are alive(A)	25.944.38	21.763.58	17.713.46	11.453.31	14.172.43	11.301.85	76.416.98
Only the mother is alive (B)	27.844.72	21.803.78	19.882.83	11.202.38	13.522.81	11.921.46	78.328.11
Only the father is alive (C)	25.804.96	21.704.08	19.304.762	11.304.78	13.902.88	12.102.33	78.3010.02
Neither are alive (D)	27.234.38	23.553.21	20.453.66	12.74.3.74	15.642.71	11.091.86	83.487.83

<b>Table 3. Devamı</b>							
<b>Descriptive characteristic of the participants</b>	<b>FORI total score Mean ±Std. Deviation</b>	<b>CSI Self-confident approach Mean ±Std. Deviation</b>	<b>CSI Helpless approach Mean ±Std. Deviation</b>	<b>CSI Submissive approach Mean ±Std. Deviation</b>	<b>CSI Optimistic approach Mean ±Std. Deviation</b>	<b>CSI Seeking of social support approach Mean ±Std. Deviation</b>	<b>CSI total mean score Mean ±Std. Deviation</b>
Significance test value	KW=5.634; p=0.131	KW=5.888; p=0.117	<b>F=5.822; p=0.001</b>	KW=2.448; p=0.485	<b>KW=10.428; p=0.015</b>	KW=3.795; p=0.284	<b>KW=16.491; p=0.001</b>
Significant difference *	-	-	<b>A-B.A-D</b>	-	<b>B-D</b>	-	<b>A-D</b>
<b>Being stressed in a new environment</b>							
Yes	25.673.81	22.603.42	18.273.51	11.373.58	14.462.49	11.471.87	78.197.57
No	28.365.32	21.113.83	19.783.83	12.292.89	14.103.00	11.293.00	78.598.90
Significance test value	<b>U=1712.50; p=0.004</b>	<b>U=1823.50; p=0.015</b>	<b>U=1765.000; p=0.008</b>	<b>U=1895.50; p=0.033</b>	U=2292.50; p=0.602	U=2299.00; p=0.617	U=2374.50; p=0.852
<b>The factor causing the highest level of stress</b>							
Family (A)	28.155.16	19.622.98	19.073.25	12.613.30	12.002.54	11.382.50	74.694.40
Spouse/boyfriend/girlfriend (B)	27.604.83	20.504.03	17.604.14	9.702.45	13.101.96	11.101.59	72.005.03
Economic situation (C)	27.244.49	22.243.18	18.683.67	11.553.29	14.342.18	11.442.08	78.267.37
Environmental factors (D)	26.044.55	23.003.34	18.983.96	11.883.79	15.382.75	11.151.75	80.408.50
Working life (E)	26.004.16	21.874.29	19.162.99	12.003.10	14.132.59	11.761.35	78.938.97
Educational life (G)	23.712.69	23.292.92	16.574.27	10.282.92	13.852.34	12.281.97	76.285.34
Significance test value	KW=7.358; p=0.195	KW=10.608; p=0.060	KW=3.131; p=0.680	KW=6.539; p=0.257	<b>KW=19.070; p=0.002</b>	KW=4.367; p=0.498	<b>KW=14.938; p=0.011</b>
Significant difference *	-	-	-	-	<b>A-D</b>	-	<b>A-D. B-D</b>
<b>Level of stress</b>							
Low (A)	26.095.01	23.473.54	17.183.19	11.963.82	15.782.66	11.401.94	79.818.08
Medium (B)	26.124.16	21.803.55	19.043.74	11.483.35	14.372.34	11.361.88	78.077.74
High (C)	27.944.67	21.703.64	19.483.58	11.843.16	12.902.73	11.571.67	77.518.55
Significance test value	KW=4.575; p=0.102	KW=5.765; p=0.056	<b>KW=6.777; p=0.034</b>	KW=0.478; p=0.787	<b>KW=17.318; p=0.000</b>	KW=0.396; p=0.820	KW=1.963; p=0.375
Significant difference *	-	-	<b>A-B. A-C</b>	-	<b>A-B. A-C. B-C</b>	-	-
<b>Maternal attitude until the age of 18</b>							
Balanced/democratic (A)	25.973.47	22.633.81	18.064.10	11.133.43	14.332.91	11.562.02	77.738.44
Authoritarian/oppressive (B)	29.354.51	21.523.86	18.603.86	12.132.83	13.692.83	11.211.47	77.178.07
Tolerant/flexible (C)	25.494.01	22.163.43	18.763.22	11.323.13	14.472.67	11.281.86	78.017.60
Indifferent (D)	30.337.63	22.002.00	20.004.47	11.832.78	14.162.22	11.161.16	79.166.17
Overprotective/intrusive (E)	26.384.64	22.044.08	19.374.03	12.794.50	14.702.25	11.872.02	80.798.84
Significance test value	<b>KW=14.332; p=0.006</b>	KW=1.334; p=0.856	KW=2.083; p=0.721	KW=3.588; p=0.465	KW=2.302; p=0.680	KW=3.028; p=0.553	KW=4.562; p=0.335
Significant difference *	<b>A-B. B-C</b>	-	-	-	-	-	-
<b>Paternal attitude until the age of 18</b>							
Balanced/democratic (A)	24.422.70	22.674.15	18.214.23	11.453.38	14.422.72	11.151.80	77.909.22
Authoritarian/oppressive (B)	29.97	21.263.79	19.642.78	11.512.73	14.033.43	11.061.82	77.517.33
Tolerant/flexible (C)	24.943.45	22.263.31	18.303.35	11.663.48	14.272.28	11.781.77	78.297.25
Indifferent (D)	30.173.32	22.753.25	19.084.99	11.584.10	14.502.71	11.252.30	79.169.66
Overprotective/intrusive (E)	28.784.96	21.443.53	20.334.12	13.114.31	15.551.87	11.221.85	81.668.97

