

# Correlation between Personality Characteristics and Emotional Intelligence in Iranian Patients with Sarcoidosis

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Sarcoidosis is a chronic, progressive, and even life-threatening granulomatous disease characterized by an unknown cause (1, 2). Patients with sarcoidosis have depression and psychiatric problems, eventually reducing their quality of life (3). The mentioned disorders deeply affect the function and the quality of life of patients. Generally, psychiatric disorders are common among such patients. Psychiatric disorders also make it difficult to convince patients to refer to psychiatrists or psychologists (4). Since sarcoidosis is such a relapsing, chronic disease requiring strict follow-up for a long time, mental disorders and personality problems should be taken seriously in such patients. Emotional intelligence (EI) is one of the factors playing an important role in managing difficult situations. The general factors of personality (the five-factor model of Eysenck) and better mental health are correlated with EI (5) and, on the other hand, the personality characteristics are related to mortality, morbidity, psychological features, and decreased quality of life, especially in chronic disorders (6).

Since emotional management during the illness helps to struggle with the disease, evaluation of patients' EI seems important, while the personality characteristics of patients with sarcoidosis are among some other important factors that are investigated limitedly. Therefore, the current cross sectional study aimed at evaluating the relationship between EI and personality characteristics among 50 patients with sarcoidosis referring to the Sarcoidosis Clinic of Masih Daneshvari Hospital from June 2018 to March 2018. The study objectives were thoroughly explained to the subject, and they entered the study after obtaining sufficient information about the project. The subjects were assured about the confidentiality of their personal information, and then they signed informed consent forms.

The Minnesota Multiphasic Personality Inventory was used to evaluate the personality status of the patients. It is an objective and self-reporting scale with three validity and eight clinical sub-scales. Scores below 50 in each sub-scale are referred to as the absence of personality disorder in that sub-scale, 50-70 as the presence of personality traits in the specified sub-scale, and over 70 as the personality disorder in the sub-scale. The answers are interpreted according to the legend of Figure 1.

The Schutte emotional intelligence scale was used to evaluate the patients' EI level. The scale includes 33 items with three sub-scales of emotion regulation, evaluation and expression of the emotion, and utilization of the emotion. Scores below 97 are referred to as low EI, 97-131 as moderate EI, and over 131 as high EI.

According to Figure 1, the scores of patients with higher EI were significantly higher in the hysteria sub-scale ( $P=0.03$ ), and since the mean score of EI was  $142.70\pm 23.64$ , reflecting the high EI of the sample group, interventions by psychologists and psychiatrists seem necessary. Since applying the effective coping strategy and high EI are related to health-oriented behaviors (7), the psychotherapy based on stress reduction can be an adjuvant therapy for patients with sarcoidosis (8).

### MMPI Score in Emotional Intelligence Sub-Groups

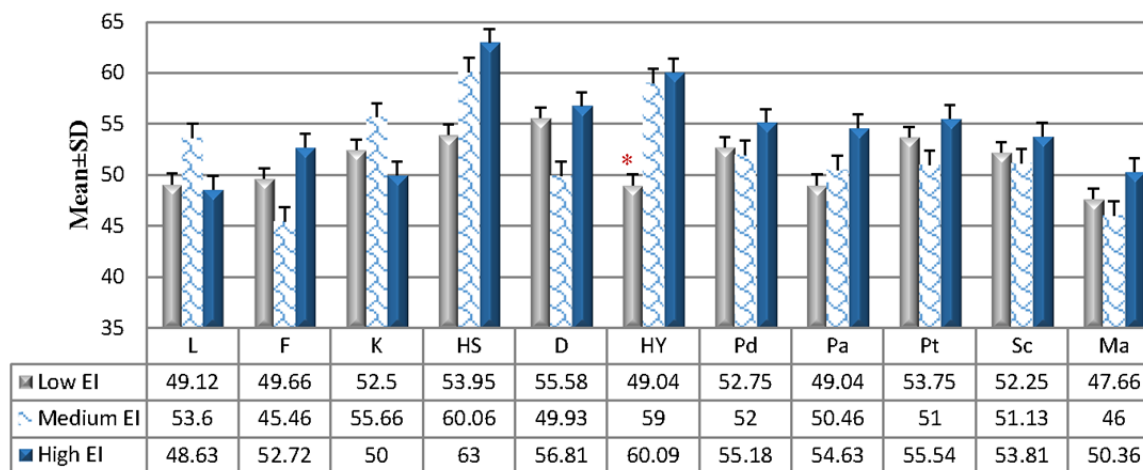


Figure 1. The MMPI score among different EI sub-groups

\*Statistical significance was established at  $p < 0.05$ .

L: Lie or faking good validity sub-scale; F: Infrequency or faking bad validity sub-scale; K: Defensiveness or denial validity sub-scale; HS: Hypochondriasis clinical sub-scale; D: Depression clinical sub-scale; Hy: Hysteria clinical sub-scale; Pd: Psychopathic deviate clinical sub-scale; Pa: Paranoia clinical sub-scale; Pt: Psychasthenia clinical sub-scale; Sc: Schizophrenia clinical sub-scale; Ma: Hypomania clinical sub-scale; EI: emotional intelligence.

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