The Study and Comparison of the Personality between Male and Female Patients with Multiple Sclerosis (MS) and Cardiovascular Disease

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Abstract

This study aimed to evaluate and compare the personality between male and female patients with MS were performed by ordinary people. The sample consisted of 30 person with MS and cardiovascular disease in Urmia. Minnesota Personality Inventory MMPI is a research tool. The validity of the questionnaire was approved by seven of the professors. Reliability Cronbach’s alpha was obtained 0.89 by questionnaires that are showing good reliability. In order to analyze the data, t-test was carried out by software SPSS. So among people with multiple sclerosis and cardiovascular disease in terms of personality hypochondria's, depression, personality psychopathic dimension, after Psychasthenia character and personality Mania significant difference in the level of error is 1% and people with MS have an average higher scores than Cardiovascular disease.

Keywords: multiple sclerosis, character, cardiovascular disease.
Introduction

Lower aspect of human action can be assumed to reflect his character and does not express, but character is an abstract concept or a structure (Ras, 2003); As a result, the whole concept and its complexity has caused the term character is defined in different ways and now that all can agree to define, impossible (Fires et al, 2009). The concept of character for years among researchers challenged and offered numerous definitions about it. Indicates the character of those individual characteristics that fixed pattern their behavior shows (Parvin, 1998). Finally, in most personality traits, multiple genes and multiple biological processes, including neurotransmitter and hormonal, but there is the possibility that a simple relationship between biological processes and personality traits find a way to be very low (Parvin, 1998). Positive impact on people's personality traits has been proven in various studies. For example, a lot of research and a significant positive correlation with extraversion and neuroticism happiness refer to depression and negative mood (Williams, 1993; Stewart et al., 2005; Gums et al., 2009). Gholamrezayee et al (2015) showed that neurotic good predictor of subjective well-being is negative, while extroversion and conscientiousness, predictors of subjective well-being were positive. In addition, the positive strategy and seeking social support positively and negatively strategy to avoid selection of Tele subjective well-being predicted. Overall, the findings suggest that personality traits and coping strategies play a significant role in subjective well-being. Results of Assadullahi et al (1) showed a positive and significant relationship between depression and neuroticism. The variables flexibility, extraversion and social support perceived negatively correlated with depression and regression analysis also showed that the variables of neurotic or sub-oriented flexibility are able to predict the variance in depression. Maktabi et al (2015) showed that personality traits and depression, diabetes and kidney there is a significant difference. In recent decades, psychologists have concluded in the study of behavioral problems and deviations.

That many disorders and injuries of disability in their correct analysis of their situation, lack of control, and personal accomplishment and in general features of personality to deal with difficult situations and lack of readiness for solving life problems in an appropriate manner, rooted (Hee Lee, 2009). Due to the changes and the increasing complexity of society and develop social relationships, especially the younger generation to prepare people to deal with difficult situations, it seems necessary. In this regard, psychologists and effect relationship between type of personality and mental health, prevention of mental disorders and social abnormalities have begun broadly Research (Parsa, 2009). Since multiple sclerosis, a disease that changes to imagine life threatened to reduce yields and threaten to change the appearance of the cause (Nabavi & Iranpour, 2010). MS diagnosis leads to a crisis in the life of the people. The patient should try to level your emotional discomfort while important decisions to control treatment. In general, patients were sharp differences in behavior and personality than a healthy person and not the disease. Because of patient concerns include fears of death, dependency, disfiguring, disability, exclusion and cutting off financial issues. The reactions of patients with psychological and interpersonal factors are adjusted (Navab Safi Al-din, 2006). Medical factors include: symptoms, course of illness. Psychological factors include disposition, ability to adapt, power, ego and the evolution of life and the meaning and effects of MS are at that stage. Interpersonal
factors related to family and social support. And most of these issues have an impact on personality and psychological characteristics of people (Etemadifar & Eftekhari, 2007). Also, cardiologists usually cause physical specifications such as high blood pressure, high cholesterol levels, diabetes, and obesity have been made in connection with this problem. Several studies have shown that these factors alone are not a decisive role in this disease, but some psychological variables are created fertile ground for its development. The most important of these factors, stress and personality are (Amelang & Schmidt-Rathjens, 1992). According to the stated primary objective of this study was to investigate personality changes in patients with multiple sclerosis and cardiovascular.

**Research Hypotheses**
1. There is a significant difference between Hypochondrias personality among patients with multiple sclerosis and cardiovascular.
2. There is a significant difference between the personality and cardiovascular depression in the patients with MS.
3. There is a significant difference between the personality hysteria among patients with multiple sclerosis and cardiovascular.
4. There is a significant difference between psychopathic personality among patients with multiple sclerosis and cardiovascular.
5. There is a significant difference between the paranoid personality among patients with multiple sclerosis and cardiovascular.
6. There is a significant difference between Psychasthenia personality among patients with multiple sclerosis and cardiovascular.
7. There is a significant difference between the personality scale schizophrenia among patients with multiple sclerosis and cardiovascular.
8. There is a significant difference between the personality scale of mania in patients with multiple sclerosis and cardiovascular.

