The Study of Personality Traits and Coping Styles between Female Addicts, Prostitutes, and Normal Peers

Abstract

Objective: This study aimed to compare personality traits and coping styles between prostitutes, addicts, and their normal peers. **Method**: The research design was causal comparative research. Then, 42 prostitutes, 45 female addicts, and 43 normal women were selected through convinience sampling. For data collection purposes, Andler and Parker's Coping Inventory for Stressful Situations (CISS) and NEO personality questionnaire were administered to the selected samples. **Results:** The results revealed the existance of a significant difference between the three groups on openness and agreeableness subscales. That is, prostitutes had lower scores in the subscales in comparison with two other groups. **Conclusio**n: The results enjoy applied implications.

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 Personality Traits, Coping Styles, Prostitutes (Sex Workers), Addiction

Introduction

Given the problems and issues humans experience in their life and during growth process, the ability to overcome difficulties and undesirable conditions accompanied by appropriate responses maintenance of mental balance assumes paramount importance. How to react to stressful events mainly depends on the interpretation and evaluation of people from those events. People of all ages encounter stress and stressful situations. Due to the undesirability of stressful factors, people try to do activities that lead to the reduction of stress and development of defensive skills. The collection of these methods and activities is referred to as coping (Sarafino, 1998). Coping has been described as cognitive and behavioral efforts to enhance the management of stressful situations, adapt individuals to the environment and/or prevent the negative consequences of stressful conditions (Folkman, & Lazarus, 1988). Coping process can be distinguished with three main modes. The first one is the task-oriented coping whose most distinct dimension is direct performance for the decrease of stress or the betterment of skills in its management. Then it comes to avoidance-oriented coping style whose main characteristic is to avoid exposure to the stressor. Last but not least, it is turn to emotion-oriented coping which includes the strategies that delay removing or dealing with the stressful factor by giving new meaning and names (Zeydnar & Endler, 1996; cited in Granmayeh Poor, Besharat & Habibnejad, 2010).

Personality is a factor effective in public health and compatibility and is referred to as a characteristic organized collection consisting of relatively stable characteristics which makes people distinct from each other. In brief, the term personality is used to explain the stability of individuals' behavior over time and place; and also behavioral differences among individuals who react to the same situation. In other words, personality refers to one's collection of stable behavioral traits (Witten, 2002, translated by Mohammadi, 2004). Theories of personality have confirmed the relationship between personality traits and abnormal social behavior. According to these theories; environmental interaction, conditions, personal factors, and personality factors are influential in the development of criminal and abnormal behavior (Eysenck, 1989; translated by Sharifi & Najafi Zand, 1996). In Costa, & Mc Crae's Big Five model, it is believed that personality is made up of five relatively independent dimensions, i.e. extraversion, neuroticism, agreeableness, conscientiousness, and openness to experience that establish a significant categorization for the study of personal differences (Robie, Brown & Bly, 2005). Extraversion includes outgoing behavioral and communication tendencies such as sociability, talkativeness, assertiveness, and the tendency to seek stimulation (McCrae, 2002). Neuroticism shows personal differences in experiencing unpleasant emotions and represents the tendency to experience negative emotions which is accompanied by such states as anger, depression, emotional stability, and

anxiety. People having this characteristic feel unable in emotion regulation and this leads to the relegation of their abilities in decision-making and coping with stress (Hofstede & Mc Crae, 2004; Howard & Howard, 2004). Agreeableness represents such behavioral characteristics as trust, flexibility, cooperation, and toleration (Costa & Mc Crae, 2002). Conscientiousness (accountability) implies one's dependability and accountability and the degree of effort and perseverance one needs to meet his/ her goals. The last dimension is openness to experience that is related to the scientific and artistic creativity and divergent thinking (Judge, Heller & Mount, 2002) and the individuals who obtain a high score in this subscale are intellectually curious (Howard & Howard, 2004).

