



ORIGINAL ARTICLE

Evaluation of the Relationship between Coping Strategies and Stress after Trauma in Parents of Children with Cancer in the City of Tehran in 2014

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ABSTRACT

The purpose of this study was to evaluate the relationship between coping strategies (with two general indices of emotion focused and problem-focused and 8 subindices of self controlling, confrontive coping, planful problem solving, positive reappraisal, seeking social support, distancing, escape-avoidance and accepting responsibility) and stress after trauma in parents who have children with cancer. The study method was correlational research. Study population included parents of children with cancer from the city of Tehran in 2014. Sampling was performed via availability of participants and included 232 parents of children with cancer. Instruments used were the Lazarus and Folkman (1980) Coping Strategies Questionnaire and the PCL-C checklist. The data obtained was analyzed with the Pearson correlation test. Univariate regression analysis and stepwise multivariate regression was used to evaluate the contribution of coping strategies in predicting the variance of the variable of stress. Results showed that there is a negative and significant correlation between coping strategies and stress after trauma and coping strategies account for 17% of the sample variable variance. As a result, it is suggested that educational sessions for use of adaptive coping strategies be held for parents of children with cancer.

Keywords: Coping Strategies, Post Traumatic Stress, Parents of Children with Cancer

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INTRODUCTION

Cancer and suffering from it are among the bitterest human experiences. Cancer is a disease where a group of body cells overgrow without control and destroy healthy body tissues.

Despite significant progress in medicine, cancer continues to be one of the most important diseases of the current century and the second leading cause of morbidity and mortality after cardiovascular diseases. Currently, more than 7 million individuals in the world die from cancer and it is predicted that the number of serious affliction with cancer will increase from 10 million to 15 million people yearly until the year 2020

Among them, children are also included. Cancer not only involves adults, but also children. Every year, a large number of children across the world develop cancer and it exerts tremendous psychological pressure on the individual and families. There are rare families who have cancer patients and do not suffer from misery. Parents whose children get diagnosed with cancer, due to its high mortality, are faced with extreme treatment costs and long hospitalizations of their children and the heavy socio-economic burden creates difficulty for them in keeping their social role, appropriate future prospects and ability to return to work. The high stress level has negative influence on family and marital functioning and leads to fall in quality of life (Tonali 2005). Many parents, at the time of their child's diagnosis, become shocked and symptomatic and thought of the hurtful experience of watching their child's physical and emotional wasting leads them to post traumatic stress disorder [1].

Post traumatic stress disorder occurs when an individual experiences an emotional stress with an impact that is damaging to anyone. In other words, the individual has experienced or faced event or events that are considered truly dangerous or a threat to life or serious injury and responds with extreme fear, helplessness or fright [2] The American Psychological Association has reported the prevalence of post traumatic stress disorder in communities from 1-14 percent in 1994 [3] Yet, in patients at risk who had experienced the traumatic event, the prevalence of this disorder across the lifespan is 5-75% [4].

The kind of reaction of parents towards the stress is very important. A person's reaction in face of a stressful situation is determined by the method he or she evaluates the situation and the amount of the individual's perceived ability for confronting the situation. In fact, if the necessary preparation for facing these difficulties is not present, stress reduces psychological and physical strengths, by affecting thoughts, emotions and motivations on the one hand and physiologic parameters on the other, and decreases bodily and mental resistance.

The meaning of "coping" is the use of various methods. These ways include adaptive (useful) or maladaptive (unuseful) methods used by the individual for coping with a threat to create mental equilibrium in him or herself. Positive coping strategies can predict and facilitate the family's coping. Yet, using inappropriate strategies in facing stressful factors can increase difficulties. Using appropriate coping strategies can lead to positive solutions [5]. Kobak *et al* [6] in a study evaluated the relationship between personality and coping methods. Results of their study showed that problem-focused coping is negatively correlated with neuroticism and positively correlated with accepting responsibility.

