

The Relationship between Conflict Resolution Strategies and Adolescent Mental Health among Female High School Students

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ABSTRACT: Undoubtedly one of the criteria for assessing of mental health any society depends on level of mental health of that society. Because mental health plays the important role in effectiveness of the psychological dynamics of communities. Today, due to the rapid changes of social norms have been overshadowed people's mental health, so this study aims to investigate the relationship between conflict resolution strategies and adolescent mental health among high school students. The research method in this study was a 'correlation' type. 150 female high school students were selected by simple randomization from two schools of Ayatollah Khamenei and Velayat Faghih in Tonekabon city. The research instruments are questionnaires consisting of weeks and Colleagues Conflict Resolution strategies questionnaire and kumar mental health check list. The collected data were analyzed using Pearson correlation coefficients and analysis multiple regression analysis with stepwise method and SPSS software were performed. The calculated determination coefficient (R²) showed that each of the strategies of conflict resolution explain the part of adolescent mental health strategy. So that view Conflict as Natural and Positive 14.36 %, open up options for Mutual gain 8.68 %, make mutual-benefit agreements 6.22 %, note needs not wants 5.07 %, clarify perception 3.12 %, develop "Doable" stepping-stones to action 2.87 %, focus on the future first and then learn from the past 2.45 %, extra consideration 1.85 %, Atmosphere 1.62 %, Open up options for mutual Gain 1.50 %, and totaling 47.74 % was explained common variance of Mental Health of Students. The results showed that there is significant relationship between correct application of conflict resolution strategies and Adolescent mental health.

Keywords: Conflict Resolution Strategies, Mental Health, Puberty Period.

INTRODUCTION

Technological advances, constant and rapid changes of social norms not only cause fear, anxiety, tension and dissatisfaction for many people, but also it has affected people's mental health. So, today one of the criteria for evaluating the health of communities is the mental health of that community, because mental health plays an important role in ensuring the dynamism and efficiency of any society (Sadeghiyan et al., 2010). The World Health Organization defined the mental health of individuals as an ability to create a harmonious relationship with others, the ability to change and reform the social environment, proper and logical instinctive contradictions and the inner

and personal feelings, so that people could be able to achieve their psychological balance by this set of contradictions (Fawcett & Karban, 2005).

Specialists have defined mental health as the mental states associated with emotional health which is relatively released from the symptoms of anxiety and relationship making and as the effective confrontation with the demands and stresses of the life (Lammers & Happell, 2004). In other words, people who have high self-esteem and pay attention to the interests of people in social relations, have a sense of responsibility for them and do not try to dominate others, usually have higher mental health (McCann et al., 2008). Recently, mental health in puberty or adolescence has been considered by many researchers, because the mental health professionals believe that not only the mental health can be the provider of physical health of adolescent in this time, but also it can release them from many mental and behavioral conflicts and anomalies (Ary et al., 1999). Numerous studies showed that significant mental and physical changes in adolescent constitute the core of behaviors in adulthood (Bond et al., 2005). For this reason, many young people do not have the power to adapt to such changes and therefore, instead of accepting these changes, they become defensive and resort to defense mechanisms such as imagination, illogical reasoning, assimilation, denial, displacement, compensation, projection and return, and try to bear their psychological conflicts (Cameron & Karabanow, 2003). Because such defense mechanisms are not providing mental health in adolescents, psychological distress will be increased in adolescents and the context for their mental disorders will be provided (Bond and et al, 2005; McCann et al., 2008).

