

مقایسه فعالیت سیستم‌های مغزی/رفتاری و ابعاد کمال‌گرایی

در بیماران کرونری قلب و افراد سالم

Comparison of brain/behavioral systems activity and dimensions of perfectionism in coronary heart disease and normal subjects

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Abstract

Introduction: The present research compared two personality characteristics of BAS/BIS activity and perfectionism in coronary heart disease (CHD) and normal male subjects.

Method: 50 married male by mean age of 53 with CHD diagnosis from Modarres hospital compared with 50 healthy male (with the same including criteria) according to the Carver & White's BIS/BAS and multidimensional perfectionism scales.

Results: In men with CHD the activity of BAS were higher than healthy men. Also, in subjects with CHD self-oriented perfectionism and other-oriented perfectionism were higher than healthy men. There were significant differences between correlations of BAS's subscales and dimensions of perfectionism in CHD and healthy subjects.

Conclusion: Activity of BAS system and dimensions of perfectionism are good components of type A behavioral pattern for psychological analysis of CHD.

Keywords: Brain/Behavioral Systems, Perfectionism, Coronary Heart Diseases

چکیده

مقدمه: پژوهش حاضر با هدف مقایسه میزان فعالیت سیستم‌های مغزی/رفتاری و ابعاد کمال‌گرایی در مردان مبتلا به بیماری کرونری قلب و افراد سالم، برای توصیف دقیق‌تر نیمرخ روانی بیماران کرونری قلب به اجرا درآمد.

روش: ۵۰ مرد متأهل با میانگین سنی ۵۳ سال دارای تحصیلات دیپلم و بالاتر از آن و مبتلا به بیماری کرونری قلب که برای اولین بار در بخش قلب یکی از بیمارستان‌های تهران بستری شده بودند؛ و ۵۰ مرد مراجعه‌کننده به یک کلینیک دندانپزشکی که از نظر متغیرهای گروه سنی، تأهل و سطح تحصیلات با گروه بیماران یکسان شده بودند، پرسش‌نامه‌های بازداری/روی‌آوری کارور و وایت و کمال‌گرایی چندگانه هویت و فلت را تکمیل کردند.

یافته‌ها: مردان مبتلا به بیماری کرونری قلب در مقایسه با افراد سالم، سیستم فعال‌ساز رفتاری غالب و فعال‌تری داشتند. همچنین مردان مبتلا به بیماری کرونری قلب در دو بُعد کمال‌گرایی خویش‌مدار و کمال‌گرایی دیگرمدار به‌طور معنی‌دار بیش از افراد سالم واجد ویژگی‌های کمال‌گرایی بودند. در گروه مردان مبتلا به بیماری کرونری قلب، همبستگی میان خرده‌مقیاس‌های سیستم فعال‌ساز رفتاری و ابعاد سه‌گانه کمال‌گرایی بیشتر از افراد گروه سالم بود.

نتیجه‌گیری: اجزای خاصی از ساختار الگوی رفتاری ریخت A با اختلالات کرونری قلب به‌صورت اختصاصی رابطه دارند. بنابراین فعالیت سیستم فعال‌ساز رفتاری و ابعاد کمال‌گرایی می‌توانند مؤلفه‌های مناسبی در تحلیل‌های روان‌شناختی بروز بیماری کرونری قلب باشند.

کلیدواژه‌ها: سیستم‌های مغزی/رفتاری، ابعاد کمال‌گرایی، بیماری کرونری قلب

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