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INVESTIGATING THE PREVALENCE LEVEL OF MOOD, ANXIETY AND PERSONALITY DISORDERS IN MILITARY FORCES

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ABSTRACT

Background: The present research seeks to investigate the prevalence level of mood, anxiety, and personality disorders using Millon 3 multiaxial questionnaire among the population of men and women in two groups of outpatients resorting to the psychological clinic of a military hospital and the healthy people working there.

Material and Methodology: A scientific-comparative method was used to conduct the research. The statistical society included those psychological cases resorting to a training clinic of military and police forces. The personnel of that unit were used as controls. The sample size was set to 101 including 51 men and 50 women resorting to the center with the initial symptoms of psychological diseases. As of the control group, 110 healthy people in the same center including 35 men and 75 women who chose to participate in the study on a voluntary basis. Both the demographic and Millon 3multiaxial questionnaires were designed and completed through interview.

Result: The raw findings indicate differences in frequency between the group of patients and healthy people in terms of mood disorders, anxiety and personality disorders, with the exceptions of histrionic and narcissistic personality disorders.

Conclusion: The results indicated a significant difference between healthy and non-healthy participants in terms of mood disorders, anxiety, and personality disorders with the exception of histrionic and narcissistic disorders. However, no significant difference was observed among men and women in terms of such disorders.

Keywords: Personality Disorder, Mood Disorder, Anxiety Disorder.

INTRODUCTION

Knowing about personality features which have sustained themselves for many years is so important that it must be taken into consideration along with other health and sanity factors as those features may provide doctors with preemptive aids (1). Research results show that those afflicted with mental disorders who are also suffering from personality disorders exhibit weaker treatment results and the level of disease recurrence in them is much higher. If personality disorders in those afflicted with mental disorders is measured and diagnosed in a systematic manner, the recovery level of the patients improves and chances of disease recurrence reduce (2). The majority of people response to the reactions in a unique and predictable manner, however they exhibit some sort of special and adaptive flexibility. Human personality is not stable and constant, people learn from past experiences and try to have various and different responses in different situations so that they can manage their errands in an appropriate manner. This learning and adaptation is something that people afflicted with personality disorders can not achieve (3). Personality disorder is a factor that paves the way for other psychiatric disorders such drug consumption, suicide, emotional disorders, impulse control disorders, and anxiety disorders (4). Personality disorder is considered to be as the most common mental disorder treated by psychologists and psychiatrists (5). Thus, people with personality disorders have many problems in family, society and in making contact with the others. Although this disorder is quite common, we study it as it is harder to treat and since those afflicted with it resort to doctors less often than those afflicted with other mental disorders such as depression and schizophrenia (6). As the researches indicate, the prevalence of personality disorders vary based on the type of the society and the method utilized (7). Personality disorders are quite common in societies which can cause major problems in societies and especially in the mental health of families. Thus, it is necessary to conduct

researches on them. Those afflicted with personality disorders have the highest level of problems in love and working. Thus, many problematic, chaotic, and shattered families who are confronted with many diseases and problems such as addiction, prostitution, and felony are capable of transferring such problems to their future generation and defenseless offsprings through genetics and environmental learning. The level of personality disorders in those afflicted with mental diseases is so high. The personality disorder in those afflicted with mental diseases is so high and the process of their treatment is too slow (8). The prevalence of personality disorders in the normal population of Iran is also on the rise and this rise has been shown to be higher than other countries (9). Personality disorder is the basis of many other wrongful behaviors such as mood disorders, anxiety and phobia (10). As no detailed information has been obtained about the levels of personality disorders in patients and even healthy people in the statistical society, the main question here is whether personality disorders in those resorting to psychiatrists is more than the normal people who have not resorted to doctors or not. As these disorders influence axis 1 and result in mood and anxiety disorders and since Millon questionnaire is multiaxial and generally measures the disorders of axis 1, thus the researchers conducted this study with the goal of investigating and measuring mood and anxiety disorders in the group of patients and healthy people. As, according to the previous studies, personality disorders are also associated with mood and anxiety disorders, we will have an overall (not detailed) look at these disorders besides personality disorders among the patients and healthy people. The prevalence of mental disorders is on the rise in developing countries. However, based on the study conducted by Hajebi, the prevalence level of anxiety and mood disorders are in the first and second grades of mental disorders respectively. It is noteworthy to remember that if such disorders coincide with personality disorders and if no proper step is taken to measure them, problems will arise in treatment and we may observe disease recurrence. There are many deaths caused as a result of anxiety and non-treatment of the patient in many countries. Thus, the frequency of people afflicted with personality, anxiety and mood disorders is one of the most important indicators of the mental health of society. Being aware of it is quite necessary in

