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Personality and Mental Health among Youth

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Abstract:

Mental health is part of an individual's capacity to lead a happy and fulfilling life. Disturbances to an individual's mental health compromise these capacities. Personality has been defined variously as a set of learned behaviours, as a set of traits, or as a structure that organizes and integrates experience. The current study examined the influencing role of personality on the mental among youth in Kerala. The participants consisted of 211 undergraduate students between 18 to 24 years. The data were collected using the Mental Health Inventory and Eysenck's Personality Questionnaire- Revised. The results revealed that among Eysenck's personality traits, Neuroticism significantly influences the mental health. The mean Global Mental health Index score was greater in the low neurotic group. There was no significant difference in overall mental health among youth in terms of Extraversion and Psychotism dimensions of personality. The results of the study conclude that mental health of Kerlite youth significantly differ based on their personality orientation and Neuroticism trait significantly influences mental health. The findings suggest the need for more effective mental health promotion and illness prevention approaches considering individual differences in terms of personality.

Keywords: Mental health, Personality, Youth

1. Introduction

The word 'health' derives from the word 'hale', meaning 'whole' or 'healthy'. World Health Organization (WHO) defines health as: ... a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO 2001a, p.1). Three key ideas with regard to mental health are evident in this definition: mental health is an integral part of health; mental health is more than the absence of mental illness; and mental health is intimately connected with physical health and behavior (WHO, 2001a). Later, WHO defined mental health as: a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2001b, and p.1). Mental and behavioural disorders account for 12% of the global burden of disease. Among 45 crore people who suffer from mental and behavioural disorders globally only a minority receive adequate care. It is estimated that the prevalence of mental and behavioural disorders among the adult population is 10% around the world. It is also estimated that by 2020, 15% of the disability-adjusted life-years lost would be due to mental and behavioural disorders (http://www.worldbank.org/html/extdr/hnp/hddflash/workp/wp_00068.html) and the lifetime prevalence of developing one or more mental and behavioural disorders is estimated to be 25% (WHO, 2001a). Generally personality refers to "characteristics that are pervasive and enduring and form a central part of the person's identity" (Costa and McCrae 1995). The presence of multiple risk factors, or the lack of protective factors or sometimes even the interplay of risk and protective situations will predisposes individuals to deviate from a mentally healthy state, and personality is an important factor affecting one's mental health.

2. Review of Literature

The past literature provides evidences of significant trends in, factors contributing to and reflections of alterations in mental health. Gains in mental health indicate declines in mental illness and losses in mental health reflect increases in mental illness. In a cohort study describing the prevalence of mental health and mental illness and predicting mental illness from mental health, Keyes, Dhingra and Simoes (2010) found that change in mental health strongly predicts prevalence and incidence of mental illness later in life. Mental health is found to be adversely affected by adverse childhood experiences (ACEs). While exploring the prevalence of more specific adverse childhood experiences amongst those with (N- 182) and without psychotic disorders (N- 246) in a large epidemiological case control sample in UK Fisher, Jones, Fearon, Craig, Dazzan, Morgan, ...Morgan, etal. (2010) reported that psychotic disorders in adults are associated with specific adverse childhood experiences. Another investigation (Spataro, Mullen, Burgess, Wells, & Moss, 2004) also found significantly higher rates of psychiatric treatment among victims of abuse.

Kerala's mental health reports also show significant trends. A household survey (Rajan, Mohamed, Kumar, and Mohammed, 2002) in Kerala identified gender-related issues in mental health, human well being, stress experience and gender ideology. It was found that men were having relatively better sense of well being, better mental health and more progressive gender ideology. Significant age related changes were observed in mental health particularly in age groups 25-34 and above 55 (elderly). As age advances mental health declines for both men and women which is thought to be due to changes in life stages. The younger, better educated and the unmarried had better mental health irrespective of gender. In another study among 600 adolescents, psychosocial problems were found to be prevalent. Mumthas and Muhsina (2014) found that behavioural (27%) and emotional problems (32%) were prevalent among adolescents. While almost half of the sample felt that they are impatient and shy, more than half felt that they are very anxious and hot tempered. Adolescents also reported suicidal feelings (4%), a feeling that they are not respecting others (9%), and being unorganized, talkative, introverted and hyperactive (33%). Among the several factors associated with mental health, personality factors seem to have drawn much attention in the past. Transition from adolescence to young adulthood is marked by continuity of personality and growth toward greater maturity (Roberts, Caspi and Moffitt, 2001). Roberts, Walton and Viechtbaur (2006) examined patterns of change in personality traits across the life course which revealed increase in measures of social dominance, consciousness and emotional stability, especially in young adulthood and in social vitality and openness in adolescence but a decrease in both in old age. Motoko (2006) concluded that personality dimensions influenced mental health differently according to one's lifestyles. Personality traits are also found to influence one's subjective well-being (Damodaran, 2014; Damodaran and Raj, 2013).

