Fundamental Journals
International Journal of Fundamental Psychology and Social Sciences(IJFPSS)
IJFPSS, Vol 5, No 1, pp 1-6, March , 2015
DOI:10.14331/ijfpss.2015.330047

Original Research Papers
Open Access Journals
ISSN: 2231-9484
F.N Ardehaee
http://fundamentaljournals.org/ijfpss/index.html

Prediction of Anxiety and Depression Prevalence According to Identity Status Among Public Library's Employees of Golestan Province

Panah Salemi [1], Fatemeh Naghinasab Ardehaee *[2]

[1] Faculty of Psychology and Educational Sciences, Counseling, University of Allameh Tabatabai, Tehran, Iran
E-mail: Panahsalemi@Yahoo.com

[2] Faculty of Humanities, Counseling, Islamic Azad University, Bojnourd Branch, Bojnourd, Iran
E-mail: Fnaghinasab@gmail.com

(*Received Jan 2015; Published March 2015*)

ABSTRACT

Identity is a component of personality that can help people to use proper coping strategies through crisis circumstances. The purpose of present study was to predict anxiety and depression prevalence according to identity statuses among public library's employees of Golestan Province. This descriptive and correlational study was performed in 96 public library's employees in Golestan Province during 2014.Objective Measure of Ego Identity Status(OMEIS) and Depression Anxiety Stress Scale(DASS) were used as measurement instruments. Data analysis was performed using SPSS software, Multivariate Regression by stepwise method and Pierson correlation. Study on identity statuses and anxiety showed elevated anxiety scores for those in the foreclosure and diffusion identity statuses and elevated depression scores among those in the moratorium and diffusion Identity statuses. Findings indicate that prevalence of depression are predictable according to moratorium and diffusion identity statuses and anxiety prevalence are predictable according to foreclosure and diffusion identity statuses.

Keywords: Identity status, Anxiety, Depression

DOI:10.14331/ijfpss.2015.330047

INTRODUCTION

Increasing awareness of the issue of depression and anxiety in mental health has caused a tremendous amount of research devoted to this subject. Social scientists (Jackson & Mustillo, 2001; Martire, Stephens, & Townsend, 2000) as well as a number of scholars in the field of behavioral sciences (Marcia, 1966; Marcussen, Ritter, & Safron, 2004) found the relationship between identity and psychological pressures in the different studied populations, High levels of anxiety can lead to dysfunction in the Performance (Akse, Hale, Engels, Raaijmakers, & Meeus, 2007; Robins, John, Caspi, Moffitt, & Stouthamer-Loeber, 1996; van Aken & Semon Dubas, 2004). Previous studies showed that anxiety could affect adult decision-making process (Marcia, 1967). Individual Consequences of anxiety covers a wide range and cases such as severe and long term lack of pleasure, depression (Ge, Conger, & Elder Jr, 2001; McGuire, Kiecolt-Glaser, & Glaser, 2002), physical and mental disorders (Cohen & Hamrick, 2003; Miller et al., 2004) and undesirable responses such as drug use, overeating and distort reality (Parry et al., 1997). Depression is a common psychiatric disorders and as chronic and recurrent leads to individual performance failure, Academic and Careers. Lifetime prevalence of this disorder is 15% and in women Reached to 25%. In addition to clinical depression, each individual experiences degree of depression

Copyright © 2015 *Fund Jour*

such as feelings of sadness, worthlessness, helplessness, loneliness in daily life (Sadock, Kaplan, & Sadock, 2007). People who are exposed to more stress are vulnerable than to depressive symptoms (Jung, Hecht, & Wadsworth, 2007). In the normal course of development, one should be able to address major challenges in connection with Marriage, family relationships, Financial Affairs, mental and physical health, fun, housing and relocation, because all these factors are causing anxiety in life. Usually individual problems with mood disorders (such as anxiety or depression caused by life Damages) or dysfunctional coping behaviours (eg, avoidance of responsibility for overcoming stress) are associated that hinder performance and progress (Hoare, McIlveen, & Hamilton, 2012). Research has shown that many factors play a role in the incidence of depression and anxiety, and interaction of several different factors can provide the conditions that person experience depression and anxiety during his life. Hence, it is necessary processes, mechanisms and risk factors assessed at the same time, until achieve a complete understanding of the etiology and predisposing factors (Etemadniya, 2010). One of the factors that may be associated with depression and anxiety, is identity status. Identity as a stable and coherent sense of what I am and supposed to be is define (Biyabangard, 1997). Identity is a psychological and social structure that differentiated one from the others (Glasser & Meagher, 1998).