Social pathologies are diverse relative and variable phenomena. Aggression, crime, suicide, divorce, addiction, and prostitution are examples of social pathologies whose qualitative and quantitative features change over time and place. Among them, prostitution, which is the most prominent example of the physical fusion of two humans, is considered as one of the oldest and saddest tragedies of human history. Addiction is one of the social factors that is highly correlated with prostitution. Prostitutes have been probably involved in addiction and/or experienced this phenomenon in their families. Therefore, the study of these two phenomena and their relationship with each other can lead to a better understanding of social pathologies, be helpful to the women affected by social problems, and ultimately be beneficial to society. Prostitution is usually followed by a variety of psychosocial disorders such as addiction, crime, delinquency, and alcoholism. Prostitutes suffer various degrees of personality disorders and, in some cases, typically enjoy lower IQ. Among other social ills is increasing orientation to substance abuse which brings about the need for more attention due to the decline in the age of addiction and its prevalence among young people, particularly women. The related review of literature shows that a large percentage of the human population is infected with addiction which has been increasing during recent years in most countries; accordingly, human resources have been severely threatened (Gennadij, Helena, Irina & Glenn, 2004). Studies conducted based on Costa, & Mc Crae's five-factor model (1992) is representative of the relationship between drug addiction and personality traits. Similarly, a significant relationship has been reported between poor coping strategies and inappropriate problem-solving techniques in addicts (Ball, 2005). Drug addiction is a psychiatric disorder with biological, psychological, and social dimensions of development, each of which is effective in the initiation and progress of it (Ghodse & Galea, 2005). With respect to the above-mentioned points, the main research question here has been formulated as whether there is a statistically significant difference between prostitutes, femlae addicts, and their normal peers in terms of personality traits and coping styles of stress.

Method

This study is a causal-comparative one which is categorized into descriptive methods. The study population consisted of: 1- female sex workers (prostitutes) in Tehran who attended at team homes and streets at the time of the study to solicit in exchange for money or any pecuniary interest and profit; 2- Addicted women who referred to drug rehab centers and clinics in Tehran at the time of the study; and 3- Normal women in Tehran who were matched with the other two groups in terms of age and socio-economic class.

Convenience sampling was done by the researcher's reference to the centers keeping socially injured women, the areas of the city wherein the women's workplace lies, and also rehabilitation centers and clinics. The number of 50 questionnaires was distributed among each group. Finally, 42, 45, and 43 questionnaires were soundly received from prostitute, addict, and normal groups, respectively.

Instrument

1. NEO Personality Questionnaire: This questionnaire is a self-assessment psychological personality inventory that is based on a five-factor model. According to the revised version of the NEO-Five-Factor Inventory (henceforth NEO-FFI), there are five dimensions or factors, namely neuroticism, extraversion, openness, agreeableness, and cconscientiousness, each of which consists of six aspects or sub-scales. The original version of the questionnaire consists of 240 questions; however, the short version of this questionnaire containing 60 items was used in this study due to the complexity and length of its original version and the study sample. The results of several studies suggest that the subscales of the short form enjoy good internal consistency. Costa & McCrae (1992) have reported Cronbach's alpha coefficient of 0.68 to 0.86 for it. In Iran, NEO-FFI has been validated by Garousi (1998) and its reliability coefficients using test-retest method has been reported to be 0.83, 0.75, 0.80, 0.79, and 0.79 for neuroticism, extraversion, openness, agreeableness, and cconscientiousness, respectively. As well, Mollazadeh (2002) has obtained 0.83, 0.78, 0.73, 0.79, and 0.85 for the test-retest reliability coefficients of its subscales, respectively (cited in Fathi-Ashtiani, 2011). NEO-FFI is answered based on a five-point Likert scale (strongly disagree, disagree, no idea, agree, and completely agree). The scoring procedure of the short version of NEO-FFI is not identical in all questions. In other words, strongly disagree, disagree, no idea, agree, strongly agree are sometimes assigned 4, 3, 2, 1, and 0 points, respectively and, sometimes, the reverse is done (Garousi, 2001).

