J. Appl. Environ. Biol. Sci., 4(5S)48-54, 2015

ISSN: 2090-4274
Journal of Applied Environmental and Biological Sciences
www.textroad.com

Relationship between Family Processes and Social Support through Mediating Marital Satisfaction: Structural Model of Social Support in Major Depression Women

Salman Abdi[1], Shahrokh Amiri[2], Shervin Mohammadi[3]

[1]M.A in General Psychology, Road Traffic Injury Research Center, Department of Statistics & Epidemiology, Tabriz University of Medical Sciences, Tabriz, Iran
[2]MD, Associate Professor of Child and Adolescent Psychiatry, Tabriz university of Medical Sciences, Tabriz, Iran
[3]M.A in General Psychology, Department of Psychology, Tabriz Branch, Islamic Azad University, Tabriz, Iran

Received: January 27, 2015
Accepted: March 31, 2015

ABSTRACT

Family and social support serves as a strong impediment against depression in those women suffering from Major Depression Disorder (MDD). The present study aims at determining the relationship found between family processes and social support through mediating marital satisfaction in MDD women. This cross-sectional study was conducted on 188 MDD women selected from among those patients referred to Bozorgmehr Psychiatry Clinic affiliated by Tabriz University of Medical Sciences. The MDD patients were recognized through structured clinical interviews for DSM-TV-TR using SCID. Index of Marital Satisfaction (IMS), Family Processes Scale (FPS), and Norbeck Social Support Questionnaire (NSSQ) were used to collect data. Also, statistical methods such as Multivariate Analysis of Variance, Mann-Whitney U-test, and Structural path analysis were used to data analysis. MDD women reported low educational level and less social support ($P<0.05$). In comparison with women having 2-3 children, childless MDD women reported higher mean considering social support ($P<0.05$). Structural path analysis demonstrated that marital satisfaction and family problem solving directly predict social support. There was an indirect relationship between family process (family coping strategies, family cohesion, family communication, and family religious beliefs) and mediating marital satisfaction (RMSEA=0.05, CFI=0.92, IFI=0.92). The findings emphasize on the significance of the relationship found between family processes and social support through mediating marital satisfaction in MDD women.

KEYWORDS: Major depression disorder, Social support, marital satisfaction, Family processes, Women

INTRODUCTION

Major depression disorder is one of the most common psychiatric disorders and its lifelong prevalence has been reported as 15% and 25% among women (Sadock & Sadock, 2007). In Iran, the overall prevalence of MDD has been estimated 4.1% and according to reports, women are 1.95 times more suspected to MDD (Sadeghirad, Haghdoost, Amin-Esmaeili, hahsav and Ananloo, Ghaeli, & et al, 2010). High prevalence and susceptibility of women considering major depression disorder, on one hand, and probability of long-time recovery from depression and treatment interventions, on the other hand, notify importance of more family and social support from MDD women (Shelton, 2009). Therefore, social support from MDD patients is of high importance. Family support from MDD women regarded as the most important kind of social support plays a significant role in mental health recovery of MDD patients. Essentially, social support affects reduce of depression and even recovery from depression of women since it refers to an important aspect of sociability process (Kamen, Cosgrove, McKellar, Cronkite,& Moos, 2011; Schwartz, Sheeber, Dudgeon & Allen, 2012; Lau, Yin & Wang, 2011).

Relationship between marital satisfaction and social support

Marital satisfaction is defined as one's marriage and reflection of marriage prosperity and commission (Schoen, Astone, Rothert, Standish, & Kim, 2002). Additionally, it can be regarded as a psychological state of regulated mechanisms monitoring benefits and costs of marriage to a particular person (Schakelford& Buss, 2000). According to the definition, it can be expected that less marital satisfaction results in a new range of family and social problems (Bodenmann, Ledermann & Bradbury, 2007). Considering mental conditions of MDD women, bad-tempered and variation at marital satisfaction level may negatively affect their family and social support. Therefore, previous reports have confirmed the relationship found between marital satisfaction and social support (Heffner, Kiecolt-Glaser, Loving, Glaser, &Malarkey, 2004; Steiner, Bigatti, Hernandez, Lydon-Lam & Johnston, 2010). Although most previous researches have considered marital satisfaction as criterion variable, role of marital satisfaction should be determined in prediction of MDD women social support, as an applied requirement.