Lazarus [7] is the initiator of confrontive thinking in evaluating coping strategies [8]. Coping strategies are cognitive and behavioral attempts by individuals in division and control over problems which overall includes two kinds, problem solving coping strategy and emotional coping strategy. Problem focused coping strategies include active confrontation, planning, avoiding competitive activities, self-restraint from hasty actions and seeking instrumental support; positive emotion focused coping strategies include emotion based strategies of seeking social support, positive recharging, acceptance, joking and religion and negative emotion focused coping strategies include denial, lack of cognitive involvement with the problem, lack of behavioral involvement with the problem, focus on emotion and venting it out using drugs and alcohol [9 and 10]. Problem focused strategies are more appropriate in situations where something can be done and emotion focused strategies are more appropriate in situations where something has to be accepted [11].

Effective coping strategies decrease the person's reaction to high stress levels (such as stress in parents who have children with cancer) and amend its harmful effects.

Considering that limited research has been performed on stress in parents of children with cancer, the results of this study can guide the attention of mental health professionals towards support and creation of programs of understanding and research and attract health planners and encourage them in teaching particular coping strategies in support of parents of children with cancer.

Overall Goals:

1-Determining the relationship between coping strategies and stress after trauma in parents of children with cancer.

2-Evaluation of predicting effect of the coping strategy variable as the independent variable in predicting stress after trauma as the dependent variable.

Study Hypotheses

1-There is a significant correlation between self controlling and stress level after trauma in parents of children with cancer.

2-There is a significant correlation between confrontive coping and stress level after trauma in parents of children with cancer.

3-There is a significant correlation between planful problem solving and stress level after trauma in parents of children with cancer.

4-There is a significant correlation between positive reappraisal and stress level after trauma in parents of children with cancer.

5-There is a significant correlation between seeking social support and stress level after trauma in parents of children with cancer.

6-There is a significant correlation between distancing and stress level after trauma in parents of children with cancer.

7-There is a significant correlation between escape-avoidance and stress level after trauma in parents of children with cancer.

8-There is a significant correlation between accepting responsibility and stress level after trauma in parents of children with cancer.

9-There is a significant correlation between use of problem focused coping strategies and stress level after trauma in parents of children with cancer.

10-There is a significant correlation between use of emotion focused coping strategies and stress level after trauma in parents of children with cancer.

Method:

This study is applied research and the method used is correlational.

Study Population, Sample Size and Selection:

Study population includes all parents of children with cancer in the city of Tehran in 2014. Due to the special situation of the families, study sample was selected using available sampling and sample size was 232 children with cancer.

MATERIALS AND METHODS

1-The Lazarus Coping Strategies Questionnaire

This questionnaire has 66 items that has been prepared based on a coping strategies checklist [8] by [12] and evaluates a wide range of thoughts and behaviors individuals use when faced with an internal or external stressful situation. This questionnaire has 8 sub indices: self controlling, confrontive coping, planful problem solving, positive reappraisal, seeking social support, distancing, escape-avoidance and accepting responsibility. The questionnaire is divided into two indices of problem focused and emotion focused coping strategies.

The psychometry of the questionnaire has been evaluated in a sample of 750 middle aged couples. The Cronbach's alpha coefficient for the sub indices has been reported as follows: self controlling 70 percent, planful problem solving 67 percent, positive reappraisal 79 percent, seeking social support 76 percent, escape-avoidance 72 percent and accepting responsibility 66 percent and these values show acceptable reliability for the test. In a study by Vahedi with participation of 763 girl and boy students in second and third years of public high school in the city of Tehran, the reliability of the coping strategies questionnaire using the internal consistency method was 80 percent.

Post Traumatic Stress Disorder Checklist (PCL-C)

The PTSD checklist is self-reporting used for evaluation of disorder and screening of patients from normal individuals and other patients. This checklist has been prepared by based on DSM-IV criteria and includes 17 items, 5 of which are related to signs of reexperiencing the trauma, 7 are related to signs of numbness and avoidance, 5 are related to signs of hyper arousal. This checklist has 3 variants as follows:

1.Military variant PCL-M in relation to stressful trauma in war.

2.Regular or non-military variant PCL-C in relation with non-war or regular stressful events (general from the past).

3.Specific variant PCL-S in relation with occurrence of problems related to a specific stressful situation.

In the PCL questionnaire, items 1-5 evaluate reexperiencing of the trauma; items 6-12 evaluate numbness and avoidance and items 13-17 evaluate hyper arousal. Each item is scored from 1-5.

