



PERSONALITY DYNAMICS AND INTERPERSONAL CONFLICTS OF WOMEN WITH DIABETIC MELLITUS – A CASE SERIES

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ABSTRACT

Background: People's ability to manage diabetic mellitus, a metabolic disorder which is inevitable and it is to be affected by the attitudes and expectations of those around them, especially for those people who live in communities within larger societies because it is proved that psychological, social and cultural factors play a major role in managing the disease and sometimes identification of psychological problem is quite difficult.

Aim: To assess the attitude, conflicts and personality dynamics of women with diabetic mellitus.

Methods: Thematic Apperception Test developed by Uma Choudhary & Henry Murray, in 1967 and the Sacks Sentence Completion Test with a list of 60 fill in the blanks were given to 10 women with diabetic mellitus and the test was administered. Snowball sampling method was used to select the subjects.

Results: On qualitative analysis showed that most of the women have negative attitude towards self concept but surprisingly have established strong inter personal relationship irrespective of mild negative attitude or conflicts towards the family area. Personality dynamics of the women emphasized the need for affiliation both associative and emotional, achievement and understanding and the environmental presses elicited are lack, aggression, cognizance, affiliation, dominance and rejection.

Conclusion: The present study concluded that women with diabetic mellitus have better inter personal relationship and are in need for affiliation, achievement and understanding and are experiencing difficulties through lack of support, aggressive environment, rejection, dominance and suspicious personalities. But negative attitude towards the self concept and mild emotional conflict in family area were present.

KEYWORDS : Diabetic Mellitus, Conflicts and Personality.

Introduction

Diabetes Mellitus is an emerging pestilence of the heading century threatening to devastate the healthcare system in the subsequent time. It is a ceaseless disease that affects the human kind in a steady increasing rate. People's proficiency to manage diabetes effectually is inevitably affected by the attitudes, conflicts, and personality dynamics. The impact of diabetes varies with disparate social context, and it affects the capability of individuals with diabetes to cope up their habituate and to behave effectually within their society.

Diabetes is rapidly procuring the stature of a potential pestilence in India with more than 62 million individuals presently diagnosed with the diabetes mellitus. In the year 2000, India had the highest number of individuals affected by diabetes mellitus with total population of 31.7 million. China had the second highest with the total population of 20.8 million and U.S.A had the third highest with the total population of 17.7 million (Seema AbhijeetKaveeshwar & Jon Cornwall, 2014). The victims of diabetes around the world is estimated to reach the population of 366 million in 2030, with the estimation of 79.4 million in India, 42.3 million in China and 30.3 million in U.S.A. the country (Wild S, Roglic G, Green A, Sicree R & King H, 2004).

The absolute cause of Diabetes Mellitus is still vague. From 17th century, the common etiology indicated for diabetes mellitus is the posture of emotional stress. Researches reveal that depression is the important risk factor for the development of Diabetes Mellitus. Longitudinal studies disclose that apart from emotional stress, there are various other risk factors contributing to the cause of Diabetes

Mellitus such as anger, hostility and sleeping problems (Pouwer F, Kupper N & Adriaanse MC, 2010). There exists a huge gender difference in the attitude and behavior associate to health and well being. Researches show that females are generally sore to poor health (KM Prassana Kumar, 1996). Such researches arises the need for the study of Attitudes, Conflicts and Personality dynamics of people affected with diabetes mellitus particularly women. Some researches reveal that, people exhibited various psychological reactions when the individuals are diagnosed with Diabetes Mellitus. The psychological reaction includes denial, anger, guilt, and depression. It also discloses that acceptance of people diagnosed with diabetes mellitus takes nearly 1 year (G R Sridhar & K Madhu, 2002).

Managing Diabetes Mellitus mainly depends on the individual's cohesion to the self care behaviors. Individual's cohesion to self care behaviors includes cohesion to medications that are prescribed by the professional doctors, regular monitor of the blood glucose level, having a balanced diet, recommended physical activity, anti pating foot care, regular monitoring with the doctors and regular monitoring of diabetes for the further complications (Anderson, 1995). Cohesion to the proper treatment guidelines proposed by the professional doctors, by the individual's affected with the diabetes mellitus results in the good control of the Diabetes Mellitus, reduces the danger of the cardio vascular disease because the people with Diabetes Mellitus are more prone to Cardio Vascular Diseases and decreases the further risk of complications involved in Diabetes Mellitus and highly reduces the risk of mortality of the diabetes diagnosed individuals (American Diabetes Association [ADA], 2009; Hartz A, Kent S, James P, Xu Y, Kelly M, & Daly J, 2006; Ho