Relationship between family processes and marital satisfaction

Family conflict theory is regarded as one of the most important theories explaining marital problems. According to the theory, disability of family members, especially couples, in family processes is regarded as the cause of marital dissatisfaction (Ingoldsby, Smith & Miller, 2004). Family processes include religious beliefs, mutual respect and cohesion, coping strategies, decision-making and problem-solving, and communication skills resulting in family

*** Corresponding Author:** Salman Abdi, M.A in General Psychology, Road Traffic Injury Research Center, Department of Statistics & Epidemiology, Tabriz University of Medical Sciences, Tabriz, Iran. E-mail, abdi.salman@gmail.com, tel: 09352485191

organization and help the family in coping with different conditions (Samani, 2008). Previous reports indicate to the relationship found between depression and family processes. As reported, depressed patients suffer from decision-making/problem-solving skills (Roskar, Zorko, Bucik&Marusic, 2007), communication skills (Segrin&Rynes, 2009), religious beliefs (Hasanović & Pajević, 2010), mutual respect and coping skills (Derntl, Seidel, Eickhoff, Kellermann, Gur,& et al, 2011). Previously conducted studies refer to the relationship between family processes including family communication skill (Alayi, Ahmadi Gatab & Babaei Zad Khamen, 2011), decision-making and problem-solving skill (Johnson, Cohan, Davila, Lawrence, Rogge & et al, 2005), religious beliefs (Mahoney, 2010), family coping strategies (Randall&Bodenmann, 2009) and marital satisfaction. Marital Discord Model of Depression concludes that marital discord is regarded as depression change factor (Hollist, Miller, Falceto&Fernandes, 2007). It can promise strongly connect family processes and marital satisfaction in MDD patients.

Conceptional model of research

The relationship between family processes and marital satisfaction, on one hand, and between marital satisfaction and social support, on the other hand, indicate to mediating role of marital satisfaction between family processes and social support. Evaluating mediating role of marital satisfaction in family processes and social support helps collection of previously conducted studies on family factors affecting social support of depressed patients in addition to better understanding of those aspects affecting social support. Essentially, taking benefit of family-based social support pattern may be helpful in development of supplementary treatments of depressed women through family training plans. Accordingly, although there are few studies considering factors affecting social support of depressed women, the present study aimed at determining the relationship found between family processes and social support through mediating marital satisfaction in MDD women.

Methods

This cross-sectional study was conducted on 188 MDD women selected from among those MDD female patients referred to Bozorgmehr Psychiatry Clinic affiliated by Tabriz University of Medical Sciences (North west of Iran) for a 11-month period (1 Mar., 2011 to 31 Feb., 2012). The patients were sampled using non-randomized available method.

Personal information including age, educational level, husband's age, and number of children were collected through interview. Psychiatric disorders along with MDD and history of husbands' psychiatric diseases were detected relying on structured clinical interview for DSM-TV-TR (SCID-IV) with the patients and their husbands. If exact information was not obtained about history of psychiatric disorder, it was considered that the patients lacks history any mental disorder. Main physical diseases were diagnosed using medical files and medical interview with MDD women.

Instruments

Structured clinical interview for DSM-TV-TR (SCID-IV)

It is a structured clinical interview based on DSM-TV-TR criteria used to detect axis I & II disorders. In this study, it was used to diagnose major depression disorder and other axis I & II disorders. The form is used more than any other diagnostic interview in psychiatric studies. According to inter-rater reliability of SCID-IV for DSM-IN axis I (SCID I) and axis II (SCID II) disorders, inter-rater agreement of the axis I disorders varies from moderate to excellent (Lobbestael, Leurgans&Arntz, 2011). It is globally valid. The previous report has confirmed understandability and acceptability of SCID-IV Persian version for Iranian patients (Sharifi, Assadi, Mohammadi, Amini, Kaviani,& et al,2007).