**Table 3. Devamı**

Descriptive characteristic of the participants	FORI total score Mean $\pm$ Std. Deviation	CSI Self-confident approach Mean $\pm$ Std. Deviation	CSI Helpless approach Mean $\pm$ Std. Deviation	CSI Submissive approach Mean $\pm$ Std. Deviation	CSI Optimistic approach Mean $\pm$ Std. Deviation	CSI Seeking of social support approach Mean $\pm$ Std. Deviation	CSI total mean score Mean $\pm$ Std. Deviation
Significance test value	<b>KW=38.595;</b> <b>p=0.000</b>	F=0.819; p=0.515	KW=6.014; p=0.198	KW=1.000; p=0.910	KW=2.619; p=0.624	KW=3.891; p=0.421	KW=1.991; p=0.737
Significant difference *	<b>A-B. A-D.</b> <b>B-C. C-D</b>	-	-	-	-	-	-
<b>Presence of a chronic disease in the family where the participant grew up</b>							
Yes	29.164.41	21.743.28	19.054.19	11.573.51	13.732.86	11.261.75	77.368.54
No	26.134.40	22.193.66	18.703.60	11.673.39	14.442.62	11.44	78.457.92
Significance test value	<b>U=746.00;</b> <b>p=0.005</b>	U=1144.00; p=0.568	U=1230.00; p=0.934	U=1207.00; p=0.831	U=1040.50; p=0.246	U=1190.50; p=0.757	U=1072.00; p=0.329
<b>Büyüyüp/yetişilen aile içinde kronik hastalık olma durumu</b>							
Yes	26.815.09	21.752.85	18.633.75	11.273.75	14.162.83	11.302.03	77.148.60
No	26.424.32	22.253.82	18.783.66	11.783.28	14.412.60	11.451.78	78.697.78
Significance test value	U=2039.00; p=0.954	U=1861.00; p=0.399	U=1934.00; p=0.602	U=1818.50; p=0.302	U=1936.00; p=0.607	U=1999.00; p=0.813	U=1682.00; p=0.103
Level of significance $p < 0.05$ . FORI: Family of Origin Relations Inventory. KW: Kruskal Wallis. CSI: Coping Style Scale. Tamhane's T2. U: Mann Whitney U							