3. Need and Significance of the Study

As shown in the above literature multiple factors determine the level of mental health of a person at any given point of time and the specific psychological and personality factors are very important among them which make people vulnerable to mental disorders. Mental health is a significant international public health issue and there is increasing demands for evidence based knowledge regarding the influence of personality on mental health. Thus the present study was an endeavor to explore the influence on mental health from personality dimensions.

4. Objectives

The objectives of the current study were to determine the nature of personality orientations of Kerala's youth by classifying them in to high and low personality types based on the extroversion, neuroticism and psychoticism dimensions; and to compare the levels of different personality dimensions to determine what extent mental health differ.

5. Hypothesis

It was hypothesized that there will be significant differences in mental health between high and low groups of personality dimensions among youth in Kerala.

6. Materials and Methods

Cross-sectional survey approach with a descriptive design was adopted for the current study. It was conducted in selected colleges at Kottayam district in Kerala and the data collection was carried out during October and November, 2013. The target population was students in Arts and Science colleges. The objectives of the study necessitated the inclusion of samples from youth who met the inclusion criteria. The sample consisted of 211 undergraduate students between 18 and 24 years who were selected through multi-stage sampling. Data were collected using a Personal data sheet, Eysenck's Personality Questionnaire- (Revised) (Eysenck, 1964) and the Mental Health Inventory (MHI) (Veit, and Ware, 1983) by administering these tools to youth meeting sampling criteria. Administrative permission from institutional authorities, written consent from subjects, and approval from institutional ethical committee of Jubilee Mission Medical College and Research Institute, Thrissur, Kerala was obtained for conducting the current study. Participation was voluntary. The questionnaire was completed anonymously and no compensation was given for participation.

Statistical analysis was carried out with SPSS.16 and descriptive and inferential statistics are used to analyze data.

7. Results and Discussion

Overall, 211 youth participated in the survey: 75 females (35.5%) and 136 males (64.5 %). Mean age (\pm SD) of the students was 18.76 ± 1.62 years. All were undergraduate students and majority (71.6%) lived in rural area with their biological parents (84.4%). Most of their parents had higher secondary schooling (Mother-53.60%, Father-48.30%). Majority of fathers (60.20%) were self employed and mothers (71.10%) were home makers. Most of them were Hindus (47%). More than half of the sample had a monthly income between 5000 and 10000 Rs/-.

Mean Mental health score of the sample was 156.73 that was indicating average level of Mental health. Most of the youth (46.45%) were neurotics. No statistically significant association was found between other demographic factors such as gender, place of residence, parents' education and occupation, monthly family income and religion.

On analysis One-way ANOVA evaluating the influence of personality traits on mental health of the youth showed significant findings.

Source	Sum of Squares	df	Mean Square	F	P
Between High and Low Extraversion Groups	1045.157	1	1045.157	2.181	.141
Within High and Low Extraversion Groups	91037.322	190	479.144		
Total	92082.479	191			

Table 1: One way ANOVA on levels of Extraversion and Mental health of youth (N=211)

*P< 0.05 level

As indicated in Table-2 an unrelated One-way ANOVA showed that 'there was no significant effect of the Extraversion trait on mental health of youth. Though 'Mental health was slightly higher in the high Extraversion group (M=159.59) than in the low Extraversion group (M=154.92), the difference was not statistically significant, $F(1, 190) = 2.181, p > 0.05$ '. The observed mean difference was thought to be by chance.

The current findings have both supportive and contradictory evidences from the literature. A longitudinal study among adults Emery, Huppert and Schein (1996) revealed that extraversion do not predicts psychological well-being whereas on the contrary, in another study, Lynn and Steel (2006) identified that the interaction between extraversion and neuroticism is an extremely strong predictor of satisfaction with life, although neuroticism lowered satisfaction with life and affect in the sample. Extroverts have high propensity towards seeking social attention as reported by Ashton, Lu, and Paunonen (2002) and it may act as a protective factor of mental health. With their characteristic greater sensitivity to rewards extraverts experience greater pleasant affect when exposed to rewarding stimuli. Higher positive affect potentially motivates individuals to approach rewarding stimuli, which in turn, may reinforce the extraverted personality. Risk-taking behaviours associated with extraversion could lead to the occurrence of hazard prone events (McGuffin, Katz, and Bebbington, 1988). However the present study findings were not in accordance with these.

Source	Sum of Squares	df	Mean Square	F	p
Between High and Low Neuroticism Groups	20294.056	1	20294.056	54.306	.001**
Within High and Low Neuroticism Groups	71376.618	191	373.700		
Total	91670.674	192			

Table 2: One way ANOVA on levels of Neuroticism and Mental health of youth (N=211)

*P< 0.05 level, **P< 0.001 level

One-way ANOVA evaluating the influence of Neuroticism dimension on Mental health (Table 3.) showed that 'there was a significant effect of the Neuroticism trait on Mental health of youth, $F(1, 191) = 54.306, p < 0.001$. The mean for the low Neuroticism group (M=166.61) appears to indicate greater Mental health scores than for the high Neuroticism group (M=146.09)'. Hence the hypothesis that mental health among youth significantly differs based on the Neurotic dimension of the Personality was accepted.

