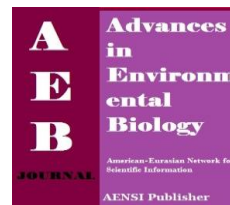




AENSI Journals

Advances in Environmental Biology

ISSN-1995-0756 EISSN-1998-1066

Journal home page: <http://www.aensiweb.com/aeb.html>

The relationship between personality traits (self-differentiation and resilience) and the individual characteristics, family functioning and economic status with mental health among women with diabetes II in Kermanshah

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ARTICLE INFO

Article history:

Received 15 April 2014

Received in revised form 22 May 2014

Accepted 25 May 2014

Available online 15 June 2014

Key words:

Self-differentiation, Resilience, Family functioning, Mental health, Diabetes.

ABSTRACT

Aim: Chronic disease such as diabetes causing compromised mental health of peoples, which requires the identification of affective structures and promoting the mental health. With regard to this issue, this study was conducted with the objective of determining the relationship between personality traits (self-differentiation and resilience) and the individual characteristics, family functioning and economic status with mental health among women with diabetes II in Kermanshah. **Method:** This research has a descriptive correlation design. The research population was composed of all women with diabetes II in Kermanshah that were referred to health services centers for women with diabetes in 2014. Then, a sample size of 325 persons was selected by simple random sampling method. The data collection instruments were family functioning questionnaires, self-differentiation inventory (DSI-R), depression, anxiety, and stress scale (DASS) and Connor and Davidson resilience scale (CD-RISC). The data were analyzed by statistical indicators such as analysis of variance (ANOVA), independent t-test, Pearson correlation, and regression analysis. **Finds:** The results of the analysis of the data showed there is a significant relationship between education, employment, marriage, economic status, and the duration of the disease with mental health; But it was not a significant relationship between age and the mental health. Also, there was a significant negative relationship between family functioning and resilience with the mental health, but it's gotten a significant positive correlation between differentiation and the mental health. The results of the regression analysis showed resilience variables and the emotional support, controlling behavior, emotional intercourse communication, overall performance, emotional getaway, and combine with others subscales can predict the mental health. **Results:** According to the results of the research can be said to promoting of the mental health should be considered the role of psychological family factors and social and economic status.

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To Cite This Article: Alikhani, M., Geravand, S., Rashidi, AR., Janjani, H., Zakiee, A and Janjani, P., The relationship between personality traits (self-differentiation and resilience) and the individual characteristics, family functioning and economic status with mental health among women with diabetes II in Kermanshah. *Adv. Environ. Biol.*, 8(9), 999-1006, 2014

INTRODUCTION

Diabetes is a common disease, and one of the biggest health problems in the worlds countries [1]. So that the World Health Organization has referred to as a silent epidemic. Currently, more than 230 million people have diabetes in worldwide and this number is expected to rise to 300 million by 2025 that he proportion is higher in developing countries [2]. According to statistics announced by the Iranian diabetes association in 2006, there are over 4 million people with diabetes in Iran that each year a percentage is added [3]. With the prevalence of both type 1 and 2 diabetes is on the rise in worldwide but It is expected that with sedentary lifestyle and obesity the prevalence of type 2 diabetes, increase rapidly [4]. Diabetes causes many restrictions such as: coercion in repeated injections of insulin, its financing, having to diet, recurrent infections, the probability of being admitted to hospital frequently [5]. That it has negative effect on the mental state, inter-personal, familial, social relationships, and generally on public health and psychological welfare [6]. And can be associated with physical and somatic and several psychiatric symptoms [7]. Investigations have shown that the prevalence of mental disorders in diabetics is more than in non-diabetic subjects [8]. And this amounts has been reported to 5.41% in newly diagnosed diabetic patients [9]. Comorbidity of diabetes with psychological

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disorders and symptoms has negative effect on incidence of side effects, symptoms exacerbation, reduce the response to therapy and increased mortality in diabetic patients [10]. As regards that mental health plays an important role in the lives of people with diabetes Attempts to identify the effective structures and mental health promotion is more. Among the factors that could be associated with mental health, can point to family functioning, individual characteristics, and economic base.

