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The compare of psychopathological profile of single and married women 30-45 years old, working at the Fars Islamic Azad University

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ABSTRACT: Background and objectives: Increasing age of marriage in females is one of the changes that have occurred as a result of changes in the macro-level society. The henomenon of increasing age in females causes damages such as psychiatric disorders. The aim of the present study was to compare psychopathological profile in married and single women. Materials and methods: A sample consists of 240 subjects of single and married women 30-45 years old who work in Fars Islamic Azad University. They were selected by aimed sampling method. The collected data were analyzed by spss and multivariate analysis of variance (MANOVA). Result: There is significant different between two group in depression and sensitivity interactive communication. Depression and sensitivity interactive communication in single group was more than married group but in the other subscale of SCL90 wasn't significant different between two group. Conclusion: this study significantly showed psychiatric problem such as depression and interpersonal sensitivity so this emphasizes the need for psychologists and family counselors, and other custodians of family matters to rest the injury notes.

Keywords: age, psychopathology, marriage.

INTRODUCTION

Increasing age of marriage in females and the emergence of celibacy among them is one of the changes that have occurred as a result of changes in the macro-level society. The phenomenon of increasing age in females followed by the emergence of celibacy among them can cause disorders in the society, disorders such as the crisis of sexual desire, social corruption and running away. Psychological injuries can be mentioned as one of the important complications of disorders that occur as a result of the phenomenon of celibacy.

Girls and boys remaining unmarried can damage the family and community structure and reduction in birth rate and consequently the population of the country in the coming years is considered as the most important consequences, which will be a reason for the reduction of joy and peace among people. On the other hand, if the family does not meet the psychological, social, economic and intellectual needs of each human, it may increase damage and abnormalities in society that can affect other families and even affect other peoples' lives. Meanwhile, ignoring these needs and not being satisfied can lead to anger, depression, other personal and social problems and behavioral irritability in interpersonal relationships. Another point is that parents should be released and comfortable in the middle age period which is a natural cycle in families, but, the presence of unmarried girls at home disrupts this matter (Habibpour, 2012, p2).

Urbanization and changes in humans' behavior have caused the expansion of disorders, such as depression, anxiety and stress. Also, with regard to this point that the prevalence of depression is higher in women than men, Depression usually emerges in people who are single, which this issue can be seen more than ever, due to today's lifestyle. Based on conducted studies, single people can suffer mental disorders especially anxiety, depression and

stress up to 30% more than others and their psychiatric illness lasts longer. Also depression in people who recently lost their wife is common and may continue for several years.

Celibacy and increasing age of marriage and failures caused by it can act as a stressor. Seemingly small and unimportant stresses can lead to disorders in mental health in long term (Charles, 2013, p14).

Physical complaints or psychosomatic disorders, obsessive, compulsion, interpersonal sensitivity, aggressiveness, phobic anxiety, depression, anxiety, paranoid ideation and psychotic disorders can all be named as mental disorders that can lead to functional, behavioral, cognitive and social disorders in different ways in a person.

Khodarahimi in his study entitled "Investigation of women's mental health in the northern Fars, Iran" concluded that mental health scales are higher in single girls compared with older married women (Somatization, obsessive, interpersonal sensitivity, anxiety, fear, anger, paranoia, episode psychosis and all the scales of mental health) and marriage acts as a shock absorption system among married women which prevents the emergence of mental disorders. He proved that town or place of residence has an effective impact on women's mental health.

In general, marriage status, age, education, socioeconomic status and place of residence as demographic variables have major effect on Iranian women's mental health (Khodarahimi, 2009, p61). Marriage, through its protective effect, has an effective role in preventing mental disorders. Ghodsi carried out a study in the field the relationship between social support and depression among teachers, which the results of this study showed that the size of supportive social network has an inverse relationship with depression. In this study, the presence of a strong bond which means having a spouse was used as a structural source of social support in the inner layer of social relations. Strong bonds are the first and fundamental source of societal support and in investigating the relationship between strong bond and Men's Health, a significant relationship was observed between strong bond and mental health (Ghodsi, 2001, p115).

The results of Lahsaee zade et.al showed that there is a positive relationship between individuals' mental health and marital status (Lahsaee zade, 2000, p162).

American Public Health Department during scientific research about the relationship between mental health and marriage has concluded there is a significant relationship between "mental health" and "marriage" and married people are in a better state of mental health than single people and a small percentage of them suffer mental and psychological disorders. Utilization quality of social background factors and social support is one of those factors that seem to be very important in women's mental health and their vulnerability. The quality of having social supports and social background factors in Single women is different from married women. Therefore, single women are exposed to more mental disorders in the community than married women.

The following factors are among the most important and underlying factors which were effective in the emergence of girls' celibacy problem and consequently mental disorders of unmarried women and plays a major role:

Intermediate factors: weakening traditional cultural norms, changes in marriage pattern, economic and social conditions of the society, problems emerged in the process of marriage.