planning for health improvement in a country and epidemiological studies and investigations can play a major role in determining the level of the problem and prevent and treat such diseases. Considering the importance of this issue and the complex problems caused by this disorder in the social and interpersonal relationships in work and family environment and interaction with spouse and children and remembering the fact the failure in identifying personality disorders may hinder the process of treatment, thus the present study aims at investigating the prevalence level of this disease in military personnels and their families.

Material and Methodology:

The present study has a scientific-comparative approach. The present study investigates the prevalence level of mood, anxiety and personality disorders in military forces. For this purpose, some 101 people of those resorting to a training-treatment clinic of the military and police forces and 110 healthy people were selected as the healthy group considering the criteria for entering and leaving the research. The people entered the research voluntarily with observing medical morality principles and with total awareness of the research process after their consent was gained. The participants were then divided into the patient and healthy groups. In the present research, the entrance criteria included outpatients, mature people above 15 years old and the minimum education level of junior high school. The exit criteria also included factors such as hospitalized patient, people with physical illnesses and kids and those under 15. In both groups, demography and Millon 3 multiaxial questionnaires were filled through interviews. Millon clinical multiaxial inventory (MCMI) is a self-questioning standardized questionnaire which covers a wide range of information associated with their personality, emotional adaptation and approach to the questionnaire. The subjects of this questionnaire are people above the age of 18 with the minimum literacy level of grade 8. Millon questionnaire is one of those unique questionnaires which focuses on personality disorders and the symptoms which usually coexist with them (11). Thus, this questionnaire can be used to make clinical decisions and to determine if the individual is afflicted with a particular disorder or especial psychological characteristics (12). The positive prediction of scales in this questionnaire ranges from 0.92 to 0.98, while the negative prediction of

the scales is in the range of 0.93 to 0.99. The total diagnosis power of all scales ranges from 0.58 to 0.83. Thus, MCMI3 is a valid test which can be utilized to diagnose personality and clinical disorders (13). Roshanak Khodabakhs undertook to prepare, translate to Farsi and normalize this questionnaire. The stability of the test was also determined using half-making method and the calculated Cronbach's alpha was 90 and 93 percent. These numbers are indicative of the internal consistency of the scales of this questionnaire (14). Based on the classification of variability index, clinical personality patterns, clinical symptoms and extreme symptoms in MCMI3 questionnaire, a score between 70 to 80 shows specificity and scores above 80 indicate a disorder in the individual and the extreme pathology of the individual is scored. The second most important questionnaire after MCMI3 is the Minnesota Multiphasic Personality Inventory (MMPI) (15). Sampling was conducted using convenient sampling method over a period of 9 months through interviews and completion of Millon multiaxial demography test questionnaire. The raw data achieved were then fed to SPSS software v. 19. Then data normality was studied for all variables and appropriate statistical tests were utilized based on the normality status. In this test, we utilized Levene's Test, T – Test and non-parametric chi-square statistical tests were utilized to analyze the data. Statistical significance level (P-value) in this study was set to be less than 0.01.

Results:

First the variables were introduced and then the raw data were studied using the appropriate statistical tests. The present study was conducted on 101 people resorting to neuro-psychological clinics including 51 men (50.5%) and 50 women (49.5%). 110 healthy people working in the very same clinic including 35 men (31.8%) and 75 women (68.2%) also took part in this research. Based on the statistics gained in this research, 34.7% of the participants in the group of patients were single while the remaining were married. In the group of healthy people, 43.6% of people were single and the remaining 56.4% were married. The average age of the patients was 34.29 ± 11.8 years, while the average age of those in the group of healthy people was 34.32 ± 10.4 years. 23 people (10.9%) from both groups had degrees below high school diploma, 50 (23.7%) people had high school diploma and the remaining 138 people (65.4) had degrees above high school diploma. Although no

difference was observed between the average scores of mood disorders in both groups, this difference is considered to be significant and important in terms of statistical tests. We can say that the average mood disorders in those resorting to the clinic is more than normal people (Table 1). Statistical tests also revealed that a significant difference exists between groups studied and anxiety disorder score (P-Value < 0.01) (table 1).