Family functioning is an important aspect of family environment that affects people physical, social and emotional health. In fact, what is happening within the family and how it function can be a key factor in resilience creation and reduce current and future risks associated with adverse events and conditions [11]. function of family function is associated with members mental health. Psychic trauma basically isn't a intrapersonal problem in a member of family but is an interactive process between family members. The study shows that there is a significant relationship between the poor performance of family and People affected physical symptoms, anxiety, sleep disturbances, depression and social dysfunction [12]. Family as the first base character formation is the main causes of individuals emotional differentiation, or autonomy [13]. In terms of Bouin an emotional system governs family structure that is intergenerational transmission and mental health of an individual depends on his level of segregation and separation of system [14]. The study, which was conducted on the mental health and self-differentiation the results of the study showed that people who have high levels of differentiation had less avoidance and distrust [15], Psychological distress [16,17] dysfunction ,anxiety and depression(18,19,20,21,22). Resiliency is also the character trait that plays a role in mental health. Indeed The resiliency is active and constructive participation of the individual on the environment and we can say that resiliency is a ability to establish life – psychological balance in serious conditions [23]. Many researchers reported negative and significant relationship between resiliency and psychological problems and suggests that these structures can serve as the mediator between mental health and many other variables and by promoting resiliency a person can be resistance and overcome to Stressors and anxiety agents and also the factors that are responsible for creating many of the psychological problems [24, 25, 26, 27, 28, 29]

The results of the study on relationship between mental health and socioeconomic status indicators showed that high socioeconomic status is associated with better health and longer life [30,31] Also, studies show that the incidence of mental illness with low social credit, low income and low education levels are associated [32] Yzazyan and Rajai research (2009) also showed that there are relationship between socio-economic indicators such as employment and income, level of education and health [33] Since nowadays the prevalence of diabetes is increasing, Living with diabetes should also be of interest for researchers. Numerous studies have been published so far suggests that First, the patients and their families require extensive non-drug interventions not only due to a higher prevalence of psychiatric disorders but also to create better cooperation and compliance in the treatment process at various stages, to prevention of late complication of disease and with greater coping with illness, experience the better quality of life. Women due to biological - cultural - social and economic conditions they have more vulnerability against chronic and disability and incurable illness and affected with choronic and incurable illness cause decrease in women's mental health. Therefore, this study sought to answer this question that what is the relationship between traits of personality (self-differentiation and resilience), individual, family and economic status with mental health of women with type 2 diabetes?

MATERIALS AND METHODS

The study was descriptive and correlation. The research sample included all women with type 2 diabetes in Kermanshah that from October 2013 to April 2014 Referral to health care centers provide treatment for patients with diabetes .The age range were 35-65 years and at least 5 years past from duration of diabetes and had no significant history of mental illness, then 325 people were selected in simple randomize method. Since the probability of loss of subjects and distortion of the questionnaire was 350 people were selected and in the end 325 patients data were analyzed. The following questionnaire was used to data collection.

1- Depression, anxiety and stress scale (DASS):

Depression, anxiety and stress scale(DASS)made by Lavybvnd [34], this questionnaire has 21 questions and each question has four options, the option "not at all" zero score, the "low" score of one, the "average"2 scores, and the "high" 3 scores is granted. Of 21 questions, each agent has 7 questions. Anthony and colleagues (1998) factor analyzed the scale the results indicated that three factors (stress, anxiety and depression). The alpha coefficient for this factor, respectively was, 0.97 , 0.92 , 0.95 [35] The questionnaire by Samani, Jokar and Sahragard (2007) examined, the test-retest reliability for depression, anxiety, stress, respectively was, 0.80 , 0.76, 0.77, and alpha coefficient, obtained respectively, 0.81 , 0.74 , 0.78 [36]. In this study, Cronbach's alpha coefficient obtained 79%.

2- Family Functioning Questionnaire:

This questionnaire has 53 items to measure family functioning and according to McMaster theory, has been developed. This questionnaire in 1983 by Epstein, Baldwin and Bishop to describe the organizational characteristics and family structure has been prepared and assessed the family's ability to adopt to their, family duties and by a self-report scale, that is set 5 options form (not at all, low, average, much , very much). This questionnaire has seven subscales that are: Communication, affective involvement, role play, overall performance, problem solving, emotional accompaniment, behavioral control that of the seven subscale scores, the total score FAD obtained. Reliability and validity of family functioning questionnaire prepared by Epstein and his colleagues in 1983 was conducted on a sample of 503 people. The alpha coefficients of between 0.72 to 0.92, indicating high internal consistency. In Iran research by bokharian (2002), noroozi (1998), molataghi(1998), bahari (2000), amini (2000) suggests the validity and reliability of the questionnaire. Bokharian (2002), reported Cronbach's alpha coefficients of the subscales: problem solving, emotional expression, and the total scale in FAD, respectively, 0.93, 0.75, 0.93 (37). In the present study, Cronbach's alpha for the questionnaire .84 obtained.