P, Rumsfeld J, Masoudi F, McClure D, Plomondon M, Steiner J, 2006). Some research indicates that some sort of self care activities such as intensifying physical activities and emphasizing on the dietary foods, slows down the progression of diabetes mellitus in the individual's (Glasgow, Boles, McKay, Feil, & Barrera, 2003; Newman, Steed, & Mulligan, 2004; Norris, Engelgau, & Venkat Narayan, 2001). Some researches reveal that the individual's with diabetes mellitus, similar to the patients with other chronic illness, expose below optimal level of cohesion to the recommended medications (Ingersoll & Cohen, 2008). Some research discloses that the individual's who are diagnosed with diabetes mellitus have a significant knowledge towards diabetes but they have a very poor attitude and poor practices towards the disease (Mamoon Rajab, 2010).

Varied from the generally undertaking the view of diabetic mellitus as an outcome of merely the biological problems, this study is opted to root out the other factors which includes the personality of the people and the way those people carry their interpersonal relationships. The need for the study is to sort out the possible risk factors and to overcome the problematic behavior or to develop suitable coping mechanism to either directly or indirectly prevent the people from being vulnerable to diabetic mellitus in future.

Methodology

Aim:

To assess the dynamic personality and interpersonal conflicts of women with diabetic mellitus

Objectives:

- To identify the attitudes and conflicts of women with diabetic mellitus.
- To find out the interpersonal relationship and personality dynamics of women with diabetic mellitus.
- To know whether women with diabetic mellitus have an impact in terms of attitudes, conflicts, interpersonal relationship and personality dynamics

Sample:

A sample of 15 women with diabetic mellitus were seen, from this 10 subjects were selected from the urban area Coimbatore, served as a participants using snow-ball sampling method. The 10 subjects were cooperative, could able to write the stories. So, 5 subjects were excluded. Other inclusion and exclusion criteria are as follows,

Inclusion criteria:

Subjects who have diabetic mellitus, Only female subjects diagnosed with diabetic mellitus, between the age range from 57 to 65, comprehend the English as well as Tamil language and who were signing the informed consent form and/or willing to participate voluntarily.

Exclusion criteria:

Male subjects, female subject's age group below 56 and 66, Subjects who are not signing the informed consent form, any health problem / neurological problem which interferes the test were excluded.

Tools:

1. Socio demographic data:

It is intended to gather information regarding the participant's name, age, occupation, domicile and socio economic background.

2. Thematic Apperception Test:

Thematic Apperception Test developed by Uma Choudhary and Henry Murray in 1967. It consists of 10 + 1 cards. It is a projective measure intended to evaluate a person's patterns of thought, attitudes, observational capacity and emotional responses to ambiguous test materials. In the case of the TAT, the ambiguous materials consist of a set of cards that portray human figures in a variety of settings and situations. The subject is asked to tell the examiner a story about each card that includes the following

elements: the event shown in the picture; what has led up to it; what the characters in the picture are feeling and thinking; and the outcome of the event.

3. Sacks Sentence Completion Test:

It consists of 60 incomplete sentences and the test was developed by Sacks. The four areas covered by that test are family, sex, interpersonal and self concept. It assesses the attitudes and conflicts. It offers significant cues to the content and dynamics of the subject's attitudes and feelings.

Procedure:

The subjects were requested to provide information on certain socio demographic details followed by the administration of the Thematic Apperception Test and Sacks Sentence Completion Test. The instructions about how to respond to the tests were explained in detail to the subjects in their convenient language (English or in Tamil). The entire administration took up to 150 to 180 minutes. The data, thus collected was subjected for the analysis.

Results and Discussion

On analysis of the data showed that most of the women have negative attitude towards self concept but surprisingly have established strong inter personal relationship irrespective of mild negative attitude or conflicts towards the family area. Personality dynamics of the women emphasized the need for affiliation both associative and emotional, achievement and understanding and the environmental presses elicited are lack, aggression, cognizance, affiliation, dominance and rejection.

Table 1 shows the socio demographic details of the participants in which, aged fifty seven are two in number, aged fifty eight are two in number, aged fifty nine is only one, aged sixty is only one, aged sixty one is only one, aged sixty three is only one and aged sixty five is only one in number; totally nine participants are home makers and the other participant is a retired teacher; seven participants are from rural background and the other three from urban background; there are two participants from lower class, seven participants from middle class and a person from upper middle class.