Reliability and validity of the checklist has been evaluated in Iran by Goudarzi [13] and the Cronbach's alpha coefficient of 93 percent shows appropriateness. Additionally, the reliability coefficient of the checklist has been shown to be 87% which is appropriate. Correlation with the Life-Events Checklist has been shown with a coefficient of ($r=0.37$, $n=117$, $P=0.0001$) which shows concurrent validity.

In this study, the Cronbach's alpha coefficient obtained was 76 percent.

RESULTS

The main study hypothesis was: there is significant correlation between coping strategies and stress level after trauma in parents of children with cancer. To test this hypothesis the Pearson correlation coefficient was used and the results are shown below.

Table 1: Results of the Pearson Correlation Test between Coping Strategies and Stress Level

Variable	Standard Deviation	Mean	Correlation Coefficient	Number	Significance Level
Stress	9.19	47.88	-0.41	232	0.001
Coping Strategies	12.28	68.68			

As shown in Table 1, there is a negative and significant correlation between use of coping strategies and stress level after trauma, with a confidence level of 99%; such that increased use of coping strategies leads to decreased stress and the reverse.

[$r(232)=-0.41$, $p<0.001$]

To evaluate the predictive contribution of the coping strategies variable as the independent variable in predicting stress after trauma as dependent variable univariate statistical analysis was used.

Table 2: Results of Step by Step Regression Analysis of Stress based on the Predicting Variable Coping Strategies

Model	R	R2	Adjusted Coefficient of Determination	Standard Error	F changes	Df1	Df2	Significance Level
1	0.41	0.17	0.17	8.37	47.59	1	231	0.001

Based on the step by step regression analysis, it can be said that after one step, the predictor variable coping strategies, explains 17% of the variance of the variable stress in the sample group.

[R=0.41 ,R=0.17 ,F(1,231)=47.59 , P,0.001]

Table 3: Results of Analysis of Variance of Stress based on the Predicting Variable Coping Strategies

Model	Sources of Variance	Sum of Squares	Df	Mean Square	F	Significance Level
1	Regression	3366.95	1	3366.95	47.95	0.001
	Remainder	16149.67	230	70.21		
	Total	19516.62	231			

Analysis of variance shows that the stress regression predicting model based on coping strategies is meaningful in the first step.

[F(1,232)=47.95 , P<0.001]

Table 4: Regression Coefficients for the Meaningful Predicting Variable

Step	Variable	Nonstandard Coefficients		Standard Coefficients	T	Significance Level
		Beta	Standard Error	Beta		
1	fixed Amount	69.21	3.13	-----	22.11	0.001
	Coping Strategy	-0.31	0.04	-0.41	-6.92	0.001

Based on the results of regression analysis in Table 4, it can be concluded that after one step, coping strategies have had meaningful predicting effect on stress.

[B=0.-41 , T=-6.92 , P<0.001]

Based on the Beta results obtained also, for one unit change in the standard error of coping strategies, there is a change equivalent to 0.41 in the standard error of the dependent variable of stress. The linear equation for the regression is as follows.

Stress Score=-041×Coping Strategy

Table 5: Correlation between Sub indices of Coping Strategies and Stress

Index Variable	Mean	Standard Deviation	Correlation with Stress	Significance Level
Self Controlling	9.37	2.93	-0.61	0.001
Positive Reappraisal	11.37	1.96	-0.41	0.001
Planful Problem Solving	6.24	1.59	-0.51	0.001
Seeking Social Support	12.77	3.03	-0.28	0.001
Escape-Avoidance	6.46	1.39	0.64	0.05
Accepting Responsibility	4.58	1.45	0.10	0.50
Confrontive Coping	5.72	2.21	-0.16	0.05
Distancing	6.98	3.47	-0.41	0.001

Number=232

1-There is meaningful correlation between self controlling and stress level after trauma in parents of children with cancer.

As shown in Table 5, negative and meaningful correlation exists between self controlling and stress level after trauma with a confidence level of 99%; such that with increased self control, stress level decreases and the reverse.

[r(232)=-0.51, p<0.001]

2-There is meaningful correlation between confrontive coping and stress level after trauma in parents of children with cancer.

1-There is meaningful correlation between self controlling and stress level after trauma in parents of children with cancer.