According to Erikson's theory, identity versus confusion is a sign of a healthy personality of the individual. Erikson has conceptualized Sense of having identity as: dynamic and self-organization of interests, abilities, beliefs and personal history as a self-consistent and independent that is leading path to growing One's life (Yoder, 2000). Identity is a key instrument that through it a person finds meaning and purpose. Identity addresses how individual choices, meet his expectations of social and cultural environment (Rudman & Dennhardt, 2008). Changes in living conditions or health can lead to a crisis in identity. Achieving a stable identity is not only creates a Personal feelings and integrity But also provides the opportunity for future development and balance and harmony in life (Erikson, 1963). Marcia by using Erikson theoretical model for identity formation, Proposed four Identity status of achievement, foreclosure, moratorium and diffusion. Identity achievement describes those that after the period of investigation and study about the roles, values and personal beliefs and ideology achieved some commitments. Identity foreclosure is a period of experience and study in which a person tested different roles but did not make any sustainable Pledge and commitment. Identity moratorium, due to untimely Prevention and premature identity development is determined. Which is essentially based on the identification of early childhood or based on opinion of important people in life and regardless of your ability, is done. Diffusion Identity, characterized by a lack of research and commitment, and the person may become restless and aimless and goes to a person with severe mental disorders (Marcia, 1966; Sandhu & Tung, 2006).

According to Adams View, the common functions of different aspects of identity are; 1-To provide a mental structure by which individual have a feeling of who is it.

2- Through commitment, values and goals give individual life meaning and direction. 3-Provide Sense of personal control and free will. 4-Try to create stability, continuity and consistency between values and commitments. 5-Through sense perception of the future possibility and possible options, create Power to detect potential capacity (Adams, Bennion, & Huh, 1989). Academic records and performed research in the field of mental health and Identity Status show that people who have a clear vision and beliefs about their Identity, in life for themselves choose certain objectives and have meaning for their life (J. Bahadoori Khosroshahi, Babapourkheyroodin, J. , 2011). Also, there is a significant relationship between the overall performance of family and diffusion, foreclosure and moratorium (Farzaneh khoo, 2009). In a study conducted on students, findings show that students with achievement style compared with students with diffusion, On the basis of academic autonomy, unselfish, life skills, respect and tolerance people different from them, create intimate relationships, emotional independence and confidence have a higher score. Students with achievement identity style compared to students with diffusion identity styles, in the scale of educational goals, realistic, long-term goals for life, goals and lasting relationships with their peers indicate higher scores. From the five elements of social health (integrity, acceptance, cooperation, prosperity and adaptation) social acceptance with all three identity styles (informational, normative and avoidance) can predict students avoidance of seeking help (Ganji, 2012). Happiness with identity styles have a positive and significant relationship and with avoidance identity style has a negative and significant relationship (J. Bahadoori Khosroshahi, Mahmoud alilou, M., 2012). According to the conducted research and the prevalence and incidence of depression and anxiety at different ages, and the disastrous consequences that imposed by this disease on society and the individual. Assessment and diagnosis of predisposing factors can be an effective step in preventing this important. So the fundamental question is whether the identity is predictor of depression and anxiety?

METHOD

The method of descriptive research is correlation type. The research Statistical population consisted of all those working in public libraries in the Golestan province in 2014 (N=106). 96 of them completed the questionnaire that this number, according to Morgan table (86) is sufficient for the intended research.