Index of marital satisfaction (IMS)

Marital satisfaction index is a 25-item instrument designed to measure severity or domain of wife or husband problems considering marital relationship. The questionnaire is scored on the basis of 7-graded ranking scale (1= none of the time to 7=all of the time). In this scale, total score of every subject is regarded as his/her marital satisfaction index. Internal consistency reliability coefficients (Cronbach alpha≥90) and validity coefficients≥60 are very high in the IMS (Hudson & Associates, 1996).

Retest method was used to determine reliability of IMS Persian version as 0.96 (Shakeri, Hossieni, Golshani, Sadeghi&Fizollahy, 2006). In this study, Cronbach alpha coefficient method was used and reliability of IMS was obtained as 0.97.

Family Processes Scale (FPS)

Samani family processes scale (Samani, 2008) was designed based on family conflicts theories (Ingoldsby& et al, 2004) and family process and content in accordance with Iranian culture. There are 43 items in FPS designed to evaluate family processes (family skills and abilities in coping with different conditions), family content (potentials found in family including health and educational level), and family social context (values and beliefs). FPS evaluates three above-mentioned family factors through five family functions; 1) religious beliefs, 2) mutual respect and cohesion, 3) coping strategies, 4) family problem-solving, and 5) communication skill. FPS is scored using ranking scale (1=completely disagree to 5=completely agree). Samani has confirmed FPS validity and indicated to subscales reliability>0.81 obtained using Cronbach alpha coefficient method and retest reliability>0.71 for every subscale obtained at a 2-week time interval (Samani, 2008). The present study referred to 0.77-0.93 as reliability of every subscale relying on Cronbach alpha coefficient method.

Norbeck social support questionnaire (NSSQ)

It was consisted of 9 items (Norbeck, Lindsey &Carrieri, 1983) questioning supportive behaviors of husband or friends presented in the questionnaire. The first 8 items are scored using Five-Choice Likert Scale (1=very little to 5=very much) and the last item is designed as a yes/no question. Gigliotti' study (Gigliotti, 2006) confirmed validity of NSSQ. In this study, 0.87 was regarded as reliability of NSSQ Persian version obtained through Cronbach alpha coefficient method.

Inclusion and exclusion criteria

Suffering from major depression disorder, being at least 18 years old, being married, educations at very elementary levels, conscious written satisfaction were regarded as the inclusion criteria.

The subjects suffering from psychiatric diseases along with major depression disorder, main physical diseases (epilepsy, cardiovascular diseases, congenital diseases, physical disabilities) and those incompletely filled the questionnaire were excluded from the study.

Data analysis

Statistical packages, SPSS.17.0 and LISRELL.8.54 software were used to analyze the obtained data and descriptive statistical methods were used to present sociodemographic data. The relationship between the patients' demographic features and variables of marital satisfaction, family processes, and social support was determined using statistics analysis such as Mann-Whitney U-test and Multivariate Analysis of Variance. Prior to statistical analyses therefore, scores of items related to every scale/subscale were collected and the related statistical presumptions were being assured. Linear structural model was used to present structural relationships between family processes and social support through mediating marital satisfaction. In the present study, $P<0.05$ was considered statistically significant.

RESULTS

The study was consisted of 188 married MDD women. Considering the subjects, 58 (30.9%) cases were younger than 30, 83 (44.1%) subjects were 31-40, and 47 (25%) patients were 40-50 years old (Mean ±SD was 34.80±6.48 years old).

50 (26.6%), 92 (48.9%), and 46 (24.5%) of the patients respectively hold primary, high school diploma, and academic educations. According to the reports, 22 (11.7%) MDD women were childless, 60 (31.9%) had one, 73 (38.8%) two or three, and 33 (17.6%) more than three children.