A significant difference was revealed between the status of parents' being alive and the CSI total score ( $p=0.001$ ), the helpless approach ( $p=0.001$ ), and the optimistic approach ( $p=0.015$ ). The difference between being stressed in a new environment, the FORI total score ( $p=0.004$ ), and the self-confident approach ( $p=0.015$ ), helpless approach ( $p=0.008$ ), and submissive approach ( $p=0.033$ ) subdimensions of the CSI was found to be significant. When the factor causing the highest level of stress was examined, a significant difference was found between the CSI total score ( $p=0.011$ ) and the optimistic approach subdimension ( $p=0.002$ ). As for the level of stress, a significant difference was found between the subdimensions of helpless approach ( $p=0.034$ ) and optimistic approach ( $p=0.000$ ). The difference between maternal attitude until the age of 18 and the FORI score ( $p=0.006$ ) was found to be significant, while there was no significant difference between maternal attitude until the age of 18 and the CSI score ( $p > 0.05$ ). A significant difference was observed between paternal attitude until the age of 18 and FORI score ( $p=0.000$ ); however, there was no significant difference between paternal attitude until the age of 18 and the CSI score ( $p > 0.05$ ). When the FORI scores of the participants were examined according to the presence of a chronic disease, it was found that there was a significant difference ( $p=0.005$ ). On the other hand, no significant difference was found between the CSI total score and the sub-dimension scores according to the presence of a chronic disease ( $p > 0.05$ ). When the FORI and CSI scores of the participants were examined according to the presence of a chronic disease in the family where they grew up, no significant difference was found ( $p > 0.05$ ) (Table 3).

A significant and positive correlation was found between the FORI total score ( $p=0.000$ ), the CSI total score ( $p=0.000$ ), and the

CSI subdimension scores of the participants according to age. A significant negative correlation was observed only between the CSI subdimension of seeking of social support ( $p=0.032$ ) and age ( $p < 0.05$ ). A significant and positive correlation was revealed between years of marriage and the FORI total score ( $p=0.000$ ), the CSI total score ( $p=0.007$ ), and the helpless approach subdimension of the CSI ( $p=0.008$ ), while a significant negative correlation was found between years of marriage and the FORI total score ( $p=0.000$ ), the CSI total score ( $p=0.007$ ), and the seeking of social support subdimension of the CSI ( $p=0.036$ ) ( $p < 0.05$ ). As for the number of children, there was a significant positive correlation between the CSI total score ( $p=0.004$ ) and the subdimensions of submissive approach ( $p=0.018$ ) and optimistic approach ( $p=0.023$ ), and a significant negative relationship between the CSI total score ( $p=0.004$ ) and the subdimension of seeking of social support ( $p=0.043$ ) ( $p < 0.05$ ) (Table 4).

The results of the Spearman correlation analysis revealed a significant and positive relationship between the relationships with the mother subdimension of the FORI and the helpless approach ( $p=0.004$ ) and the submissive approach ( $p=0.000$ ) subdimensions of the CSI. A significant and negative relationship was found between the relationships with the father subdimension of the FORI and the self-confident approach subdimension of the CSI ( $p=0.004$ ). In addition, a significant and positive relationship was found between the relationships with the father subdimension of the FORI and the helpless approach ( $p=0.001$ ) and the submissive approach ( $p=0.001$ ) subdimensions of the CSI. The study revealed a significant and positive relationship between the family environment subdimension of the FORI and the helpless approach subdimension of the CSI ( $p=0.003$ ). A significant and positive relationship was found between

FORI total score and the self-confident approach (p=0.000), helpless approach (p=0.000), and submissive approach (p=0.000) subdimensions of the CSI (p<0.05) (Table 5).

