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**“ Physical And Mental Health Of MBA &M.A.Social Work Students In Dr.  
B. R. Ambedkar University Srikakulam, Srikakulam District , Andhra  
Pradesh, India”**

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## **INTRODUCTION:**

University students represent the future of families, communities, and countries. They also face the stresses of achieving success in their academic goals, and are expected to be competitive, adding to the demands and burdens and possibly leading to more stress. University is a period of responsibility for choices and lifestyle practices, where students are exposed to the challenges of young adulthood and also tackle the mental and social issues of students' life. Many students confront changes in living conditions, and (health promoting/damaging) adjustments to lifestyle and environment.

These characteristics underscore the importance of physical and psychological/mental well-being of

university students, particularly that their health/well-being might be 'worse off' than that of the general population.

Selye defined stress, as a nonspecific response of the body to any demand made upon it. A modern definition of stress is: a psychological and physical response of the body that occurs whenever we must adapt to changing conditions, whether those conditions be real or perceived. Stress has powerful effects on mental functioning, mental and physical performance, interpersonal encounters, and physical well-being. In fact, 50-80% of all physical disorders like ulcers, asthma, migraine headaches, arthritis, and even cancer, have psychosomatic or stress related origins.

Stress is the body's reaction to any stimuli that disturb its equilibrium. When the equilibrium of various hormones is altered the effect of these changes can be detrimental to the immune system. Much research has shown a negative effect stress has on the immune system, mostly through studies where participants were subjected to a variety of viruses. In one study it was found that Managerial women experience a number of work-related stressors which produce strain symptoms that function as predictors of their ill-health in organizations. In another study shown that 23% of all responders could be classified, according to the GHQ-12, as suffering from mental distress with practice managers having the highest level of stress and clerical and administrative staff the lowest.

Research showed that chronic stress takes a more significant toll on your body than acute stress does. It can raise blood pressure, increase the risk of heart attack and stroke, increase vulnerability to anxiety and depression, contribute to infertility, and hasten the aging process.

Slye says: stress has two sides. Where stress enhances function, it may be considered eustress. Persistent stress that is not resolved through coping or adaptation, deemed distress, may lead to anxiety or

withdrawal (depression) behaviour. Responses to stress include adaptation, psychological coping such as stress management, anxiety, and depression. Over the long term, distress can lead to diminished health and/or increased propensity to illness; to avoid this, stress must be managed.

**Response to stress is three types:** physiological, psychological/emotional and behavioural. Stress can produce:

- increased blood pressure, increased central and decreased peripheral circulation
- The release of sugars and fats into the circulation
- Suppression of the immune system.

Symptoms of stress may be cognitive, emotional, physical, or behavioural.

Thus, Cognitive symptoms: Memory problems, inability to concentrate, poor judgment, pessimistic approach or thoughts, anxious or racing thoughts, constant worrying

Emotional symptoms: Moodiness, irritability or short temper, agitation, inability to relax, feeling overwhelmed, sense of loneliness and isolation,

depression or general unhappiness.

Physical symptoms: aches and pains, diarrhoea or constipation, nausea, dizziness, chest pain, rapid heartbeat, loss of sex drive, frequent colds.

Behavioral symptoms: Eating more or less, sleeping too much or too little, isolating oneself from others, procrastinating or neglecting responsibilities, using alcohol, cigarettes, or drugs to relax, nervous habits (e.g. nail biting, pacing).

Consequences of stress are anxiety, despair, depression, restlessness and a general feeling of helplessness.

#### **HISTORICAL BACKGROUND:**

Juvenal the roman satirist and poet in the second century AD wrote the classical statement “**Mens Sana in Corpore Sano**” which means “**Sound Mind in a Sound Body**”

Health education as it is known in the United States today is largely the result of development in public health and education since 1850. The year 1850 makes the beginning of public health as an organized for a comprehensive public health program, including a program of health education was published in the form of the “Report of the sanitary commission of the achuselts”.

In 1779, Johann Peter Frank a German physician, commenced the publication in Mannheim of four volumes of a work entitled *system inner vollstandigenmedicinische* policy. Regular medical inspection was an important part of the programme. The significance of Frank's thinking lies not in the superficial resemblance to the college health science of the present day, but is that it be included as part of the educational process.

The idea of “**prevention of illness and the promotion of health and general well being**” could be achieved partly by health education which has been accepted even more recently.

#### **TRENDS IN UNIVERSITY HEALTH AND EDUCATION:**

The universities are the miniature forms of society, they are organized for the betterment of the society. The student, through university not only acquires knowledge but also develops the requisite habits, skill environment should be free from caste, creed or religious feeling and unhygienic environment. Health Education in universities today therefore must necessarily be much more sophisticated and wider in scope.