History of psychiatric disorders were seen in 33 (17.6%) of husbands while there was not any history of mental disorder in 155 (82.4%) husbands.

According to Table 1, there was not statistically significant between different age classes of MDD women considering marital satisfaction, family processes, and social support ($P>0.05$).

There was not statistically significant difference between MDD women with different educational levels considering marital satisfaction and family processes ($P>0.05$). However, mean scores of social support varies among patients with different educational levels ($F_{(2.185)}=3.80$, $P=02$) such that patients with primary educational levels demonstrated lower mean scores in comparison with those academic educational level patients, according to Tokey*post hoc* test result ($P<0.05$).

There was not statistically significant difference between MDD women with different number of children considering marital satisfaction and family processes ($P>0.05$). However, mean scores of social support varies among MDD women with different number of children ($F_{(3.184)}=2.68$, $P=04$) such that childless MDD women demonstrated higher mean scores in comparison with patients with more than three children, according to toTokey*post hoc* test result ($P<0.05$).

Classifying the women into two with and without history of psychiatric disorders of their husbands groups, Mann-Whitney U-test was used to compare ranking mean of marital satisfaction, family processes, and social support scores. Results of Mann-Whitney U-test demonstrated that there is a statistically significant difference between women with and without history of psychiatric disorders of their husbands considering ranking mean of marital satisfaction and family cohesion scores ($P<0.01$), such that MDD women with husbands with history of psychiatric disorders reported less marital satisfaction and family cohesion.

Table 1. Relationship found between demographic features, social support, marital satisfaction, and family processes in MDD women

Variables	Age	Educational Level	Number of children	Husband's disorder
	[a]F	F	F	Z
Social support	0.37	3.80*	2.68*	-0.06
Marital Satisfaction	1.47	0.19	0.10	-3.98**
Familyproblem-solving	0.26	1.78	0.43	-1.88
Family coping strategies	1.65	0.30	0.84	-1.93
Family cohesion	2.35	1.42	1.81	-03.49**
Family communication	0.75	0.42	0.60	-1.30
Family religious beliefs	0.76	2.43	1.05	0.19

* P<0.05, ** P<0.01; [a] F=F score in multivariate analysis of variance; Z=Z score in Mann-Whitney U-test

Table 2 refers to covariance matrix of ETA (social support, marital satisfaction, family problem-solving) and KSI (family coping strategies, family cohesion, family communication, and family religious beliefs).

Table 2. Covariance Matrix of ETA and KSI

Variables	1	2	3	4	5	6	7
Social support	1						
Marital Satisfaction	0.46	1					
Family problem-solving	0.45	0.69	1				
Family coping skills	0.33	0.60	0.64	1			
Family cohesion	0.32	0.64	0.55	0.69	1		
Family communication skills	0.37	0.73	0.63	0.64	0.66	1	
Family religious beliefs	0.17	0.38	0.25	0.34	0.35	0.30	1

According to diagram 1 and structural path analysis results, Gamma path coefficient of communication skills on marital satisfaction and family problem-solving was 0.37 (t=3.70) and 0.36 (t=2.93), respectively. Also, Gamma path coefficient of coping skills on family problem solving, Gamma path coefficient of family cohesion on marital satisfaction were 0.38 (t=3.18) and 0.17 (t=2.11), respectively. Beta path coefficient of family problem-solving on marital satisfaction and social support were 0.34 (t=3.88) and 0.26 (t=2.23), respectively. Beta path coefficient of marital satisfaction on social support was 0.29 (t=2.65). There was not any statistically significant relationship between other constructs. Also, 0.30-0.70 was introduced as Phi correlation coefficient between external latent constructs (Family problem-solving, Family coping skills, Family cohesion, Family communication skills, Family religious beliefs) (P<0.01).

