



Original Article

The relation between positive psychological states and coping styles

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Abstract

Introduction: It seems that attendance to humans' abilities indeed to disabilities and human defects is more effective in health programs. The researchers currently referred to the relation between positive psychological states such as trust on God, hope and ... with effective strategy for coping with mental problems and disabilities. The present study aimed to assess the relation between positive psychological states and coping styles.

Materials and Methods: The statistical community of this cross-sectional/correlative research consists of all 19-24 year students in Payam-e-Noor and Islamic Azad Universities of Fariman city in Khorasan Razavi province in 2012. The sample included of 230 participants (115 men and 115 women) who selected through cluster sampling method. They fulfilled the stress coping strategies questionnaire (Lazarus and Folkman, 1984) and positive psychological states questionnaire (Rajaei, Khoynezhad and Nesaei, 2011). Data analyzed by multivariable regression and SPSS software version 18.

Results: There is positive and significant relation between positive psychological states and problem focused coping strategy ($P < 0.01$). The same relation is seen between acknowledgment and emotion focused coping strategy ($P < 0.05$). Also, there is negative and significant relation between hope and relaxation and emotion focused coping strategy ($P < 0.01$) but there is not any relation between other positive psychological states and emotion focused coping strategy. The findings of multivariable regression showed that positive psychological states included goal, acknowledgement, socialization and optimism can explain 27% of problem focused coping strategy and two states of acknowledgement and optimism can predict 0.053% of emotion focused coping strategy.

Conclusion: Overall, the positive psychological states have stronger relation with problem-focused coping strategies in comparison to emotion-focused coping strategies.

Keywords: Coping strategies, Positive psychology, Stress

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Introduction

Harris and Standard believe that new research line manifested in psychology after publication of special issue of American Psychologist Journal in 2000 that named positive psychology. So psychology switched its line to assessment of humans skills, powers and talents indeed focus on pathology. This approach emphasizes on structures such as happiness, hope, optimism and etc. These aspects give meaning to human life (1). The positive psychology is a new field in psychology (2) and Seligman as father of positive psychology suggests that positive psychology is a psychology of 21th century. This

science focuses on humans skills such as happy life, enjoy, problem solving and optimism indeed of humans' disabilities and weaknesses. Positive psychology is the realization of a change that it shifts from repair of damages to optimize the quality of life (3).

According to the mentioned issues, the research focused on empowerment points can helps to growth of this idea. On the other hand, stress specifies to today world and the human capability against stress may be very effective. The stress coping strategies are the specific strategies which used against stressful life situations and they include the cognitive and behavioral efforts in interpretation and overcome to problems. The person's ability to cope with stressful factors may be assessed in two aspects:

A) Problem-focused coping strategy that consists of

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Active coping strategies, programming, avoiding of competitive and hasty actions and search for social supports in coping with stress, B) Emotion-focused coping strategy that consists of lack of mental involvement, denial, lack of behavioral involvement in problem solving, focus on emotion and use of alcohol and drugs (4). The researches conducted to assess the relationship between positive psychological states and coping strategies. The results of these researches indicated that people with higher religious attitude use efficient styles such as optimism, health, relaxation, focus on positive aspects, improvement relationships with friends and fixation for problem solving (5). The hopeless attitudes have harmful effects on physical function. For example the sense of hopeless can aggravate atherosclerosis progression (basic process that induces heart attacks and infarction) (6). Segerstrom found that there is a positive significant relationship between optimism and problem-focused coping strategies otherwise optimism is related to avoiding coping strategy negatively (7). It is found that optimist college students use positive coping strategies and there is little probability that they concern educational issues as locus of stress but there is more probability that college students who use negative coping strategies concern these issues as locus of stress and avoid them (8). Jelinek and Morf Reported that Conscientious individuals with obsessive traits (carefulness in duties) participate actively in programming and problem solving and they avoid from passive inappropriate coping strategies (referred to 9). Conscientious individuals are regulator and progression-focused (10,11). Also conciseness is a major factor in life satisfaction and it may predict happiness (12).

Berzonsky suggested that commitments induce sense of purpose and orientation and they act as a reference framework that behavior and feedback are be controlled, evaluated and regulated in this range (13). People with higher life satisfaction use more effective and appropriate coping strategies, they experience more positive emotions and they have higher general health. Lack of life satisfaction relates with poor general health, depressive symptoms and personality problems (14,15). Happiness elevation relates to reduction in physical symptoms, anxiety and depressive symptoms and social dysfunction (16). People who have continuous problems in maintenance relationship with others (socialization) have not appropriate emotional growth and they experience psychological disturbances such as loneliness and depression (17) and depressed individuals usually apply not efficient

