



A Survey on the Amount of Psychological Disorders of Condemned Individuals of Bride-Price and Alimony in Comparison with Prosperous Spouses

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ABSTRACT

Purpose of present study was to investigate and compare psychological disorders of dowry and alimony convicts and successful couples in Bandar Abbas. Statistical population of this study includes all individuals sentenced to pay dowry and alimony and successful couples (not convicted) who lived in Bandar Abbas. 60 individuals (30 convicts and 30 successful couples) were selected using simple random sampling. SCL-25 personality questionnaire was used for data collection. Results show that the most common mental disorder among people convicted to pay dowry and alimony is obsessive-compulsive disorder with average of 2.1, and least important mental disorder among convicts is anxiety disorder with average of 3.1. Among successful couples (non-convicts), most important mental disorders is also compulsive disorder and hypochondrias both of which have average value of 1.13. Results of this study may create necessary insight for treatment and prevention of mental disorders to help families, family therapists, counselors and family training teachers.

Key words: psychological disorders, Condemned Individuals, casual-comparative study

INTRODUCTION

Personality is among most fundamental concepts in psychology, in relation to human and his behavior analysis. Personality psychology is a field in which individual characteristics including emotional, affective and behavioral characteristics will be investigated. They are usually constant and predictable characteristics that can be easily tracked and evaluated in everyday life.

Human is affected by many stimuli during his personality growth and development that may endanger mental health seriously and eliminate human healthy personality.

Mental disorder concepts, like many concepts in medicine and other sciences, have no constant practical definition that covers all diseases.

Perhaps most accepted definition of mental disorder is that each mental disorder is considered as clinically significant behavioral or psychological syndrome or pattern that occurs in an individual. Mental disorder is associated with discomfort, painful symptom or disability (one or several important aspects of function degradation) or significantly increased risk of death, pain, discomfort and disability. Moreover, this syndrome or pattern must not be only an expectable or confirmed cultural response against special events such as death of person of interest.

Whatever to be the main reason of this behavior, it should be considered as manifestation of a biological, behavioral or psychological functional disorder in individual (2, 3).

What today is called as personality disorder or mental-behavioral problem actually refers to injuries individual encounters in the course of his personality development. Result of these mental injuries is occurrence of behaviors with serious problems for person's personal and social life. These behaviors weaken personal and social functions strongly. Finally, it makes individual away from reality and puts him in a special mental space during which no necessary control over thoughts, emotions and individual behavior will exist. Such a person will believe in any behavior that violates law, norms and standards accepted by society (4, 5 and 6). First attempts for classification of mental disorders classified these disorders into two groups of neurosis and psychosis in terms of

its intensity and weakness. Neurosis is a mental disorder excluding main characteristic functions and individuals are aware of them. Among very popular and well known types of neurosis are anxiety, obsessive, morbid fears and hysteria. Neurotic individuals generally have common features. For example, they feel sad, forget their social roles, and are aggressive against others, have problems in sleep patterns and sexual dysfunction and they seem very tired. Neurosis is considered as active behavioral disorders for which there is no known biological reason and no injury in brain or nervous system. Psychosis class refers to severe mental disorders in which patient relationship with reality stops, his relationships with other people is severely damaged and must be hospitalized for social conflicts. Unlike neurotics, psychotics are not aware of their personality disorders and they are living in their own totally special world.

Next part provides a more complete classification of mental disorders followed by initial classification of mental disorders. Most important classification is a list of international fatality (ICD-10). Fourth classification is Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) that provides a multi-axial classification of mental disorders (8).

No single reason can be considered in investigation of mental disorders because mental disorders are result of various psychiatric, biological, psychological, cognitive and social factors. Therefore, it is important to consider expert views in every field to understand causes of mental disorders in behavior analysis.

Considering causes and factors of mental disorders helps us to treat and cope with disorder. How to deal with its causes, treatment and coping with the disorder is. As already mentioned, three categories of biological, psychological and social factors are considered as determinants of mental disorders occurrence. In Biological agent's patterns, it is believed that mental disorders are physical ailments. Psychotic model considers abnormalities as result of inner character conflict and in learning pattern, it is believed that we learn to be abnormal and its focus is on social factors.

There are little studies performed on investigation of mental disorders among convicted people especially those sentenced to dowry and alimony. There are also few studies in Iran performed on psychiatric disorders and personality disorders among prisoners. In Bolhari et al studies, 87.5 percent of 1201 prisoners were selected among 7 prisons in 5 various provinces of country diagnosed with mental disorders. Moreover, in Yashkani et al study, 75.1% of tested samples were qualified in terms of mental disorders. In Shari'at et al study, investigated prevalence of psychiatric disorders in 351 prisoners. 9.46 percent reported that most observed disorders were mood and adaptive disorders with 13.7% and 12.6 %, respectively (10).

Mahdavi and Naserzadeh investigation[15], entitled survey of mental health in population over fifteen years old in Tehran, indicates that prevalence of this disorder is about 21% among which depression and anxiety disorders are more prevalent. In addition, it is shown that this amount of prevalence increases with increased age (5). According to previous studies and available theoretical frameworks, present study investigates amount of depression, hypochondrias, psychosis, anxiety, obsessive compulsive, interpersonal sensitivity, hostility and paranoia in people convicted to dowry and alimony and successful couples.