Structural path analysis demonstrated that there is a structural fitness in the structural model (Chi square=871.06 (P=0.0), RMSEA=0.053, NNFI=0.91, CFI=0.92, IFI=0.92, Standardized RMR=0.051).

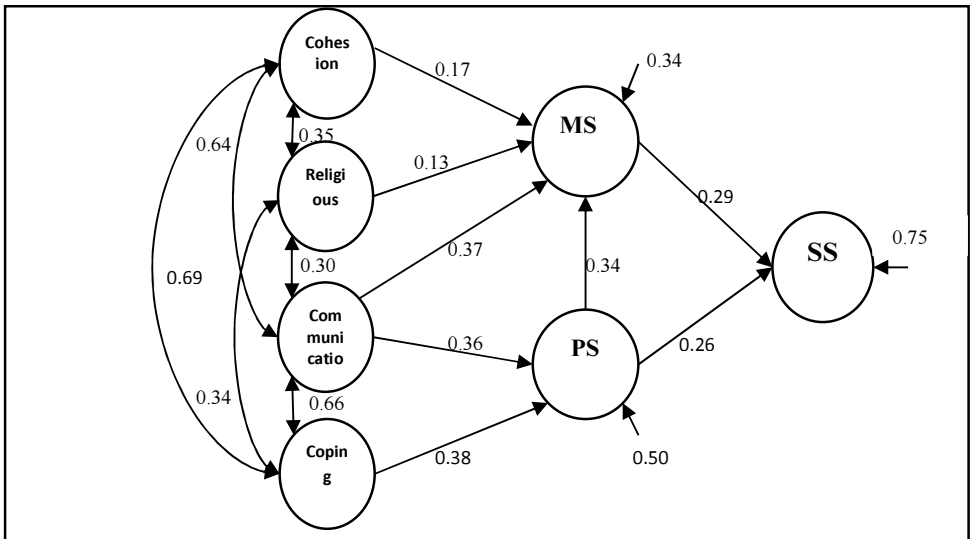

Diagram 1: structural relationships between family processes, social support and marital satisfaction

DISCUSSION

Although age variations result in changing of human needs, findings of the research did not refer to any relationship between age of MDD women and marital satisfaction, family processes, and social support. According to a study conducted on couples of a public society, there was an inverse relationship between age and marital satisfaction among couples of a normal society (Bodenmann& et al, 2007). Another study reported a positive relationship between age and sexual satisfaction of couples (Jose &Alfons, 2007). However, a negative relationship between age and social support is also reported (Ghasemipoor, Ghasemi&Zamani, 2010). Findings demonstrated that there was not any relationship between educational level of MDD women and variables of marital satisfaction and family processes. Along with the previous report, there is a relationship between low educational level and less social support (Ghasemipoor& et al, 2010). Findings of this research demonstrated that there was not any relationship between number of children of MDD women and marital satisfaction and family processes. This is while previous study conducted on normal subjects emphasized on positive relationship between number of children and sexual satisfaction in marital compatibility (Hollist& et al, 2007). In comparison with MDD women with more than three children, childless MDD women reported higher scores considering social support, according to the findings. Since childless women were younger than those women with children, the finding

is in correspondence with the report emphasizing on weak correlation between age and social support (Ghasemipoor& et al, 2010). The contradictory results may be attributed to the difference between statistical population as well as weak relationship between demographic variables and the structures. However, further studies on age difference between couples and children may be a definite answer to the finding.

Research findings demonstrated that there is a relationship between history of husbands' psychiatric disorder and less marital satisfaction on MDD women. Previous study referred to stress in one of the couples as a factor reducing marital satisfaction and close relationships (Randall&Bodenmann, 2009). According to stress-divorce model of Bodenman et al (Bodenmann& et al, 2007), mental problems of couples resulting from decreasing of emotional relations quality and duration of the couples relations lead to mutual alienation and, therefore, marital dissatisfaction.

