Integrative Self-Knowledge and Mental Health

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Abstract

An Integrative Self-Knowledge (ISK) construct displays tendencies to engage in a cognitive process of uniting past, present, and desired future self experience into a meaningful whole. The present study examined relationships between ISK and Mental Health in Iranian population. One hundred and forty students filled ISK, GHQ-28, MHI-18, Depression and Anxiety scales. Obtained data were analyzed with using of Pearson’s correlation coefficients and regression analysis. Result revealed that Self-Knowledge processes were positively associated with mental health and negatively with General Health Scores, Depression and Anxiety. As hypothesized, regression analyses revealed that ISK was the positive predictor of Mental Health.

Keywords: Integrative self-knowledge, mental health, general health, iranian population;

1. Introduction

Many individuals remain free of mental illness each year and over their lifetime. However, is the absence of mental illness reflective of genuine mental health? Who is mentally healthy? Mental health is not merely the absence of mental illness; it is not simply the presence of high levels of subjective well-being. Mental health is best viewed as a complete state consisting of the presence and the absence of mental illness and mental health symptoms (Keyes, 2002). Mental health is, according to the Surgeon General (U.S. Department of Health and Human services 1999), “... a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with people, and the ability to adapt to change and cope with adversity”.

Veit and Ware (1983) report that “a substantial proportion of people in a general population rarely or never report occurrences of even the most prevalent psychological distress symptoms” such as anxiety and depression. Therefore, to increase the precision of mental health measures, it is important to consider the construct of mental health not only in terms of psychological distress and symptomology of illness, but also in terms of positive states such as happiness and enjoyment of life (Bradburn, 1969; Zautra et al., 1988). Bradburn (1969) suggested two distinct and independent dimensions_ positive and negative affect. Others also have shown support for a dimension
of psychological well-being distinct from dimensions of psychological distress through factor analysis of instruments containing both positive and negative items (Zautra et al., 1988).

We supposed Integrative Self-Knowledge as a mental health symptom. Integrative Self-Knowledge described psychological processes that had adaptive mental health implications and correlates with healthier psychological functioning. Previous researches have established that awareness of self-experience is a stress resistance resource, and high ISK group, evidenced lower symptoms during stressful event, but the low ISK group recovered their vitality at the end of the stressful event (Ghorbani & Watson, 2008). In addition it was showed ISK predicted psychological adjustment (Ghorbani et al., 2010).

Self-knowledge is an ideal of individual functioning not only in psychological research and practice, but also cross-culturally in diverse religious and philosophical traditions. Integrative Self-Knowledge (ISK), defined as “an adaptive and empowering attempt of the self to understand its experience across time in order to achieve desired outcomes”, with the assumption that a self tries to maintain a coherent life story (e.g., McAdams, 1999) by attempting to integrate the present into a seamless narrative that moves from the past toward a intrinsically hoped for future.

In recent research, we examined the relationships between mental health and integrative self-Knowledge as an adaptive psychological process. This study was unique from other studies because of using the mental health inventory-18 which reasonably brief and reliable and assesses both psychological well-being and psychological distress. It is also significantly better than the GHQ in detecting mental disorders, anxiety disorders and depressive symptoms; in addition it has more sensitivity and specificity than GHQ (Sanders et al. 2000).

2. Method

2.1. Participants

One hundred and forty students in university of Tehran (60 female and 80 male) were selected through convince sampling. The mean age for participants was 21.89 (SD=2.90).

Persian versions of all scales appeared in a questionnaire booklet containing, in sequence, the Integrative Self-knowledge (ISK; Ghorbani et al., 2008), General Health Questionnaire-28 (GHQ-28), Mental Health Inventory-18 (MHI-18; Weinstein, Berwick, Goldman, Murphy, & Barsky, 1989), Depression and Anxiety scales (Costello & Comrey, 1967).

2.2. Measures

Responding to the 12-item Integrative Self-Knowledge Scale occurred along a 5-point Likert scale ranging from 0 (“largely untrue”) to 4 (“largely true”). An example of Integrative Self-Knowledge was the self-report that “by thinking deeply about myself, I can discover what I really want in life” and the reverse scored (RS) assertion that “I get so involved in what is going on that I really can't see how I am responding to a situation.”

GHQ-28 consists of four 7-item scales: somatic symptoms, anxiety and insomnia, social dysfunction and severe depression. It allows for mental health assessment on four dimensions corresponding with these four scales. Participants were asked to assess changes in his/her mood, feelings and behaviours in the period of recent four weeks. This measure used a 4-point Likert scale ranging from 0 to 3. Previous research has demonstrated the validity of the GHQ-28 as markers of psychological distress in the general population (Goldberg & Williams, 1988; Cronbach, 1970).