**Discussion**

In this study, the relationship between the family of origin relations and coping styles of married individuals was revealed. In addition, family of origin relationships and coping style scores were compared with some sociodemographic characteristics of the participants. It was seen that the participants used functional coping styles more. Zanganeh et al. (2021) found the married women’s coping styles as problem-focused, emotion-focused, and avoidance, respectively. Ariaratnam et al. (2017) revealed that married individuals use less emotion and avoidance-based coping styles than unmarried individuals. Soyer (2013) reported that the most frequently used styles of coping with stress are the self-confident approach, the helpless approach, the optimistic approach, the submissive approach, and the seeking of social support approach, respectively. Marriage provides individuals with a sense of emotional support and well-being by giving them meaning in their lives, thus preventing vulnerability to psychological problems (Kim and McKenry 2002). Meeting of the needs of belonging and trust in marriage and meeting of physiological needs such as sexual expression may lead to effective and conscious choices. In addition, with the increase in social sharing among married individuals, it may be possible to evaluate the difficulties from different perspectives. Isa et al. (2019) found that married individuals use the coping styles that

include conflicts more often. This difference can be associated with various sociodemographic characteristics or the situation the individual is in.

When the FORI scores of the participants were examined, it was seen that the sub-dimensions of relationships with the father, relationships with the mother, and family environment had the highest mean scores, respectively. Cihan-Güngör (2007) found that the subdimensions of family environment, relationships with the mother, and relationships with the father had the highest scores, respectively. In their study conducted with nurses, Ölçüm and Duman (2017) found that the subdimensions of family environment, relationships with the mother, and relationships with the father had the highest mean scores, respectively. In the present study, the mean score on the subdimension of relationships with the father was higher, which suggests that fathers are less involved in the relations of their married children. The development of independence and personal autonomy of married individuals may cause them to perceive their relationships with their fathers better.

Our study revealed a relationship between employment status and helpless approach, seeking of social support approach, and the total CSI score. Working individuals reported that they used helpless approach less and seeking of social support approach more compared to non-working individuals. The total CSI score was found to be higher in those who did not have a job. Yılmaz and Parlar (2019) reported that there is a significant relationship between employment status and economic levels and coping styles in marriage. It has been reported by Seki Öz and Öz (2019) that

**Table 4. Spearman Correlation Analysis Results Based on Some Descriptive Characteristics of the Participants (n =150)**

Descriptive characteristics of the participants	FORI total score	CSI Self-confident approach	CSI Helpless approach	CSI Submissive approach	CSI Optimistic approach	CSI Seeking of social support approach	CSI Total score
Age	r=0.329; p=0.000	r=0.194; p=0.017	r=0.213; p=0.009	r=0.135; p=0.099	r=0.210; p=0.010	r=-0.176; p=0.032	r=0.281; p=0.000
Years of marriage	r=0.318. p=0.000	r=0.144. p=0.079	r=0.216. p=0.008	r=0.145. p=0.076	r=0.105. p=0.200	r=-0.171. p=0.036	r=0.218. p=0.007
Number of children	r=0.142; p=0.083	r=0.147; p=0.072	r=0.133; p=0.104	r=0.193; p=0.018	r=0.185; p=0.023	r=-0.165; p=0.043	r=0.233; p=0.004

Level of significance p<0.05, FORI: Family of Origin Relations Inventory, r: Spearman’s Correlation Coefficient, CSI: Coping Style Scale

**Table 5. Spearman Correlation Analysis Results of the CSI, FORI and Subdimension Scores of the Participants (n =150)**

Scale and subdimension scores	CSI Self-confident approach	CSI Helpless approach	CSI Submissive approach	CSI Optimistic approach	CSI Seeking of social support approach	CSI Total score
FORI Relationships with the mother	r =-,0,124; p=0,129	r = 0,233; p=0,004	r = 0,322; p=0,000	r =-,0,132; p=0,107	r =-,0,156; p=0,057	r = 0,071; p=0.390
FORI Relationships with the father	r = -,0,232; p=0,004	r = 0,278; p=0,001	r =0,261; p=0,001	r = -,0,120; p=0,143	r = -,0,098; p=0,231	r =0,021; p=0,802
FORI Family environment	r =-,0,096; p=0,242	r =0,244; p=0,003	r =0,146; p=0,076	r =-,0,151; p=0,066	r =-,0,135; p=0,099	r =-,0,008; p=0,924
FORI Total score	r =0,558; p=0,000	r =0,308; p=0,000	r =0,299; p=0,000	r = -,0,148; p=0,072	r =-,0,147; p=0,072	r =0,052; p=0,529