The frequency and prevalence of mood disorder in patients resorting to clinic was 23.8% more than normal people (with a frequency of 7.3%). The frequencies of mood disorder in both groups were compared against one another. The results indicate a significant difference between the above mentioned parameters (P-Value = 0.001). Based on the studies conducted, a significant difference was observed between the frequency of anxiety disorder and 2 groups of patients and healthy people (P-Value = 0.001). It's worth noting that the frequency and prevalence of anxiety disorder in patients resorting to the clinic was 62.4% more than what was observed in normal people (22.7%). As table 2 shows, the difference between the two groups (healthy and patient) is significant from a statistical approach (P<0.001), with the exception of histrionic and narcissistic personality disorders. In other words, with the exception of those afflicted with histrionic and narcissistic personality disorders, the mean of personality disorders in the patients resorting to the clinic is higher than normal people.

Table 1: A comparison of averages of mood disorders and anxiety disorders scores according to the groups studied

variable	group	Mean ± S.D	DF	P-Value
mood disorders	patient	14.79 ± 0.804	209	0.001
	healthy	14.35 ± 0.612		
anxiety disorder	patient	17.04 ± 2.02	209	0.001
	healthy	15.55 ± 2.52		

Table 2: A comparison of the average scores of personality disorders in terms of groups of patients and healthy people

Cluster	Personality disorder	group	Mean ± SD	DF	P-Value
Cluster A	Schizoid	patient	17.19 ± 1.065	209	0.012
		healthy	16.85 ± 0.844		
	Paranoid	patient	20.69 ± 1.611	209	0.001
		healthy	19.79 ± 1.665		
	Schizotypal	patient	17.17 ± 1.059	209	0.001
		healthy	16.55 ± 0.749		
Cluster B	histrionic	patient	18.16 ± 0.771	209	0.459
		healthy	18.24 ± 0.753		
	narcissist	patient	24.26 ± 1.514	209	0.222
		healthy	24.51 ± 1.470		
	anti-social	patient	26.85 ± 2.471	209	0.001
		healthy	24.72 ± 2.181		
	borderline	patient	17.38 ± 1.076	209	0.001
		healthy	16.43 ± 0.710		

Cluster C	**avoidant**	**patient**	**16.28 ± 0.450**	**209**	**0.001**
		healthy	**16.08 ± 0.275**		
	dependant	**patient**	**18.45 ± 1.005**	**209**	**0.001**
		healthy	**17.94 ± 0.816**		
	compulsive	**patient**	**21.36 ± 1.188**	**209**	**0.001**
		healthy	**20.48 ± 1.311**		

A comparison of the averages of mood disorder in men and women (14.49 form women and 14.61 for men) shows that no significant difference is observed between the above-mentioned parameters in terms of statistical tests (P-Value>0.05). The results of the studies also indicate no significant difference between means of anxiety disorders and personality disorders (each one separately) in two groups of men and women (P-Value>0.05).

DISCUSSION

While talking about personality, psychologists pay attention to individual differences more than anything else. These are the characteristics that distinguish one from others. There is no total agreement among the psychologists about definition of personality (16). Based on 3 characteristics, a normal personality is defined directly through making reference to having ideal health and indirectly through comparison with sick personalities and the most common behaviors in each culture and environment (8). If the person does not fit within the criteria defined, it is really likely that he is suffering from personality or other disorders. Mood disorders are the most common types of psychological diseases. Psychiatrists believe that mood disorders result in distraction and confusion and other problems such as consumption of alcoholic drinks, sleep reduction, energy increase, excessive verbosity, and superiority complex (17). The researches conducted in recent years have shown that obsessive compulsive disorder may increase the possibility of death as a result of cardiovascular disorders. Pharmacological, cognitive-behavioral and psychodynamic approaches have all been introduced to be useful in fighting off anxiety disorders. Another interesting feature of anxiety disorders is the high influence of genetic and experimental factors. Considering the importance of this issue in contemporary societies, the researchers decided to conduct a study with the aim of investigating the prevalence of mood, anxiety, and personality disorders in military forces. The results of this research were compared to other similar studies. The statistical tests indicated a significant difference between the means of mood disorders in both groups (P-Value=0.001). The results of this study are directly in line with the results of the studies conducted by