Different examinations have shown that many factors have a crucial role in providing mental health in adolescence, some of these factors include family communication network, psychological characteristics such as self-esteem, self-concept, self-respect, position control, defense styles and conflict resolution strategies (Barkley et al., 2001; Bond et al, 2005). Conflict and strategies to resolve it is one of the most important factors influencing mental health in adolescence (Dargahi et al., 2008). A quick look at historical events and cultural products that reflects the realities of human social life is an expression of the fact that the conflict forms one of the most prominent and important aspects of life. For the people with different personality traits, needs, beliefs, different expectations and perceptions, conflict are inevitable in their social life (Vivar, 2006). Therefore, if the intrapersonal and interpersonal conflict could not be controlled and reduced, not only it can bring familial and personal problems, but also it can affect mental health (Bassarath, 2001). Generally, Conflict refers to inability to resolve differences and conflicts and causes tension, hostility and aggressive behavior. Numerous studies have shown that conflict reaches its climax between the ages of 11-14 years due to the issues such as dressing, models, music, and behavioral independency (Vivar, 2006). Understanding these differences and their effect on people's behavior during the adolescence has a significant impact on understanding the process of conflict and decreasing its occurrence (Bassarath, 2001). The researchers mentioned two types of conflict in their study, interpersonal conflict and intrapersonal conflicts. Intrapersonal conflicts are resulting from the perceived real pressure that is incompatible with the purposes and expectations of the person, but interpersonal conflicts are the conflicts which are created in interpersonal relations and between at least two people. The sources of interpersonal conflicts are the different perception, different attitudes and individual differences of people (Fani, 2005).

The researchers gave a series of strategies for controlling the conflict. These types of strategies are the methods that people use when they face with a conflicting situation, so that they can overcome the situation (Sorenson, 1999). In other words, conflict resolution strategies refers to conflict management strategies that reduce destructive aspects of conflicts and provide growth opportunities, interaction and collaboration for individuals (Suudy, 2009). Weeks et al. mentioned ten conflict resolution strategies in their study that includes: 1. Viewing conflict strategy is a natural and positive, 2. atmosphere strategy, 3. Clarify perception strategy, 4. note needs not wants strategy, 5. produce positive partnership power strategy, 6. focus on the future first and then learn from the past strategy, 7. Open up options for mutual Gain strategy, 8. develop "Doable" stepping-stones to action strategy, 9. make mutual-benefit agreements strategy, 10. Extra consideration strategy (Alirezae, 2009). Numerous surveys have shown that using conflict resolution strategies has a crucial role in providing mental health throughout life, particularly during puberty. For example, research on the sample of 420 students of Tabriz University determined that students who use accommodating conflict resolution strategies in their interpersonal relationships, have higher mental health. In other words, accommodating strategies are significant predictors for mental health (Babapoor, 2006).

In another study, it was determined that those who do not use effective conflict resolution strategies in their social relations will be more affected by abnormal behaviors such as social conflicts, smoking, substance abuse of drugs and alcohol, therefore, they had lower mental health (Colsman & Walfert, 2002). In this regard, it was demonstrated in a study that neurotic people who had a low mental health usually use ineffective conflict resolution strategies, and in stressful situations they try to avoid those situations (Moberg, 2001). In convergence with the above investigations, Macintosh and Stevens showed that conflict resolution strategies are the determining variables in predicting personality traits and constructive motives (Macintosh & Stevens, 2008). Other research also showed

that conflict resolution strategies have a decisive and basic role in social adjustment and mental health of adolescents and children. So that adolescents who use more and better conflict resolution styles in their puberty, have a higher social adjustment and mental health (Branje et al., 2009; Siffert & Schwarz, 2011). Thus, according to the above researches and considering that the main objective of this research is to investigate the relationship between conflict resolution strategy and the adolescence mental health of girl students in high school, this study was designed to test this hypothesis. There is a relationship between the conflict resolution strategies and the mental health of girl students of high school during their puberty.

MATERIALS AND METHODS

Because this study investigates the relationship between conflict resolution (as a predictive variable) and the mental health (as a criterion variable) of the high school girls during puberty, the research method is a correlational. The study population included all the girls of Ayatollah Khamenei high school (430 people) and the velayat-e faqih high school (180 persons), and by the formula of Cochran sample size and statistical models of this research, 150 girl students (100 girls from Ayatollah Khamenei high school and 50 girls from Velayat-e faqih high school) were selected as the sample through simple random sampling. When all the students (150) were justified on objectives of the research, the questionnaire of this research was provided for them. After completing the questionnaire by the students, the necessary information was extracted and studied through statistical program of SPSS. Tools used in this research include the questionnaire of conflict resolution strategy and the mental health check list.