Anlamlılık düzeyi p<0.05, KAİE: Kök Aileyle İlişkiler Envanteri, r: Spearman’s Corelasyon Katsayısı, SBTÖ: Stresle Başa Çıkma Tazları Ölçeği

non-working patients with multiple sclerosis use the submissive approach more. The fact that working individuals use the helpless approach less and the seeking of social support approach more may be related to their attainments such as economic freedom, social environment, self-esteem, and problem-solving ability. On the other hand, the total CSI score is lower in working individuals, which suggests that it will be difficult to cope with the added responsibility and stress of business life as well as the increased responsibility with marriage.

A significant difference was found between whether the parents are alive or not and the helpless approach, the optimistic approach, and the total CSI score. When neither parents are alive, the helpless approach and optimistic approach scores increase. In this case, individuals who lose their social support resources may adopt the helpless approach more. Kök (2016) found a significant negative relationship between the presence or absence of parents and seeking social support, and a significant positive relationship between the presence or absence of parents and adopting a submissive approach. Üstündağ et al. (2019) found that the optimistic approach scores of the students whose parents were alive were higher than the others. Our finding does not support this finding, which brings to mind the awareness of the value and importance of being in family life after loss, and creating a protective cognitive resource by adopting a more optimistic approach. Saral (2013) found that there is no significant difference between the stress coping attitudes of adolescents living in orphanages and the presence or absence of their parents.

Those who reported that they are not stressed out in a new environment were found to have healthier family of origin relations than those who reported being stressed. According to the attachment theory, children's internalization of beliefs about relationships and repeated interactions with caregivers in adult life is a process that ensures the development and continuity of emotion-regulating styles such as stress management (Waldinger and Schulz 2016). In fact, it has been found that parental attitudes and home environment in childhood, where the first socialization and communication skills develop, are one of the possible precursors of experiencing communication anxiety (Erdoğan 2018). On the other hand, it was found that those who reported they were stressed in a new environment used the self-confident approach more and the helpless approach and submissive approach less. Our findings suggest that a self-confident attitude is exhibited as a defense against stress. In addition, considering that coping and defense mechanisms are not only related to the context of the event, but also to the patterns and personality traits acquired through emotional relationships (Renzi et al. 2017), the coping styles chosen in a stressful situation may differ.

The present study found that the factors causing the highest level of stress were environmental factors, economic reasons, business life, family, spouse/girlfriend-boyfriend, and education life, respectively. Since our participants were married individuals, it is likely that they completed their education life. In addition, the responsibilities of family life and the increase in environmental interaction and economic needs may be determining the factors that cause stress. When the factor causing the highest level of stress is the family, spouse, or girlfriend-boyfriend, the optimistic approach is used less in coping with stress. The cultural structure

has an effect on the style to be used in coping with stress, and the approved and accepted coping style is determined according to the values valid for social interaction (Persike and Seiffge-Krenke 2016). As a matter of fact, there is a difference between the optimistic approach and family and environmental factors. In addition, studies revealed a significant negative relationship between the stressors and the helpless approach (Kök 2016, Persike and Seiffge-Krenke 2016).

56.7% of the participants in our study were found to have moderate levels of stress. As the stress level increases, helpless approach scores increase and the optimistic approach scores decrease. The primary cognitive assessment determines how the individual evaluates the situation, while the secondary cognitive assessment determines the way the individual copes with a stressful event and whether the individual perceives a stressful situation as good or bad (Paškvan et al. 2016). Poon et al. (2003) found that optimistic coping style causes a lower level of perceived stress. There are studies in the literature investigating the relationship between styles of coping with stress and stress level (Yurtsever, 2009, Savcı 2014, Kaya 2019) and the relationship between increased stress level and the use of ineffective coping styles (Beatty et al. 1998; Grech et al. 2018, Kaya 2019, Tekin et al. 2019). Poon et al. (2003) found that optimistic coping style causes a lower level of perceived stress.

