



The relationship between personality traits and AIDS in patients with human immunodeficiency virus



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ABSTRACT

This study carried out to survey the relationship between personality traits and Acquired Immunodeficiency Syndrome (AIDS) in patients with human immunodeficiency virus. This case-control study was conducted on 79 AIDS patients of Triangle Clinic in Arak (case group) and 80 healthy people of Valiasr Hospital in Arak (control group). Demographic information checklist and Cloninger' Temperament and Character inventory (TCI) were two instruments applied in the study. SPSS software V.19 and tests independent *t*-tests, Chi squared and Spearman correlation coefficient were used for data analysis with significant level of <0.05 . The average of innovativeness variables (M:74.12), harm avoidance (M: 65.17), reward dependence (M:50.030), and self-directedness (M:35.02) in case group in comparison with control group was significantly higher, and there was a significant difference between two groups variables (P-0.000). The novelty seeking had the highest average in the AIDS patients with a history of addiction (M:74.00), and there was statistically significant difference between perseverance variable (P-0.021) and cooperativeness variable (P-0.041) in the two groups of AIDS patients. There was a significant relationship between novelty seeking and age at the onset of AIDS (P-0.038), harm avoidance and age at the onset of addiction (P-0.046), persistence and age at the onset of AIDS (P-0.035) and the time infected with HIV (P-0.033). It is found that two groups are different due to the personalities, so it is essential to consider the personality traits in order to prevent AIDS and also successfully treat patients suffering from AIDS.

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1. Introduction

Many years ago when the world and especially the medical society, celebrated the eradication of smallpox and control of communicable diseases that led to decreasing mortality and increasing life expectancy, an unknown disease appeared unexpectedly (Barret, 2002). The unknown disease, for the first time, emerged among injecting drug users and gay men in 1981, which for unclear reasons caused a weak immune system and pneumocystis pneumonia (PCP) (Gottlieb, 2006), and this disease was called AIDS in a conference in 1982. Earlier it was called Lymphadenopathy, Kaposi's sarcoma or Opportunistic infections (Barre-Sinoussi et al., 1983; Centers for Disease, 1982a,b). Although AIDS or Acquired Immunodeficiency Syndrome was an endemic disease, due to the worldwide communication it has been

immediately recorded as one of the most destructive epidemics in the history (UNAIDS, 2009). Furthermore, in Iran this disease was for the first time reported in a child with haemophilia in 1986; thereafter it gradually increased until 1995, but it has been suddenly increased from some prisons since 1995 (Ministry of Health and Medical Education, 2006) so that according to the UN program on AIDS the number of AIDS patients in Iran was announced about 36,000–120,000 in 2006. (In this report the average number of AIDS patients was evaluated 66 thousands) (UNAIDS and WHO, 2006) According to the statistics collected by University of Medical Science and Health Service, a total of 24,290 people with AIDS have been identified until 2011 in Iran of whom 90.8% were male and 9.2% were female (Newsletter Management Center of Communicable Diseases, 2012; Mirzaee, 2012). Moreover, 27,041 and 27,888 people with AIDS were reported in 2012 and 2013, respectively (“13 times as much as the growth of AIDS in Iran,”; Mirzaee, 2012). According to a study by Ramezani et al. injection drug use (with shared needle), sexual activity, blood disorders such as hemophilia and thalassemia major and surgery

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were the main probable ways of transmission in Iran (Ramezani et al., 2006). It should be mentioned that AIDS patients have both physical problems and difficulties such as many social problems, negative thoughts of society and social labels that lead to many difficulties in their activities and favorites (Aranda and Naranjo, 2004). For instance, according to the results of the studies, AIDS patients have anxiety and mood disorders and drug addiction (Akena et al., 2010; Berger-Greenstein et al., 2007; Dew et al., 1997; Pence et al., 2006), also many studies show that AIDS patients significantly have personality disorders and the patients show many reactions with using denial defence mechanism and lack of coping skills due to AIDS threats (Claxton et al., 1998; Daoust et al., 1992). Personality is a very complicated issue that many scientists, philosophers, sociologists, anthropologists and psychologists have focused on since years. One of the psychologists who focused on the personality was a personality biological theorist, Robert Cloninger. He focused on biological parameters and presented a strong theoretical framework due to temperament and character and he created Cloninger's Temperament and Character Inventory. Cloninger (1987–1991), in a neurobiological model, presented that natural systems in the brain have a functional organization of different and independent systems to activate the continuity and retention behavior in response to certain stimuli, accordingly the character consists of four temperament traits (novelty seeking, harm avoidance, reward dependence and persistence) and three nature traits (self-directedness, cooperativeness and self-transcendence). In Cloninger's neurobiological dimensional models of personality, novelty seeking (NS) is a personality trait associated with exploratory activity in response to novel stimulation, impulsive decision making, extravagance in approach to reward cues, and quick loss of temper and avoidance of frustration. Harm avoidance (HA) is a personality trait in behavioral inhibition characterized by excessive worrying; pessimism; shyness; and being fearful, doubtful, and easily fatigued. Reward dependence is characterized as a tendency to respond markedly to signals of reward, sentimentality, openness and acceptance of warm relationships, attachment and dependency (Cloninger, 1987; Cloninger et al., 1993, 1994). Furthermore, self-directedness is a personality trait of self-determination defined as an independent person and characterized by respectfulness, hopefulness, unity, purposefulness, leadership and effectiveness. Cooperativeness is a personality trait concerning the degree to which a person associate with universe and society and cooperative individuals are described as socially tolerant, empathic, helpful and compassionate. Self-transcendence also defined as considering oneself as an integral part of the universe and characterized as spiritual acceptance, unconditional patience and faith (Cloninger et al., 1994). In the end, according to the reported figures and facts due to the AIDS in Iran and also the multi-dimensional aspects of the disease and various casual factors, it seems that more psychological studies are essential in order to identify more psychological factors of the disease along with other medical researches that can notably help the therapists promote the mental health and life quality of the AIDS patients. Therefore, the purpose of this study is to examine the relationship between personality traits and AIDS in patients with human immunodeficiency virus in Arak.