As shown in Table 5, negative and meaningful correlation exists between self controlling and stress level after trauma with a confidence level of 99%; such that with increased self control, stress level decreases and the reverse.

[r(232)=-0.51, p<0.001]

2-There is meaningful correlation between confrontive coping and stress level after trauma in parents of children with cancer.

As shown in Table 5, negative and meaningful correlation exists between confrontive coping and stress level after trauma with a confidence level of 95%; such that with increased confrontive coping, stress level decreases and the reverse.

[r(232)=-0.16, p<0.05]

3-There is meaningful correlation between planful problem solving and stress level after trauma in parents of children with cancer.

As shown in Table 5, negative and meaningful correlation exists between planful problem solving and stress level after trauma with a confidence level of 99%; such that with increased planful problem solving, stress level decreases and the reverse.

[r(232)=-0.16, p<0.001]

4-There is meaningful correlation between positive reappraisal and stress level after trauma in parents of children with cancer.

As shown in Table 5, negative and meaningful correlation exists between positive reappraisal and stress level after trauma with a confidence level of 99%; such that with increased positive reappraisal, stress level decreases and the reverse.

[r(232)=-0.41, p<0.001]

5-There is meaningful correlation between seeking social support and stress level after trauma in parents of children with cancer.

As shown in Table 5, negative and meaningful correlation exists between seeking social support and stress level after trauma with a confidence level of 99%; such that with increased seeking of social support, stress level decreases and the reverse.

[r(232)=-0.28, p<0.001]

6-There is meaningful correlation between distancing and stress level after trauma in parents of children with cancer.

As shown in Table 5, negative and meaningful correlation exists between distancing and stress level after trauma with a confidence level of 99%; such that with increased distancing, stress level decreases and the reverse.

[r(232)=-0.41, p<0.001]

7-There is meaningful correlation between escape-avoidance and stress level after trauma in parents of children with cancer.

As shown in Table 5, positive and meaningful correlation exists between escape-avoidance and stress level after trauma with a confidence level of 95%; such that with increased escape-avoidance, stress level also increases.

[r(232)=0.64, p<0.01]

8-There is no meaningful correlation between accepting responsibility and stress level after trauma in parents of children with cancer.

As shown in Table 5, no meaningful correlation exists between accepting responsibility and stress level after trauma and any correlation is by chance or accidental.

[r(232)=-0.10, p>0.01]

Table 6: Correlation between Indices of Coping Strategies and Stress

Variable	Index	Mean	Standard Deviation	Correlation	Significance Level
Self Controlling		34.97	4.78	-0.49	0.01
Positive Reappraisal		28.54	6.75	-0.42	0.01

9-There is meaningful correlation between problems focused coping strategies and stress level after trauma in parents of children with cancer.

As shown in Table 6, negative and meaningful correlation exists between problem focused coping strategies and stress level after trauma with a confidence level of 99%; such that with increased problem focused coping strategies, stress level decreases and the reverse.

10-There is meaningful correlation between emotions focused coping strategies and stress level after trauma in parents of children with cancer.

As shown in Table 6, negative and meaningful correlation exists between emotion focused coping strategies and stress level after trauma with a confidence level of 99%; such that with increased emotion focused coping strategies, stress level decreases and the reverse.

DISCUSSION AND CONCLUSION

The present study was performed with the purpose of evaluating the relationship between coping strategies and stress after trauma in parents of children with cancer in the city of Tehran. The results of Table 1 show that negative correlation exists between amount of use of coping strategies and stress after trauma in parents of children with cancer with confidence level of 99% (-0.41). In other words, with increased use of coping strategies, stress level decreases and reverse. The variance obtained was 17%. As a result, it can be concluded that 17% of the variance in the variable of stress is explained by coping strategies.

High negative correlation between coping strategies and stress shows that coping strategies and stress in parents of children with cancer can affect each other.

When there is ability to use coping strategies in families, less stress in the parents can be expected.

The results of this study agree with those obtained in studies by Kleinke [14], Besharat [2], Jafarnejhad [15], Johnson et al [16].

In the study by Rostami, Ahadi and Cheraghali [17], neurosis has negative and meaningful correlation with self-control and the variable neurosis explains 16% of the variance of the variable of self control. Based on the studies by Samadi [18], self control has negative correlation with stress after trauma which agrees with this study.