The study revealed a significant relationship between the attitude of the mother and father until the individual was 18 years old and perceived relations with the family of origin. 44.7% of the participants stated that their mothers had a tolerant/flexible attitude, while 43.3% of the participants reported that their fathers had a tolerant/flexible attitude. A remarkable point is that those who perceived both mother and father attitudes as indifferent until they reached the age of 18 had the highest score in relations with the family of origin. The authoritarian/oppressive attitude had the second highest score in relations with the family of origin. It is emphasized in the literature that among the parental upbringing styles, excessive protection creates a toxic effect in the family (Avcıoğlu et al. 2019). On the other hand, in traditional cultures, an authoritarian, oppressive parenting style is approved and children are less encouraged to be independent (Chen et al. 2010). In fact, in Turkish culture, this attitude is perceived as self-sacrifice, protection and attachment rather than as a negative influence (Karancı and Inandilar 2002).

The study revealed no significant difference between maternal and paternal attitudes until the age of 18 and the total CSI score and subdimension scores. There are studies in the literature indicating that there is a relationship between parental attitudes and coping styles (Okur 2016, Renzi et al. 2017, Yılmaz and Parlar 2019). The majority of our participants reported that they remember the parental attitude as tolerant/flexible. Our findings represent the way our participants perceive or remember the attitudes of their parents rather than the actual quality of parental attitudes, which are associated with the use of various defense mechanisms (Renzi et al. 2017). Therefore, it should be noted that disturbing thoughts, wishes or experiences until the age of 18 can be suppressed and removed from conscious awareness.

Our findings show that those with chronic diseases have a healthier relationship with the family of origin compared to those without a chronic disease. In addition to the symptoms caused by the disease, such as pain and fatigue, stress levels increase and various psychological problems may occur (Madsen 2013). There are studies in the literature reporting a negative relationship between family function and psychological symptoms (Souza et al. 2014, Shao et al. 2020). In addition, the deterioration of communication and interaction due to the disease can also cause deterioration in family functionality (Özyurt and Öztürk 2016, Pak 2019). Based on this information, which is not in line with our findings, it is thought that chronic diseases may cause a positive perception of family of origin relations by creating an opportunity to find meaning in existential fields such as the meaning of life and loneliness with the presence of the family. According to the systems theory, when there is a chronic disease in the family, there is a new entry into the system and this points to a disruption of balance which leads to changes in roles, boundaries, responsibilities and routine behaviors in the family (Lawrence 2012). The reconstruction of this balance also points to the functionality of the coping styles used. However, the statistically insignificant findings of the study revealed that the participants with chronic diseases scored higher in the coping style of helpless approach than those without chronic diseases. Since diseases can progress with symptoms that may prevent individuals from fulfilling their roles, the helpless approach and the submissive approach can be used more often due to the decrease in self-esteem in patients (Seki Öz and Öz 2019).

The study further revealed that the coping style of seeking of social support decreased as the age increased, while the coping styles of self-confident approach, the optimistic approach, the helpless approach, the submissive approach, and the total coping levels increased. In addition, it was found that relations with the family of origin was healthier as the age increased. Kök (2016) reported that there was a significant negative relationship between age and the subdimension of seeking of social support, a significant positive relationship between age and the self-confident approach and the optimistic approach, and no significant relationship between age and the helpless approach and the submissive approach.

As the years of marriage increased, the use of the helpless approach style and the total coping levels increased, relations with the family of origin improved, and the coping style of seeking of social support decreased. Recurring problems and failed efforts in marriage over the years may cause the individual to give up on solving the problem as the individual no longer believes in change. Learned helplessness effects emerge in situations that cannot be controlled by functional coping styles (Doherty 1981). Therefore, it is thought that the use of the approach of seeking social support has decreased as the use of the helpless approach has increased. Different from our findings, Yılmaz and Parlar (2019) found that married women had a higher rate of choosing conflict and escape in the first 5 years of marriage. Acicbe (2002) also found a significant difference between the duration of marriage and avoidance. The findings suggest that the improvement in the perception of family of origin relations

with the increase in years of marriage does not play a role alone in choosing functional coping styles.