**Research Methodology**
This is a description of causal-comparative study and the type of the events. The study population includes patients with cardiovascular MS in Urmia, which this study, 30 patients and 30 patients with cardiovascular disease were selected by voluntary and available method. In this study, data collection Minnesota Personality Inventory (MMPI) was used. The validity of the questionnaire was approved by seven of the professors. Reliability Cronbach’s alpha 0/89 was obtained by questionnaires is showing good reliability. In order to analyze the data, t test SPSS software.

**Findings**
In this part of the analysis hypotheses are: there is a significant difference between the person hypochondrias among patients with multiple sclerosis and cardiovascular disease. To test the significance of differences between the two groups of independent t test, the results were as follows:
Table 1: Mean scale hypochondrias independent T test between the two groups

<table>
<thead>
<tr>
<th>Error difference</th>
<th>mean difference</th>
<th>Two-tailed significance level</th>
<th>df</th>
<th>T</th>
<th>Sig.</th>
<th>F</th>
<th>Independent test</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.16</td>
<td>-8.53</td>
<td>.000</td>
<td>58</td>
<td>-3.94</td>
<td>.000</td>
<td>1.86</td>
<td>Homogeneity of variances</td>
</tr>
</tbody>
</table>

As it can be seen in Table 1, the mean scores of people with MS is higher than that of patients with cardiovascular disease and according to t test with significance level of less than 1 percent can be said that significant differences between the two groups is 99%.

The second hypothesis: there is a significant difference between the personality depression in the patients with MS and people with cardiovascular disease.

Test for significant differences between patient groups and patients with cardiovascular disease, independent t-test, the results were as follows:

Table 2: T test for independent groups to mean depression between the two groups

<table>
<thead>
<tr>
<th>Error Difference</th>
<th>mean difference</th>
<th>Two-tailed significance level</th>
<th>df</th>
<th>T</th>
<th>Sig.</th>
<th>F</th>
<th>Independent groups test</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.04</td>
<td>-20.26</td>
<td>.000</td>
<td>58</td>
<td>-6.66</td>
<td>.66</td>
<td>.102</td>
<td>Homogeneity of variances</td>
</tr>
</tbody>
</table>

As it can be seen in Table 2, scores of people with MS is higher than that of patients with cardiovascular disease. Given the significant level of t test is less than 1% can be said that significant differences between the two groups is 99% and considering that person’s depression scale scores on this scale indicate a person’s level of depression.

There is a significant difference between the personality hysteria among patients with MS and people with cardiovascular disease.

To test the significant differences between the two groups of independent t test, the results were as follows:
Table 3. T-test for independent groups to an average of hysteria between the two groups

<table>
<thead>
<tr>
<th>Error Difference</th>
<th>mean difference</th>
<th>Two-tailed significance level</th>
<th>df</th>
<th>T</th>
<th>Sig.</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.14</td>
<td>-3.36</td>
<td>.123</td>
<td>58</td>
<td>-1.56</td>
<td>.077</td>
<td>3.24</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Homogeneity of variances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Heterogeneous variance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There is a significant difference between Psychopathic dimensions of personality between patients with MS and people with cardiovascular disease. As it can be seen in Table 3, the average scores of people with MS is higher than that of patients with cardiovascular disease. According to t test with significance level of 5% is more than can be said that between the two groups there was no significant difference at 95% confidence level.

To test the significant differences between the two groups of independent t test, the results were as follows:

Table 4: T-test for independent groups to average Psychopathic between the two groups

<table>
<thead>
<tr>
<th>Error Difference</th>
<th>mean difference</th>
<th>Two-tailed significance level</th>
<th>df</th>
<th>T</th>
<th>Sig.</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.86</td>
<td>-9.83</td>
<td>.00</td>
<td>58</td>
<td>-5.28</td>
<td>.193</td>
<td>1.73</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Homogeneity of variances</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Heterogeneous variance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As it can be seen in Table 4, the average scores higher than that of people with MS, people with cardiovascular disease. According to t test with significance level of less than 5%, It can be said that significant differences between the two groups is 95%.

There is a significant difference between the paranoid personality among patients with MS and people with cardiovascular disease.

To test the significant differences between the two groups of independent t test, the results were as follows:
Table 5: T-test for independent groups to an average of paranoia between the two groups

<table>
<thead>
<tr>
<th>Error Difference</th>
<th>mean difference</th>
<th>Two-tailed significance level</th>
<th>df</th>
<th>T</th>
<th>Sig.</th>
<th>F</th>
<th>Test homogeneity of variances</th>
<th>Independent groups test</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.89</td>
<td>-1.16</td>
<td>.541</td>
<td>58</td>
<td>-.615</td>
<td>.755</td>
<td>.123</td>
<td>Homogeneity of variances</td>
<td></td>
</tr>
<tr>
<td>1.89</td>
<td>-1.16</td>
<td>.541</td>
<td>57.99</td>
<td>-.615</td>
<td>Homogeneity of variances</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Heterogeneous variance</td>
<td></td>
</tr>
</tbody>
</table>

As it can be seen in Table 5, scores of people with MS with an average score of patients with cardiovascular disease are different. But given the significant level of t test, which is more than 5% can be said that between the two groups and there was no significant difference at 95 percent.

