



## The Relationship between Child's age and Psychopathology in children of Martyred people in Tehran

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### Abstract

*This study was carried out to analyze the relationship between the age of missing father and psychopathology among the children of martyred people at the ages of 25 to 39. Present work was a study of causal events. The statistical universe was composed of children of martyred people in Tehran. A total of 97 subjects were selected. The samples were divided into two groups: the children who were under 7 years old and who were 7-14 years old at their fathers' martyrdom time. Personality patterns of both groups were compared by Millon Clinical multi-axial inventory (MCMI-III). ANOVA test was used for data analysis. The results indicated insignificant difference between child's age in father's martyrdom time and extent of severe personality pathology among children of martyred people. Furthermore, there was no significant relationship between father's martyrdom time and clinical syndromes among children of martyred people. Moreover, children of martyred people had no difference in terms of clinical personality patterns. In contrast, according to estimated value of F ( $F=9.242$ ) which was significant at  $\alpha=0.003$ , there existed a significant difference between obsessive personality disorder and child's age at father's martyrdom time. The findings of present work can provide authorities of Martyr foundation, treatment centers and corresponding organizations with suitable solutions to resolve psychological problems related to missing one of the parents.*

**Keywords:** Psychopathology, millon clinical multi-axial inventory (MCMI-III), Martyred people.

### Introduction

Educational factors, family structure and family members relations, especially parent-child relationships play an important role in social and psychological adjustment. Understanding how parents influence on children and studying role of each of them in social and character growth of children and teenagers are always interesting and important topics for psychologists and socialists. Researchers often agree about father's role in family and the corresponding positive impact on academic achievement, cognitive development, moral development, and the revolution proportional to sexual role. Adverse effects caused by the withdrawal of the Father can be directly effective on social growth which is caused by the lack of an appropriate model for the identification of children and lack of parental control and supervision<sup>1</sup>.

Hence, impact of life events is clear as the main role to make psychological disorders and disturbances. In this regard, missing one of the parents before 11 years old is a life event which is the most correlated with depression. In addition, panic disorder due to child's separation from parents before 10 years old (whether by divorce or parents' death and so on) is also considerable.

Given the statistics, between 1981-1989, Iranian nation missed

at least 2.3% of its youth in an 8-years war so that during 94 years of war, 2272 people were on average martyred every month. Missing such a quantity of society members (particularly in a traditional society where the man is in charge of all heavy duties) has absolutely imposed several damages on the society and particularly families<sup>2</sup>. Green and Parker (1999) conclude, in a study on 66 male and 60 female teenagers, that increased anti-social behaviors (particularly aggression in adolescents and youth) are dependent on one of the parents' death<sup>3</sup>.

In this regard, Esfahaniasl compares individual and social adjustment and academic achievement of male and female students among both children of martyred people and children of non-martyred people. His results indicate that children of martyred people have lower individual and social adjustment and academic achievement compared to children of non-martyred people<sup>4</sup>.

Also, Goodarzi studies the relationship between religiosity tendencies and individual-social characteristics of children of martyred people in high-schools. He addresses that academic achievement of children of non-martyred people is higher than that of children of martyred people so that only 6 percent of children of martyred people have an average of 17 and higher

and more than 60 percent of them had experienced conditional status of courses<sup>5</sup>.

Besides, Ansari compares social growth of male and female students among both children of martyred people and children of non-martyred people. This study is carried out on 100 students which indicate that social growth of non-martyred people's sons is higher than that of children of martyred people<sup>6</sup>. This is while Shajari (2003) in a study titled "a comparative study on social growth between children of martyred people and children of non-martyred people" concludes that there is insignificant difference between social growths of students in both groups<sup>7</sup>.

Furthermore, Eliasi measures incidence level of different kinds of personality disorders by "Millon Clinical multi-axial inventory (MCMI-III)" measurement scale on a research on 112 students (including 60 children of martyred people and 52 children of non-martyred people). His results show that totally the prevalence of personality disorders (e.g. paranoid, schizoid, hysteria and dependent) is one of the results of father's absence<sup>8</sup>.

Given the extent of the consequences of father's absence on children's personality, knowledge and awareness on various aspects of the effects of this absence can absolutely better identify, control and treat such disorders and also provide a background to be considered by organizations and institutions concerned with these families for preventive and supportive measures. Therefore, present study was carried out to examine 25-39 years old children of martyred people's psychopathology in Tehran.

## Material and Methods

Present work was a study of causal events. The statistical universe was composed of children of martyred people in Tehran who were 25-39 years old at the project running time. In addition, the children studied here were either not born or were at most 14 years old at their fathers' martyrdom time. Their mothers did not get marry again after martyrdom and were in charge of their children's tutelage. Also, the subjects undergoing pharmacological or non-pharmacological treatment of mental disorders were excluded from sample. Therefore, a total of 97 subjects were selected among documents in Foundation for Martyr and Veterans Affairs of Tehran. The sampling was systematic and random and subjects were selected from both genders. The samples were divided into two groups: the children who were under 7 years old and who were 7-14

years old at their fathers' martyrdom time. Personality patterns of both groups were compared by Milon Clinical multi-axial inventory (MCMI-III).

