

# Influence of Coping Strategies on Marital Stress among Married Working Women

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**Abstract** The study investigated the influence of coping strategies on marital stress among married working women. Three hundred and seventy seven participants made up of 218 married working women from ESUT and 159 from UNEC Enugu State Nigeria took part in the study. Their age ranged from 25 – 55 years with mean age of 39.67. They responded to Omoluabi (1994) Marital Stress Inventory and Moos, Cronkite & Finney, (1990) Health and Daily Living Form: Adult Form B modified by Omeje (1998). Survey design was adopted for the study while one-way analysis of variance with unequal sample size was used to analyze the data. Thus, the result showed that married working women who adopted problem-focused strategies presented more marital stress symptoms than those who adopted emotion-focused strategies  $F(1, 375) = 5.844, p < .05$ . The finding was discussed in relation to available literature and suggestions were made for further studies.

**Keywords** Coping Strategies, Marital Stress, and Married Working Women

## 1. Introduction

In about four decades ago, majority of women married before the age of 15 with little or no education, just for the sole purpose of companionship, child bearing and rearing, as well as assisting their husbands in their farm work. Women of those days were merely housewives, while some were petty traders or peasant farmers. In many homes today women serve as the bread winners, providing for the needs of the family members. They engage in professional careers, various vocations, and or full time trading/farming.

Marriages are faced with difficulties immediately after contracting them. These difficulties may be due to lack of fulfillments. Most of these difficulties can come from the spouses themselves, their children, their sex roles, their relatives, friends or neighbours. It can also occur as a result of differences in religious beliefs, cultural background, social status, educational gap, age gap, work status and their coping strategies. All these difficulties may culminate in marital stress.

### 1.1. Marital Stress

The concept of marital stress which is the focus of the

present study falls under the umbrella of a broader concept known as stress. Therefore, it becomes necessary to understand the concept of stress, in order to understand the concept of marital stress in the lives of married working women. Stephen (1999) defined stress as “a dynamic condition in which an individual is confronted with an opportunity, constraint or demand related to what he/she desires and for which the outcome is perceived to be both uncertain and important.” Stress is also a biological term which refers to the consequences of the failure of a human organism or animal to respond appropriately to emotional or physical threats, whether actual or imagined (Selye, 1956). Stress is a feeling of strain and pressure.

Stressors are environmental, biological, and or cognitive events that, among other things, challenge or threaten the well-being of an organism, increase its arousal or activation level, and deplete its resources (Hobfoll, 1991). The resulting stress states can be acute and time limited, as in response to a single transitory event, or they can be chronic, as when the condition of stress persists in time.

Stress can be positive (eustress), e.g. events such as deadlines, competition and confrontations which may induce feelings of eagerness and excitement particularly when we see ourselves as capable of dealing with them effectively; or negative (distress) e.g. events that are perceived as threatening and overwhelming beyond the person's capability to deal/cope with it as classified by (Selye, 1975). Eustress is a positive stress that arises when motivation and inspiration are needed; while distress is a negative stress that arises when the situation is perceived as threatening and

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Published online at <http://journal.sapub.org/ijpbs>

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overwhelming beyond the person's capability to deal/cope with it (Omeje, 2011). There are two types of distress: Acute distress and chronic distress. Acute distress is an intense stress that occurs and disappears quickly. Chronic stress is a prolonged stress that exists for weeks, months, or even years (Selye, 1975).

The result of stress can manifest itself in obvious illnesses such as ulcers, depression, diabetes, and trouble with the digestive system or even cardiovascular problems, along with other mental illnesses (Glavas & Weinberg, 2006).

These conditions stated above by Selye (1975) seem also prevalence in marriage hence the phenomenon of marital stress. Marital stress here entails a condition where marriage related factors interact with the individual to change (disrupt or enhance) his or her psychological conditions such that the person is forced to deviate from normal functioning (Denga 1991, Beehr & Newman, 1998). The devastating effects of marital stress may depend on some factors such as coping strategies, workload, etc. There are individual differences in how people cope with distress. Married women in different vocations have different ways of coping, but the focus in this study is on non teaching married female university workers. Among these university female workers coping may not mean the same thing to them though they do the same kind of job and in the same work environment.