Uguz et al (18) who studied mood disorders in patients suffering from lupus and with the results of the research done at youth care unit in USA by Garland et al (19). The results are also in line with the studies conducted by Radgoodarzi et al. (1) who studied the mental health of general population of Tehran and those of Fayazi & Bordbar (20) studying the mood disorders of the patients hospitalized in the psychiatric hospital of Mashad, and, finally, with the results of the research conducted by Kazemi et al (21) who studied 385 personnels of the Army Land Forces. The results of the statistical tests indicate a significant difference between scores of anxiety disorder in patients and both patient and healthy groups (P-Value = 0.001). The results of this study are directly in line with the results of the studies conducted by Uguz et al (18) who studied mood disorders in patients suffering from lupus and with the results of the research done at youth care unit in USA by Garland et al (19). The results of this study are also in line with the results of the study conducted by Hajebi et al (23) who studied the mental health of 7886 people in Tehran and also with the results of the study conducted by Vejdani et al (24) who studied the anxiety in jaw and mouth diseases. After studying the status of personality disorder (with the exceptions of histrionic and narcissistic personality disorders) between two groups in this study, it was confirmed that a significant difference was observed in the levels of personality disorders (P-Value = 0.001). The results of this research are indirectly in line with the results of the study conducted by Zimmerman et al (5) who studied personality disorder in outpatients and also with a research by Ruiter et al (25) who studied personality disorder in hospitalized Dutch patients. These results are also indirectly in line with the results of the study conducted by Adel et al (26) on personality disorder in a mental hospital and also the research done by Marti et al (27) in a population of general practitioners. The results of this test are also indirectly in line with the results of the study conducted by Renneberg et al (28) on personality disorders in Agoraphobia patients. In Iran, this research is directly in line with the results of the study conducted Khodabakhs (29) on the prevalence of personality disorders in patients and healthy people and also the results achieved by Sadeghi (30) and Sabour (31) conducted on hospitalized patients. The results are also indirectly in line with the results of the study conducted by Mokhber et al (32) on personality disorders in patients

with epilepsy. In this research, histrionic and narcissistic personality disorders among the healthy population are more prevalent than what is observed in patients and these results are in line with the study conducted by Moheb et al (33) on cosmetic surgery population. In this research, histrionic personality disorder among the patients had a frequency rate of 38.6%, while this frequency was reported around 42.7% in healthy people. As we observe much compliment in Iran and among the normal population and people do not tend to be explicit in their words, this disorder is on the rise among women with high levels of social relationship. Concerning the narcissist personality, patients had a frequency of 6.9%, while this frequency rate among the normal people was 13.9% (12% women and 7% men). Concerning this disorder, seemingly because the population studied is comprised of the educated class, they had a higher mean compared to the patients. The results of evaluating the levels of anxiety in two groups separated by gender shows the difference between them. The frequency of anxiety among men (48.8%) is higher than what is observed among women (36.8%), although it can't be considered significant from statistical point of view and both groups exhibited similar levels of anxiety. The results achieved in this study are not in line with the results of the study conducted by Hajebi (12% men and 19.4%) and the majority of researches conducted abroad. This difference seems to be due to the statistical population (Hjaebi studied the general population, while the present research has only studied a specific military class). The results also indicate less frequency of Schizotypal disorder among women than what is observed in men. The frequency of other disorders among women is much more than what is observed among men, with the exception of avoidant which is equal in both groups. These are mainly in line with the results of Khodabakhs (29). Concerning Schizoid personality disorder, the results of this study are in line with the results of the study conducted by Khodabakhsh (29), while we can't consider them in line with the results achieved by Kering et al (25), Torgersen (35), Gunderson (36), and Pefol (9). Concerning Schizotypal disorder, the results of this research were in line with the results of Khodabakhs (29), while they were in contrast with the results achieved by Torgersen (35). As of paranoid, obsession, and anti-social disorders, the results of our research are in line with the

results of Torgersen (35), but they have nothing to do with the results achieved by Kering (25). In both groups of men and women, histrionic disorder patterns were in line with the results Millon, Davison, and Torgersen (35), while they are in contrast with the results achieved by Khodabakhsh. The results achieved about avoidant personality in this research are in line with the study conducted by Torgersen, while they have nothing to do with the results achieved by Khodabakhs (29). As of dependant personality disorder, the results of this study are in line with those achieved by Kering et al (25), Gunderson (36), Pefol (9), Kaplan (38) and Khodabakhsh (29). The results of this study and those conducted by Torgersen (37) and Khodabakhs (29) agree on borderline personality disorder. According to the results achieved in this research, we may draw the conclusion that no significant difference is observed between the healthy people and patients in terms of mood, anxiety and personality disorders, with the exception of histrionic and narcissistic disorders. However, no significant difference is observed between the group of men and women in any of the above-mentioned disorders.