MEASURING TOOLS

1-Objective Measure of Ego Identity Status (OMEIS) This questionnaire consists of 64 items and 4 subscales that include: 1-Diffusion, 2-Foreclosure, 3-Moratorium and 4-Achievement. Each subscale consists of 16 questions. This test is scored based on a Likert scale. This questionnaire was validated on the Iranian students (Makvand Hosseini, 2007) and its reliability through Cronbach's alpha for each of the diffusion, moratorium, foreclosure and achievement conditions at the ideological level, respectively, 0.62, 0.75,

Copyright © 2015 ***Fund Jour***

0.75 and 0.62 and in the level of interpersonal relationships 0.58, 0.64, 0.80 and 0.65 is estimated. Through Cronbach's alpha reliability coefficients 0.75, 0.69, 0.73 and 0.68 for the achievement, foreclosure, moratorium and diffusion is obtained (Shokrkon, 2001). Adams et al. (1989) reported the amount of convergent validity of this questionnaire from 0.32 to 0.92 and the amount of divergent validity from 0.27 to 0.79.

2-Depression Anxiety Stress Scale (DASS)

This questionnaire consists of 42 questions that measures 3 scales of depression, anxiety and stress. Each subscale consists of 14 question. This test is scored based on a Likert scale that the final score for each scale through the total scores of related questions is obtained. Then by referring to related table can determine the severity of the Symptoms (Lovibond & Lovibond, 1995). Reliability and validity of this questionnaire was studied in Iran (Samani, 2007) that the test-retest reliability for scale of depression, anxiety and stress, respectively 0.80, 0.76 and 0.77 and Cronbach's alpha for this scale are reported equal to 0.81, 0.74 and 0.78 respectively. In study the validity of this scale, statistical method of Factor Analysis of Analytical type and as a main components method was used. In the present study after completing the questionnaire by participants, Scores of people in variables were calculated. The data collected from the questionnaires by SPSS software, And by using descriptive statistics methods, standard deviation, inferential statistics of Pearson Correlation Coefficient, and multiple regression analysis with a stepwise method was analyzed.

RESULTS

To study the depression variables, anxiety, identity status and its components, mean and standard deviation according to case are shown in Table 1.

Table 1. The mean and standard deviation of the studied variables

Variable	Standard deviation	Mean
Depression	6.70	12.23
Anxiety	7.01	10.39
Moratorium Identity	12.74	68.67
Foreclosure Identity	10.83	56.09
Diffusion Identity	12.24	60.07
Achievement Identity	6.57	42.89

Correlation matrix of Identity component and anxiety and depression are presented in Table 2.

Table 2. Correlation matrix of identity Component, anxiety and depression

Variable	Moratorium Identity	Foreclosure Identity	Diffusion Identity	Achievement Identity
Depression	-0.44	-0.044	-0.46	0.001
Anxiety	-0.395	-0.08	-0.04	-0.193

To predict anxiety and depression according to Identity Status the multiple regression in stepwise method was used, that its results are presented in Tables 3 and 4

Table 3. Results of regression model to predict the anxiety based on predictor variables

Predictor Variables	β	B	R^2	R	Sig	F
Moratorium Identity	-0.716	-0.394	0.156	0.395	0.0001	17.6
Diffusion/moratorium Identity	0.456	0.261	0.262	0.511	0.0001	16.6

As indicated in the above table at the first step identify moratorium was entered into the regression that explained15% of anxiety variance. At the second step, identity diffusion was entered into the regression equation and these two variables together explained 26% of anxiety variance.

Table 4. The results of the regression model for the prediction of depression based on Predictor variables

Predictor Variables	β	B	R^2	R	Sig	F
Moratorium Identity	-0.313	-0172	0.216	0.465	0.0001	26.2
diffusion/moratorium Identity	-0.264	-0.164	0.263	0.512	0.017	5.9

As can be seen in the above table to determine the predictability of depression at the first step identity diffusion was entered into the regression that explained 21% of the depression variance. At the second step identify foreclosure was entered into the equation, and these two variables together explained 26% of depression variance .