A: Conflict Resolution strategies questionnaire: This questionnaire was made by Weeks (1994), Fisher and Uri (1991) as a tool to measure conflict resolution for the general population. This questionnaire was consisted of 40 questions, each question was ranked based on the Likert scale (almost never, sometimes, half the time, usually, almost always), and scored from 1 to 5. The maximum score of questionnaire is 200. It should be mentioned that questions 1, 3, 13, 18, 22, 24, 26, 27, 31, 32 and 33 are scored in reverse. The higher total score of the individual in this questionnaire indicates their more efficiently and effectively in conflict resolution. This questionnaire measures ten conflicts resolution strategies that include 1. Viewing conflict strategy is a natural and positive (question 1-4), 2. atmosphere strategy (question 5-8), 3. Clarify perception strategy (question 9-12), 4. note needs not wants strategy (question 13-16), 5. produce positive partnership power strategy (question 17-20), 6. focus on the future first and then learn from the past strategy (question 21-24), 7. Open up options for mutual Gain strategy (question 25-28), 8. develop "Doable" stepping-stones to action strategy (question 29-32), 9. make mutual-benefit agreements strategy (question 33-36), 10. Extra consideration strategy (question 37-40). The reliability of the questionnaire was estimated as 78%, by using Cronbach's alpha coefficient (Alirezae, 2009).

B: Mental health checklist: Check list of mental health was made by Kumar in 1992, in order to measure the mental health. This check list examines the two psychological and physical parts of individuals. The mental health will be determined by the total of two psychological and physical. Each question of list is scored based on Likert scale (rarely, sometimes, often, always) from 1 to 4 score, and scores of samples are between 11 and 44. The higher the score of the individual means their mental health will be higher. The reliability coefficient of this check list via split-half method and test-retest (within two weeks) in Iranian population was respectively 70% and 65% that was significant at 1% level (Haghshenas et al., 2006).

To analyze the collected data, descriptive statistics such as mean and standard deviation was used, and to test the hypotheses, Pearson's correlation coefficient and stepwise multiple regression analysis is used, because the research method was correlational.

RESULTS

To analyze the data collected, first the descriptive statistics such as mean, standard deviation and correlation coefficient of predictor and the criterion variables were examined.

Table 1. Descriptive statistics of the predictor and the criterion variables.

Variable	Mean	SD	Correlation coefficient	Sig.
Mental Health	23.96	5.96	-	-
conflict strategy is a natural atmosphere strategy	13.63	2.56	0.379**	0.001
Clarifying perceptions strategy	14.01	3.28	0.167**	0.016
note needs not wants strategy	13.95	3.21	0.259**	0.001
produce positive partnership power strategy	13.93	2.90	0.272**	0.000
focus on the future first and then learn from the past strategy	12.33	2.44	0.159**	0.026
Open up options for mutual Gain strategy	12.91	2.62	0.273**	0.002
develop "Doable" stepping-stones to action strategy	13.69	2.84	0.343**	0.000
make mutual-benefit agreements strategy	11.98	2.29	0.245**	0.001
Extra consideration strategy	13.55	2.80	0.329**	0.000
	13.02	3.08	0.230**	0.002

** $P \geq 0.05$

As it is shown in Table 1, there was a significant positive correlation between all strategies of conflict resolution and mental health of the students. In other words, it can be say with 95% confidence that if the girl students use conflict resolution more in their interpersonal and intrapersonal communication, they will have higher mental health.

It is worth noting that the highest amount of significant correlation was observed in conflict strategy is normal and the lowest correlation was observed in produce positive partnership power strategy (Table 1).

The stepwise multiple regression analysis was used to examine this important issue that how much variance each of the predictor variables has in common with the mental health. In multivariate regression analysis, each of the predictor variables based on the highest correlation coefficient value entered the regression equation, respectively (Table 2).

Table 2. Results of stepwise regression analysis to predict the mental health from the predictor variables.