Along with the previous reports, there is a direct relationship between marital satisfaction and family problem-solving and social support of MDD women (Prachakul, Grant &Keltner, 2007). It may result from decrease of interpersonal problems and increasing of the couples' sensitivity toward their emotional needs. Therefore, marital satisfaction and family problem-solving are regarded as prerequisite of couples support formation.

According to the previous report, there is a direct relationship between family problem-solving and marital satisfaction of couples (Johnson & et al, 2005., Kriegelewicz, 2006). Using family problem-solving effectively associated with more opportunities to cope with problem-making conditions (Cassidy & Long, 1996) will help the couples to reduce tensions and increase marital satisfaction.

Considering that family cohesion refers to emotional agreement, mutual respect, and enjoy from family life (Samani, 2008), there is a direct relationship between family cohesion and marital satisfaction (Cundiff, Smith & Frandsen, 2011). Therefore, the more the emotional agreement and enjoyment from married life, the more the marital satisfaction of MDD women.

According to the previous report, there is a direct relationship between family communication skills and marital satisfaction of couples (Alayi& et al, 2011). Also, another report suggested that training of communication skills to reduce marital conflicts (Moghadam, Ahadi, Jamhari&Fakhri, 2012) and angry hostility negatively affect marital satisfaction of couples (Renshaw, Blais& Smith, 2010., Baron, Smith, Butner, Nealey-Moore, Hawkins, 2007). It seems that family communication skills may be helpful in more satisfaction from life through increasing pleasurable emotions in couples' relations.

Previous report indicates to the direct relationship found between religious beliefs and marital satisfaction (Mahoney, 2010). It seems that religious beliefs create appropriate conditions for marital satisfaction through adjusting effective coping strategies against problems (Hasanović&Pajević, 2010). Therefore, religious thoughts are helpful in promotion of marital quality (Hernandez, Mahoney &Pargament, 211) in addition to formation and maintenance of useful emotional relations (Mahoney, 2010).

Findings demonstrated that there is a direct relationship between stress coping strategies and interpersonal communication skills and family problem-solving. The mentioned skills are in indirect relationship with social support. The previous report emphasized on the relationship between interpersonal communication skill and family problem-solving (Parto&Besharat, 2011) and social support in increasing depression signs and symptoms (Nilsen, Karevold, Røysamb, Gustavson& Mathiesen, 2012).

Generally, findings of the research suggest that there is a relationship between family processes, marital satisfaction, and social support in MDD women. Therefore, it is worthy that MDD social support promotion plan consider family processes and marital satisfaction of these women. Essentially, there is not any method affecting treatment and recurrence of depression without family support.

Results of every research help understanding of the findings considering its limitations. Results of the present study can be generalized and used at clinical environments since there was not any control group and it was conducted on married MDD women without any associated mental disorder.

Conclusion

The present study suggested that there is an indirect relationship between four family processes (family cohesion, family communication, family religious beliefs) and social support through mediating marital satisfaction and family problem-solving. Therefore, marital satisfaction is regarded as prerequisite of formation of social support in family of MDD women. Marital satisfaction may be modified considering family processes (family cohesion, communication skills, religious beliefs, and family problem-solving). Using findings of this preliminary study, it can be concluded that family processes theory which is based on family conflicts theory is of appropriate theoretical and practical capability in explaining social support of MDD women. It is a useful objective for mental interventions in association with the medical ones. Further experimental studies are required to compile social support promotion plan based on family conflicts theory and obtain applicable findings.

Acknowledgment

The authors appreciate all patients and families participated in the present study.

Conflict of interest

The authors state that they have not any competing interests.

REFENENCES

Alayi Z, AhmadiGatab T, &BabaeiZadKhamen A. Relation between Communication Skills and Marital-Adaptability Among University Students. Procedia - Social and Behavioral Sciences 2011; 30: 1959-63.

Baron KG, Smith TW, Butner J, Nealey-Moore J, Hawkins MW, & Uchino BN.Hostility, anger, and marital adjustment: concurrent and prospective associations with psychosocial vulnerability. J Behav Med 2007; 30(1): 1-10.