Results of studies disagree with the present study. Based on their study, nurses in facing work difficulties used self controlling coping strategies more often and had more stress. Maybe the reason is that nurses use self control as their method of coping and wait for the right time for performing actions and this waiting leads to prolonged excitation and increased length of anxiety. Besharat [2] showed in his studies that there is correlation between personality characteristics and coping strategies in stress. These findings agree with the studies by Mousher, Perlow. In their research, the latter showed that self controlling personalities use adaptive mechanisms of coping more often. Additionally Jafarnejhad [15] showed in his studies that a positive and meaningful relationship exists between extroversion and adaptation with coping strategies in stressful situations.

Studies by Johnson [16] showed a meaningful relationship between coping strategies and personality disorders and post traumatic stress disorder.

Kubek et al., [6] in their studies showed that a negative and meaningful correlation exists between coping strategies and neuroticism. Additionally, they showed positive and meaningful correlation between coping strategies and accepting responsibility.

The studies of Powell and Enwright [19] show that long-term use of maladaptive strategies leads to behavioral and psychological disorders. The results of the latter study agrees with the study of Bakhshani [20] which shows that coping strategies are one of the most important psycho-social factors that mediate between stress and illness. The research by Jafarizadeh [15] showed that in addicts to opium, ineffective coping strategies has direct relationship with neurosis. in their study showed that coping strategies are mediators between stress and physical and psychological disorders. Our study also shows high correlation between coping strategies and stress after trauma. It can be concluded that coping includes activities and behaviors used for stress management or decrease. The more appropriate the behaviors and methods used in confronting stress are, the more its level and harms decrease. considers coping skills as one of 8 elements effective in individual growth and health which have important role in interpretation of events and happy living.

Results obtained by Afshari [21] disagree with our study. Based on the first study, significant correlation does not exist between coping strategies and work stress in nurses in public hospitals.

Additionally, studies by Afshari show that coping strategies in mothers of children with mental retardation are less useful and more focused on emotion.

Results of the following studies disagree with our research.

The results of the study by Krantz and McCenejm [22] shows that patients with systemic cancer significantly use emotion focused strategies, particularly avoidant and emotion restraining methods, more than problem focused strategies. The data shows that emotion focused strategies are more appropriate in situations that something needs to be accepted [11].

As a result, to interpret results in parents of children with cancer, the kind of cancer and remission or recurrence of illness needs to be considered.

The results of step by step regression analysis of effectiveness of coping strategies on predicting stress after trauma, based on Tables 2, 3, and 4, showed that after one step, the coping strategies variable has predicting power on the stress variable and explains 17% of the variance of the stress variable in parents of children with cancer. Effectiveness of coping strategies and their components, teaching parents and informing them and attention to post traumatic stress disorder can lead to more appropriate multifaceted care of the patient and family. By combining treatment approaches, we may be able to help parents cope better with harmful aspects of illness and treatment in their children. Prospective studies show that parents who show highest amounts of hurting during their child's treatment, have more long-term distress. When we help caretakers and parents to pay attention to their mental health, we can be assured that the psychiatric needs of the patients will also be cared for.

Limitations of the Study:

1-Insecurity in participants in the sample group and pressures due to illness in their children decreased cooperation of the parents. Acquiring participant cooperation engaged a lot of the studytime.

2-The large number of items in the questionnaires took time and was beyond toleration by the sample participants. As a result, some questionnaires were partially completed.

3-Lack of control variables for the kind of illness, disease history and its exacerbation, decreases extending the results to study population. Considering the theoretical bases of the study, controlling these variables is necessary.

4-Evaluation of harmful stress while the child is under treatment for cancer is complex, because harmfulness may recur and make it difficult to identify an event individually.

SUGGESTIONS

1-It is recommended that this study be performed in parents of children with various kinds of cancer. Another study that can extend on the results of this study and compare stress coping strategies in patents of children with good and bad prognosis cancer can be useful.

2-Usually study variables are evaluated by questionnaire and quantitative data and next, the quantitative data are changed into qualitative ones. To reach a comprehensive and complete viewpoint, it is recommended that information be collected qualitatively and via interviewing.