Lazarus and Folkman, (1984), posit that coping is expending conscious effort to solve personal and interpersonal problems. It involves seeking to master, minimize or tolerate stress or conflict {Weiten & Lloyd, 2008, Snyder 1999, and Zeidner & Endler 1996}. Also according to Folkman (1984) coping strategies are any effort we make to manage situations we have appraised as potentially harmful or stressful. Coping strategies refer to cognition and behaviours used by the individual in evaluating stressors that involve either active or avoidant coping strategies aimed at decreasing the amount of stress (Folkman & Lazarus, 1980).

Furthermore, the term coping generally refers to reactive coping, i.e., the coping response that follows the stressor. This contrasts with proactive coping in which a coping response aims to head off a future stressor. In this study, coping strategies will be seen in two perspectives: problem-focused and emotion-focused strategies.

People using problem-focused strategies try to deal with the cause of their problem. They do this by finding out information about the problem and learning new skills to manage the problem. Problem-focused coping is aimed at changing or eliminating the source of the stress, whereas emotion-focused strategies involve releasing pent-up emotions, distracting oneself, managing hostile feelings, mediating or using systematic procedures. Emotion-focused coping "is oriented towards managing the emotion that accompanies the perception of stress" (Brannon & Feist, 2009).

Typically, people use a mixture of all two types of coping strategies, and coping skills will usually change over time. All these methods can prove useful, but some claim that

those using problem-focused coping strategies will adjust better to life (Taylor, 2006). Problem-focused coping mechanisms may allow an individual greater perceived control over their problem, whereas emotion-focused coping may sometimes lead to a reduction in perceived control (maladaptive coping). Mitchell, Cronkite and Moos (1983) noted that although emotion focused coping may help to maintain emotional balance in the face of adversity, failure to use problem-focused strategies is likely to result in long-term psychological consequences.

Cognizant of the fact that coping differ from one woman to another, the present research is focused on coping strategies that married working women prefer in dealing with their marital stress. McHaughlin, Cornier and Cornier (1988) opined in their research that multiple-role women who employed a greater number of coping strategies and high marital adjustment had significantly lower levels of distress than participants who applied less coping strategies. Oyewo and Akanbi (2012) examined the predictive influence of marital stress spillover on job performance among married civil servants in Oyo state. Taken separately, four variables; time management, household chore distress, financial distress and relational distress contributed significantly to the prediction. Parenting stress did not. Neff and Karney (2004) using 82 couples found evidence for stress spill over throughout four years of marriage. The experience of stress spillover seemed to have important influences on marital quality. Changes in wives' stress were associated with changes in perceptions of the relationship. As wives' external stress increased, they perceived more problems within the relationship (effective communication, showing affection). The interaction between a variety of variables outside the close relationship and the reaction to these from either partner may often cause stress in the relationship (internal stress) and in turn increase the likelihood of conflicts and poor marital outcomes (Bodenmann, Ledermann, & Bradbury, 2007; Karney, Story, & Bradbury, 2005).

Carver (1989) in a study of the relationship between coping strategies/styles on stress alleviation, found that problem focused strategy occur more in controllable stress situation than in uncontrollable situation whereas emotion focused strategy was more likely in uncontrollable stress situations. But all invariably alleviate stress. Thus, coping strategies vary over or between situations with differing stress demands. Omeje (2000) opined that those who adopted problem focused strategies presented fewer depressive symptoms than those who adopted emotion focused strategies. The above is also in line with the outcome of study done by (Fatemeh, 2011), who found that women who have used problem-focused strategies experienced more marital satisfaction than those who used emotion-focused strategies.

In the present study, it is expected that marital stress from the above background may be influenced by coping-strategies. It is also expected in this study that women who used problem-focused coping will differ from women who used emotion-focused coping on marital stress.

## 1.2. Operational Definition of Terms

- o Marital stress refers to problems such as unresolved conflict, insufficient money for housekeeping, misunderstanding, quarrel, fighting or possible separation in marriage.
- o Coping strategies refer to the method a married working woman applies in handling marital stress either by using problem-focused coping strategies such as learning to lower the level of arousal or using emotion-focused coping strategies such as anxious avoidance or escape.
- o Emotion-focused coping strategies: Refer to the use of some maladaptive acts like distraction, procrastination, emotional discharge and regulation in the face of marital stress.
- o Problem-focused coping strategies: involve the use of adaptive methods such as attacking the problem, information seeking, logical analysis and seeking social support to reduce or eliminate marital stress.
- o Married Working women refer to married female non-teaching staff at Enugu State University of Science and Technology (ESUT) Agbani and University of Nigeria Enugu Campus (UNEC) who took part in the study.