DISCUSSION

The purpose of this study was to predict the rate of depression and anxiety from the Identity Status of Public Library's Employees of Golestan Province. The findings suggest that symptoms of anxiety based on identity diffusion and moratorium variables and depression syndrome based on identity foreclosure and diffusion variables are predictable. Research literature of Identity Status indicates that adults who have different modes of Identity Status, in terms of Personality characteristics, Psychological problems, health and wellness is also quite distinct from each other (Kroger, 2003). There is also a strong association between anxiety and identity and people with different Identity Status, in terms of levels of anxiety are different from each other (Marcia, 1967; Rotheram-Borus, 1989). How to experienced anxiety influenced by many variables, such as: different valuation methods, coping strategies, Resistance factors and vulnerability (Nemat Tavousi, 2002). Not only sources of stress in people are different (Zamarripa, Wampold, & Gregory, 2003), but also have different ways of coping with stress, (Snyder & Pulvers, 2001). Many studies have been conducted in order to explain the relationship between Identity Status and anxiety (Crocetti, Klimstra, Keijsers, Hale III, & Meeus, 2009; Cuhadaroğlu, 1998; Nurmi, Berzonsky, Tammi, & Kinney, 1997; Rizeanu, 2013; Zoonobiyan, 2012), that this the findings are in line with their results. In this study, Identity Status of diffusion and moratorium Contrary to the findings of Dellas and Jemigan (1990), Rotheram-Borus (1989) with high levels of stress is characterized. In general, there is a significant relationship between Identity Status and anxiety. The result of this study with previous

Copyright © 2015 ***Fund Jour***

research findings on the relationship between Identity Status with depression (Cuhadaroğlu, 1998; Demir, Kaynak-Demir, & Sönmez, 2010; Ghazanfari, 2003; Nurmi et al., 1997) and mental health (Jung & Hecht, 2004; Lam, 2005) is aligned. Identity Status of diffusion mostly with neuroticism, depressive reaction and conduct disorder show a positive relationship (Berzonsky, 2003, 2008). Identity Styles by identity commitment have indirect relationship with depression, anxiety and stress (Rahimi Nejad, 2012). As Research texts indicate, there is a positive relationship between depressive symptoms and identity diffusion in adolescents (Demir et al., 2010). Jung et al. (2007) found that dimensions of identity predicts the depressive symptoms in Korean immigrants. Acculturation and understanding the differences not only predicts depressive symptoms through the dimensions of identity (Noh & Kaspar, 2003). But directly has an effect on depression (Buddington, 2002; Oh, Koeske, & Sales, 2002). These studies suggest that high levels of acculturation that is affected by identity dimensions, leading to a reduction in the risk of depression. Individuals to proportion of the probe that have based on the style of their identity, find a higher commitment to their goals and values, as well as have a less confusion and lack of commitment, and have more mental health (Rahimi Nejad, 2012). In addition, achievement identity status have a negative relationship with depression, anxiety, dysfunction in social performance and somatic symptoms (Ghazanfari, 2003). Less firm commitments in people with the diffusion identity, puts them in a vulnerable position (Rahimi Nejad, 2012). Nurmi et al. (1997) in study the relationship between identity status and cognitive and behavioural strategies of mental health conclude that dysfunctional cognitive strategies, expecting failure and improper methods to deal with assignments had positive correlations with low self-esteem, self-image and depression syndrome. The results showed cognition and behaviour that people apply in different identity status, are associated with their mental health. People with diffusion identity status, due to the avoidance to face with assignments involved with more depression and mental problems, and compared to other status of identity have a less academic achievement (Abdi Zarrin, 2009). People who are dealing with issues make consciously decision, have an emotional autonomy and high level of self-maintenance and commitment, as well as by their personal values introduce themselves (Berzonsky & Ferrari, 2009). These people have a high level of interpersonal relationships network and intimacy (Berzonsky, Cieciuch, Duriez, & Soenens, 2011; Berzonsky & Kuk, 2005) and religious beliefs (Duriez, Soenens, & Beyers, 2004) and if they become depress, existence of social support and establishing intimate relationships and existence of spiritual beliefs will help them (Fabricatore, Handal, Rubio, & Gilner, 2004; Graham, Furr, Flowers, & Burke, 2001). Based on the findings of this study that indicates symptoms of anxiety and depression through modes of identity is predictable, the importance of identity role and the process of its formation in human life, especially in the field of mental health takes more consideration.