#### **NEED, IMPORTANCE AND SCOPE OF THE STUDY:**

According to the World Health Organization (WHO) the goals of health education programs are that people should learn to adopt and maintain healthy life styles, use available health sciences effectively and control individual and community decisions that effect their health or environment (WHO-1974).

The ultimate purpose of these goals is of course, to improve health. However this purpose is often difficult to achieve for at least two reasons. First the connections programmes are usually less than perfect. Thus changes in behaviours often are not followed by desired changes in health.

Second, health behaviours have often proven to be very resistant tot the influence of educational programmes, possibly because of the difficulty of anticipating and dealing with the multitudinous influences on health behaviour.

Physical health is the base upon which the personality stands. Physical fitness enables a person to live happily, work most and to serve the best. Good habits and physical exercises are also necessary to have proper hygiene. The right kind and proper amount of food should be taken every day to maintain good health and to meet our needs depending upon our activity, size and the state of health.

Health of the citizens is the responsibility of the state. For this purpose the state sets up healthy services, health centres, hospitals, maternity and child welfare centres and counselling centres. But all this has only a curative value. Public is being educated in hygienic living. University is the place and the faculty is the right person to give this type of education. Hence to overcome the wrong attitudes of life this type of education. Hence to overcome the wrong attitudes of life that leads to ill health in the individual, a proper mental health education is needed. In general, the aim of this study is to investigate the relation between stress and mental health in university students.

### **CONCLUSION:**

The researcher appraised the ‘meaning and definition of physical and mental health’, ‘importance of the study’ in the Introduction which leads to the “Review of related Literature”.

### **REVIEW OF RELATED LITERATURE**

The positive relationship between physical activity and health has been well documented (see for example Blair, Cheng, & Scott Holder, 2001; Department of Health, 2004). Research on the

effect of physical activity on anxiety has included a number of recent meta-analysis and systematic levels of anxiety and depression (Inam et al., 2003).

Furthermore, the positive alliance between physical activity, mental health and the treatment of mental health problems has also been demonstrated (for example Biddle, Fox, & Boucher, 2000; Dunn, Trivedi, Kampert, Clark, & Chambliss, 2005; Fontaine, 2000; Lawler & Hopker, 2001; Penedo & Dahn, 2005; Saxena, Van Ommeren, Tang, & Armstrong, 2005; Stathopoulou, Powers, Berry, Smits, & Otto, 2006). The majority of these studies have had a focus on depression and anxiety, rather than other disorders. With respect to depression, although the range of measures used to define depression makes the comparison between studies problematic, there is a consensus that there is a negative link (Mutrie, 2000). According to (Crone et al., 2009) reviews generally conclude that physical activity has a beneficial effect on mild to moderate depression (Craft, 2005; Craft & Perna, 2004; Faulkner & Biddle, 2004; Lawler &

Hopker, 2001). Furthermore, public health recommendations for aerobic exercise have been found to be an effective treatment for mild to moderate major depressive disorder (Dunn et al., 2005). Taking into account the evidence to suggest that physical activity has the potential to be of benefit to those suffering from mental health problems, and that university students are at elevated risk of such problems, the following study sought to investigate the association between physical activity and mental health problems in a Dr. B.R. Ambedkar University Srikakulam of university students.

## **RESEARCH**

### **METHODOLOGY:**

Little research on the physical and psychological health of university students has incorporated a range of indicators of health, Ethical approval for the study was provided by the university Principal and data used in the current analysis was collected as part of the General Student physical and mental Health Survey. During August and September 2015, participants completed a self-administered questionnaire that gathered socio-demographic, physical and psychological health data.

The three specific objectives were to:

- Describe the socio-demographic characteristics of students (e.g., age, gender, marital status and children, living arrangements, parents' education, study related variables, financial sufficiency, and the importance of faith);
- Assess the self-reported prevalence of physical health/well-being indicators (e.g., self-rated general health, health awareness, health service use, physical health problems);
- Assess the self-reported prevalence of psychological health/mental well-being indicators (e.g. quality of life; social support, satisfaction with social support, perceived burdens and psychosomatic health problems/strains)

#### **PREPARATION AND USE OF THE TOOL:**

The questionnaire was selected by the investigator to seek information about the physical and mental health of MBA & M.A. Social Work students. The researcher to construct items for questionnaire consulted some books on health education and suggestions from experts were also taken into consideration. Finally the most suitable 45 items were selected. The final form of questionnaire consists of 45 statements. They cover the two areas such as

A. Physical Health

B. Mental Health

The questionnaire consisting of 45 statements in given both in English and Telugu Medium. There are three alternative answers provided for each statement as titled below.

a. Mostly

b. Rarely

c. Never

The following table gives the details of the statements of physical and mental health.