## 1.3. Hypothesis

There will be a statistically significant difference in marital stress between married working women who adopted problem-focused coping and those who adopted emotion-focused coping.

# 2. Method

## 2.1. Participants

A total of 377 married working women drawn from the population of married female university non-teaching staff participated in the study. Using criterion sampling technique, 159 participants were selected from University of Nigeria Enugu Campus and 218 participants were selected from Enugu State University of Science and Technology permanent site Agbani. The criterion sampling technique was used, thus the criteria include that the working women are married, currently living with the spouses, had spent at least one year in marriage, have at least one child and had a minimum educational qualification of secondary school certificate. The age range of the participants was 25 – 55 years with mean age of 39.67 and standard deviation of 7.59.

## 2.2. Instruments

The two instruments used in this study include: Moos, Cronkite and Finney (1990) 32-item Coping Strategies Scale validated by Omeje (2000) measuring coping strategies and Omoluabi (1994) 50-item Marital Stress Inventory (MSI).

### 2.2.1. Marital Stress Inventory (Omoluabi, 1994)

Omoluabi (1994) Marital Stress Inventory (MSI) is a 50-item inventory which contains list of issues that cause disaffection in marriage. The inventory was used in this study to measure the response of the participants' on the dependent measure of marital stress. The response format of the scale ranged from 1 (slight effect) to 5 (very severe effect). The higher the response the more stress is indicated.

The psychometric properties for Nigerian samples as provided by Omoluabi (1994) are as follow:

Samples:

Norms: The norms are the mean scores obtained by the general population.

M(n=275)	F(n=282)	M&F(n=557)
77.83	74.49	76.20

Reliability: Cronbach alpha coefficient = .9219, Spearman-Brown split-half coefficient = .9238, Gutman split-half coefficient = .9226 and Beta coefficient = .9639.

Validity: A concurrent validity coefficient of .32 was obtained by correlating Marital Stress Inventory (MSI) with Marital Satisfaction Index (MSI) by Hudson (1982).

The researcher went further to test for reliability and validity of the instrument. The test was administered to 60 married working women selected from ESUT Enugu Campus who were used for the validation of MSI. These women responded to the 50 items by placing a check mark (✓) in the column that best described their marital experience. A split-half reliability index of 0.72 was obtained, corrected with Spearman Brown Formula to obtain an index of 0.84. For the validity a convergent validity index of 0.78 was obtained by correlating Marital Stress Inventory (MSI) by Omoluabi (1994) with Marital Conflict Behaviour Checklist (MCBC) by Omeje (1998).

### 2.2.2. The Health and Daily Living Form: Adult Form B (Moos, Cronkite & Finney, 1990)

This scale measures five categories of coping strategies namely: Logical analysis, Information seeking, Problem solving, Emotional discharge and Affective regulation. These can be grouped into two namely: Problem-Focused and Emotion-Focused strategies. While the logical analysis, information seeking and problem solving items constitute problem-focused strategies, emotional discharge and emotional regulation form the emotion-focused subscale.

The items in the inventory were rated on a four point scale, thus: rarely = 1, sometimes = 2, often = 3 and always = 4. Those constituting problem-focused strategies have a sum total of 20-items while emotion-focused strategies have 12-items for each subscale.

Scoring/Samples

The scale HDL was used to categorize participants into problem-focused strategies and emotion-focused strategies. For classification, the 20-items that constitute the

problem-focused subscale was scored from 1-4 while 12-items of the emotion-focused strategies were scored in the reverse order, 4-1. As such the highest score in problem-focused plus the lowest score on emotion-focused items placed a participant as problem-focused, while the highest score on the emotion-focused plus the lowest score on the problem-focused placed a participant as emotion-focused. For instance, highest score on PF = 80, lowest score = 20; highest score on EF = 48, lowest score = 12. Meanwhile, problem-focused category =  $80+12 = 92$ , while emotion-focused category =  $48+20 = 68$ . Therefore, below 68 is emotion-focused and above 68 is problem-focused. The sample comprised of 50 married women drawn from Nsukka in Enugu State.