REFERENCES

[1] Rad Goudarzi, Reza; Amin Esmaili, Masoume; Rahimi Movaghar, Afarin; Sharifi, Vandad; Motevallian, Abbas; Hajebi, Ahmad; Hefazi, Mitra (2012). The prevalence of mood disorders in Iran: the results of a national survey of mental health over the years 2010-2011.

[2] Jalal, Sh; Kheirollah, S. The prevalence level of personality disorders in patients hospitalized in an educational-medical center in Kermanshah.

[3] Commer R. Abnormal psychology. Princeton university. Worth publishers; 2001.

[4] Leffingwell A. The nature of Personality Disorder discharge policy in the United States military as of September 11, 2001: California State University, Fresno; 2013.

[5] Zimmerman M, Rothschild L, Chelminski I. The prevalence of DSM-IV personality disorders in psychiatric outpatients. American Journal of Psychiatry. 2005;162(10):1911-8.

[6] Coid J, Yang M, Tyrer P, Roberts A, Ullrich S. Prevalence and correlates of personality disorder in Great

Britain. The British Journal of Psychiatry. 2006;188(5):423-31.

[7] Sanderson WC, Wetzler S, Beck AT, Betz F. Prevalence of personality disorders in patients with major depression and dysthymia .Psychiatry Research. 1992;42(1):93-9.

[8] Khodabakhs, Roshanak. Comparing the prevalence of personality disorders among men and women using moderated raw scores of Millon III test. The Women and Family Cultural and Educative Quarterly, 2014 (22).

[9] Aghaei A, Golparvar M. Prevalence of personality disorders symptoms among male high school students in Isfahan, Iran. European Journal of Psychology and Educational Studies. 2014;1(1):22.

[10] Joseph Thuo M, Ndetei DM, Hitesh Maru M, Mary Kuria M. The prevalence of personality disorders in a Kenyan inpatient sample. Journal of personality disorders. 2008;22(2):217.

[11] Millon T, Davis RD. The MCMI--III: present and future directions. Journal of Personality Assessment. 1997;68(1):69-85.

[12] Sharifi, A. (2006). MCMI (Millon III). Edited by Abolfazl Karami, Tehran, Ravan Sanji Pub.

[13] Sharifi, A; Molavi, H; Namdari, K. (2007). The diagonal validity of MCMI-III, Science and Research in Psychology Quarterly, No. 34, pp. 27-38

[14] Roshanak Khodabakhsh, Comparing the prevalence of personality disorders among men and women using moderated raw scores of Millon III test. The Women and Family Cultural and Educative Quarterly, year 7, No. 22, Spring of 2013.

[15] Millon T. Modern psychopathology: A biosocial approach to maladaptive learning and functioning: Waveland PressInc; 1983.

[16] Smith EE, Atkinson RL, Hilgard ER. Atkinson & Hilgard's Introduction to Psychology: Wadworth/Thomson Learning; 2003.

[17] Sadok, Benjamin/ Pocket guide to Kaplan’s clinical psychology/ Teymourzadeh Cultural Pub.; Tayeb, 2002

[18] Uguz F, Kucuk A, Cicek E, Kayhan F, Tunc R. Mood, anxiety and personality disorders in patients with systemic lupus erythematosus. Comprehensive psychiatry. 2013;54(4):341-5.

[19] Garland AF, Hough RL, McCabe KM, Yeh M, Wood PA, Aarons GA. Prevalence of psychiatric disorders in youths across five sectors of care. Journal of the American Academy of Child & Adolescent Psychiatry. 2001;40(4):409-18.

[20] Talai'ee, Ali; Fayazi Bordbar, Mohammad Reza; Mokhber, Naghmeh; Hojat, Kaveh; "A comparison of the mental pathology of medical students during the internship period with non-medical students of Mashhad Medical Sciences University", Mental Health Principles Scientific-Research magazine, 2006, year 8, Nos., 29-30.