MATERIALS AND METHODS

This study is a quantitative analysis with descriptive and casual-comparative approach. Statistical population of this study includes all individuals sentenced to pay dowry and alimony and successful couples (not convicted) who lived in Bandar Abbas city. 60 individuals (30 convicts and 30 successful couples) were selected using simple random sampling. SCL-25 personality questionnaire was used for data collection. This questionnaire is a standardized questionnaire. SCL-25 questionnaire is short form of SCL-90 questionnaire that includes 25 questions in 9 scales containing physical complaints, obsession, and sensitivity in interpersonal relationships, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychosis. In this tool, cut-off point based on a survey conducted by Noorbala is 0.7. Reliability and validity of this test was confirmed by Mirzaei and Bagheri Yazdi. In mentioned studies, reliability of re-test was $r = 0.97$ compared with a psychiatric interview based on DSM-R criteria with sensitivity of 0.94 and features of 0.98 (11). To analyze collected data of this study, descriptive statistics such as frequency, percentage, frequency, mean and standard deviation were used. T-test was also used in inferential statistics for independent groups.

RESULTS

In descriptive part, first frequency and percentage of participants' age and their age at time of marriage have been calculated. This information is presented in tables 1 and 2. Table 3 provides mean and standard deviation scores of two groups in subscales of study questionnaire. Moreover, average value of two groups in each sub-scale is compared by statistical t-test.

Findings show that the most common mental disorder among people convicted to pay dowry and alimony is obsessive-compulsive disorder with average of 2.1, and least important mental disorder among convicts is anxiety disorder with average of 3.1. Among successful couples (non-convicts), most important mental disorders is also compulsive disorder and hypochondrias both of which have average value of 1.13. Least important mental

disorder among them was hostility disorder with average of 0.5. Comparison of two groups' average in subscales of questionnaire shows that in all mental disorders examined in this study, those convicted to dowry and alimony had significantly higher levels of mental disorders than that of successful couples. In fact, situation of above table indicates that there is a significant difference in confidence level of 99% between mental disorders of those convicted to dowry and alimony compared with successful couples while null hypothesis is rejected.

Table 1. Statistical distribution of age in Condemned Individuals of Bride-Price and Alimony in Comparison with successful Spouses

Current age	Bride-Price and Alimony		Successful Spouses		Total	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
20 - 25 years	3	10	1	3.3	4	6.7
26-35 years	7	23.3	14	46.7	21	35
36-45 years	12	40	7	23.3	19	31.7
Above 46 years	8	26.7	8	26.7	16	26.7
Total	30	100	30	100	60	100

Table 2. Statistical distribution of age at time of marriage in Condemned Individuals of Bride-Price and Alimony in Comparison with successful Spouses

Age at time of marriage	Bride-Price and Alimony		Successful Spouses		Total	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
20 - 25 years	14	46.7	14	46.7	28	46.7
26-35 years	13	43.3	12	40	25	41.7
36-45 years	3	10	4	13.3	7	11.7
Above 46 years	0	0	0	0	0	0
Total	30	100	30	100	60	100

Table 3. Summary of t test of SCL sub-scales

Variable	Groups	N	Mean	SD	T value	P
Psychosis	Alimony	30	1.5	0.508	3.87	0.05
	Successful	30	0.96	0.556		
Anxiety	Alimony	30	1.3	0.534	2.86	0.05
	Successful	30	0.9	0.547		
Depression	Alimony	30	1.93	0.691	7.64	0.05
	Successful	30	0.83	0.379		
Sensitivity	Alimony	30	1.8	0.484	6.82	0.05
	Successful	30	0.86	0.571		
Phobia	Alimony	30	1.43	0.678	4.38	0.05
	Successful	30	0.8	0.406		
Obsession	Alimony	30	2.1	0.922	4.39	0.05
	Successful	30	1.13	.722		
Hostility	Alimony	30	1.76	0.678	8.17	0.05
	Successful	30	0.5	0.508		
Hypochondrias	Alimony	30	1.5	0.508	3	0.05
	Successful	30	1.13	0.434		
Paranoid	Alimony	30	1.6	0.855	3.29	0.05
	Successful	30	0.96	0.614		

DISCUSSION

Purpose of present study was to investigate and compare psychological disorders of dowry and alimony convicts and successful couples in Bandar Abbas city. Results of various studies indicated that success rate of marital life has a significant impact on mental pathological level of individuals. (12 and 13). Results of this study also indicated that there is a significant difference between mental disorders of those sentenced to dowry and alimony and successful couples. On the other hand, convicts of dowry and alimony who have problems with their partner, have multiple psychiatric disorders. This group has no good mental health. Mental disorders, obsessive compulsive and depression are among most common disorders among them. Research results have shown that prevalence of mental disorders is common among convicts. This issue is confirmed in Bolhari et al studies. Maltby et al found that people with higher level of life satisfaction will use more appropriate and effective coping styles, they experience more deeply positive feelings and emotions and they have higher public health. Marital life dissatisfaction is correlated with poorer health status, symptoms of depression, personality problems, inappropriate behaviors and poor social status (14). Depression is one of the most common mental disorders among convicts pointed out in Mahdavi and Nasir Zadeh (15) studies. Research results have shown that marital relationship problems and personal problems may affect each other in individuals with mood disorders, substance abuse and some anxiety disorders especially diffuse anxiety disorders (16). Results of this study may create necessary insight for treatment and prevention of mental disorders to help families, family therapists, counselors and family training teachers. In this regard, future researches can also investigate effects of training of stress and depression coping skills on marital satisfaction in couples.

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