Steps	Predictor variables of conflict resolution	Multivariable correlation coefficient	Determination coefficient (R2)	F statistic	Sig.	Beta (B)	Sig.
1	conflict as a natural	0.379	14.36	7.25	0.001	0.281	0.003
2	Open up options for mutual Gain	0.480	23.04	7.11	0.002	0.272	0.001
3	make mutual-benefit agreements	0.541	29.26	6.78	0.032	0.253	0.004
4	note needs not wants	0.586	34.33	6.71	0.015	0.251	0.014
5	Clarifying perceptions	0.612	37.45	5.98	0.031	0.230	0.015
6	develop "Doable" stepping-stones to action	0.635	40.32	5.78	0.038	0.181	0.005
7	focus on the future first and then learn from the past	0.654	42.77	5.18	0.025	0.175	0.012
8	Extra consideration	0.668	44.62	4.55	0.015	0.141	0.017
9	atmosphere	0.680	46.24	4.09	0.048	0.111	0.006
10	produce positive partnership power	0.691	47.74	3.98	0.037	0.115	0.020

Table 2 shows that calculated R2 represents the shared variance of each predictor variables (conflict resolution strategies) in relation with criterion variables (mental health). So, that the R2 of the conflict strategy is natural. So, 14.36% of the mental health of the girl students were explained, and so, with the addition of other strategies to the regression equation such as Open up options for mutual gains 8.68%, Making mutual-benefit agreements 6.22%, note needs not wants 5.07%, Clarifying perceptions 3.12%, develop "Doable" stepping-stones to action 2.87%, focus on the future first and then learn from the past 2.45%, Extra consideration 1.85%, atmosphere 1.62%, produce positive partnership power 1.50%, the explanatory power of the model was increased. So, all the conflict resolution strategies explained a total amount of 47.74% of the shared variance of the girl students' mental health. It is worth mentioning that, the positive beta coefficients of the all conflict resolution strategies in regression equation showed that if the students use conflict resolution more in their interpersonal communication, they will have higher mental health (Table 2).

DISCUSSION AND CONCLUSION

Certainly, today's rapid and disparate changes cause many symptoms such as worries, fear, anxiety, concerns and inner conflicts in many people at all stages of life, especially during puberty, and effect the mental health of individuals (Ary et al., 1999; Sadeghiyan et al., 2010). This study has tried to investigate the relationship between conflict resolution strategies and mental health of high school girls during their puberty. To test the hypothesis in this study, first the Pearson correlation coefficient and stepwise multiple regression analysis was calculated. The calculations showed that not only each conflict resolution strategies have a significant relationship with mental health during puberty, but also each of them provides a part of mental health in adolescence. The results of this study is coordinated with a lot of reviews that were done in this area (Siffert & Schwarz, 2011; Branje et al., 2009; Macintosh & Stevens, 2008; Babapoor & kheyroodin, 2006; Colman & Walfert, 2002 ; Moberg, 2001). In explaining the hypothesis of this study, on one hand, the researchers believe that Human are active beings that can affect their life events, and have a kind of self-control and self-regulation system by which they can control their thoughts, feelings and behavior (Haghshenas et al., 2006).

On the other hand, experts believe that conflict is an integral component of people's lives which is closely related to mental health, because the different attitudes, expectations, and perceptions in interpersonal relationships are the source of conflict in social relationships, and if they fail to solve their problems by using proper conflict resolution strategies, their mental health will be overshadowed by their problems (Mrayyan et al., 2008). This important issue is more noticeable in adolescence that most psychologists known it as the period of storm and stress, because in this period, behavior and value conflicts are more tangible between parents and adolescents (McCann & Baird, 2008; Asarnow et al., 2001). Therefore, the correct use of conflict resolution strategies and development of each of the strategies of conflict resolution in relation with the encountered problems in adolescence is very important to avoid behavioral confusion and psychological distress and to provide mental health (Cameron & Karabanow, 2003; Shoarinezhad, 2003).