As the number of children increases, total coping levels and the use of the submissive approach and the optimistic approach increase, while the use of the coping style of seeking of social support decreases. The relationship with the optimistic approach may depend on the attitude of being a parent. Similarly, Kök (2016) found a significant negative relationship between the number of children and the coping style of seeking social support. This finding suggests that as the number of children in the family increases, attainments such as the perceived care, love, respect, trust, sense of belonging and the need for seeking social support may decrease. Yılmaz and Parlar (2019) reported that there is no significant relationship between coping styles used by women in marriage and the number of children. Acicbe (2002) found that conflict and self-blame, which are coping styles in marriage, are related to the number of children. This finding is similar to the relationship with dysfunctional coping styles found in our study.

The study revealed no relationship between participants' total score on the relations with the family of origin and their styles of coping with stress. However, the positive relationship between relations with the family of origin and the submissive approach and the helpless approach, which are dysfunctional coping styles, is remarkable. As the self-confident approach, which is a functional coping style, increases, healthy relationships with the family of origin increase and healthy relationships with the father decrease. In cultures where traditional family structure is dominant and autonomy is not dominant, such as Turkish society, there is a need for commitment, approval of decisions and behaviors, and maintaining harmonious relations (Triandis and Hui 1986, Hui and Villareal 1989, Nisbet 2003). In cross-cultural studies, individualism and collectivism are defined in the context of people's thoughts, attitudes, and behaviors about their selves, goals, and relationships. The high level of loyalty and commitment of individuals, not giving priority to their own goals, and including the extended family and more than the nuclear family in the inner group are the indicators of collectivism (Öztürk et al. 2019). Compared to Western countries, the characteristics of collectivist culture are dominant in the Turkish society (Kağıtçıbaşı 2010). In this context, it is an expected result that the submissive approach and helpless approach of individuals raised in a collectivist culture positively affect family of origin relationships. In addition, when there is an improvement in relations with the father, who is perceived as an authority figure, the self-confident approach is used less because in collectivist cultures, the continuation of relationships is important and individuals give importance to conformity with social norms rather than giving priority to their own rights, wishes, and purposes.

The FORI, which is used to collect quantitative data on relations with the family of origin, can be administered to individuals who are at least high school graduates and who are married. For this reason, the sample of the research consisted of individuals with at least high school education level and above. Due to this limitation of the study, it is recommended to evaluate the relationship between family of origin relations and coping styles

at all educational levels. Another limitation is that the family of origin relations data up to the age of 18 are the memories that the participants remember. The memories of this period can be experiences that are suppressed or that are perceived differently through the use of defense mechanisms. Especially negative childhood experiences can be affected by them.

## Conclusion

The study found a positive relationship between the family of origin relations and the self-confident approach, the helpless approach and the submissive approach, which are among the subdimensions of the CSI. It has been revealed that married individuals use more functional stress coping styles, which are affected by some characteristics and the family of the individual. The limitations of this study are the relatively small sample limited to participants in a single city, and the predominance of the female participants. In addition, the data is based on participants' self-reports and reveal parental relationships that are perceived or remembered.

It is important that professionals in the field are knowledgeable and sensitive about the characteristics with which coping styles are associated. This awareness guides the planning of interventions that can improve functional coping and adjustment in life. In order to enable married individuals to cope with stress in a functional manner, it is recommended to plan psychoeducation programs and group and individual psychotherapeutic interventions that will raise awareness of the association between their relations with their family of origin and the coping styles. It is thought that it would be beneficial to offer programs in which functional coping skills are taught, especially to individuals who do not work, who have lost their parents, who have a high level of stress, whose biggest source of stress is family, spouse/partner, who are married for a longer period of time, and who have higher number of children.

If the sample of future studies to be conducted is selected from Ankara, as in this study, the findings can be compared. It is also recommended to carry out studies in different regions, with different samples, and by adding different variables. In addition, defense mechanisms can be evaluated with an approach that takes into account the subjective characteristics of participants, including their personality traits.

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