S.NO	Question Number	Number of Questions	Related Area
1	1 to 27	27	Physical Health
2	28 to 45	18	Mental Health

Total	45	45	
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### SCORING PROCEDURE:

The scale contains both positive and negative items. The questionnaire is set as

on 3-point scale. The procedure adopted to score the questions was uniform. The score are totalled area wise at first and finally grand total was found for each one.

The scoring procedure for physical and mental health statements is given below.

S.NO	Type of question	Response	Scores
1	Positive	Mostly Rarely Never	3 2 1
2	Negative	Mostly Rarely Never	3 2 1

### Variables of the study

#### 1. Gender of the students

Statements are classified as Boys and Girls on the base of their gender.

#### 2. Place of residence

Students are classified into 2 groups based on their place of residence

Urban: those statements living in governments towns

Rural: those statements living in village and government towns

#### 3. Type of institutions

Based on the type of institution the university were classified into Government and Private.

#### 4. Medium of instruction

Basing on the language taken as medium of instruction, the students were classified as English Medium and Telugu Medium.

**RESEARCH DESIGN:**

The following table shows the research design of the study briefly:

s.no	tools	Traits measured	Sources of data	Analysis	variable
1	Questionnaire	Physical health and mental health	M.B.A& Social Work		
2	Questionnaire	Areas of physical health and mental health 1. Food & sleep habits 2. Health Problems 3. Health Awareness 4. Inferiority Vs superiority 5. Emotionalism 6. Negativism 7. Depression	M.B.A& Social Work		
3		Influence of variables on physical health and mental health	M.B.A& Social Work		

**ANALYSIS AND INTERPRETATION OF DATA**

The present study deals with the objectives and hypothesis of the study, the sample taken, the tools used and the methods adopted for the study. It also states the procedure of conducting the test and finally the statistical treatment of the data.

The investigator is going to analyze, interpret and conclude the results wise by testing the hypothesis. The analysis of the data was carried out in the following way

1. Objective wise analysis
2. The presentation of results in the tabulate form with caption

3. The statement about what the table speaks of
4. Observation of the results
5. Interpretation of the each and every objective, the researcher had evaluated the hypotheses injected in the light of here findings she also brought up reasonable evidence in support of deviation from the obtained results.

Hypothesis: 1

There is no high physical and mental health among MBA and M.A.Social Work students as whole sample.

**Table**

Mean, S.D and % of mean of the physical and mental health levels of the whole sample.

sample	Students	Mean	S.D	% of mean
whole	200	98.75	9.404	70.35

because of the parents and teacher who had given them a very good awareness towards physical and mental health.

**Observations:**

- The mean values of the physical and mental health of M.B.A and M.A.Social Work is 98.75
- The value of S.D is 9.404
- Percentage of the mean value is 70.035

Here the S.D value found to be less than  $1/5^{\text{th}}$  of the mean value. The sample is said to be homogeneous.

**Classification of the level of Physical Health and Mental Health:**

The students were classified the on the basis of their physical and mental health levels. The minimum score is 45 and maximum score is 135, the difference between these scores is 90. This difference is divided into three equal intervals.

**Interpretation:**

From the above table the percentage value of mean is found to be 70% therefore it can be inferred that in the present sample the level of physical and mental health of M.B.A and M.A. Social Work students is found to be very good. This might be

- a) Low physical and mental health
- b) Average physical and mental health
- c) High physical and mental health

**Table**

The sample distributions on the basis of physical and mental health levels of M.B.A and M.A. Social Work

S.NO	classification	Score range	No.of students	%
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1.	Low PH and MH	45-74	2	1
2.	Average PH and MH	75-104	158	79
3.	High PH and MH	105-135	40	20
Total		45-135	200	100

### Observations

- This table reveals that there are only two members have low physical and mental health
- Among the whole sample 158 students are having average physical and mental health
- Students having high physical and mental health are 40.

### Interpretation:

The table implies that the average the average physical and mental health percentage is found to be high.

It can be conclude that the level of physical and mental health of M.B.A and M.A.Social Work students is found to be average. It is also quite interesting to see that there are only two of the students who are having low physical and mental health.

And almost quite a minimum range of students are having high physical and mental health.

### Hypothesis 2:

There is no high physical and mental health among the M.B.A and M.A.Social Work Students with respect to the areas.