The MHI-18 is an abbreviated version of the 38-item Mental Health Inventory (MHI) developed by Veit and Ware (1983) to assess psychological distress and well-being in general populations. It contains items assessing anxiety, depression, Behavioural control and positive affect. Subjects are asked to indicate how often they have experienced various emotions during the prior four week period. Choices are given along a 6-point scale, ranging from 1 (all of the time) to 6 (none of the time). The items are bidirectional; that is, some ask about positive feelings and others ask about negative feelings. Higher scores Indicative of greater psychological distress.
Descriptive statistics and correlations on each of the research variables are given in Table 1.

<table>
<thead>
<tr>
<th>Variables</th>
<th>M</th>
<th>SD</th>
<th>α</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Integrative Self-Knowledge</td>
<td>26.72</td>
<td>8.29</td>
<td>.78</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. Mental Health</td>
<td>73.17</td>
<td>17.15</td>
<td>.94</td>
<td>.42**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3. Psychological Well-Bing</td>
<td>23.91</td>
<td>6.05</td>
<td>.86</td>
<td>.38**</td>
<td>.89**</td>
<td>-</td>
<td></td>
<td></td>
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<tr>
<td>4. Psychological Distress</td>
<td>49.07</td>
<td>12.12</td>
<td>.92</td>
<td>.40**</td>
<td>.97**</td>
<td>.75**</td>
<td>-</td>
<td></td>
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<tr>
<td>5. General Health</td>
<td>22.04</td>
<td>12.86</td>
<td>.93</td>
<td>-.29**</td>
<td>-.79**</td>
<td>-.61**</td>
<td>-.81**</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Depression</td>
<td>16.13</td>
<td>12.33</td>
<td>.93</td>
<td>-.42**</td>
<td>-.82**</td>
<td>-.75**</td>
<td>-.77**</td>
<td>.67**</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>7. Anxiety</td>
<td>13.97</td>
<td>7.55</td>
<td>.86</td>
<td>-.53**</td>
<td>-.66**</td>
<td>-.55**</td>
<td>-.65**</td>
<td>.55**</td>
<td>.63**</td>
<td>-</td>
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</table>

N= 140, ** p<0.1

As results show MHI is a reliable scale for assessing mental health (α=.94). It is significantly correlated with GHQ (-.79), depression (-.82) and anxiety (-.66). According to the results the subscales have a desirable pattern of correlations since they are associated with each other (.75).

These data indicate that the correlation between integrative self-knowledge and mental health (.42) and the correlation between integrative self-knowledge and general health (-.29), while significant, are not high.

A linear regression was performed between mental health as the dependent variable and integrative self-knowledge as independent variables. The multiple correlation (R=.42) for the regression was significantly different from zero (F (1, 131) = 28.02, p<0.01). For predicting mental health, ISK (β= -.42, t= 5.29, p< 0.01) was significant predictor. Clearly this study as well as our data indicates that integrative self-knowledge is likely to be important in mental health.

### 4. Discussion

Once again, Integrative Self-Knowledge described psychological processes that had adaptive mental health implications. The present study found that participants who had high scores in Integrative Self-Knowledge significantly have higher levels of mental and general health. Furthermore Integrative Self-Knowledge was associated with less anxiety and depression. As we hypothesized, Integrative Self-Knowledge was a good predictor of mental health. These findings are consistent with those of previous studies (Higgins, 1996; Ghorbani et al, 2003; Mousavi & Ghorbani, 2006).

As operationalized in the ISK scale, self-knowledge is a process in which individuals actively work to unite past, present, and desired future self-experience into a meaningful whole (Ghorbani,2008). In fact the self-knowledge process is a kind of derepression of psychological experiences which integrates different aspects of self and so causes insight into the self. This is the same process as what occurs in the insight-oriented psychotherapy; on the other hand it’s one of the important components of mental health.

The relationship between integrative self-knowledge and general health, while significant, is not high. Considering that the positive dimension of mental health inventory just assesses positive emotions, Psychological Well-being is something more than positive affect. Positive affect can distort self-consciousness when it couples with some things like self-deception about one’s value and abilities. Indeed we believe that being aware of self,
having knowledge about it and nonjudgmentally accepting different aspects of it (positive or negative) are necessary for mental health.

The present findings have some limitations, however. First, the correlative design of this study precludes any assumption on the causality in the relationship of Integrative Self-Knowledge with mental and general health. Second, this study examined Integrative Self-Knowledge relating to mental and general health only in a sample of students. Replication studies using experimental designs as well as control groups of clinical and nonclinical samples should overcome these limitations. Despite these limitations, this study used a previously unexamined inventory in Iran.

Future research should examine the nature of Self-Knowledge as it may be clinically relevant to evaluate the multiple aspects of mental health in various populations. Besides they should also investigate whether and how integrative self-knowledge can affect on mental health.

References