2. Materials and methods

This study is a case-control study conducted on 159 samples using a convenience sampling: 79 AIDS patients of Triangle Clinic in Arak (case group) and 80 healthy people of Valiasr Hospital in Arak (control group). The study carried out in two phases: in the 1st phase, 79 AIDS patients were selected among the patients of Arak Triangle Clinic and Valiasr Hospital as the case group

according to the entering criteria (catching AIDS according to the reports of Elisa and Western blot test, lack of moderate to severe dementia, mental retardation, major psychiatric disorders and other chronic illnesses, lack of chronic use of medicine and informed consent to participate in the study) and exiting criteria (failure to cooperate and participate in the study, also failure to respond to the relevant questionnaire), also 80 healthy people were selected as the control group according to the entering criteria (no history of drug use, no history of high-risk behavior, lack of moderate to severe dementia, mental retardation, major psychiatric disorders and other chronic illnesses, lack of chronic use of medicine and informed consent to participate in the study) and exiting criteria (the history of drug use, incarceration, sexual activity, blood diseases, and failure to cooperate and participate in the study, also failure to respond to the relevant questionnaire). However, all participants of two groups were matched in terms of age and sex and Declaration of Helsinki and Ethics of the Committee of the University of Medical Sciences. In the 2nd phase, all the participants filled demographic information checklist and Cloninger's Temperament and Character Inventory (TCI), and the collected data was analyzed with SPSS software V.19, independent *t*-tests, Chi squared and Spearman correlation coefficient and 0.05 significant levels.

The following instruments were applied in the study:

- (1) **Demographic Information Checklist:** This checklist provided by the researchers to collect and analyze some information such as age, sex, marital status (questions for both case and control groups), type of drug in use, duration of drug use, age of onset on drug use, age at onset of AIDS, how to transmit the virus, history of imprisonment or accommodation in addiction treatment camps (questions of case group).
- (2) **Cloninger's Temperament and Character Inventory (TCI):** This questionnaire was created by 'Robert Cloninger' in 1994 according to general model of normal and abnormal personalities to evaluate inherent (temperament) and environmental (character) characteristics of people. The questionnaire included seven scales: novelty seeking, harm avoidance, reward dependence, persistence (temperament specifications) and self-directedness, cooperativeness and self-transcendence (character specifications) (Malayeri et al., 2008). Cloninger's Temperament and Character Inventory (TCI) has different personality questionnaire forms of which a 240 questions form was used for this study. The questions graded in 5 scales (from truly false with a score of 1 to completely true with a score of 5). The results of different studies show the appropriate reliability and validity of the questionnaire, for instance 'Farmer and Godenberg' (Farmer and Goldberg, 2008) estimated the reliability of revised Cloninger's Temperament and Character Inventory (TCI) by Cranach's alpha coefficient: 0.84 (novelty seeking), 0.91 (harm avoidance), 0.89 (reward dependence), 0.92 (persistence), 0.90 (self-directedness), 0.89 (cooperativeness), 0.90 (self-transcendence). Furthermore, a study in Iran (Chalabianloo and Abdi, 2014) verified the factor structure of the questionnaire and reported alpha coefficients: 0.72, 0.80, 0.73 and 0.55 (temperament traits) and 0.77, 0.84 and 0.72 (character traits), also they reported retest coefficient: 0.86, 0.88, 0.73 and 0.79 (temperament traits) and 0.86, 0.90 and 0.86 (character traits).

3. Results

The results showed that the age at the onset of AIDS, the time infected with HIV, and the age at the onset of addiction in the case group are as follows: 28.58 ± 5.37 , 7.60 ± 5.4 , 21.62 ± 3.91 (Table 1). Most of the participants of both case groups (75 people,

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