3- Self differentiation inventory (DSI-R):

The questionnaire was made in 1988 by Skorn and Fraidlender , in 2003 by Skorn and Smith was revised and the final questionnaire was made by Jackson's in 46 item according to Boen theory. These tools focus on the important relationship of life and people ongoing relationships with principle family . The questionnaire items are graded on a Likert scale of 1 to 6, 1 (it is not true in my case) to 6 (very much about me is true). Self differentiation inventory grading is this: Grading in all the questions is in reverse order except 4-7-11-15-19-23-27-31-37-43 questions. The scale consists of four subscales: emotional reactivity, my position, affective de fusion, and Mixing with other. Maximum of real score is 276. Lower scores on this scale is a sign of lower levels of differentiation. Self differentiation inventory conducted in Iran by skiyan (2005) on a sample of 26 first year high school students. Questions with lower correlation with the whole test were removed from the scoring [38] Cronbach's alpha coefficient for this scale reported by Fraidlender and Skorn was 0.88 [39]. In the Jahanbakhshi and Kalantar koshe research (2012) the whole test reliability by Cronbach's alpha method was .69 and For subscales: emotional reactivity, my position, avoiding emotional and affective de fusion with others respectively 0.73, 0.64, 0.61, 0.75 were calculated [40]. In the present study, Cronbach's alpha coefficient for this questionnaire obtained 0.73.

4- Connor and Davidson Resiliency Scale (CD-RISC):

The scale by Connor and Davidson (2003) for measuring the strength to cope with the pressures and threats, is provided. The creators of this scale believe that the questionnaire could well separate resilient people from non resilient in clinical and non-clinical groups and can be used in research and clinical situations [41]. The scale consists of 25 questions and 5-point Likert ranging from zero to four, including never, rarely, sometimes, often or always. Minimum score of subjects resiliency test on this scale is zero and his maximum score is hundred. the reliability and validity of the persian form of resiliency in preliminary studies of normal subjects and patients has been reviewed and approved [27]. The scale in Iran by Mohammadi (2005) is normalized [42]. In Samani , Jokar and Sahragard research (2007) coefficient alpha 0.87 for the reliability of this test has been obtained [36]. In the present study, Cronbach's alpha coefficient for this questionnaire obtained 0.91.

Table 1: Comparing the mental health scores of patients, Women with diabetes, according to the study variables

Variables		Number of	Number of mental health	statistical indicators	sig
Age	35-45years	135	30.41±11.27	0.96	0.90
	45-55 years	135	30.28±9.27		
	55-65 years	55	29.72±7.56		
Education level	Primary	97	33.68±10.84	9.51	0.001
	Cycle	100	30.99±9.48		
	Diploma	62	27.51±9.57		
	Collegiate	66	26.63±7.19		
employment	Employed	101	27.02±8.80	4.06	0.001
	Housekeeper	224	31.74±10.02		
Marital status	Married	131	27.25±8.72	4.74	0.001
	Single	194	32.26±10.13		
Economic status	Top	83	25.28±6.29	16.27	0.001
	Average	110	31.02±9.88		
	Down	132	32.71±10.54		
Durationof illness	10 ≤ years	226	28.69±9.03	-4.10	0.001
	10> years	99	33.79±10.84		

In table 1, the mean and standard deviation scores of the subjects according to variables: mental health, resiliency, family practice, its differentiation, is presented.

Results:

According to table 1, mean age 47.23 years Minimum 35 years and maximum were 65 years that 194 people who were single (59.7%) and 131 married (40.3 %). and Educational level : 30.8% guidance, 29.8% elementary, 20.3 % diploma, 19.1% had a high school diploma 68.6% of the subjects were housewives, and 31.1% were employed 0.83 people in top economic status (25.5%), 110 people in intermediate (33.8%) and 132 people (40.6%) in low economic status were. History of diabetes, mean disease duration were 9.70 years. In assessing the mental health of women with diabetes with Separation of variables: education, employment, marital status, economic status and duration of illness, with mental health, significant relationship was found. but there was no significant relationship between age and mental health.

Table 2: Descriptive information of research variables.