2. Coping Inventory for Stressful Situations (CISS): This questionnaire is a self-report instrument developed by Endler & Parker on a sample of 313 subjects (161 females and 152 males) with reliability coefficients of 0.90, 0.82, and 0.82 for task-, emotion-, and avoidance-oriented coping, respectively (1990). This

scale for the first time was translated, validated, and used to study the coping styles of stress in adolescents in Tehran from 1982 to 1992 by Akbarzadeh. Findings of other researchers in Iran such as Ghoreishi (1997), Vagheri (2000), Fotovat Ahmadi (2001) and Mobini (2005) showed that the scale enjoyed a high internal consistency and a high correlation with different variables. Therefore, the scale was shown to be valid. For example, Ghoreishi reported retest correlation coefficient indexes as 0.89, 0.82, and 0.66 for task-, emotion-, and avoidance-oriented coping, respectively. This questionnaire included 48 items where answers to each item are scored based on a five-value Likert scale from never (1) to always (5). Participants are required to answer all questions. If they do not respond to 5 items or fewer ones, the researcher can assign the moderate score of three to these items. However, if more than 5 items were left unanswered, that questionnaire does not deserve scoring and should be put away. This questionnaire covers three main areas of coping behaviors that are task-oriented coping or actively tackling the issue for its management; emotion-oriented coping or focus on emotional responses to tackle the problem; and avoidance-oriented coping or escaping from the problem which is reflected in two forms of turning to the community and other people or engaging in a new activity (Mobini, 2005).

Procedure

After taking the permission from three drug rehab centers in Tehran (Airyaman, Varna, and Borhan), the researcher identified 120 persons. Then, 90 patients were selected according to inclusion and exclusion criteria.

A total of 60 participants who had the intention of preventing drug use were randomly placed in one of two groups (AIDS and drug harm reduction, and mindfulness). The remaining 30 participants were recruited as the control group. Before conducting research, all 90 subjects were controlled by TLC test for detoxification. All three groups were treated with methadone medication, but mindfulness and behavioral counseling groups received the intervention of this method, as well. Thus, the experimental group was trained with 8 mindfulness-based intervention sessions by a trained psychologist. Then, morphine test was administered two weeks after the intervention. AIDS and drug harm reduction group received intervention in accordance with counseling behavioral programs on the reduction of AIDS and drug harms. Thereafter, morphine test was administered two weeks after the intervention. As well, the status of substances abusers was reevaluated by morphine test after the passage of two months from posttest. The frequency of drug use relapse among the study groups was compared using proper statistical methods. Also, the frequency of drug use relapse was compared within the experimental group (single, married), (a previous experience of drug use/ no record), (literate and educated).

The content of behavioral counseling for AIDS and drug harm reduction was as follows.

1) phase one (first 6 sessions): It usually takes 4 to 6 weeks. Session I: Introducing the counselor, determining the reason for referral to treatment and giving feedback, introducing counseling program, assessing the patient and getting familiar with her common behaviors and activities, reviewing the treatment process and giving urine test, making the first contract on adherence to treatment. Session II: Giving positive feedback about the first contract, reviewing the current problems and changes in the patient's life, evaluating the results of last week's urine test and giving feedback, training on addiction as a disease and treatment, making a contract for a change. Sessions III to V: Evaluating and providing feedback about the contract, reviewing the patient's current problems, seeing the results of urine test, making the next session's contract. Session VI: Reviewing the implementation of contract's terms and providing positive feedback, summarizing positive changes in the patient during the first six sessions, summarizing the counselor's evaluation of the patient's problems, describing the long-term objectives of treatment, making the next session's contract.

2) Phase two (from session VII onwards): The patient and counselor continue benefiting from behavioral contracts and concentrate on lifestyle changes started in the first phase of treatment focus. Sessions VII-XI: Assessing the contract and providing positive feedback, reviewing current problems, doing urine test and providing feedback, making the next session's contract, evaluating awareness about HIV risk, training on high-risk behaviors, preventing addiction relapse, activating family training, providing problem-solving. Note: The content of these sessions may vary depending on the patient's needs.