The researchers of behavioral sciences believe that students who use conflict resolution strategies in their interpersonal relationships during their puberty are aware that interpersonal conflicts stemmed from the social relations of human beings, so, this kind of people consider conflicts as the inevitable parts of their life, and they believe that by the right application of conflict resolution strategies, they can control their life-threatening events. (Moberg, 2001; Colman & Walfert, 2002; Larg & lader, 2005). In other words, adolescents who use conflict resolution strategies against threatening situations, increase their successful performance by constructive and creative activities, making the right decision, controlling their emotions, thoughts and feelings, and this in turn reduces stress and anxiety in interpersonal communication and ultimately improve their mental health (Ramirez,2010; Branje et al. ,2009). On the contrary, adolescents who do not use conflict resolution strategies or use them less in their social relations will experience rejection, isolation, behavioral problems, internal conflict, aggression and physical discomfort, this in turn affect their social adjustment and mental health (Bassarath, 2001; Ary et al., 1999; Vivar, 2006).

In this regard, the conducted exploration revealed that adolescents who correctly and logically use conflict resolution strategies in social, personal and family situations have the higher mental health, because the power to make decisions and fighting with the sources of stress are increases in them, and on the contrary, not using the conflict resolution strategies increase the social conflicts and thus reduce the mental health (Whiteside – Mansell et al., 2009; Ameri et al., 2008). In line with the above study, Colman et al. as well as Dijkstra have made clear in their research that the use of conflict resolution strategies makes people to have accurate and positive assessment of the situation and make new and innovative decisions. If this important happen several times in different social situations, it will increase the mental health (Dijkstra, 2005; Ameri et al., 2008). In total, these results in conjunction with similar researches express the fact that not only conflict is the unavoidable part of personal, familial and social life of people at all levels of life, especially in adolescence, but also it is one of the important factors that can affect mental health in all periods of life. Therefore, the use of conflict resolution strategies in interpersonal relationships reduces the social anxiety and stress in all life situations, including stressful situations. Therefore, it is recommended to educational practitioners to make workshops in different educational levels especially for high school students, about the use of conflict resolution strategies, and in order to improve their mental health, so that the students could benefit from these strategies and improve their own mental health, especially in stressful situation. For the limitations of this study, it can be mention that, since this study was conducted on one gender and one educational level, so there should be cautions in its generalization. In the end, gratitude and appreciation to the management of Ayatollah Khamenei and Velayat-e faqih high schools of Tonekabon, Iran, for the necessary coordination in completing the questionnaire of this study.

Conflict of interest

The authors declare no conflict of interest

REFERENCES

- Alirezae, N. (2009). Conflict Resolution Questionnaire (CRQ). Test Publication Center of Azmoon Yar pooya.
- Ameri, A. H., Tofighi, A., & Farzalipoor, S. (2008). Investigate the relationship between personality traits of sport managers of west Azerbaijan province and Strategies of dealing with conflict1st National Specialty Conference on Sports Management in Amol, Iran.
- Ary, D. V., Duncan, T. E., Duncan, S. C., & Hops, H. (1999). Adolescent problem behavior: The influence of parents and peers. *Behavior Research Therapy*, 37, 217-230.
- Asarnow, J. R., Jaycox, L. H., & Tompson, M. C. (2001). Depression in youth: Psychosocial interventions. *Journal of Clinical Child Psychology*, 30(1), 33-47.
- Babapoor kheyroodin, J. (2006). The relationship between communication in conflict resolution and Psychological Health of students. *Quarterly Scientific-Research of Tabriz, Iran*, 1(4), 29-45.
- Barkley, R., Edwards, D., Laneri, M., Fletcher, K., & Metevia, L. (2001). The efficacy of problem-solving communication training alone, behavior management training alone, and their combination for parent-adolescent conflict in teenagers with ADHD and ODD. *Journal of Consulting and Clinical Psychology*, 69, 926-941.
- Bassarath, L. (2001). Conduct disorder: A biopsychosocial review. *Canadian Journal of Psychiatry*, 46, 609-616.