ACKNOWLEDGMENTS

We thanks and gratitude the officials and public library's employees of Golestan Province, Who helped us in this study.

REFERENCES

Abdi Zarrin, S., Agha Yousefi, A., Ghaeede Amini, G., Mohammadi, E., Kahali, A. (2009). The relationship between Identity styles, mental health of puberty times, depression and academic achievement in Qom high school male students. *Journal of Educational Research, .21*, 7-13.

Adams, G. R., Bennion, L., & Huh, K. (1989). *Objective measure of ego-identity status: A reference manual*: Department of Family Studies, University of Guelph Guelph, Ontario.

Akse, J., Hale, W. W., Engels, R. C., Raaijmakers, Q. A., & Meeus, W. H. (2007). Stability and change in personality type membership and anxiety in adolescence. *Journal of Adolescence*, *30*(5), 813-834.

Bahadoori Khosroshahi, J., Babapourkheyroodin, J. . (2011). The relationship between identity styles and perfectionism with happiness feeling in students. *Journal of Psychology*, 61: 50-36.

Bahadoori Khosroshahi, J., Mahmoud alilou, M.. (2012). The Relationship between identity styles with the meaning of life in students. *Journal of Psychological Studies*, *8*(2), 38-47.

Berzonsky, M. D. (2003). Identity style and well-being: Does commitment matter? *Identity: An International Journal of Theory and Research*, *3*(2), 131-142.

Berzonsky, M. D. (2008). Identity formation: The role of identity processing style and cognitive processes. *Personality and Individual Differences*, *44*(3), 645-655.

Berzonsky, M. D., Cieciuch, J., Duriez, B., & Soenens, B. (2011). The how and what of identity formation: Associations between identity styles and value orientations. *Personality and Individual Differences*, *50*(2), 295-299.

Berzonsky, M. D., & Ferrari, J. R. (2009). A diffuse-avoidant identity processing style: Strategic avoidance or self-confusion? *Identity: An International Journal of Theory and Research*, *9*(2), 145-158.

Berzonsky, M. D., & Kuk, L. S. (2005). Identity style, psychosocial maturity, and academic performance. *Personality and Individual Differences*, *39*(1), 235-247.

Biyabangard, E. (1997). Psychology of Adolescence. *3th ed, Tehran, Islamic Culture Publishing Office, 312-318.*

Buddington, S. A. (2002). Acculturation, psychological adjustment (stress, depression, self esteem) and the academic achievement of Jamaican immigrant college students. *International Social Work*.

Cohen, S., & Hamrick, N. (2003). Stable individual differences in physiological response to stressors: implications for stress-elicited changes in immune related health. *Brain, behavior, and immunity*, *17*(6), 407-414.

Copyright © 2015 *Fund Jour*

Crocetti, E., Klimstra, T., Keijsers, L., Hale III, W. W., & Meeus, W. (2009). Anxiety trajectories and identity development in adolescence: A five-wave longitudinal study. *Journal of Youth and Adolescence, 38*(6), 839-849.

Cuhadaroğlu, F. (1998). Identity confusion and depression in groups of adolescents having psychiatric and physical symptoms. *The Turkish journal of pediatrics, 41*(1), 73-79.

Dellas, M., & Jemigan, L. P. (1990). Affective personality characteristics associated with undergraduate ego identity formation. *Journal of Adolescent Research, 5*(3), 306-324.

Demir, B., Kaynak-Demir, H., & Sönmez, E. I. (2010). Sense of identity and depression in adolescents. *The Turkish journal of pediatrics, 52*, 68-72.

Duriez, B., Soenens, B., & Beyers, W. (2004). Personality, identity styles, and religiosity: An integrative study among late adolescents in Flanders (Belgium). *Journal of personality, 72*(5), 877-910.

Erikson, E. H. (1963). Childhood and society. 1950. *Dt. Übers.: Kindheit und Gesellschaft. Stuttgart: Klett, 61976*.