The content of mindfulness-based intervention: Mindfulness-based cognitive therapy has been designed by Segal et al (2002) for eight group sessions, one session a week and based on a plan to reduce tension. Mindfulness-based cognitive therapy aims to establish a different attitude or relationship with thoughts, feelings, and emotions which include paying full attention moment by moment, and holding non-judgmental attitudes associated with acceptance (Wells, et al., 20002). Mindfulness-based stress reduction training was done in eight 90-minute sessions. Session I: Administering pretest, developing communication and conceptualization, clarifying the necessity of using mindfulness and familiarity with body relaxation; Session II: Teaching body relaxation of 14 groups of muscles, including the forearm, arm, leg muscles, legs, thighs, abdomen, chest, shoulders, neck, lips, eyes, jaws, and lower and upper parts of the forehead; Session III: Teaching body relaxation of 6 groups of muscles, including hands and arms, feet and thighs, abdomen and chest, neck and shoulders, jaws and forehead, and lips and eyes, and giving relaxation assignments for home; Session IV: Training mindfulness of breathing: Briefly reviewing previous session, providing preliminary knowledge on mindfulness of

breathing, training inhalation and exhalation techniques with calm and without thinking about other things, training the techniques of observing breathing, and giving assignments on mindfulness of breathing in sleep for a period of 20 minutes at home; Session V: Training body monitoring technique with regard to body movement during breathing, focusing on body parts and their movement and looking for the physical senses (hearing, taste, etc.), and giving mindfulness eating assignments for home (eating with comfort and attention to taste and sight of the food);

Session VI: Mindful of Thoughts Training: Training how to attend to the mind, positive and negative thoughts, pleasant or unpleasant thoughts; allowing the entry of negative and positive thoughts into mind and easily leaving them out of mind without judgment and deep attention to them; giving home assignments for writing positive and negative experiences without judging them; Session VII: Full mindfulness: repeating sessions 4, 5, and 6, each lasting 20 to 30 minutes; Session VIII: Summarizing training sessions (Narimani, Ariapooran, Abdolghasemi & Ahadi, 2012).

Results

The average age of the study sample in three groups of normal women, addicts, and prostitutes were 32, 32.09, and 22.12 years, respectively. Descriptive statistics of the variables are presented in Table 1.

Table 1: Descriptive statistics of the study variables

Variables	Normal			Addict			Prostitute		
	N	Mean	SD	N	Mean	SD	N	Mean	SD
Neuroticism	43	28.34	7.16	45	27.31	7.43	42	27.90	5.99
Extraversion	43	28.25	6.10	45	29.20	5.62	42	28.90	5.28
Openness to experience	43	27.51	4.18	45	28.84	4.39	42	26.52	4.39
Agreeableness	43	30.51	5.65	45	29.26	6.15	42	26.30	4.68
Conscientiousness	43	35.62	5.53	45	34.22	6.49	42	33.80	6.00
Task-oriented	43	54.67	10.96	45	60.37	10.59	42	55.00	13.34
Emotion-oriented	43	53.53	8.47	45	51.28	12.37	42	47.59	10.75
Avoidance-oriented	43	42.86	9.98	45	45.80	9.82	42	43.54	12.12

MANOVA test should be used to examine the difference between the componental scores of personality traits in the three groups.

One of the pre assumptions for this test is the equality of covariance matrices. Box test results indicated that this assumption has been met (Box's M=39.30, P> 0.05). Another pre assumption of this test is the equality of error variances. Leven test results to assess the equality of error variances are presented in Table2.

Table 2: Leven's test results representative of the equality of error variances

Variables	F	df₁	df₂	P
Neuroticism	0.67	2	127	0.51
Extraversion	0.58	2	127	0.56
Openness to experience	0.12	2	127	0.88
Agreeableness	0.77	2	127	0.46
Conscientiousness	0.23	2	127	0.78

As seen in the above table, the condition of the equality of error variances in all components has been met.