In order to obtain consent of the subject to participate at the research, the subjects were informed that their name will be kept and the desired information would be used only for present study.

**Data collection tools:** Demographic information questionnaire: This questionnaire was about data for age, gender, level of education, marital status and income level.

Millon Clinical multi-axial inventory (MCMI-III): MCMI is a standardized self-assessment inventory which measures a wide extent of information associated with personality, emotional adjustment and clients' attitude toward tests<sup>9</sup>. MCMI test is one of the unique tests where personality disorders and the corresponding symptoms and signs are emphasized. The current version (i.e. MCMI-III) includes 175 articles which are scored under 28 separate scales and based on following classifications: variability indices, clinical personality patterns, severe personality pathology, clinical syndromes and severe syndromes.

The studies about validity and reliability of MCMI show that this questionnaire is generally a well-organized psychometric tool<sup>10</sup>. Aluja et al report alpha coefficient and pretest- posttest scores reliability for Millon inventory in a range between 0.67 to 0.89 and 0.88 to 0.93, respectively. Also, high test-retest reliability coefficients with a median of 0.91 are reported for MCMI-III. ANOVA test was used for data analysis and this was carried out by SPSS software<sup>11</sup>.

## Results and Discussion

As it can be seen from table-1, there was no significant difference between two groups in terms of Schizotypy personality disorder ( $F=0.768$  and  $\text{sig}=0.383$ ). Also, there was insignificant difference between border personality disorder and child's age in father's martyrdom time ( $F=0.213$  and  $\text{sig}=0.464$ ). In addition, there was no significant difference between Paranoid personality disorder with child's age in father's martyrdom time ( $F=0.001$  and  $\text{sig}=0.977$ ). Totally, insignificant differences were seen between child's age in father's martyrdom time and extent of severe personality pathology among children of martyred people.

Table-1

The relationship between child's age in father's martyrdom time and extent of severe personality pathology among children of martyred people through ANOVA test

Factor	Level	Sum of Squares	df	Mean of squares	F	Sig
Schizotypy	Inter-group	327.78	1	327.78	0.768	0.383
	Intra-group	40555.77	95	426.89		
Border	Inter-group	63.68	1	6863	0.213	0.464
	Intra-group	24438.97	95	299.35		

Table-2

The relationship between child's age in father's martyrdom time and prevalence of clinical personality patterns in children of martyred people through ANOVA test

Factor	Level	Sum of Squares	df	Mean of squares	F	Sig
Schizoid	Inter-group	58.86	1	58.86	0.123	0.726
	Intra-group	45431.15	95	478.22		
Avoidant	Inter-group	250.06	1	250.06	0.583	0.447
	Intra-group	40771.87	95	429.17		
Depressed	Inter-group	206.86	1	206.86	0.308	0.580
	Intra-group	63722.41	95	671.28		
Dependent	Inter-group	25.94	1	25.94	0.063	0.803
	Intra-group	39196.94	95	412.95		
Histrionic	Inter-group	65.39	1	65.39	0.143	0.706
	Intra-group	43314.72	95	455.94		
Narcissistic	Inter-group	50.272	1	502.72	1.703	0.195
	Intra-group	28047.43	95	295.23		
Anti-social	Inter-group	1449.61	1	1449.61	3.459	0.066
	Intra-group	39815.41	95	419.11		
Sadistic	Inter-group	1101.26	1	1101.26	2.924	0.091
	Intra-group	35777.75	95	376.60		
Obsessive	Inter-group	3444.02	1	3444.02	9.242	0.003
	Intra-group	35401.52	95	372.64		
Negativism	Inter-group	438.34	1	438.34	0.859	0.356
	Intra-group	48467.98	95	510.18		
Self-harm	Inter-group	106.62	1	106.62	0.22	0.638
	Intra-group	45597.83	95	479.97		

According to estimated value of F in table-2 ( $F=9.242$ ) which was significant at  $\alpha=0.003$ , there existed a significant difference between obsessive personality disorder and father's absence age. However, given the calculated F in other disorders (Schizoid, Avoidant, Depressed, Dependent, Histrionic, Histrionic, Anti-social, Sadistic, Negativism and Self-harm), the differences were insignificant.

As the estimated value for F in table-3 was insignificant at all factors, hence there was no significant relationship between father's martyrdom time and clinical syndromes children of martyred people. As it can be seen from table 3, the differences were insignificant in both inter-group and intra-group in terms of anxiety disorder ( $F=0.230$  and  $\text{sig}=0.633$ ). Also, no significant difference was seen in terms of Somatoform disorder ( $F=0.355$  and  $\text{sig}=0.552$ ). No significant difference was seen in such factors as Manic ( $F=0.580$  and  $\text{sig}=0.448$ ), Dysthymia ( $F=0.083$  and  $\text{sig}=0.773$ ), Alcohol dependence ( $F=4.274$  and  $\text{sig}=0.041$ ), Drug dependence ( $F=4.457$  and  $\text{sig}=0.036$ ) and Post-Traumatic Stress ( $F=0.026$  and  $\text{sig}=0.872$ ). In other words, insignificant differences were seen between father's martyrdom time and clinical syndromes (Anxiety, Somatoform, Manic, Somatoform, Alcohol dependence, Drug dependence and Post-Traumatic Stress) among children of martyred people.