Bodenmann G, Ledermann T, & Bradbury TN. Stress, sex, and satisfaction inmarriage. Personal Relationships 2007; 14(4): 551-569.

Cassidy T, & Long C.Problem-solving style, stress and psychological illness: development of a multifactorial measure.Br J ClinPsychol 1996; 35: 265-77.

Cundiff JM, Smith TW, &Frandsen CA.Incremental validity of spouse ratings versus self-reports of personality as predictors of marital quality and behavior during marital conflict. Psychol Assess 2011; [Epub ahead of print]

Derntl B, Seidel EM, Eickhoff SB, Kellermann T, Gur RC, Schneider F, &Habel U.Neural correlates of social approach and withdrawal in patients with major depression.SocNeurosci 2011; 6(5-6): 482-501.

Garrison CZ, Waller JL, Cuffe SP, McKeown RE, Addy CL, & Jackson KL.Incidence of major depressive disorder and dysthymia in young adolescents. J Am Acad Child Adolesc Psychiatry 1997; 36(4): 458-65.

GhasemipoorM, Ghasemi V, &Zamani AR. Investigating the relation of social support functions and the demographic features of diabetic patients. Iran J Nurs Midwifery Res 2010; 15(1): 1-7.

Gigliotti E.A confirmatory factor analysis of situation-specific Norbeck Social Support Questionnaire items.Nurs Res 2006; 55(3): 217-22.

HasanovićM,&Pajević I.Religious moral beliefs as mental health protective factor of war veterans suffering from PTSD, depressiveness, anxiety, tobacco and alcohol abuse in comorbidity.PsychiatrDanub 2010; 22(2): 203-10.

Heffner KL, Kiecolt-Glaser JK, Loving TJ, Glaser R, Malarkey WB.Spousal support satisfaction as a modifier of physiological responses to marital conflict in younger and older couples. J Behav Med 2004; 27(3): 233-54.

Hernandez KM, Mahoney A, &Pargament KI.Sanctification of sexuality: implications for newlyweds' marital and sexual quality. J FamPsychol 2011; 25(5): 775-80.

Hollist CS, Miller RB, Falceto OG, &Fernandes CL.Marital satisfaction and depression: a replication of the Marital Discord Model in a Latino sample.Fam Process 2007; 46(4): 485-98.

Hudson W, & Associates. (1996). Walmvr assessment scales scorinq manual.Tempe, AZ: Walmyr Publishing Co.

Ingoldsby BB, Smith SR, & Miller JE.Exploring family theories. Los Angeles, California: Roxbury Publishing Company. 2004.

Johnson MD, Cohan CL, Davila J, Lawrence E, Rogge RD, Karney BR, & et al.Problem-solving skills and affective expressions as predictors of change in marital satisfaction.J Consult ClinPsychol 2005; 73(1): 15-27.

Jose O,&Alfons V.Do demographics affect marital satisfaction?. J Sex Marital Ther 2007; 33(1): 73-85.

Kamen C, Cosgrove V, McKellar J, Cronkite R, & Moos R.Family support and depressive symptoms: a 23-year follow-up. J ClinPsychol 2011; 67(3):215-23.

Kriegelewicz O. Problem-solving strategies and marital satisfaction, Psychiatr Pol 2006; 40(2): 245-59.

Mahoney A.Religion in families 1999 to 2009: A relational spirituality framework.J Marriage Fam 2010; 72(4): 805-27.

Moghadam GF, Ahadi H, Jamhari F &Fakhri N.A Comparison of the Effectiveness of Communication Skills Training for Marital Conflicts and Quality of Life in Female Students of Islamic Azad University, Science and Research Branch. World Journal of Sport Sciences 2012; 36 (1): 73-79.

Lau Y, Yin L, & Wang Y.Antenatal depressive symptomatology, family conflict and social support among Chengdu Chinese women.Matern Child Health J 2011;15(8):1416-26.