- Bond, L., Toumbourou, J. W., Thomas, L., Catalano, R. F., & Patton, G. (2005). Individual, family, school, and community risk and protective factors for depressive symptoms in adolescents: A comparison of risk profiles for substance use and depressive symptoms. *Prevention Science*, 6(2), 73-88.
- Branje, S. J. T., Vandoorn, M., Vander Valk, I., & Meeus, W. (2009). Parent – adolescent conflicts, conflict resolution types, and adolescent adjustment. *Journal of Applied Developmental Psychology*, 30, 195- 204.
- Cameron, G., & Karabanow, J. (2003). The nature and effectiveness of program models for adolescents at risk of entering the formal child protection system. *Child Welfare*, 82(4), 443-474.
- Colsmán, M., & Walfert, E. (2002). Conflict resolution style as an indicator adolescents substance use and other problem behaviors. *Journal of Addictive behaviors*, 24(4), 633-648.
- Dargahi, H., Mousavi, M. H., Iraqiya Farahani, S., & Shaham, G. (2008). Conflict Management and its related strategies. *Tehran University Medical Journal, Tehran, Iran*, 2(2, 1), 63-72.
- Dijkstra, M. T. M. (2005). Conflict and well-being at work: the moderating role of personality. *Journal of Managerial psychology*, 4(1), 87- 104.
- Fani, A. A. (2005). Organizational conflict. *Quarterly Scientific Research-educational of Tadbir*, 16.
- Fawcett, B., & Karban, K. (2005). *Contemporary Mental Health: Theory, Policy and Practice*. Routledge, London.
- Haghshenas H, Chamani AR, Firozabadi A, 2006. Compare personality traits and Mental Health among gifted and normal High school students. *The Scientific Journal of principles of Mental Health*, (29, 30), 57-66.
- Lammers, J., & Happell, B. (2004). Mental health reforms and their impact on consumer and carer participation: a perspective from Victoria. *Issues in Mental Health Nursing*, 25, 261-276.
- Larg, A., & lader, M. (2005). Adolescent conflict and resolution in the high school. *Journal of personality*, 31,118-128.
- Macintosh, G., & Stevens, C. H. (2008). Personality, motives, and conflict strategies in everyday service encounters. *International Journal of Conflict Management*, 19(2), 112-131.
- McCann, T. V., Baird, J., & Lu, S. (2008). Mental health professionals' attitude towards consumer participation in inpatient units. *Journal of Psychiatric and Mental Health Nursing*, 15, 10-16.
- Moberg, P. J. (2001). Linking conflict strategy to the five – factor model: theoretical and empirical foundation. *International Journal of Conflict Management*, 12(1), 47-68.
- Mrayyan, M. T., Modallal, R., Awamreh, K., Atoum, M., & Suliman, S. (2008). Readiness of organizations for change, motivation and conflict-handling intentions: senior nursing students' perceptions. *Nurse Educ pract*, 8(2), 120-8.
- Ramirez, A. R. (2010). Impact of cultural intelligence level on conflict resolution ability: A conceptual model and research proposal, *emerging leadership Journeys*, 3(1), 42- 56.
- Sadeghiyan, E., Mogadari kosha, M., & Gorji, S. (2010). To investigate mental health status of female high school students of Hamedan, Iran. *Journal of Hamadan University of Medical Sciences and healthcare services*, 17(3), 39-45.
- Shoarinezhad, A. A. (2003). *Developmental Psychology*. Tehran. Payame Nour Publication.
- Siffert, A., & Schwarz, B. (2011). Parental conflict resolution styles and children's adjustment: childrens appraisals and emotion regulation as mediators. *The Journal of Genetic Psychology: research and theory on human development*, 172(1), 21-39.
- Sorenson, R. L. (1999). Conflict management strategies used by businesses. *Family business review*, 12(4), 325-39.
- Suudy, R. (2009). Conflict management style of Americas and Indonesians: Exploring the effect of gender and collectivism /individualism. Submitted to the degree of master of arts.
- Tuttle, J. (2006). Positive adolescent life skills training for high – risk teens: results of a group intervention study. *Journal of pediatric health care*, 3, 184 -191.
- Vivar, C. G. (2006). Putting conflict management into practice: a nursing case study. *J Nurse Manage*, 14(3), 201-6.
- Whiteside – Mansell, L., Bradley, R. H., McKelvey, L., & Fussell, J. J. (2009). Parenting: Linking Impacts of Interpartner conflict to preschool children's social behavior. *Journal of pediatric Nursing*, 24(5), 389-400.