Therefore, MANOVA was conducted and the results were indicative of the significance of the linear combination of components of personality traits according to group (Wilk's Lambda=0.84, P<0.05). Univariate analysis of variance test was used to examine differences in patterns, as follows.

Table 3: Univariate analysis of variance for determining the difference patterns on personality components

Variables	Mean square	F	P	Eta square
Neuroticism	11.94	0.25	0.77	-
Extraversion	10.19	0.31	0.73	-
Openness to experience	59.14	3.16	0.04	0.04
Agreeableness	197.75	6.42	0.002	0.09
Conscientiousness	35.91	1.07	0.34	-

As seen in table 3, there is a statistically significant difference between groups in terms of openness to experience and agreeableness. Tukey's test post hoc was used to examine the difference between each two groups.

The results showed that the mean score of openness and agreeableness is lower in prostitutes compared to the other two groups, but the two groups of normal and addicted women's scores were not significantly different from each other.

MANOVA was conducted to examine the differences in the scores of coping strategies between the three groups. One of the pre assumptions for this test is the equality of covariance matrices. Box's test results indicated that this pre assumption has been met (Box's M=14.99, P>0.05). Another pre assumption of this test is the equality of error variances. Leven's test results to assess the equality of error variances are presented in Table 4.

Table 4: Leven's test representative of the equality of error variances

Variables	F	df₁	df₂	P
Task-oriented	0.07	2	127	0.93
Emotion-oriented	2.68	2	127	0.07
Avoidance-oriented	0.21	2	127	0.80

As seen in the above table, the pre assumption of the equality of error variances in all components except emotion-oriented component has been met. Therefore,

MANOVA was conducted and the results represented the significance of the linear combination of components of coping strategies according to group (Wilk's Lambda=0.89, P<0.05). Univariate analysis of variance test was used to examine difference patterns, as follows.

Table 5: Univariate analysis of variance for determining the differences in components of coping strategies

Variables	Mean square	F	P	Eta square
Task-oriented	453.05	3.90	0.02	0.05
Emotion-oriented	381.77	3.07	0.05	0.04
Avoidance-oriented	104.46	1.12	0.32	-

   As seen in table 5, there is a statistically significant difference between groups in task- and emotion-oriented strategies. Tukey's test post hoc was used to examine the difference between each two groups. The results also showed that the mean score of task-oriented coping is lower in prostitutes compared to the other two groups whereas the normal women's scores in and emotion-oriented coping were higher than the other two groups.

Discussion and Conclusion

   This study aimed to compare the personality traits and coping styles against stress among three groups of normal women, female drug addicts, and prostitutes. The results of this study showed the existence of a significant difference among the three groups in terms of two personality traits dimensions, i.e. openness experience and agreeableness. In other words, openness experience and agreeableness were reported to be lower in female sex workers (prostitutes) than the other two groups (normal and addict). Despite taking a deep look at national and international studies, the researcher did not come to a similar study to which compare the present results. Moradi & Bahrami's study (2011) showed that the addicted group gained low scores in openness experience and agreeableness and high scores in neuroticism and extraversion. Female sex workers whose customers are predominantly men show compliance and compatibility in relation to others. However, as these results also indicated, openness to experience and agreeableness are passive and inevitable and are not considered as participants' real personality traits or behavioral temperament. In other words, the underlying causal logic behind their recourse to prostitution is deprivation, subsisting economic activity, and social inevitability. Agreement is interrelated with tolerance and active flexibility and nothing except unintended one-way surrender is found in prostitution.

   Thus, it can be asserted that contingencies of prostitution, i.e. passivity and submission will gradually be intertwined with the nature, character, and secondary personality of such people. Also, the psychological explanations of crime and aberration or social deviation are concentrated on personal