and emotion-focused strategies such as suicide (18). In a research that conducted to assess the relationship between self-esteem and coping strategies, Multiple Sclerosis patients were trained self-care program (self-esteem elevation and value sense of self-care). This training program reduced use of emotion-focused coping strategies. There was significant relationship between level of self-esteem and the applying rate of emotion-focused and problem-focused coping strategies in MS patients (19). In relationship between acknowledgement and coping strategies, it is be suggested that acknowledgement has a positive relationship with social support searching, positive re-evaluation, active and problem-focused approach and programming but it has a negative relationship with self-blame, substance abuse and denial as insufficient and emotion-focused strategies (20). Also, acknowledgement has a strong relationship with environmental mastery, personal growth and self-acceptance (21). Farrow and Woodruff researches by brain imaging methods indicated that the brain activity during un-forgiveness is same as stress, anger and hostility phases (22). In another research which conducted on blood tests of people with longtime un-forgiveness, it was indicated that un-forgiveness state has a negative relationship with blood adherence but it has positive relationship with activity of intoxication preventive systems (23). As mentioned above, there are researches about relationship between some positive states with coping strategies and other psychological variables but there has not conducted any research in Iran or other countries that it can indicate which positive states is a good predictor of coping strategies. Therefore according to the necessity of this research the presented study has been conducted based on Rajaei, Khoynejad and Nesaei study that it suggested 15 positive psychological states (trust on God, optimism, efficacy, conciseness, sense of control, goal, hope, life meaning, life satisfaction, positive mood and happiness, socialization, self-esteem, relaxation, acknowledgement and forgiveness) (24). In this research the complex of measurable positive psychological states and coping strategies has been assessed. The question study is the relationship between positive psychological states and coping strategies, also the portion of every variable in prediction of coping styles.

Materials and Methods

The statistical community of this descriptive-correlative study consists of all male and female college students (6000 persons) of Payam-e-Noor

and Azad universities of Fariman (northeast of Iran) in academic year of 2011-12. Based on the sample size formula, 230 persons (115 men and 115 women) were selected via cluster sampling method among 45 educational fields. 7 courses selected as cluster. They included geography, accounting, educational sciences, psychology, law, nuclear physics and computer engineering. 16 men and 16 women of each cluster fulfilled the questionnaires randomly. The researchers mentioned about fulfillment and vulnerability in head of forms. In addition, they thanked giving and mentioned about vulnerability and necessity of accuracy of fulfillment orally. Numbers of 40 questionnaires were excluded because of deficiency and lack of validity.

Research instruments

- *Positive Psychological States Questionnaire (PPSQ)*: This questionnaire provided by Rajaei, Khoynejad and Nesaei in 2011 and it concluded 96 questions which evaluate 15 positive psychological states: 1. Trust on God, 2. Optimism, 3. Efficacy, 4. Conciseness, 5. Sense of control, 6. Goal, 7. Hope, 8. Life meaning, 9. Life satisfaction, 10. Positive mood and happiness, 11. Socialization, 12. Self-esteem and value, 13. Relaxation, 14. Acknowledgement and 15. Forgiveness. The scoring of this questionnaire is based on Likert 5 degrees (1: completely disagreement, 2: disagreement, 3: without idea, 4: agreement, 5: completely agreement). Reliability of this questionnaire was evaluated through pilot study on 50 college students by Cronbach’s alpha. Total alpha was calculated as 0.837 that it indicated high reliability of this questionnaire (25).

- *Lazarus and Folkman Coping with Stress Questionnaire*: This questionnaire provided by Lazarus and Folkman that it includes 66 items of 8 coping strategies (emotion-focused and problem focused) (4). This questionnaire was validated in Iran by Aghajani and the alpha as 0.80 was reported for every strategy (26). Also Khodadadi found its total validity as 0.84 (27).

Description of coping scales as below:

Confronting coping: This strategy suggests the aggressive efforts to change the situation and it presents some degree of hostility and risky behavior (items 6,7,17,28,34 and 46).

Distancing strategy: This strategy suggests the cognitive efforts for self-isolating and minimizing the importance of situation (items 12,13,15,21,41 and 44).

Self-control strategy: This strategy suggests the efforts which regulate the actions and emotions (items 10,14, 35,43,54,62 and 63).

Seeking social support strategy: This strategy indicates the efforts which seeking for information and emotional supports (items 8,18,22,31,42 and 45).

Accepting responsibility strategy: The self-role acceptance in problem that it associates with effort to shift everything in correct situation (items 9,25,29 and 51).

Escape-avoidance strategy: This strategy decrypts wishful thinking and behavioral efforts to escape or avoiding problem. The items of this scale are differ from distance scale which suggests disruption (items 11,16,33,40,47,58 and 59). The items 2,3,4,5,19,24,27,32,37,53,55,57,61,64,65 and 66 are additional and they are not in any 8 strategy collections.