There is a significant difference between Psychopathic personality scale among patients with MS and people with cardiovascular disease.

Test for significant differences between the patients and the healthy, independent t-test, the results were as follows:

Table 6. T-test for independent groups to average scale Psychopathic between the two groups

<table>
<thead>
<tr>
<th>Error Difference</th>
<th>mean difference</th>
<th>Two-tailed significance level</th>
<th>df</th>
<th>T</th>
<th>Sig.</th>
<th>F</th>
<th>Test homogeneity of variances</th>
<th>Independent groups test</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.89</td>
<td>-12.70</td>
<td>.000</td>
<td>58</td>
<td>-.438</td>
<td>.209</td>
<td>1.61</td>
<td>Homogeneity of variances</td>
<td></td>
</tr>
<tr>
<td>2.89</td>
<td>-12.70</td>
<td>.000</td>
<td>57.66</td>
<td>-.438</td>
<td>Homogeneity of variances</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Heterogeneous variance</td>
<td></td>
</tr>
</tbody>
</table>

As it can be seen in Table 6, scores of people with MS 60.67, and 47.97 is a scores of people with cardiovascular disease. According to t test with significance level of less than 1 percent, we can say that between the two groups, there were significant differences at a confidence level of 99%.

There is a significant difference between the personality scale SC or schizophrenia among patients with MS and people with cardiovascular disease.

Test for significant differences between the two groups of independent t test, the results were as follows:
As it can be seen in Table 7, the mean scores of people with MS 52.33, 56.83 are healthy. But given the significant level of t-test, which is more than 5% can be said that between the two groups there was no significant difference at 95 percent.

There is a significant difference between Ma personality scale or mania in patients with MS and people with cardiovascular disease.

Test for significant differences between the two groups of independent t-test, the results were as follows:

As it can be seen in Table 8, average scores of people with MS 60.67 and 47.97 is a scores of people with cardiovascular disease. According to t-test with significance level of less than 1 percent, we can say that between the two groups, there were significant differences at a confidence level of 99%.

**Discussion and Conclusion**

This study aimed to evaluate and compare of personality between patients with MS and patients with cardiovascular disease (CVD). There was no significant difference between the levels of t-test shows significant differences between the two groups is %99. And patients have a higher score than patients with cardiovascular disease. People with high scores on this scale are, given their increasing health problems and often they feel sick and uncomfortable, without actually
have a physical problem. Therefore, given that refers hypochondrias properties around the bypass and hypochondriasis. The results showed that there is a significant difference between the personality and cardiovascular depression in the patients with MS. And people with MS have higher scores than average for cardiovascular patients. The results are consistent with the results of Etemadifar et al 2007. The results showed that there is no significant difference between the personality hysteria among patients with MS and people with cardiovascular disease. Results showed that among patients with MS after psychopathic personality and people with cardiovascular disease, there is a significant difference. And people with MS have higher scores than average cardiovascular. The results showed that no significant difference among patients with cardiovascular paranoid personality dimensions. The results showed that there is a significant difference among patients with cardiovascular personality dimension Psychasthenia. And people with MS have an average higher scores than patients with cardiovascular disease. There is a significant difference between the personality of schizophrenia among patients with multiple sclerosis and cardiovascular. The results showed that there are significant differences between the personality of mania in patients with MS and normal individuals. And people with MS have an average higher scores than patients with cardiovascular disease. Finally, it is suggested that a similar study be done after extensive in the country. Also, it is recommended that people with personality disorders, multiple sclerosis and training necessary to reduce cardiovascular.
References


Assadullahi, F., M. Etemadifar and facies Mohammadi, 2015, examined the relationship between personality factors and perceived social support and depression among patients with multiple sclerosis, the second National Conference on Sustainable Development in Psychology, Social and Cultural Studies, Tehran, center for Islamic Research and studies oracle of wisdom Mortazavi, Arvand October institutions of higher learning, the strategies to achieve sustainable development.

Badrulsadat Nawab Safi Al-din, 2006, forced journey with MS, Khalaq Publishing


Gholamrezayee, S., R. Sheikhan, R. and M. Khodabakhshi Sdrmhmdy, 2015, five factor model of personality, coping strategies and subjective well-being Nursing, Second National Conference on Sustainable Development in Psychology, Social and Cultural Studies, Tehran, Center Mortazavi wisdom Soroush and Islamic studies, Institute of Higher education October Arvand, the strategies to achieve sustainable development.


M. Etemadifar, Elham Eftekhari, 2007, disability in MS, Arran Publisher.

Maktabi, Golam Hossein; Namavy Majid, Khalil Toofan Zadeh; Hamdan Leila Rahimi and cash parentage, 2015, compared personality traits and depression in patients with diabetes and renal patients Shadegan city, the National Conference of Social Psychology and Educational Sciences, Mazandaran, Rick Science Research Institute Afferent Knowledge.
Nabavi, Seyed Masoud & Afshin Iran-Pour and, 2010, a comprehensive overview of the symptoms of multiple sclerosis diagnosis in symptomatic treatment, Hayan publications.