Etemadniya, M. (2010). Explore mediating role of emotion regulation and anger rumination on the relationship between anger and major depression, Master's thesis, unpublished, Faculty of Psychology and Educational Sciences. *Tehran University*.

Fabricatore, A. N., Handal, P. J., Rubio, D. M., & Gilner, F. H. (2004). RESEARCH: Stress, Religion, and Mental Health: Religious Coping in Mediating and Moderating Roles. *The international journal for the psychology of religion, 14*(2), 91-108.

Farzaneh khoo, M., Yar mohammadian, A., Molavi H.. (2009). The family overall performance impact on identity Situation of students. *Journal of Behavioral Sciences*, 8: 142-135.

Ganji, K., Navabakhsh, M., Zabihi, R.. (2012). The relationship between identity styles and social health with help-seeking behavior in pre-university students in mathematics. *Journal of Educational Psychology* , 22:124-195.

Ge, X., Conger, R. D., & Elder Jr, G. H. (2001). Pubertal transition, stressful life events, and the emergence of gender differences in adolescent depressive symptoms. *Developmental psychology, 37*(3), 404.

Ghazanfari, A. (2003). *Study the Effect of identity and coping strategies on mental health of pre university students of Isfahan.* Allameh Tabatabai University.

Glasser, W., & Meagher, J. (1998). *Choice theory: A new psychology of personal freedom*: HarperCollinsPublishers.

Graham, S., Furr, S., Flowers, C., & Burke, M. T. (2001). Research and theory religion and spirituality in coping with stress. *Counseling and Values, 46*(1), 2-13.

Hoare, P. N., McIlveen, P., & Hamilton, N. (2012). Acceptance and commitment therapy (ACT) as a career counselling strategy. *International Journal for Educational and Vocational Guidance, 12*(3), 171-187.

Jackson, P. B., & Mustillo, S. (2001). I am woman: The impact of social identities on African American women's mental health. *Women & Health, 32*(4), 33-59.

Jung, E., & Hecht, M. L. (2004). Elaborating the communication theory of identity: Identity gaps and communication outcomes. *Communication Quarterly, 52*(3), 265-283.

Jung, E., Hecht, M. L., & Wadsworth, B. C. (2007). The role of identity in international students' psychological well-being in the United States: A model of depression level, identity gaps, discrimination, and acculturation. *International Journal of Intercultural Relations, 31*(5), 605-624.

Kroger, J. (2003). Identity development during adolescence. *Blackwell handbook of adolescence, 4*, 204-226.

Lam, B. T. (2005). Self-construal and depression among Vietnamese-American adolescents. *International Journal of Intercultural Relations, 29*(2), 239-250.

Lovibond, P. F., & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behaviour research and therapy, 33*(3), 335-343.

Makvand Hosseini, s. h. (2007). The Relationship between Identification and adolescent mental health. *Journal of psychology, 2*, 84-167.

Marcia, J. E. (1966). Development and validation of ego-identity status. *Journal of personality and social psychology, 3*(5), 551.

Marcia, J. E. (1967). Ego identity status: relationship to change in self-esteem,"general maladjustment," and authoritarianism1. *Journal of personality, 35*(1), 118-133.

Marcussen, K., Ritter, C., & Safron, D. J. (2004). The role of identity salience and commitment in the stress process. *Sociological Perspectives, 47*(3), 289-312.

Martire, L. M., Stephens, M. A. P., & Townsend, A. L. (2000). Centrality of women's multiple roles: beneficial and detrimental consequences for psychological well-being. *Psychology and aging, 15*(1), 148.

McGuire, L., Kiecolt-Glaser, J. K., & Glaser, R. (2002). Depressive symptoms and lymphocyte proliferation in older adults. *Journal of Abnormal Psychology, 111*(1), 192.

Miller, G. E., Cohen, S., Pressman, S., Barkin, A., Rabin, B. S., & Treanor, J. J. (2004). Psychological stress and antibody response to influenza vaccination: when is the critical period for stress, and how does it get inside the body? *Psychosomatic medicine, 66*(2), 215-223.