Problem-focused strategies include: seeking social support, accepting responsibility, planful problem solving, and positive reappraisal. **Emotion-focused strategies** include: confronting coping, distancing, self-control, and escape-avoidance.

Data were analyzed via Pearson’s coefficient and step by step regression.

Results

The demographic data showed that male students’ mean age was 23.2 ±4.61 years and female students’ mean age was 20.92 ±4.57 years. Pearson’s coefficient was used for assessment of relationship between positive psychological states and coping styles that this relationship was direct and significant (r=0.40 and P<0.000) (Table 1).

Table 1. Pearson coefficients of positive psychological states and problem-focused and emotion focused coping strategies

| Variables | Trust on God | Efficacy | Optimism | Conciseness | Sense of control | Goal | Hope | Life meaning | Life satisfaction | Positive mood and happiness | Socialization | Self-esteem | Relaxation | Acknowledgement | Forgiveness | Total score |
|-----------|--------------|----------|----------|-------------|------------------|------|------|--------------|-------------------|-----------------------------|---------------|-------------|------------|-----------------|-------------|-------------|
|-----------|--------------|----------|----------|-------------|------------------|------|------|--------------|-------------------|-----------------------------|---------------|-------------|------------|-----------------|-------------|-------------|

| | | | | | | | | | | | | | | | | |
|---------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Problem-focused coping strategy | 0.21** | 0.16* | 0.36** | 0.22** | 0.21** | 0.40** | 0.18** | 0.25** | 0.27** | 0.26** | 0.32** | 0.31** | 0.17** | 0.36** | 0.22** | 0.40** |
| Emotion-focused coping strategy | 0.00 | -0.15* | 0.02 | 0.08 | 0.01 | 0.02 | -0.10 | -0.06 | -0.09 | -0.04 | 0.03 | 0.00 | -0.14* | 0.13 | 0.01 | -0.03 |

*P-value ≤ 0.05
 **P-value ≤ 0.01

This result showed that students with higher positive psychological states use more problem-focused coping style. The highest co efficiency were seen in goal positive psychological state (r=0.40 and P<0.000), efficacy (r=0.36 and P<0.000) and acknowledgement (r=0.36 and P<0.000) respectively. The minimum co efficiency were seen in optimism positive psychological state (r=0.16 and P=0.016) and relaxation (r=0.17 and P=0.009) (Table 1).

Also Pearson’s coefficient indicated that there is no significant relationship between total of positive psychological states and emotion-focused coping style (r=0.03 and P=0.0641) (Table 1). This suggests that level of positive psychological states cannot predict the use of emotion-focused coping style but optimism (r=0.15 and P=0.027) and

relaxation (r=0.14 and P=0.038) have indirect and significant relationships with emotion-focused coping style. It means that higher levels of this two states associate with lesser use of emotion-focused coping style. Also acknowledgement state has a direct and significant relationship with emotion-focused coping (r=0.13 and P=0.049) (Table 1).

As presented in Table 2, step by step regression indicated that 27 percentages of variance of problem-focused coping style may be explained by four positive psychological states of goal, acknowledgement, socialization and optimism and F variance analysis and R² related to them is significant so the relationship between goal, acknowledgement, socialization and optimism is approved and they can predict problem-focused coping style significantly.

Table 2. Stepwise regression in prediction of problem-focused coping strategy based on positive psychological states

| Variable | R | R2 | Standard error | F | Sig | b | β | t | Sig |
|------------------|------|------|----------------|-------|-------|-------|-------|-------|-------|
| Fixed regression | 0.52 | 0.27 | 9.56 | 20.42 | 0.000 | -0.72 | - | -0.14 | 0.884 |
| Goal | | | | | | 1.48 | 0.36 | 5.35 | 0.000 |
| Acknowledgement | | | | | | 0.57 | 0.21 | 3.36 | 0.001 |
| Socialization | | | | | | 0.88 | 0.22 | 3.49 | 0.001 |
| Optimism | | | | | | -0.28 | -0.14 | -2.12 | 0.035 |

As presented in Table 3, step by step regression indicated that 0.053 percentages of variance of emotion-focused coping style may be explained by two positive psychological states of optimism and acknowledgement and F variance analysis related to

them is significant so the relationship between optimism and acknowledgement is approved and higher level of optimism and acknowledgement may cause to lesser use of emotion-focused coping style.

Table 3. Stepwise regression in prediction of emotion-focused coping strategy based on positive psychological states

| Variable | R | R2 | Standard error | F | Sig | b | β | t | Sig |
|------------------|------|-------|----------------|------|-------|-------|-------|-------|-------|
| Fixed regression | 0.23 | 0.053 | 10.05 | 6.35 | 0.002 | 37.07 | - | 7.87 | 0.000 |
| Optimism | | | | | | -0.36 | -0.20 | -2.94 | 0.004 |
| Acknowledgement | | | | | | 0.46 | 0.18 | 2.75 | 0.006 |

Discussion

According to the results of the present study, there is a direct relationship between positive psychological states and problem-focused coping style. Yazdani showed that there is positive relationship between happiness and problem-focused coping style that it accords to the present

study (5). It may be suggested that happy people are optimist and extrovert and they have high self-esteem and intrinsic control (problem-focused coping style) but unhappy people trend to high levels of neuroticism.