	Variables	Minimum	Maximum	Average	Standard Deviation
Family functioning	Mental Health	13	51	30.24	9.88
	Resiliency	32	96	61.92	13.16
	relationship	10	24	16.55	3.89
	affective involvement	13	27	18.17	3.80
	Role play	11	26	20.57	3.25
	Overall performance	24	46	34.51	5.47
	Solve the problem	8	21	14.95	3.03
	affective accompaniment	6	27	18.11	3.90
	control of Behavior	17	34	23.30	4.66
	Total Score of Family Performance	112	185	145.20	21.50
Self differentiation	emotional reactions	29	53	43.15	5.61
	affective escape	29	58	45	7.01
	My status	30	58	40.92	6.23
	Mixture with others	25	55	44.11	7.11
		Total score of self- differentiation	141	194	173.18

The results showed that the correlation between mental health and resiliency is -0.31 that in the $p \leq 0.01$ is significant. Between family functioning subscales (communication, affective involvement, role play, overall performance, emotional accompaniment, behavioral control) and the total score correlation coefficients were -0.58, -0.44, -0.51, -0.32, -0.54, -0.59, -0.35. That the correlation coefficients for the $p \leq 0.01$ is significant. There was no a significant relationship between mental health and solve the problem. The results showed that between Sub-scales of self-differentiation, emotional escape and mixture with others subscales and total score of self-differentiation with mental health, correlation coefficients were 29.13, 0.0, 0.21, that in $p \leq 0.01$ is significant. Between the subscales of emotional reactions and my position was no significant.

Table 3: Simple correlation coefficients between variables.

	variables	Mental health	
		Significance level	correlation coefficients
Family functioning	resiliency	0.001	-0.31
	relationship	0.001	-0.35
	affective involvement	0.001	-0.59
	Role play	0.001	-0.54
	Overall performance	0.001	-0.32
	Solve the problem	0.78	0.01
	affective accompaniment	0.001	-0.51
	Behavioral control	0.001	-0.44
		Total Score of Family Performance	0.001
Self-differentiation	emotional reactions	0.20	0.07
	affective escape	0.001	0.21
	My status	0.92	-0.05
	Mixture with others	0.01	0.13
		Total score of self- differentiation	0.001

To predict the mental health by management the disease duration based on resiliency variables, subscales of family functioning and differentiation the regression method was used. The results showed that the predicted model in $p < 0.001$ level is significant , in general ,resiliency, family functioning and self differentiation subscales together they can predict 45% of the variation in mental health. So resiliency, subscales of: emotional accompaniment, behavioral control, communication, affective involvement .Overall performance, affective escape and mixture with others respectively with 0.14, 0.13, 0.39, -0.37, 0.12, -0.25, -0.28, -0.27 impact coefficient have the ability to predict mental health. Summary of regression analyzes for predicting mental health based on family functioning, self-differentiation and resiliency variables is in table 4.

Table 4: Predicting of mental health according to family functioning, self differentiation and resiliency.

Criteria variable	Summary of model	Predicting variable	B	β	t	Significance level
Mental health	R=.65	resiliency	-0.20	-0.27	-5.97	0.001
	R ² =.45	Emotional accompaniment	-0.69	-0.28	-4.01	0.001
	F=29.36					
	P< 0.001	control of Behavior	-0.52	-0.25	-3.36	0.001
		relationship	0.31	0.12	2.04	0.04
		affective involvement	-0.93	-0.37	-5	0.001
		Role play	-0.24	-0.08	-1.23	0.21
		Overall performance	0.67	0.39	5.04	0.001
		Affective escape	0.18	0.13	2.39	0.01
	Mixture with others	0.19	0.14	2.70	0.007	

Conclusion:

Chronic diseases such as diabetes, on the one hand, disrupt the person psychological adjustment and social function and on the other hand, affected negatively on family functioning. So the present study aimed to determine the relationship between personality (self-differentiation and resiliency) individual, familial traits and economic status with mental health in women with type 2 diabetes in Kermanshah.