differences, way of thinking, feelings, behaviors, and personality between offenders and non-offenders. Although a biological basis for personality differences is considered, studies upon criminals' personality are motivated by psychoanalysis patterns, deviated thought patterns, and patterns of personality disorders. Some psychoanalysts like Freud view deviant behavior resulting from the inability of the "ego" in order to resolve the conflict between the impulses of the agency and moral commands of the "superego". On the basis of Freud's theory, it is possible to refer to the powerlessness and inadequacy of "ego" in the resolution of conflicts coming from inner inclinations and outer impositions. In this regard, "ego" has actually surrendered to external and social pressures without any decline in superego's annoying pressures which bring about the feeling of social guilt. According to Eysenck's theory, some part of the difference in the socialization process originates from individual differences in conditioning capabilities. These differences consider combined effects of those measurable innate factors and personality traits (high extraversion, neuroticism, and psychoticism) that are related to the possibility of involvement in criminal activities (McGuire, 2006). On the basis of Eysenck's theory, it can be referred to neurotic conditionings of introverted personalities that surrender to external and environmental constraints by ignoring their inclinations. Riskability and adventurism of such people do not result from hedonic extroverted temperament; rather, they are hegemonic and in parallel with abusive, deviating, and hegemonic behaviors of the men who have become the reason and theme of women's damages in common with an unhealthy society. This interpretation is also consistent with the previous explanation and confirms this research finding that prostitutes have low levels of agreeableness and openness and their communication behaviors arise from acquisitive and sensual men's abusive and deviating desires in an unhealthy society. However, as research has shown, at least 50% of prostitutes before and during prostitution take drugs; and addiction has a decisive impact on individuals' recourse to passive and submissive behaviors and also some kind of self-contempt. Based on the findings of this study, the addicts are in a neurotic situation and this factor which is also correlated with prostitutes' prevention gets intensified in them. Studies on the Costa, & Mc Crae's five-factor model of personality (1992) shows the existence of a significant relationship between drug addiction and personality traits. Similarly, a significant relationship has been reported between poor coping strategies and inappropriate problem-solving techniques (Ball, 2005). Bakhshipoor, Alilou & Irani (2008) found that addicts gained high scores in neuroticism but got low scores in agreeableness, openness, and conscientious. Also, addicts in the face of mental pressure tend to unconstructive problem-solving techniques such as avoidance and helplessness.

Psychosocial stress is one of the factors affecting the choice of anomalous behaviors and it is emphasized that it is not stress itself that influences mental health and social functioning, but it is the strategy of coping with stress. Coping

is referred to as the efforts to enhance the agreement between the person and the environment, or as an attempt to manage stressful events. The results obtained in this study showed no significant difference between study groups in two task-oriented and emotion-oriented coping styles. In this regard, the mean score of task-oriented coping style in addicted women is higher than the other two groups and that of emotion- oriented coping style in normal women is higher than the other two groups. In Moradi & Bahrami's research (2011), addicts less frequently used problem-solving strategies, social support, and cognitive appraisal; and more frequently used physical and emotional coping strategies compared to normal peers. Addicts have poor coping skills; therefore, encounter challenges in problem-solving and in the face of non-compliance with the conditions of life. They have low self-esteem and inadequate feelings. That normal individuals use emotion-oriented coping more frequently than female addicts, proves the availability of crisis in normal people rather than proves anything specific about addicted women, that is, inevitably turning to emotional coping. However, in terms of addicts' task-oriented coping style, it is necessary to refer to the resolution of their typical problems in which they have been drowned and do not enjoy high level of coping ability in solving those specific problems. In fact, if task-orientation is considered related to the totality of behavior, it is not in line with the theoretical and practical foundations to view the addicted women who often surrender to prostitution as task-oriented.

However, if task orientation is considered proportionate with problem-solving, there is a possibility that numerous communication and social encounters and, in fact, dealing with everyday issues, have created more preparedness in addicted women. Indeed, inevitable encounters have been possibly converted to some form of behavioral practice and reinforcement. However, in terms of the use of task-oriented coping styles in the addicted women, the mention of these points is necessary: The women who participated in this study had already attended women's camp for the treatment of addiction and it is possible that participation in NA (Narcotics Anonymous) classes and camp counseling sessions had helped them concentrate on problem-solving in the face of problems. These women have been addicted to drug use for a long time and, for this reason, they have been compelled to obtain the money from somewhere. Therefore, they try different approaches in coping with problems. Most of these people had come from poor and vulnerable families who had faced a lot of problems in early childhood. This might strengthen this skill in them. These women had been dealing with a wide range of people and different tastes during their disease and had been forced to use different ways in dealing with them to exert more influence. Probably, the variety of these interactions has caused the development of specific skills in them.