#### Reliability/Validity

Omeje (2000) obtained a split-half reliability index of .52 and a Spearman Brown Formula index of .68; and also an intrinsic validity index of .82. The researcher went further to revalidate the test by obtaining a split-half reliability index of 0.66 and Spearman Brown Formula index of 0.80; and an intrinsic validity index of 0.89. This type of validity is indicated by the square root of its reliability as proposed by (Guilford, 1954). Thus,  $0.80 = 0.89$ .

#### 2.3. Procedure

The researcher obtained permission from the Vice Chancellor of ESUT and Deputy Vice Chancellor of UNEC to carry out the research. The researcher then trained 96 research assistants who were selected from 2015/2016 third year class of psychological testing and tests construction Department of Psychology ESUT. The research assistants accepted willingly to be part of this study as they were not paid for their services. The researcher then dispatched the research assistants in group of three students to each of the offices, units, departments and faculty offices. A total of 26 research assistants were sent to UNEC while the remaining 70 covered ESUT. In all the offices the leaders of the groups visited their scheduled offices with letter of permission to carry out the research. The prior visitation enabled the leaders identify an anchor person in their various units of assignment which made it easier to reach the women who met the criteria stated in the participants' section. Then the entire groups went to distribute and collect the questionnaires. The two instruments were administered simultaneously to each participant after establishing adequate rapport. They were asked to read and follow the instructions at the top of the test forms. There was no time limit for completing the inventories, though some participants filled/submitted theirs immediately. The assistants visited on other days agreed upon to collect the questionnaires from the remaining participants and from the anchor persons who also helped in collecting the tests from their staff who submitted to them beforehand.

The researcher produced a total of 490 copies of the questionnaires measuring coping strategies and marital stress which were given to the research assistants who

administered them to the identified women in their various offices. Out of the 490 copies of each of the test administered, 471 representing 96.12 percent were returned out of this number 94 were discarded on grounds of educational qualification, improper completion, years of marriage, number of children and age. The remaining 377 copies properly filled and which met the criteria was used for analysis and testing of the hypotheses. The Nigerian norms or mean scores were used as the basis for interpreting the scores of participants.

#### 2.4. Design/Statistics

Survey design was used while the study adopted one-way analysis of variance Fisher's test with unequal sample sizes based on one independent variable: (coping strategies: problem-focused strategies vs. emotion-focused strategies) and a dependent variable (marital stress).

### 3. Results

**Table 1.** Summary table of means and standard deviation on coping strategies on marital stress among married working women

Descriptive Statistics:		Dependent Variable Marital Stress	
Coping Strategies	Mean	Standard deviation	Number of participants
Problem-Focused Coping	153.01141	72.04126	176
Emotion-Focused Coping	134.706965	74.54309	201
TOTAL	143.2467	73.85743	377

Table 1 above shows that married working women who adopted problem-focused coping had higher mean score (153.01) than those who adopted emotion-focused coping (134.70). This indicates that married working women who used problem-focused coping and those who used emotion-focused coping differ in the manifestation of marital stress symptoms.

**Table 2.** Summary Table of Coping Strategies on Marital Stress among Married Working Women

Tests of Between-Subjects Effects					
Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	31475.594 <sup>a</sup>	1	31475.594	5.844	.016
Intercept	7767314.53	1	7767314.533	1442.25	.000
Coping Strategies	31475.594	1	31475.594	5.844	.016
Error	2019574.46	375			
Total	9786944.00	377	5385.532		
Corrected Total	2051050.58	376			

a. R Squared = .068 (Adjusted R Squared = .050)

As shown in Table 2, the factor of coping strategies was found to be significant  $F(1, 375) = 4.441$ ,  $p < .05$ . Thus it

confirmed the hypothesis that there would be a significant influence of coping strategies on marital stress among married working women.

### 3.1. Summary of Findings

Married Working women who adopted problem-focused strategies presented more marital stress symptoms than women who adopted emotion-focused strategies ( $p < .05$ ) hence confirming the hypothesis.