Result showed there is significant relation between the mental health of women with diabetes Separation of variables: education, employment, marital status, economic status and disease duration and mental health. That is, patients who had higher education levels, had better mental health. The finding of the research is consistent with [43, 44, 45] results. In explaining these results we can say that educated people in terms of information are in high level than people with low levels of education and follow up their therapy sessions and medications more regular, this discipline make a physically good condition for diabetes and is their mental health guarantee. And educated people have more comprehensive information about their disease and do not consider being in this situation and their physical condition because they are aware of the science progress. Employment of people with diabetes had a significant relationship with mental health to which workers experience better mental health. sadeghi movahed and *et al* (2010) In their study find there is no relationship between employment status and mental health of people with diabetes [46]. These findings are consistent with the results of [47] research. In explaining these results can be noted that employment makes the time pass and people less focused on their illness and collective being follow the social support for patients. Talking with others about disease helps to individual awareness to overcome their illness. About contradictory findings can be noted that some jobs are highly stressful and this Stressful atmosphere leads disease process to negative and undesirable. Marital status of people with diabetes had a significant relationship with their mental health. So married people experience the more and higher mental health. The findings of the study are consistent with [48, 49] research results. In explaining the result of this relationship can be stated that married people have better mental health for two reasons: first having a supporter partner both psychologically and physically accelerated healing and second family commitment cause affected person not focus on himself more. Economic situation as well as other variables assessed in this study had a direct relationship with the mental health of people with diabetes. That having higher socioeconomic status had more mental health. The findings of the research is consistent with [30, 31, 32, 33] research results. In explaining the result it can be noted that the sufferers are at a higher level in terms of economic base do the treatment faster and follow the treatment sessions more regularly. And these two subject will lead patients to improve and thus being in good physical condition provides mental health of individual. The results showed that there is inverse relationship between disease duration and mental health. This means patients with disease duration of more than 10 years, have lower mental health. The findings of the research is consistent with [46, 50, 51] research results. The results also showed there is a significant negative relationship between family functioning and mental health. This mean the family function much higher, the better mental health is. Family function is one of the most important indicators to guarantee the life and mental health of the family and its members and the negative relationship and consider as one of the main causes and maintenance of mental and emotional disorders. Research showed in families that the relationship between family members is based on intimacy and understanding, all members are relatively resistant and protected against the pressures of life. Families who have a poor performance are causes of emotional separation, lack of intimacy, lack of adaptability and low levels of family satisfaction and fulfillment so causes conflicts and psychological problems in people, the findings of the research is consistent with [11,12,52] research results. In another part of the study the results showed that there was a significant relationship between the self-differentiation and mental health. That means, the higher level of self- differentiation, the better mental health will be self-differentiated people have certain definition of themselves and their opinions , they can choose their direction in life and in highly emotional situations that in many individuals causes involuntary behaviors and futile decisions, they don't lose their control and make decision wise and rational. In contrast, undifferentiated people that haven't certain identity of themselves and in roles and interpersonal problems move with family emotional waves and experience high chronic anxiety and prone to psychological problems and symptoms of

disease. The findings of the research in self- differentiation section is consistent with [15, 16, 17, 18, 19, 20, 21, 22] research results.

The results also indicate that there is a significant negative relationship between mental health and resiliency. So that whatever the level of resiliency is high, the rate of mental health would be low. Resiliency is defined as a successful resistance against threatening and challenging situations, resilience people who are despite exposed to chronic stress and tension, reduce adverse effects and maintain their mental health. Persons who having resiliency, are alternative and flexible, according to changes in their environment will adapt and overcome the stressors then quickly goes back to recovery mode. The findings of the research is consistent with [24, 25, 26, 27, 28, 29] research results.

According to the results of its research are suggested that psychological interventions relate to mental state be used in the care of people with diabetes. Diabetes, and especially psycho-social problems that arise from it imposes significant pressure on women and families. Thus by identifying effective and promoting structures of mental health , the prevention of late complication of disease is and with greater coping with illness, quality of life increase. Since this research done on sample of women with type 2 diabetes in Kermanshah, it is recommended that research be done on men and in other cases. The limitations of this study can be noted that, the lack of an objective measurement of variables (based on self), lack of control for other variables, correlation pattern and thus a uncertain causal relationship are other restrictions of this search. Recommended from several other test methods (eg, clinical interview, practice tests) should be used simultaneously in future studies. To increase the generalizability and re-examine variables, this study be repeated in other cities of Iran.

Restriction:

One of this research restriction was that samples were female married teachers so generalization should be with caution .Therefore this research samples were female .other research need to do with male samples and implementation post test in order to study the results value more accurate. Recommended notice to relationship skills before marriage consulting.

Declaration of conflict interests:

The authors declared no potential conflicts of interests with respect to the authorship and/or publication of this article.

ACKNOWLEDGEMENTS

The present study was financially supported by Kermanshah University of Medical Sciences & Research Center for Health Promotion and Social Development Kermanshah, Iran. Hereby, the authors would like to thank all the staff of the Kermanshah Diabetes Center researchers, for their cooperation in data collection. They are also grateful to the Research Improvement Center of Kermanshah University of Medical Sciences .

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