Generally, everybody has a certain tolerance threshold against

stress in specific time and conditions. When psychological stress exceeds from individual capacity, behavioral and emotional disorders will be arisen. One of the stresses providing high psychological pressure is the stress caused by the war which can have short-term and long-term impacts and seriously endanger basic foundations of the family<sup>12</sup>. Since father's absence in family can have some mental impacts on family structure, present work studied the relationship between child's age in father's martyrdom time and psychopathology among children of martyred people. The results indicated that martyrs' children had no difference in terms of clinical personality patterns. The subjects were normal in terms of all personality factors (including: Schizoid, Avoidant, Depressed, Dependent, Histrionic, Histrionic, Anti-social, Sadistic, Negativism and Self-harm). These results are somewhat in contrast with Green and Parker<sup>3</sup>. Green and Parker<sup>3</sup> address that anti-social behaviors are typically related with parents' absence and the children who have missed one of their patterns show more aggression compared to other children and teenagers. Also given the results of present work, only Obsessive Personality Disorder as one of personality patterns was correlated with child's age in father's martyrdom time. Among the children of martyred people, there existed some symptoms of Obsessive Personality Disorder. This result was in line with Eliasi<sup>8</sup> because he argues that personality disorders are typically existed among the children of martyred people.

**Table-3**  
**The relationship between child's age in father's martyrdom time and clinical syndromes among children of martyred people through ANOVA test**

Factor	Level	Sum of Squares	df	Mean of squares	F	Sig
Anxiety	Inter-group	124.20	1	124.20	0.230	0.633
	Intra-group	51313.33	95	540.14		
Somatoform	Inter-group	167.71	1	167.71	0.355	0.552
	Intra-group	44822.53	95	471.81		
Manic	Inter-group	337.64	1	337.64	0.580	0.448
	Intra-group	55304.99	95	582.15		
Dysthymia	Inter-group	35.95	1	35.95	0.083	0.773
	Intra-group	40967.031	95	431.23		
Alcohol dependence	Inter-group	1210.02	1	1210.02	4.274	0.041
	Intra-group	26895.95	95	283.11		
Drug dependence	Inter-group	1549.69	1	1549.69	4.547	0.036
	Intra-group	32376.33	95	340.80		
Post-Traumatic Stress	Inter-group	15.87	1	15.87	0.026	0.872
	Intra-group	58108.62	95	611.67		

Besides, present study declared that there is no correlation between child's age in father's martyrdom time and clinical syndromes (including: anxiety, somatoform, manic, somatoform, alcohol dependence, drug dependence and post-traumatic stress) of children of martyred people.

In order to explain our findings, it should be mentioned that martyrs' families may not represent all families without father because martyrs' families commonly receive considerable financial, social and ideological support from the government and relatives. It can be one of the reasons for lack of alignment of results of present work with those of other similar researches.

Another result here indicated that severe personality pathology was not existed among the children of martyred people. In fact, Schizotypy, Border and Paranoid personality disorders were not seen among the children who had experienced father's absence at childhood. This finding is in contrast with Eliasi<sup>8</sup>. Eliasi<sup>8</sup> argues that prevalence of personality disorders such as Paranoid, Schizoid, Hysteria and Dependent is of father's absence results. In order to explain this result, it can be mentioned that our sample included the children of martyred people whose wives had no remarriage and had family support. It is likely that mothers' remarriage would provide more unfavorable conditions for children of martyred people. As the subjects declared, after the father's martyrdom, one of the relatives (Grandfather or uncle) played his role so that his absence is felt less and they can tolerate it.

In this regard, Keramatiet al indicate that average yield of family in remarried martyrs' wives is lower compared to un-remarried ones whose children are in better mental health status. Hence, present is in line with Keramatiet al since it was carried out only on the children of martyred people whose wives had no remarriage. It can also be addressed that the mothers without

remarriage have mostly paid their children into attention<sup>13</sup>.

## Conclusion

Review of psychological literature shows that social support always acts as a smoothing, moderating or even strengthening factor against the problems<sup>14</sup>. Positive status of martyrs' families' supportive network resulted in more feeling of security and honor for such families. Also, most of the people with strong belief on religious ideals have more powerful and reasonable justification force and show better adjustment against problems and absences<sup>15</sup>.

Since several factors can affect on children's mental health, understanding these factors and the ways to resolve existing problems can provide authorities of Martyr foundation, treatment centers and corresponding organizations with suitable solutions. The findings of present work can be a useful approach to resolve psychological problems related to missing one of the parents.

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