Reference

Bakhshipoor, A., Alilou, M.M. & Irani, S. (2008). On the comparison of personality traits and disorders and coping strategies between drug abusers and normal group, *Journal of Psychiatry and Clinical Psychology*, *14 (3),* 297-289.

Ball, S. A. (2005). Personality traits, problems, and disorders: clinical applications to substance use disorders, *Journal of Research in Personality, 39*, 84-102.

Costa, P. T., & McCrae, R. R. (1992). Personality in adulthood: A six-year longitudinal study of self-reports and spouse ratings on the NEO Personality Inventory, *Journal of Personality and Social Psychology, 54*, 853-863.

Endler, N. S., & Parker, J. D. A. (1990). *Coping Inventory for Stressful Situations (CISS): Manual,* Toronto, Ontario, Canada: Multi-Health Systems.

Eysenck, H.j. (1996). *Crime and Personality,* translated by Pasha Sharifi, H. & Najafi, J., Tehran: Sokhan Publication (Published in English, 1989).

Folkman, S, Lazarus, R. S. (1988). Coping as a mediator of emotion, *Journal of Personality and Social Psychology, 54*, 466-75.

Granmayeh Poor, Sh., Besharat, M.A. & Habibnejad, M. (2010). *Perfectionism and coping styles with stress*, Proceedings of Iranian Third Congress of Psychology.

Garousi, M. (1998). *New approaches to personality assessment*, Tabriz: Research Community Publication.

Gennadij, G. K., Helena, R. S., Irina, I. K., & Glenn, W. (2004). Personality and substance use in Russian youths: the predictive and moderating role of behavioral activation and gender. *Journal of personality and Individual Differences, 34*, 827-843.

Ghodse, H. A, Galea, S. (2005). F*amilies of people with drug abuse: hand Book of Families and mental disorders*, John Wiley. & sons Ltd, 163-173.

Hofstede, G, Mc Crae, R. R. (2004). Personality and Cultur revisited: Linking traits and dimensions of culture, *Cross – Cultural Research, 32*, 144- 158.

Howard, P. J. Howard, J. M. 2004). *An Introduction to the five factor model of Personality*, In: WWW.Personal.psu.edu., retrieved on: 6.08.2011.

Judge, T, A. Heller, D. & Mount, M. K. (2002). Five – Factor Model of Personality and job satisfaction: A meta-analysis. *Journal of Applied Psychology, 87*, 530- 541.

Mc Crae, R. R. (2002). *NEO PI-R data from 36 cultures: further intercultural comparisons*, In Mc Crae, R R & Allik, J (Eds), The Five – Factor Model of Personality across cultures (pp. 105 – 125). New York: Kluwer.

Mc Guire, J. (2006). *Understanding psychology and Crime: Perspective on theory and action*, New York: Open University Press (Mc Graw - ? Hill Education).

Mobini, M. (2005). Explo*ring methods of coping with stress and its relationship with high school students' self-efficacy in Tehran*, M.A. thesis, Islamic Azad University, Central Tehran Branch.

Moradi, A. & Bahrami, H. (2011). Comparison of personality traits, coping strategies, and attributional styles in opioid-dependent patients and healthy individuals, *Journal of Rehabilitation*, *12 (1),* 8-18.

Robie, C Brown, D. J. & Bly, P. R. (2005). The big five in the USA and Japan. *Journal of Management Development, 24*, 720-736.

Sarafino, E. P. (1998). *Health Psychology: Bio-psycho-social interactions (third Ed),* New York: Wiley.

Witten, V. (2004). *General psychology*, translated by Mohammadi, Y., Tehran: Ravan Publication (1ˢᵗ Ed.), (Published in English, 2002).