



Relation Dimension Temperament/Character with Social and Domestic about Patients General Anxiety Disorder

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ABSTRACT

The aim of this study is to determine the relation dimension temperament/character with social and domestic about patients' general anxiety disorder. In this research, correlation method is used. The study population included all patients with general anxiety disorder are referred to health centers in Ardabil in 2012. The sample consisted of 73 patients who were identified and selected by convenience sampling method. To collect the data, anxious thoughts, general anxiety disorder questionnaire, temperament and character questionnaire, social compliance questionnaire were used. The present study data were analyzed with the Pearson correlation coefficient methods. The data analysis showed that there is a significant negative relationship between novelty seeking and harm avoidance of social and family functioning. There is a significant positive relationship between reward dependence, cooperation, confronted with social and family functioning. These results have important applications in the pathology and treatment of patients with general anxiety disorder.

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Introduction and Research Problem:

General anxiety disorder in DSM IV-TR for excessive anxiety and worry is uncontrollable mental defined that one of the three symbols of signs of restlessness, fatigue, appetite, concentration problems, impulsiveness, muscle tension and sleep disturbance for at least 6 months (Wells, 2000). About 25% of patients in clinical settings, patients with general anxiety disorder known (Kaplan, 2003). One of the important outcomes is general anxiety disorder, cognitive problems. Cognitive deficit is associated with personality traits, anxiety and stress (Houston & Mahiney & Delby & King, 1998). More than 6 million people in the United States suffer from GAD but because the understanding and definition of anxiety among different cultures, it is difficult to assess the worldwide prevalence of anxiety disorders (Amit and Sevizeroofki, 2008). Among the dozens of anxiety disorder, GAD among the most common disorders (DSMIVTR) and risk ratio of women to men is about 2 to 1. Symptoms of the disorder gets worse during stressful and often when people try to use drugs to control anxiety, alcohol and substance abuse increases. 90% of patients who have Gad, are having other psychiatric conditions. People GOD considerable amount of experience weakness throughout the day and weakness in major depression are similar to (Sanderson, Dinardo, Rap and Parlo, 1995) and most of the time when the disability associated with depression, the GAD without depression. Cloninger of biological theorists look and character with an

emphasis on biological parameters, a strong theoretical framework in the field of temperament and character is created. Cloninger (1987 and 1991) in the neural model - being put forward is that the system of temperament in the brain are organized, functional and made from the systems of independent and to enable continuity and retention behavior in response to certain stimuli. Behavioral activation in response to new stimuli and reward sign of punishment. Thus, individual differences in the ability «novelty seeking» called. Inhabitability in response to stimuli punishment or lack of reward individual differences in the ability to interrupt or inhabitability, harm avoidance is called. The behavior that is reinforced by rewards, usually continues for some time after the cessation of reward. Cloninger, individual differences in continuation named after stopping bonus reward dependence. Thus, the three dimensions of Cloninger and persistence introduced the fourth dimension (Cloninger, 1987, 1991). Cloninger (1994) considers three dimensions of character. Self-directedness dimension based on notion of himself as an independent person and a subset of unity, respect, dignity, effectiveness, leadership and hope, is defined. Meanwhile cooperativeness on the notion of self as part of the human world and the society that it is sympathetic sense of community, compassion, conscience and desire to do charity. Self-transcendence based on the concept of self as part of the world and on the resources that have been raised. The secret of such beliefs, faith, religion and the guarantee is unconditional and patience. (Cloninger and Svrakic, 2005).

Research findings of Ivarsson (2004), have shown that there is a significant relationship between temperament and character and symptoms of general anxiety disorder.

Cloninger and Shurakik (2005), in their studies have shown that general anxiety disorder, high harm avoidance. Paphenberger et al (2007), in a study to examine the relationship between personality traits with general anxiety disorder. The study showed that the prevalence of personality in the GAD can be effective. Research evidence suggests that aspects of temperament/character in people with general anxiety disorder trouble (Anthony et al., 2002; Kavo et al, 2004). Therefore, this study seeks to answer the basic question is which one of the aspects of temperament/character of the social and family functions in patients with general anxiety disorder forecasts?

Method

Population, sample and sampling methods

The study population included all patients with general anxiety disorder clinics of Ardabil in 2012. The sample consisted of 73 patients who were selected by convenience sampling. The correlation of the number of participants at least 30 people have been suggested (Delavar, 2006). In this study, visiting clinics, medical centers and psychiatric counseling centers, sample available sample of psychiatric patients who had been diagnosed as general anxiety disorder, were selected.

Research tools

- 1- Anxious Thought Inventory (Wells, 1994), a multi-dimensional tool for concern. 22 item questionnaire that anxious thoughts to each question with a four-point scale, "almost never", "sometimes", "often" or "almost always" be answered. The questionnaire consists of three subscales that preparation for social concerns, health concerns and worry about the measure. Wells (1994) Cronbach's alpha coefficients social concerns 0.84, health concerns 0.81 and worry to 0.75 has reported.
- 2- Inventory of general anxiety disorder (GAD-Q-IV): A self-report scale consists of 13 items, which is designed based on the GAD DSM_IV disorder. For further question, yes and no and to measure excessive and uncontrollable anxiety and somatic symptoms associated with anxiety have been developed. Lautrec, Trec, Heminbeg, Fresco and Mennen (2002), GAD-Q-IV with list Interview for DSM-IV anxiety disorders performed. 24 of 31 patients with general anxiety disorder well as people with general anxiety disorder were classified. (77%) and 51 out of 53 people who had anxiety as people with GAD are correctly classified, respectively (96%).
- 3- Temperament and Character Inventory: Inventory character by Cloninger et al (1994) to measure the temperament and character is built. This questionnaire has 125 questions for each subject for correct and incorrect answers to these questions. In this questionnaire 4 dimensions (novelty seeking, harm avoidance, reward dependence persistence) and three character dimensions are measured. In a research Alonso et al (2008) reported Cronbach's alpha

coefficient above 0.68. Kaviani and Mohaghegh Shenas (2007) final test-retest of the questionnaire on a scale of 7 children from 0.61 to 0.96 respectively.