Lobbestael J, Leurgans M, &Arntz A. Inter-rater reliability of the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID I) and Axis II Disorders (SCID II). ClinPsycholPsychother2011; 18(1):75-9.

Nilsen W, Karevold E, Røysamb E, Gustavson K, &Mathiesen KS. Social skills and depressive symptoms across adolescence: Social support as a mediator in girls versus boys, Journal of Adolescence, 2012; In Press, Corrected Proof, Available online 18 September 2012.

Norbeck JS, Lindsey AM, &Carrieri VL. Further development of the Norbeck Social Support Questionnaire: Normative data and validity testing. Nurs Res 1983; 32(1): 4-9.

PartoM,&Besharat MA. The direct and indirect effects of self- efficacy and problem solving on mental health in adolescents: Assessing the role of coping strategies as mediating mechanism, Procedia - Social and Behavioral Sciences 2011; 30: 639-43.

Prachakul W, Grant JS, &Keltner NL.Relationships among functional social support, HIV-related stigma, social problem solving, and depressive symptoms in people living with HIV: a pilot study. J Assoc Nurses AIDS Care 2007; 18(6):67-76.

Randall AK, &Bodenmann G. The role of stress on close relationships and marital satisfaction. Clinical Psychology Review 2009; 29(2): 105-115.

Renshaw KD, Blais RK, & Smith TW.Components of Negative Affectivity and Marital Satisfaction: The Importance of Actor and Partner Anger.J Res Pers 2010; 44(3): 328-334.

Roskar S, Zorko M, Bucik V, &Marusic A.Problem solving for depressed suicide attempters and depressed individuals without suicide attempt.PsychiatrDanub 2007; 19(4): 296-302.

Samani S. Developing a Family Process Scale for the Iranian Families. IJPCP 2008; 14(2): 162-168.

SadeghiradB, Haghdoost AA, Amin-Esmaeili M, ShahsavandAnanloo E, Ghaeli P, Rahimi-Movaghar A, & et al. Epidemiology of Major Depressive Disorder in Iran: a Systematic Review and Meta-Analysis. Int J Prev Med 2010; 1(2): 81–91.

SadockBJ,&Sadock VA. Kaplan and Sadock's synopsis of psychiatry: Behavioral Sciences/Clinical Psychiatry, 10thed. Philadelphia: Lippincott Williams & Wilkins. 2007.

SegrinCh,&Rynes KN. The mediating role of positive relations with others in associations between depressive symptoms, social skills, and perceived stress. Journal of Research in Personality 2009; 43(6): 962-971.

Schwartz OS, Sheeber LB, Dudgeon P, & Allen NB.Emotion socialization within the family environment and dolescent depression, ClinPsychol Rev 2012;32(6):447-53.

Schoen R, Astone NM, Rothert K, Standish NJ, & Kim YJ.Women employment, marital happiness and divorce. Social Forces 2002; 81(2): 643-662.

Schakelford TK, & Buss DM. Marital satisfaction and spousal cost-infliction.Personality and Individual Differences 2000; 28: 917-928.

Shakeri J, Hossieni M, Golshani S, SadeghiKh, &Fizollahy V. Assessment of general health, stress coping and marital satisfaction in infertile women undergoing IVF treatment.J ReprodInfertil. 2006; 7(3):269-275.Sharifi V, Assadi SM, Mohammadi MR, Amini H, Kaviani H, Semnani Y, & et al. Structured Clinical Interview for DSM-IV (SCID): Persian Translation and Cultural Adaptation. Iran J Psychiatry 2007; 1: 46-48.

Shelton RC.Long-term management of depression: tips for adjusting the treatment plan as the patient's needs change.J Clin Psychiatry 2009;70 Suppl 6:32-7.

Steiner JL, Bigatti SM, Hernandez AM, Lydon-Lam JR, & Johnston EL. Social support mediates the relations between role strains and marital satisfaction in husbands of patients with fibromyalgia syndrome. FamSyst Health 2010; 28(3): 209-23.