Table – 2 shows the Dynamic Personality Characteristics. Personality dynamics contains two major concepts such as needs and presses. Needs reflects the expectations of people and presses reflects the troubles or disturbances faced by the people. On analyzing the collected data, it has been found that the major needs of the women with diabetic mellitus are:

Affiliation: (Associative): Nine participants opted their need for affiliation. They are in need to establish friendly relations. This may be focal, in which case the need is directed toward affectionate feelings for specific people particularly husband or children for a woman. It may also be diffuse, in which case the feeling is directed towards all sorts of people, such as groups or organizations where they work or spend much time.

(Emotional): These needs include the feelings of strong attachment, closeness, affection, or respect towards another person which a woman expects. This may include getting married, remaining faithful, or falling in love.

Achievement: Seven participants have expressed their need for achievement. Women generally with illness are not much believed to work, which might have created the need to work toward a goal with energy, persistence and singleness of purpose to prove her capacity of achieving irrespective of the illness. They might be treated to be more protective so women themselves try to set high standards of one and work independently towards realizing these standards. They need to achieve to overcome obstacles or master and manipulate objects, situations, or people, to accomplish or work persistently at difficult task and to be ambitious, competitive, aspiring and to prove their ability.

Understanding: Six participants have expressed their need for understanding. Striving for knowledge or wisdom makes the women more competent and gain individual identity for them. They attempt to understand the relationship between one object or event and another. Discussion and argumentation with the goal directed toward increasing knowledge. Attempting to make thought corresponded with fact. They require the ability of understanding to analyze events and generalize.

Some women also have the need for autonomy, cognizance, counter action, nurturance, exposition, dominance and acquisition. So it is must to satisfy the needs of the women with diabetic mellitus to make them mentally fit and recover. Major presses expressed by the people are:

Lack: (Things/opportunities/friends): Six participants have felt the lack as a presses/hindering factor. Few desirable objects are in the environment, few opportunities for enjoyment or advancement, or no jobs are the major lacks expressed by the participants in their stories which indicate that the women are worried in common about the basic needs. They are worried about the poor economic status, and family condition.

Human support: It represents that lack of human support is also a presses affecting the women. They are found miserable, solitary, helpless, and in need of assistance and support, encouragement, protection, food, medical care, or parental love and guidance. This might be due to the absence of father or mother, it also may be due to the absence of spouse, children/ grandchildren) the situation may be insecure and perilous, or she may be homesick. These are few nurturing people in those women's environment.

Aggression: (Emotional/Verbal): Five participants, exactly half population in the study have felt aggression as a presses/hindrane. The subjects feel others have some amount of hatred towards them. The participants are cursed, criticized, belittled, reproved, reprimanded, or ridiculed. Someone slanders their behind their back. These might be due to the own life experience of the women which they face in their day-to-day life which they are stating as a difficulty to lead a peaceful life.

Physical & Social: The other few difficulties faced are, she herself might be an aggressor or criminal. Another person defends herself, retaliates, pursues, imprisons, or perhaps kills and these are some of the feelings expressed by her in stories. The state, the police, a parent, or some other legitimate authority punishes her for misconduct. All these statements bring out the past memories or inner feelings of the participant.

Physical & Asocial: A criminal or gang assaults, injuries, or kills her. Another person starts a fight and she defends herself these are the statements taken out from her stories.

Destruction: Something belonging to her is damaged or destroyed.

Cognizance: Four participants felt cognizance as a presses/hindering factor. The participants feel that someone is curious about their doings and being watched. They feel that their peers or some other significant member of their lives had proved their affair and questions about it. They seem to be disturbed out of these characters of their friends or peers.

Affiliation (Associative): The participants have one or more friends or sociable companions; they are the members of a congenial group. This makes them to maintain an identity in the group to gain respect which at times they really finds hard to do so.

Emotional: A person, such as a parent, sibling, relative, or erotic object is devoted to them and have a love affair that is reciprocated, or they get married.

Dominance: (Coercion): Someone tries to force the participant to do something and they are exposed to commands, orders, or strong arguments from a parent or authority, mostly from their mother which is indicated from their stories and as well it is also revealed through the attitude assessment.

Restraint: Someone tries to prevent them to do something or they are exposed to checks, prohibitions, or restraints. This would lead to their inconvenience in reaching their goal or makes them mentally week or diverts them from their focus on something.

Inducement: Someone tries to get them to do something, or not do something, by pleading, or gentle persuasion, encouragement, clever strategy. This might have put them in trouble, the past experience this might have been due to the trouble they had experienced in the past.

Rejection: A person rejects, scorns, loses respect for, repudiates, turns away, or otherwise leaves them and the participant seems to be completely disturbed out of it.