## 4. Discussion

The hypothesis which stated that there would be a significant difference in the presentation of marital stress symptoms between married working women who adopted problem-focused strategies and those who adopted emotion-focused strategies was confirmed. This finding is consistent with the studies on coping strategies and marital stress done by (McHaughlin, et al. 1988; Oyewo & Akanbi, 2012; Neff & Karney, 2004; & Carver, 1989) which found that problem-focused strategies occur more in controllable stress situation than in uncontrollable situation whereas emotion-focused strategies was more likely in uncontrollable stress situations. But all invariably alleviate stress. In contrast, the findings disagree with the studies by Mitchell et al., (1983) and Fatemeh (2011) who noted that although emotion-focused coping may help to maintain emotional balance in the face of adversity, failure to use problem-focused coping is likely to result in long-term psychological consequences. Also Omeje (2000) found that those who adopted problem-focused strategies presented fewer symptoms than those who adopted emotion-focused strategies. Thus, coping strategies vary over or between situations with differing stress demands. This could be explained by the fact that emotion-focused coping is oriented towards managing the emotions that accompany stress (Brannon & Feist, 2009). In Africa where this research is done, women engage a lot in one spiritual/social group or the other; at every point in time they have a way to interact with one another on their predicaments. Such discussions often bring with it some denial and distortion of the reality on the premise that one woman is not the only one passing through stress. This may be the reason why emotion-focused coping was used by the participants.

Based on the above observation, it is advocated that emotion-focused strategies which is oriented towards managing the emotions that accompany the perception of stress (Brannon & Feist, 2009) should be adopted to forestall psychopathology as a temporary measure. This can be achieved through releasing pent-up emotions, distracting oneself, managing hostile feelings, mediating or using systematic procedures instead of engaging in problem-focused coping. The circumstances operating in one's life at a particular time determine the coping strategies one adopts to go through. Hence, emotion-focused strategies alleviate marital stress since it helped to maintain emotional

balance in the face of adversity.

Again, the population studied in this research is a human services population who probably use their clients (students) and other co-workers distractions to ease off their marital stress. These women are workers as such they earn income which certainly contributes to their ways of alleviating marital stress. Also, in this part of the world especially Igbo land; women are too religious and albeit it could be one of the pent-up behaviours they adopt towards marital stress. African culture encourages communal life styles such as seeking social support coupled with the current trend in social networking. With the above enumerated factors one will see the reason why the women who participated in this study used emotion-focused strategies to reduce their marital stress symptoms, as a key in maintaining healthy living.

### 4.1. Conclusions

The findings of this research have signaled a new area for health professions in diagnoses and management techniques. Hence, attention should be focused not only on the events in the environment of the clients but also on the way they handle their problems. It is pertinent to note that the findings seem to make us responsible for our pathological states. It then means that we should use the best coping strategies suitable for us in any given situation thus, preferably emotion-focused coping strategies.

Finally, because a modern woman unlike her counterpart about four decades ago is challenged by the current economic situation to pursue and have a career and also to help in achieving the organizational goals as well as being companion to the husband, and a caregiver to her children; she needs psychological remedies such as emotion-focused coping to remain functional and stable in the face of these enormous difficulties both from the home and at the work place.

A major limitation to this work was people's attitude towards the study. Many of the participants were reluctant to respond to the instrument because they saw them being lengthy and as a probe into their private lives. However, the researcher was able to sample many participants due to adequate rapport. Another major limitation is factors relating to their spouses and children such as spouses/children occupation/income which were not controlled in this study. Finally, financial constrain restricted this study to only 2 tertiary institutions within Agbani and Enugu, in Enugu State. All these limitations without any reservation limited the generalization of the findings to other populations.

Suggestions for further research seem both desirable and essential. This is because the findings of this study appeared to be a tip of the iceberg in regard to studies on marital stress and coping strategies. Many variables such as gender differences in epidemiology of marital stress, coping strategies, age, the relationships between coping, self-concept and marital stress are yet to be investigated in our culture. Further research should sample married working women from other professions like, lecturers, female doctors,

etc.

Also, participants in this study were sampled mostly from the literate and seemingly economically independent groups. These factors have been shown to have significant relationships with marital stress and work stress. Thus, it becomes necessary that a comparative study be done among literate and non-literate, employed and unemployed groups in our own culture. Further studies should do a comparative study on married working women and their spouses, to ascertain their coping strategies and also other variables like age and socio-economic status that are not captured in this study.

In conclusion, it is being advocated that married working women should strive to put a balance between their work and their home by adopting emotion-focused strategies to ensure better psychological health and marital relationship. Women should not forget that any ill which affects their psychological wellbeing also affects the entire family and the society at large; thus the need for them to take care of their general health and mental health in particular.

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