The present findings replicate the findings of other studies and have supportive evidences from them. Neurotic traits could lead to an individual being excessively concerned about the occurrence of an adverse event (McGuffin et al, 1988). An examination of personality as predictor of mental health and happiness by Furnham and Cheng (1999) revealed extraversion to be a major correlate of happiness while neuroticism was shown to be a correlates of mental health. Exploring the influence of neuroticism and distress in people's everyday lives, Bolger and Schilling (1991) found that individuals high in neuroticism were more distressed, reported more stressful life events, and interpersonal conflicts than individuals low in neuroticism. Interpersonal conflicts were found to be a major contributor of daily stress. In another study, Patrick and Hayden (1999) found that highly neurotic individuals report high levels of negative wellbeing. Thus the current results show broadly similar findings to previous studies.

Source	Sum of Squares	df	Mean Square	F	p
Between High and Low Psychoticism Groups	1213.994	1	1213.994	2.472	.118
Within High and Low Psychoticism Groups	80052.333	163	491.119		
Total	81266.327	164			

Table 3: One way ANOVA on levels of Psychoticism and Mental health of youth (N=178)

*P< 0.05 level

'As in the case for Neuroticism low Psychoticism group had greater Mental health ($M=157.92$) than the high Psychoticism group ($M=152.46$). But one-way ANOVA (Table.4) shows that 'there is no significant difference in Mental health based on levels of Psychotic dimension of youth's Personality, $F(1, 163) = 2.472, p > 0.05$ '. Hence the null hypothesis was accepted. The observed mean difference was by chance.

High scorers on the Psychoticism scale are conceptualized as "cold, impersonal, lacking in sympathy, unfriendly, untrustful, odd, unemotional, unhelpful, antisocial, lacking in insight, strange, with paranoid ideas that people were against him" (Eysenck & Eysenck, 1976, p. 47). In the current study like Extraversion, Psychoticism dimension of personality does not affect the mental health of the individual. Literature provides several studies with findings contradictory to that of the current study indicating that Psychoticism strongly predicts poor mental health and mental health problems. Psychoticism has an impact on the affective states of young people (Ciarrochi, Heaven, 2007). Negative behaviours are driven by negative emotional states. An emotional state such as hostility or sadness "readies the individual for action" and primes the individual to display a wide range of anti-social or generally disruptive behaviours. This may be because of disrupted information processing which, in turn, leads to low levels of positive appraisals of the situation. Thus poor and unconstructive nature and quality of their engagement with the environment (Watson, 1988) may predispose students to experience low levels of SWB. Students with less positive affect will have fewer rewarding social interactions which in turn lead to less positive affect. Young people with high psychotism often associate with more deviant groups (Mak, Heaven, and Rummery, 2003).

In conclusion, significant personality dimension in the current study that makes differences in mental health is Neuroticism neither Extraversion nor Psychoticism. Neuroticism significantly reduces mental health. One of the explanations for this finding may be related to the fact that a high level of neuroticism has been characterized as an overall proneness to experience psychological distress. Neurotics are reported to be emotionally unstable and fearful in a variety of situations in every day life. An especially high score on neuroticism has been mentioned as a predisposition to experience long-term levels of negative affects such as fear, anger, shame and sadness (Costa and McCrae 1995). It can also be a risk factor for psychiatric disorders that are not trait like, e.g. major depression, and somatic ill-health. Low level of life satisfaction is reported among neurotics (Costa and McCrae, 1980). It may be that characteristics such as anxiety, hostility, depression, and vulnerability make neurotics to select themselves into situations that foster negative affect.

8. Implications

The current findings suggest that more attention should be paid to personality traits when designing health promotion activities. The present results may add further support to the importance of accounting for individual differences with regard to mental health. Personality traits do change and may be modifiable (Roberts, Walton, and Viechtbauer, 2006; De Fruyt, Van Leeuwen, and Bagby, 2006). Through the manipulation of factors influencing mental health, mental health promotion is possible. Interventions may be more effective when they are adapted to certain personality characteristics.

9. Limitations

Selected from the student community, subjects in the current sample may not represent the population as a whole. Further, there may be possible bias, particularly due to absence of youth from the most deprived groups. The extent to which the responses on personality measures of youth were influenced by their current states was not considered. Finally, the findings have limited generalizability to other cultural groups and to clinical populations because it was conducted in a culturally homogeneous community sample.

10. Conclusion

Mental health includes the ability to study, work or pursue interests, and to make appropriate decisions. Mental illness has serious consequences such as disturbed mood, thought or behaviour, and low productivity, increased health care expenditures etc. Personality traits' influence on mental health is multidimensional and among Eysenck's personality traits Neuroticism shows significant influence. In terms of mental health the current study demonstrated that neurotic trait is significantly involved, specifically in reducing mental health. Personality factors significantly influence individual protective factors such as resilience, problem-solving and social skills, self-esteem, positive thinking, stress management skills, and feelings of mastery. So mental health promotion and illness prevention needs to target those determinants such as personality that have a causal influence.

11. References

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