Some of the few other presses mentioned by the women in their stories are conflict, physical danger, death, physical injury, bad influence, retention, uncongenial environment and sex.

Table 3 shows the results for Interpersonal conflicts

Dimension	Sub Dimensions	No Conflict	Mild Conflict	Severe Conflict
Family area	Mother	2	8	-
	Father	8	2	-
	Family unit	3	7	-
Sex area	Women	1	7	2
	Heterosexual relationship	8	2	-
Interpersonal relationship	Friends	2	6	2
	Colleagues	10	-	-
	Superior	9	1	-
	People supervised	10	-	-
Self concept	Fear	-	-	10
	Guilt feelings	-	3	7
	Own abilities	-	4	6
	Past	8	1	1
	Future	5	5	-
	Goals	6	4	-

Table 3 shows data for interpersonal conflicts, it is evident that women with diabetic mellitus are meant to have negative attitude towards the self concept and mild negative attitude towards sex and family area.

The four major dimensions measured to assess the attitude are family, sex, inter personal relationship and self concept.

Self concept: The sub-dimensions under the self concept are fear, guilt feelings, about own abilities, fear of past, fear of future and the fear of goals. In the sub-dimensions, majority of the women tend to have fear, guilt feelings and are very much doubted in their own abilities, but however irrationally only very limited women's have fear for future or the past and are in reaching their goal. Through this assessment it is clear that women, have major fear only in their present life and are less considered of past and future. It guides us to concentrate much more on the present life situation of those women which might be constituting term for the diabetic mellitus. The analysis of the data show that all sample members has severe conflict regarding the fear; 7 out of 10 samples has severe conflict and 3 samples having mild level of conflict in their attitude towards guilt feelings; 6 out of 10 samples have severe conflict and 4 samples

have mild conflict in their attitude towards own abilities; 1 out of 10 samples have severe conflict and 1 sample has mild conflict in their attitude towards past; 5 out of 10 members have mild conflict regarding future; and 4 out of 10 group members have mild conflict in their attitude towards goals.

Family area: The sub-dimensions under the family area are relationship with mother, relationship with father and family unit. Most of the women have positive attitude towards their father but also have mild negative attitude towards mother and family unit, however none have responded completely negative in this dimension, from this result it can be noticed that measures should be taken to enrich the family relationship as a course of treatment. The analysis of the data show that 8 out of 10 samples have mild level of conflict in their attitude towards mother; 2 out of 10 samples have mild level of conflict towards father; and 7 out of 10 samples have mild conflict in their attitude towards family unit.

Sex area: The sub-dimensions under the sex area are women and heterosexual relationship. The analysis in this dimension reveals that women with diabetic mellitus have a mild negative attitude towards women and positive attitude towards heterosexual relationships. These women with diabetic mellitus are found uneasy to establish proper relationship with other women then with opposite gender; it might be their feeling of being a diabetic patient which may hinder a thought of being unhealthy woman in compared to others. 2 out of 10 samples have severe conflict and 7 samples have mild conflict in their attitude towards women; 2 out of 10 samples have mild conflict in their attitude towards heterosexual relationships.

Interpersonal relationship: The sub-dimensions under the interpersonal relationship are friends, colleagues, superior and people supervised. The analysis in this dimension reveals that majority of the women have positive attitude and are found to be good in interpersonal relationship. They have effective relationship with colleagues, superior and people supervised, but also have mild negative attitude in making new friends or sustaining friendship. They are found to have difficulty in maintaining the relationship formed. The analysis of the data shows that 2 out of 10 samples have severe conflict and 6 samples have mild conflict in their attitude towards friends; 1 out of 10 samples have mild conflict in their attitude towards superiors in workplace and none of the sample has any conflict in their attitude towards colleagues and people supervised.

That another unique feature found in all the women who were administered the test was a common statement, "anyone who makes foul with a lady would never have a fulfilled life". This shows that majority of the women with diabetic mellitus might have faced a situation of being fouled.

Conclusion

The present study concluded that women with diabetic mellitus have negative attitude towards self concept and mild emotional conflict in family area, but have better inter personal relationship and are in need for affiliation, achievement and understanding and are experiencing difficulties through lack of support, aggressive environment, rejection, dominance and suspicious personalities. On analyzing these aspect of the attitude and personality, the problematic issues in the attitudes and personality of the women with diabetic mellitus must be treated in a way such that it don't make any disturbance in terms of mental satisfaction of the individual and paves path for the mental wellbeing, the source of physical wellbeing.

Limitations:

Limited number of samples who are only women samples and treatment history was not taken. It may imply to be expanded by correlating it with psychological variables for further study.

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