### Areas of physical health:

- 1) Food and sleeping habits
- 2) Health problems.
- 3) Health awareness

### Areas of mental health:

- 1) Inferiority Vs Superiority
- 2) Emotionalism
- 3) Negativism
- 4) Depression

### Table

**Area wise mean, S, D, and % mean of physical and mental health of the sample.**

S.NO	AREA	MEAN	S.D	% OF MEAN
1	Food& sleep habits	17.3	2.59	72.083
2	Health problems	19.1	3.0315	70.74
3	Health awareness	22.725	3.19	68.16
4	Inferiority Vs Superiority	8.28	1.877	69
5	Emotionalism	12.58	2.768	69.9
6.	Negativism	8.94	2.45	74.5
7	Depression	13.25	2.9	73.6

**Observations:**

- The mean value of the sample in the area, food and sleeping habits is 17, 3 and its % of mean is 72.083. the value of S.D. is 2.59
- The mean value of the sample for the area of the health problem is 19.1 and its %of mean is 70.74. the value of S.D. is 3.0315.
- The mean value of the sample for the area of the health awareness is 22.725 and its % of mean is 68.16. the value of S.D is 3.19
- The mean value of the sample for the area of Inferiority Vs Superiority is 8.28 and its % of mean 69. The value of S.D. is 1.877.
- The mean value of the sample for the area of Emotionalism is 12.58 and its % of mean is 69.9. The value of S.D is 2.768
- The mean value of the sample for the area of the Negativism is 8.94 and its % of mean is 74.5. The value of S.D is 2.45.
- The mean value of the sample for the area of the Depression is 13.25 and its % of mean is 73.6. the value of S.D.is 2.9
- The distribution is homogeneous with respect to the areas – food& sleeping habits, health problems, health awareness and depression as their S.D. valurs are less than 1/5<sup>th</sup> of the mean.
- The distribution is not homogeneous with respect to areas as Inferiority Vs Superiority, Emotionalism and Negativism as their S.D. value are greater than 1/5 of the mean.

**Interpretation:**

The % of mean for the sample in the area of physical health is 70%. It implies that the food and sleeping habits of M.B.A. and M.A. Social Work students are very good. As the physical and mental health of students is high with respect to their health problems it is understood that the students are not facing these problems. This may be due to their good awareness about their health. It shows that some of the common health problems like fever, indigestion, cold, cough etc.. Lack of nutrition food and psychological problems like concentration, worry about changes in

physique etc, might have been the cause for the presence of the health problems to some extent.

In the area of mental health, the % of mean in the area of depression, emotionalism, negativism and inferiority Vs Superiority is high. Situations like unfair comparisons, disappointment etc may cause these aspects to some extent.

From the above details the hypothesis “there is high physical and mental health among M.B.A and M.A.Social Work Students “can be accepted as physical and mental levels of M.B.A and M.A. Social Work

**Testing of Hypothesis**

s.no	hypothesis	variable	t-value/ $\chi^2$	findings
1.	There is no significant difference between boys and girls regarding their physical and mental health.	Gender	t=0.229	The t-value is not significant at both 0.05 and 0.01 level. Hypothesis is accepted.
2.		Place of residence	df=198	
3.	There is no significant difference between urban and rural students regarding their physical and mental health.	Type of Institution	t=1.229	The t-value is not significant at both 0.05 and 0.01 level. Hypothesis is accepted
4.		Medium of instruction	df=198	
5.	There is no significant difference between government and private university students regarding their physical and mental health.	Physical and mental health	t=4.008	The t-value is significant at both 0.05 and 0.01 levels. Null hypothesis is rejected.
	There is no significant difference between English and Telugu medium students regarding their physical and mental health.		df=198	
	There is no association between		$\chi^2=19.83$	

	the physical and mental health.			The $\chi^2$ value is 19.83 is significant at both 0.05 and 0.01 level. Hypothesis is rejected.
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The investigator presented the detailed account of various statistical measures adopted in the analysis and interpretation of the data collected through the questionnaire.

### Findings and Suggestions

The investigator gave a detailed account of the various statistical measures used in the various findings reported in the proceeding format of conclusion and generalization.

#### Hypothesis 1

There is no high physical health and mental health among M.B.A and M.A. Social Work Students.

#### Findings:

1. The mean value of the physical health and mental health of M.B.A and M.A. Social Work Students is 98.75%.
2. Percentage of mean value is 70.035.
3. It shows that in the present sample the level of physical health and mental health of M.B.A and M.A.

Social Work Students is found to be high.