Also, the direct and significant relationship between positive psychological states and problem-

focused coping style and the negative and significant relationship between optimism and emotion-focused coping style are consistent with Ciple, King and Segerstrom studies (7,8). It means that increase of problem-focused coping style and reduction of emotion-focused coping style, students' optimism increases. Schnider and Lopez believe that optimist people have consistent state in combat with a challenge and they believe that challenges may be managed successfully. This attitude about challenges affects on coping styles (3).

The positive and significant relationship between problem-focused coping style and conscience is consistent with studies conducted by McCurry, Oliver, Penley and Tomaka (10,11).

It means that human's high self-esteem can induce self-trust and this sense can empower individuals to combat with challenges.

The positive and significant relationship between problem-focused coping style and goal is consistent with Brickman's study (referred to 15) because it indicates that the power of commitment that leads to purpose, deliberate and prudent decision-making have positive relationship with problem-focused coping style but negligence, find reasons, the other orientation, tend to fear experience, shyness (emotion-focused coping styles) have a negative relationship with problem-focused coping style.

The positive and significant relationship between problem-focused coping style and life satisfaction and negative and significant relationship between emotion-focused coping style and life satisfaction are consistent with researches conducted by Kuwoma-Hankanen et al. (15), and Malteby et al. (14) because people with higher life satisfaction use more effective coping styles and they experiences deeper emotions and they have higher general health. The indirect and significant relationship between emotion-focused coping style and life satisfaction is consistent with Malteby et al. study because lack of life satisfaction correlates with poor general health, depressive symptoms, personality problems, inappropriate health behaviors and poor social situation (14).

The positive and significant relationship between problem-focused coping style and positive mood and happiness is consistent with Rajabi et al. study (16). Happy people have helpful thoughts and behaviors. They have clear viewpoint to issues and they pray and act directly for problem solving and ask help on time. On the other hand, unhappy people have pessimistic thought and acts and they have fantasies. They blame self and others and avoid to problem solving. Also, the positive and significant

relationship between problem-focused coping style and socialization consists with Gozenc et al. (17). It may be suggested that loneliness (not socialization) has a positive correlation with intrinsic problems such as depression. The positive and significant relationship between problem-focused coping style and self-esteem and self-worth consists with Madani et al. (19). High self-esteem can induce self-trust that this sense may empower individual to copy with difficult situations.

The positive and significant relationship between problem-focused coping style and acknowledgement accords to the result of Wood et al. (20) because they found acknowledgement directly fertilize social support and protect people to stress and depression (It distances individual to inefficient emotion-focused coping style) but the positive relationship between acknowledgement and emotion-focused coping style has not consistency with the results of mentioned studies because increase of acknowledgement causes increase of positive mood and reduction of negative affect. The negative affect usually relate to emotion-focused coping styles but positive and significant relationship between problem-focused coping style and forgiveness is consistent with the results of Farrow et al and Pietrini et al. (22,23).

It may be suggested that the direct effect of forgiveness on physical health is notable because the un-forgiveness state has negative relationship with the rate of blood adherence and hormonal pattern in time of un-forgiveness is like to its pattern in phases of negative emotions (emotion-focused coping styles) related to stress. This issue clears the importance of forgiveness.

On the other hand, the present study indicated the multi-relationships between coping styles and positive psychological states. It means that increase of positive psychological states may lead to more apply of problem-focused coping style. Respectively the purposeful, acknowledgement, socialization and optimism are the best predictors for problem-focused coping style.

The optimism and acknowledgement are the best predictors of emotion-focused coping style so increase of them may lead to lesser use of emotion-focused coping style although the direct relationship between acknowledgement and emotion-focused coping style is notable. It means that increase of acknowledgement leads to more use of emotion-focused coping style among college students.

As limitations of this research is the lack of appropriate instrument of coping styles (similar to positive psychological states questionnaire that it

accords to Iranian religion and culture). It recommends that Iranian researchers think to make this questionnaire. Another limitation is the age range of participants (18-22 years) that limits the generalization of the results to the same age range. It recommends that the same researches are conducted in other organizations and age ranges. Also positive psychology is concerned with little importance in universities environments. It is suggested that universities and introduce more about positive psychology as a major revolution of the present century through holding seminars.

Conclusion

References

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Considering the importance of psychological states in mental and physical health and promotion of coping stress strategies, an educational program aiming to enhance positive psychological states and efficient coping stress strategies may be helpful in improving quality of life in the society.

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