Micro factors: social and economic status of the family (father's job, educational level of family members and family income) Religious commitment, marriage expectations, limitations in finding the right partner, mistrust to the opposite sex, attitudes toward arranged marriage or self-choosing, the number of family members, the limitation imposed by the families (Habibpour, 2012, p2).

Single women have less social support than married women (Hirth, 2010, p3 and Kaplan, 2008, p45). Researches on the relationship between social support and individuals' physical and psychological health began since 1970, when social support was introduced as the main cause of catching various diseases. Social support has been studied in normal people associated with various medical conditions such as cancer, AIDS, multiple sclerosis and psychological disorders such as anxiety, depression, stress, addiction (Chronister, 2008, p18).

Social support not only has a positive relationship with health and well-being and also recovery after traumatic events, but also has a negative relationship with stress and mortality (Kaplan, 2008, p45 and Chronister, 2008, p18 and Prati, 2009, p364).

Hence, it seems that unmarried girls with older age, as they receive a lower degree of social protection than married women, are exposed to more vulnerability. Now, according to conduced investigations and the increasing trend of celibacy among girls in the community and the existence of gaps in the field of surveying and paying attention to solving their problems as a major social problem, and the importance of girls as the vital part of the society which is the existential philosophy of the family and having a healthy, creative and dynamic generation depends on the them and their physical and mental health, and damaging them is like damaging all the body of human being and the society that brings physical, psychological and social irreversible consequences to the society (Herbert,1993,478, Kring,2007,p218).

The research hypothesis is based on this principle that psychological trauma including obsession, depression, paranoid ideation, psychotic tendencies, interpersonal sensitivity, phobic anxiety, aggression in unmarried girls over

30 years old is equal with married women and this study is about to deal with this issue that whether the psychopathological profile of single girls over 30 years old are deferent from married women?

MATERIALS AND METHODS

The present research design is a comparative scientific research. The statistical population consisted of single girls and married working women 30 to 45 years old in various parts of the Islamic Azad University of Fars. The sample size was estimated (240 people), which single girls constituted 90 people and married women were constituted the remained 150 people.

Purposive sampling was the method of sampling that included unmarried and married employed women of 30 to 45 years old in various parts and by visiting and explaining the objectives of the study and also explaining the confidentiality of research results, they were asked to complete a research tool. Obtained data was analyzed with the help of SPSS software and using multivariate analysis of variance (MANOVA).

Scale SCL 90-R:

This questionnaire is a 90-item self-assessment tool and evaluates the psychological symptoms in 9 dimensions of aggressiveness, phobic anxiety, paranoid ideation, obsession and compulsion, psychotic, depression, interpersonal sensitivity, physical complaints and anxiety. This test was introduced by Derogatis et al in 1973 and its final form was prepared in 1976 (FathiAshtiani, 2010, p76). To assess the reliability of these nine dimensions, the test has used two methods of calculation "internal reliability" and "the test-retest reliability method". The internal reliability of these tools was satisfactory for the 9 axis. The test-retest reliability was between 0.78 and 0.90. In a study that is done in Iran to assess the reliability and validity of SCI90-R, the reliability of this test was more than 80%, and the construct validity obtained all indicate that the tool can be used as a screening tool or as a diagnostic tool for mental disorders in Iran.

Research findings

Before testing the hypotheses, at first, data related to the variables was described. It was assumed that psychological damages, including obsession, depression, physical complaints, paranoid ideation, psychotic tendencies, interpersonal sensitivity, phobic anxiety and aggressiveness in unmarried girls over 30 years old is identical to married women.

	Marital status	Average	Standard deviation	Numbers
Depression	Single	1.073	0.801	90
	Married	0.81	0.69	150
Physical complaints	Single	0.68	0.61	90
	Married	0.79	0.63	150
Obsession	Single	1.06	0.63	90
	Married	0.94	0.65	150
Anxiety	Single	0.62	0.58	90
	Married	0.61	0.66	150
Psychotic tendencies	Single	0.47	0.479	90
	Married	0.41	0.51	150
Interpersonal sensitivity	Single	0.91	0.69	90
	Married	0.67	0.62	150
Phobic anxiety	Single	0.42	0.45	90
	Married	0.36	0.51	150
Aggressiveness	Single	0.65	0.52	90
	Married	0.58	0.59	150
Paranoid ideation	Single	1.12	0.77	90
	Married	0.96	0.81	150

As Table 1 indicates, except physical complaints which has a higher average in married group (0.79) as compared to the single group (0.68), and anxiety that is roughly equal in both groups, in other subscales, obsession, depression, paranoid ideation, psychotic tendencies, interpersonal sensitivity, phobic anxiety, aggressiveness, the single group always has a higher average than the group of married women.