Nemat Tavousi, M. (2002). The relationship between self-esteem and stress of daily life. *Journal of Psychological Science, 2*, 183-166.

Noh, S., & Kaspar, V. (2003). Perceived discrimination and depression: Moderating effects of coping, acculturation, and ethnic support. *American Journal of Public Health, 93*(2), 232-238.

Nurmi, J.-E., Berzonsky, M. D., Tammi, K., & Kinney, A. (1997). Identity processing orientation, cognitive and behavioural strategies and well-being. *International Journal of Behavioral Development, 21*(3), 555-570.

Oh, Y., Koeske, G. F., & Sales, E. (2002). Acculturation, stress, and depressive symptoms among Korean immigrants in the United States. *The Journal of social psychology, 142*(4), 511-526.

Parry, H., Cohen, S., Schlarb, J. E., Tyrrell, D. A., Fisher, A., Russell, M. A., & Jarvis, M. J. (1997). Smoking, alcohol

Copyright © 2015 ***Fund Jour***

consumption, and leukocyte counts. *American journal of clinical pathology*, *107*(1), 64-67.

Rahimi Nejad, A., Borjali Loo, S., Yazdani Varzaneh, M. J., Farahani, H., Amani. (2012). The effect of identity styles on students depression, anxiety and stress: the mediating role of identity commitment. *the journal of Psychological methods and models*, *1*(2), 9-16.

Rizeanu, S. (2013). Pathological Gambling in Relation to Anxiety and Identity Status. *Procedia-Social and Behavioral Sciences*, *78*, 748-752.

Robins, R. W., John, O. P., Caspi, A., Moffitt, T. E., & Stouthamer-Loeber, M. (1996). Resilient, overcontrolled, and undercontrolled boys: three replicable personality types. *Journal of personality and social psychology*, *70*(1), 157.

Rotheram-Borus, M. J. (1989). Ethnic differences in adolescents' identity status and associated behavior problems. *Journal of Adolescence*, *12*(4), 361-374.

Rudman, D. L., & Dennhardt, S. (2008). Shaping knowledge regarding occupation: Examining the cultural underpinnings of the evolving concept of occupational identity. *Australian Occupational Therapy Journal*, *55*(3), 153-162.

Sadock, B., Kaplan, H., & Sadock, V. (2007). Mood disorder. *Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry, 10th Edition. Philadelphia: Wolter Kluwer/Lippincott Williams & Wilkins*, 527-528.

Samani, S., Jookar, B.. (2007). Study the Validity and reliability of the short form of depression, anxiety and stress scale. *Journal of Humanities and Social Sciences. Shiraz University*, *26*(3), 76-65.

Sandhu, D., & Tung, S. (2006). Role of emotional autonomy and family environment in identity formation of adolescents. *Pakistan Journal of Psychological Research*, *21*(1-2).

Shokrkon, H., Omidian, M., Najarian, B.,Haghighi, J.. (2001). Comparison and study the different types of identity in religious dimensions and interpersonal relationships in male and female students of Shahid Chamran University of Ahvaz. *Journal of Educational Sciences and Psychology*, *8*(1-2), 73-79.

Snyder, C., & Pulvers, K. M. (2001). Dr. Seuss, the coping machine, and "Oh, the places you'll go". *Coping with Stress: Effective People and Processes: Effective People and Processes*, 1.

van Aken, M. A., & Semon Dubas, J. (2004). Personality type, social relationships, and problem behaviour in adolescence. *European Journal of Developmental Psychology*, *1*(4), 331-348.

Yoder, A. E. (2000). Barriers to ego identity status formation: A contextual qualification of Marcia's identity status paradigm. *Journal of Adolescence*, *23*(1), 95-106.

Zamarripa, M. X., Wampold, B. E., & Gregory, E. (2003). Male gender role conflict, depression, and anxiety: Clarification and generalizability to women. *Journal of Counseling Psychology*, *50*(3), 333.

Zoonobiyan, M. (2012). The relationship of identity with academic achievement. *Journal of School Counselor Development*, *29*, 17-17.

Copyright © 2015 ***Fund Jour***