3-Considering the interviews that have been performed with parents of children with cancer, holding educational sessions to teach stress control and teaching use of coping strategies are necessary. To help patients and their families, psychological interventions based on harm can be performed. For example, their experience can be considered as harmful and evidence based interventions for long-term healing can be used.

4-Evaluation of coping strategies and stress in parents of children with other diseases.

5-Considering that cancer treatment is harmful and since many of the reactions of patients and their families are considered common place by medical personnel, it is necessary that health care individuals retain their sensitivity towards families and their experiences during these events.

REFERENCES

1. Norberg, lindblad, kristerk. Boman(2005), coping strategies in parents of -
2. Beshart MA. Relationship between personality traits and of coping strategies with stress in sample student of university. Section scientific – research psychology Tabriz university. 2007, 2(7), 30- 54[Persian].
3. Leahy, Robert and Holland,Stephen,J(2000). Treatment plans and Interventions for depression and anxiety disorders the gailford press. P. 181.
4. Saddock B and Saddock B (2003). Summary of Psychiatry (Transl. NosratollahPourafkari) (2nd cover, 2nd Ed.).ShahreAb Publications, 2005.[in Persian]
5. Daipour P (1999). Preliminary evaluation of the Youth Coping Questionnaire in students of the city of Tehran. Thesis MS. Clinical Psychiatry, Tehran Psychiatric Institute.[in Persian]
6. Kubek, J, Pook, M, Tuschen- caffier, B, schil, WB, Krause, W.(2005). Personality coping and sperm count. Journal of personality and individual differences, 37(1), 29-35.
7. Lazarus, R.S., toward better research on stress and coping American psychologist 2000, 55(66): 665-73.
8. Lazarus, R. S., and folkman , s.(1984). Stress, appraisal , and coping.
9. Bavojdand MR, Towhidi A, Rahmati A. The relationship between mental health and general self-efficacy beliefs, coping strategies and locus of control in male Drug abusers. Addiction and health . 2012,3(3-4),23-29.

10. Myaskovsky L, Dew MA, Switzer GE, MC Nulty ML, Dimartini AF, mccurry KR. Quality of life and coping strategies among lung transplant candidates and their family caregivers. *Social science and medicine* (1982).2005, 60(10):21-2-
11. Ghazanfari f, Ghadam PE. The relationship between mental health and coping strategies in citizenship of khoramabad city. *The quarterly journal of fundamentals of mental health.*(2008), 10(37):47-54.
12. Lazarus, R.S.andfolkman, S.(1985). Coping and adaptation , Gilford press.
13. Guodarzi M.A, validity and Reabilty of micicipi posttraumatic stress disorder scales(2003). *Journal of 62 Psychology* (26), 8.
14. kleinke, CH.(1998), coping with life challenge from books /copublishing company. Newyork :usA, 2ed,1324.
15. Jafarnejhad P (2005). Preliminary evaluation of reliability and validity of the short questionnaire for five major personality factors.Thesis MS (not published).Tehran University of Teacher's Education.[in Persian]
16. Johnson , D.M and Sheahan T.C and Chard K.M (2004) "Personality disorders coping strategies and post traumaticstressdisorder in women with histories of child heel sexual abuse" *journal of child sexual abuse vol 12 N:2 P: 19-39.*
17. Rostami A (2012). Comparison of coping strategies in patients with cancer, multiple sclerosis and normal individuals. Thesis MS. Islamic Free University, Rudehen.[in Persian]
18. Samadi S (2010). Relationship between coping strategies and level of symptoms of post traumatic stress disorder in runaway girls in wellness centers.Thesis MS. PayamNour University, Tehran.[in Persian]
19. Powell, J.T. and Enright , J.S.(1991) Anxiety and stress management . published in the usa and Canada by routledge. PP:5-21.
20. Bakhshani N (1999). Improving society focused psychologic wellbeing. *Thought and Behavior Journal*; 5(3): 53.[in Persian]
21. Afshari R (2004). Evaluation of coping strategies and psychiatric well-being in mothers of autistic children.Diss PhD. Tehran University of Wellness Science and Rehabilitation.[in Persian]
22. Krantz Ds, Mccenejmk.(2002)Effects of psychological and social factors on organic disease: A critical assessment of research on systematic cancer . *Ann revpsycheli*, 53:341-369.

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