Based on the hypothesis that assumes the psychological damages including obsession, depression, paranoid ideation, psychotic tendencies, interpersonal sensitivity, phobic anxiety, aggressiveness in unmarried girls over 30 years old is equal with married women, the method of multivariate analysis of variance were used to assess the significance of differences (Table 2).

Wilks lambda test was used to assess the difference of groups.

Table 2. The summary of the analysis of multiple variances of psychological damage components in both single and married

groups								
Source of Distribution	dependent variable	Total squares	df	Mean squares	F	The significance level		
Marriage	Depression	3.80	1	3.80	6.96	0.009		
Physical complaints		0.67	1	0.67	1.69	0.19		
	Obsession	0.81	1	0.81	1.93	0.16		
	Anxiety	0.009	1	0.009	0.02	0.88		
	Psychotic tendencies	0.22	1	0.22	0.89	0.34		
	Interpersonal sensitivity	3.37	1	3.37	7.99	0.005		
Phobic a	Phobic anxiety	0.21	1	0.21	0.85	0.35		
	Aggressiveness	0.31	1	0.31	0.94	0.33		
	Paranoid ideation	1.33		1.33	2.08	0.15		

Wilks lambda test showed that there is at least a significant difference in one of the components between groups (P<0.05).

Based on the results presented in Table 2, it can be seen that there is a significant difference between the two study groups in the component of depression (P < 0.05 and F = 6.96) as well as the component of interpersonal sensitivity (P < 0.05 and F = 7.99) but there is no significant difference in other components including obsession, physical complaints, paranoid ideation, psychotic tendencies, phobic anxiety and aggressiveness.

According to Table (1), comparing average amounts between unmarried and married groups, the average of depression in unmarried group is higher than the married group and also, the average amount of interpersonal sensitivity is greater in unmarried group in comparing with married group, but in other areas of psychological damage, including obsession, physical complaints, paranoid ideation, psychotic tendencies, phobic anxiety and aggressiveness, there is no difference between the two groups.

According to resulths the compare of psychopathological profile of single and married women shows that physical complaints was higher among married women and two groups are similar in terms of anxiety, and in other subscales (obsession, depression, paranoid ideation, psychotic tendencies, interpersonal sensitivity, phobic anxiety and aggressiveness) single women have always higher rates than married women.

Discussion and conclusion

Based on the research findings, comparing psychological damages of single and married women, 30 to 45-yearold, interpersonal sensitivity and depression is higher among single women than married women, but in other cases there is no significant difference between the two groups. Comparing psychopathological profile of these two groups, single women are greater than married women in all subscales of mental disorders, except physical complaints.

The subscale of anxiety is equal in both groups and physical complaints are higher among married women in comparing with single women. The results of these findings are in lined with the results of Lahsaee zade et al (Lahsaee zade, 2000, p162) and Ghodsi (Ghodsi, 2001, p115), Khodarahimi (Khodarahimi, 2009, p61). According to the research results of Lahsaee zade et al (Lahsaee zade, 2000, p162) and Ghodsi (Ghodsi, 2001, p115), there is a positive and significant relationship between individuals' mental health and marital status which the finding results of the present study is in line with the results of this research. In the research of Khoda Rahimi (Khoda Rahimi, 2009, p 61) about "Investigation of women's mental health in the northern Fars, Iran" he concluded that all indicators of mental disorders among single women with 36-40 years old were higher than married women and marriage acts as a shock absorption system among married women which prevents the emergence of mental disorders, which the results of this research is also in line with the results of the present research.

The fact that more significant differences were found in the research of Khoda Rahimi in comparing with this research, may be due to his (Khodarahimi, 2009, p61) population under study that was formed by ordinary people, whereas in this research, working women have formed the statistical population who had income and social work role. Perhaps high indicators of psychological damage disorders in Khodarahimi's research, in comparing with the results of this research, are related to this matter. In general, results of this research in line with previous investigations shows older single women had a higher degree of psychological vulnerability in comparison with married women.

This research significantly showed psychological problems such as depression and interpersonal sensitivity in single women which points out the necessity of the attention of psychology and family counselors and other custodians of family issues towards these disorders. It is obvious that in addition to expert advice, training, development of self-esteem and self-confidence will have a vital role in reducing stresses and psychological pressures in single women.

Being employed and having a regular income is among the limitations of this study, therefore results cannot be generalized to unemployed girls. Despite the assurance about the confidentiality, the respondents' bias in expressing problems and signs of psychological damage, due to their caution in responding and their fear of possible implications by the Bureau and colleagues, as well as fears of causing any problem in their job security it is still possible. For this purpose, it is suggested to use qualitative interviews for investigating study variables in future researches in order to reduce possible bias in responses. It also recommended that different groups and walks including unemployed people be considered in future researches; it seems that in this case, the level of psychological damages and psychopathological profile of single women will be significantly different from the findings of this study and will appear in a more obvious form.

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