4. Quiet a good range of students are having above average physical health and mental health levels.
5. Only two of the students are having low physical health and mental health.

#### Hypothesis 2:

There is no high area wise physical and mental health of M.B.A and M.A. Social Work Students with respect to the areas.

#### Findings:

1. The mean value of the sample in the area, food and sleeping habits is 17.3 and it's percentage of its mean is 72.083. the value
2. The mean value of the sample in the area of the area of the health problems is 19.1 and its percentage of mean is 70.74. The value of S.D. is 3.03.
3. The mean value of the sample in the area of the health awareness is

- 22.75 and its percentage of mean is 68.16. The value of S.D is 3.188.
4. The mean value of the sample in the area of the inferiority vs superiority is 8.28 and its percentage of mean is 69. The value of S.D.is 1.877
  5. The mean value of the sample in the area of the emotionalism is 12.58 and its percentage of mean is 69.9. the value of S.D. is 2.768.
  6. The mean value of the sample in the area of the negativism is 8.94 and its percentage of mean is 74.5. the value of S.D.is 2.45.
  7. For the area of depression is 13.25 and its percentage of its mean is 73.6. the value of the S.D. is 2.9.
  8. The physical health and mental health of the students is quiet high in all areas except in the health awareness which is above average.

### Hypothesis 3

There is no significant difference between boys and girls regarding their physical health and mental health.

### Findings:

1. Number of boys is 100 and their average physical health and mental health is shown by the mean value 97.8 and S.D. is 9.28.
2. Number of Girls is 100 , mean value is 99.9 and S.D. is 9.12.
3. For 198 df the obtained t value 0.229.
4. The tabulated t value is 1.97 at 0.005 level and 2.60 at 0.01 level

### Hypothesis 4

There s no significant difference between urban and rural school students with regard to their physical health and mental health.

### Findings:

1. Number of urban students is 100 and their average physical health and mental health is shown by the mean value 99.5 and S.D is 9.63
2. Number of rural students is 100 and their average physical health and mental health is shown by the mean value 97.9 and S.D is 8.75.
3. For 198 df the obtained t value is 1.229.
4. Tabulated t value is 1.977 at 0.005 level and 2.60 at 0.01 levels.

### **Hypothesis 5:**

There is no significant difference between government and private school students with regard to their physical health and mental health.

### **Findings:**

1. The number of government university students is 115 and their average physical health and mental health is shown by mean value 100.59 and S.D. is 9.352.
2. Number of private college students is 85 and their average physical health and mental health is shown by 95.7 and S.D is 7.16
3. For 198 df the obtained t value is 4.008
4. For the tabulated t value is 1.97 at 0.05 level and 2060 at 0.01 levels.

### **Hypothesis 6**

There is no significant difference between English and Telugu medium students with regard to their physical health and mental health.

### **Findings:**

1. Number of English medium students is 70 and their average

physical health and mental health is shown by the mean value 96 and S.D.is 8.968.

2. Number of Telugu medium students is 130 and their average physical health and mental health is shown by the 100.46.
3. For the dt the obtained value is 3.33
4. Tabulated t value 1.92 at 0.05 level and 2.60 at 0.01 levels.

### **Hypothesis 6**

There is no association between physical and mental health of the M.B.A and M.A.Social Work Students.

### **Findings:**

1. Number of students having high mental health is 55.
2. Number of students having average mental health is 140
3. Number of students having low mental health is 5
4. Number of students having high physical health is 76
5. Number of students having average physical health is 124

6. Number of students having low physical health is 0.
7. The chi- square value is 19.83
8. The tabulated value is 1.97 at 0.05 level and 2.60 at 0.01 level hence it is significant at both levels hence the null hypothesis is rejected.

### Conclusion of the study:

Education is the necessary for the survival of the society and they must cater for complete development of the individual is needed to make him a very well adjusted person. An individual to have a good personality should be able to adjust himself in all aspects of physical and mental health. So, it is necessity to see the levels of physical and mental health of the students.

### Suggestions:

The present study physical health and mental health of the M.B.A and M.A.Social Work students provide some suggestions for the improvement of the health aspects of the students in the Srikakulam District.

1. To impact instruction about health and hygiene to give talks on psychological and anatomy to

discuss various principles and laws hygiene.

2. Positive attitudes towards education and life have to be developed through value education.
3. Education has to be given training in yoga, meditation and pranayama for yheir better physical health and mental health.
4. The government has to provide adequate facility to university.
5. The administration has to take keen interest in providing good hygiene environment.
6. The administration should provide regular health inspection and counselling classes in the university.

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