- 4- Social adaptation inventory: A self-report scale with 21 items and five areas of work, relationship with family and friends, interests and leisure, social attitudes and the ability to manage and control overall measures one's surroundings. The questionnaire's internal consistency coefficient obtained 0.97 (Tsc & Bond, 2004; quoted by Khomami et al., 2010). This scale has a significant correlation with depression questionnaire.
- 5- Family functions questionnaire: This scale consists of 53 articles which to assess family functioning has been developed on the pattern of McMaster. This tool by Epstein et al. (1983), to describe organizational characteristics and family structure is provided. Also, the ability to compromise with the family in the field of family obligations on a four point Likert scale completely agree (4), agree (3) disagree (2) and strongly disagree (1) specifies.

Research findings:

Demographic research findings show 54.8 percent of patients are men and 45.2 percent are women. 8.2% of respondents are educated, 31.5 percent of diplomas, 13.7% of associate degree and 46.6 percent have a bachelor degree and higher. 16.4% of patients were single, 79.5% of married and 4.1 percent are divorced. 31.5 percent and 42.5 percent of government jobs are employed and 26 percent are housewives. 6.8 percent of patients with a history of mental illness, 11% of patients experience physical illness and 11 percent have a history of drug use (Table 1, 2 and 3).

Table 1- Mean dimensions of temperament in patients with general anxiety disorder

Variable	Mean	Standard deviation
Innovativeness	9.61	2.32
Harm avoidance	9.97	2.3
Reward dependence	12.69	3.29
Perseverance	2.64	0.918

Table 2- Mean and standard deviation of character in patients with general anxiety disorder

Variable	Mean	Standard deviation
Cooperation	13.15	3.2
Self-directed	7.54	1.78
Confronted	7.64	2.36

Table 3- Mean and social functioning (SD) and family function in patients with general anxiety disorder

Variable	Mean	Standard deviation
Social function	56.47	12.85
Family function	118.14	11.08

Table 4- Correlation coefficient of the temperament and social and family functions in patients with general anxiety disorder

Temperament Dimensions	Social functions	Family functions
Innovativeness	-0.403**	-0.232*
Harm avoidance	-0.146	-0.347**
Reward dependence	0.328**	0.403**
Perseverance	0.094	0.196

** P<0.01 *** P<0.01 * P<0.05

As can be seen in Table 4 there is a negative and significant relationship between innovation and social functioning (p <0.01). There is also a significant positive relationship between reward dependence and social functioning (p <0.01). There is also a significant negative relationship

between novelty seeking and harm avoidance of family functioning (p <0.05). There is a significant positive relationship between reward dependence and family functioning (p <0.01).

Table 5- Correlation coefficient of character and social and family functions dimensions in patients with general anxiety disorder

Character Dimensions	Social functions	Family functions
Cooperation	0.421*	0.341**
Self-directed	0.048	0.094
Confronted	0.148	0.33**

* P<0.01 ** P<0.01

As shown in Table 5 can be seen that there are significant positive relationship between social co-operation (p <0.01), but there is a significant relationship between self-directed and confronted with social functioning (p>0.05). There is also a significant positive relationship between cooperation and confronted with family function (p <0.01), but there is a significant relationship between self and family function (p>0.05).

Conclusion

The results of the study showed that there are significant negative relationship between innovation and social functions. There is also a significant positive relationship between reward dependence and social functions. These findings are consistent with results Joffe et al. (1993), Menfrodina and colleagues (2010), Cloninger and Shurakik (1992) and Stallings et al (2011) who found that aspects of temperament and related social functions. The results showed that there is a negative relationship between novelty seeking and harm avoidance significant family functions. These findings are consistent with results of Gould Valdestine (2012), Thomas (2006), Cloninger (2004) who found that the temperament of the related family functions. These findings suggest that there is a significant negative relationship between novelty seeking and harm avoidance and social and family functions. In other words, increased novelty seeking and harm avoidance and social and family functions in patients with general anxiety disorder is reduced. If the reward dependence and social functions there is a significant positive correlation with increasing rewards so dependent on the social functions of the patients improved. The results showed that there is significant positive correlation between cooperation with social functions. The findings are consistent with the results of research of Reg et al (2010), Kaplan and Saduk (2003) and George et al (2005). The results showed that there is significant positive relationship between cooperation and confronted the family functions. These findings are consistent with results of Joyce et al (2008) Kaplan and Saduk (2003). These findings suggest there is a significant positive relationship between the size of their strategic

partnership and facing a family function in patients with general anxiety disorder. In other words, by enhancing the strategic aspects of cooperation and self-transcendence, leads to improved family functioning in patients with general anxiety disorder. Furthermore, given that there is a significant positive relationship between social function of cooperation and thus strengthen the cause of promotion of social functioning of patients. Given that people with general anxiety disorder at some personality traits like cooperation, the strategic and rewarding failure which adversely affects their social and family function such as emotion regulation training offered, emotional control and use of intelligence emotional done for these people. Given that people with general anxiety disorder are unable to tolerate negative emotions and goal orientation, so that patients prone to trauma, therefore, it is recommended that treatment of these patients, in addition to considering psychotherapy as a complementary therapy alongside drug treatment, the action to carry out the necessary training on the dangers of stress and trauma prevention.

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