[21] Kazemi, J; Donyavi, V; Hosseini, R; Shafighi, F; Rouhani, M; Arghenoon, Sh; Gharekhani, Sh. (2006). Investigating the prevalence of mood disorders in the military personnel of Iranian Army Land Force in Tehran in 2005. Islamic Republic of Iran Army Medical University Scientific-Research Magazine, year 4, No. 4, pp. 993-997.

[22] Chambless DL, Renneberg B, Goldstein A, Gracely EJ. MCMI-diagnosed personality disorders among agoraphobic outpatients: Prevalence and relationship to severity and treatment outcome. Journal of Anxiety Disorders. 1992;6(3):193-211.

[23] Bolhari J, Ahmadkhaniha H, Hajebi A, Yazdi SAB, Naserbakht M, Karimi-Kisomi I, et al. Evaluation of Mental Health Program Integration into the Primary Health Care System of Iran. Iranian Journal of Psychiatry & Clinical Psychology. 2012;17(4.(

[24] Mahrou, V; Gholamreza, D.B; Sasan, M; Alireza, A.J. A comparison of anxiety and depression in people afflicted with temporomandibular and chin joint disorders with healthy people.

[25] Ruiter.C, Trestman.R.L.(2007), J Am Acad Psychiatry Law, The Journal of the American Academy of Psychiatry and the Law, 35, 92–7.

[26] Adel A, Grimm G, Mogge N, Sharp T. Prevalence of personality disorders at a rural state psychiatric hospital. Journal of Rural Community Psychology. 2006;9(1.(

[27] Martin J, Walcott G, Clarke T, Barton E, Hickling F. The prevalence of personality disorder in a general medical hospital population in Jamaica. West Indian Medical Journal. 2013;62(5):463-7.

[28] Renneberg B, Chambless DL, Gracely EJ. Prevalence of SCID-diagnosed personality disorders in agoraphobic outpatients. Journal of Anxiety Disorders. 1992;6(2):111-8.

[29] Khodabakhsh R (2013). Comparing the prevalence of personality disorders among men and women using moderated raw scores of Millon III test. The Women and Family Cultural and Educative Quarterly, spring 2013, year 7, No. 22, pp. 103 - 152.

[30] Sadeghi, Kh; Shakeri, J. (2002). The prevalence level of personality disorders in the patients hospitalized in an educational-medical center in Kermanshah, A thesis submitted in partial fulfillment of the requirements of a degree of master of art.

[31] Sabouri, M; Sadeghi Movahed, F. (2002). Investigating the frequency of personality disorders in the patients hospitalized in the psychiatric unit of Fatemi Hospital from 1999 - 2000, A thesis submitted in partial fulfillment of the requirements of a degree of master of art.

[32] Mokhber, N; Azar Pajooh, M; Asghar Pour, N. (2012). Studying the prevalence of personality disorder in patients aflicted with complex are epilepsy. A research paper published in Sabzevar Medical Science University magazine, fall, period 20, No. 3, pp. 242 – 248.

[33] Moheb, N; Hosseini Nasab, D; Kolahi, P. (2009) A comparative analysis of personality disorders among those looking for cosmetic surgery and normal people. Women and Family Studies, spring, year 1, No. 3, pp. 91 – 106.

[34] Hajebi, A; Sharifi, V; Amin Esmaieli, M; Motavalian, A; Rahimi Movaghar, A; Hefazati, M; Rad

Goudarzi, R. (2012). The prevalence of anxiety disorders in Iran. The results of a national survey of mental health in the period between 2010 – 2011.

[35] Torgersen S, Kringlen E, Cramer V. The prevalence of personality disorders in a community sample. Archives of general psychiatry. 2001;58(6):590-6.

[36] Gunderson JG, Frank AF, Katz HM, Vannicelli ML, Frosch JP, Knapp PH. Effects of psychotherapy in schizophrenia: II. Comparative outcome of two forms of treatment. Schizophrenia bulletin. 1984;10(4):564.

[37] Kring, A.M., Johnson, S.L., Davison, G.C. & Neale, J.M . ,(2007)Abnormal psychology (10th ed), New York: Wiley & Sons, Inc.

[38] Kaplan, Sadok. (2000). A summary of behavioral sciences psychiatry/clinical psychiatry, translated to Farsi by Nosrat Allah Pour Afkari, Tehran, Shahr-e-Ab.