Study of General Mental Health in Relation to Personality

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ABSTRACT

Health psychology which is directly and practically concerned with various aspects of one’s life, is an emerging field not only in India but also throughout the world. It is perhaps the dedicated efforts of health psychologists that the psychosocial influences have gained due attention that push and pull one in healthy or unhealthy state of affairs across time. While studying the key role of psychological factors in the prevention and treatment of diseases, it has been reiterated to examine the role of personality in relation to health. Working on these lines, the present study was conducted to examine the correlation between personality traits and general health. Three hundred educated adults were administered the 16 Personality Factors Test and General Health Questionnaire. Pearson product-moment correlations were computed to draw a personality profile wherein major personality factors associated with better and poor mental health were sorted out. The findings have crucial implications for providing better care and health services according to personality of an individual.

INTRODUCTION

Psychology aims at discovering/developing the scientifically viable constructs or categories to help better understanding of human mind and behaviour. For this purpose, psychologists observe people’s behaviours, feelings and/or thoughts in controlled or natural environment to explore and understand the complexities of human behaviour in relation to various influencing factors. One such highly studied factor is the personality of an individual.

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A growing body of evidence has gradually been uncovering the potential effects of personality and other psychosocial factors on health and vice versa. The most significantly studied and scientifically proved relationship is between personality (Type-A) and coronary heart diseases (Friedman & Rosenman, 1974; Friedman & Booth-Kewley, 1988). Later feelings of hopelessness, loss of libido, and increased irritability were also proposed as a risk indicator for the onset of coronary heart disease (Cole, Kawachi, Sesso, Paffenbarger and Lee, 1999). A significant association has been reported between neuroticism and risk of death (Nakaya, Hansen, Schapiro, Eplov, Saito-Nakaya, Uchitomi & Johansen, 2006). Neuroticism was also found as the main predictor of the patients’ oral health-related quality of life following implant treatment (Abu Hantash, Al-Omri & Al-Wahadni, 2006). Aggression and impulsivity are higher among those who attempted suicide (Carballo, Oquendo, Giner, Zalsman, Roche & Sher, 2006). Friedman and Booth-Kewley (1987) talk of the existence of a generic “disease-prone” personality that involves depression, anger/hostility, anxiety, and possibly other aspects of personality.

Personality traits have a strong genetic foundation, are highly stable over time, and predict important societal outcomes, including health and occupational success (Robins, 2005). Personality variable of conscientiousness (self-discipline) and two facets of neuroticism are related to subjective memory in older adults (Pearman & Storandt, 2005), extraversion and conscientiousness are related to physical health (Goodwin & Engstrom, 2002; Roberts & Bogg, 2004), conscientiousness has been found to be the strongest personality predictor of longevity (Martin & Friedman, 2000), self-esteem and internal locus of control are correlated with hippocampal volume (Psuessner, Baldwin, Dedovic, Renwick, Mahani, Lord, Meaney & Lupien, 2005), subjective health is associated with both perceived and actual increases in conscientiousness, with actual increases in extraversion and decreases in neuroticism (Robins, Noftle, Trzesniewski & Roberts, 2005), individuals with a “fighting spirit” survive longer even with cancer than those who feel helpless or less optimistic about their chances of survival (Greer, Morris & Pettingale, 1994) and there has been found a robust association between social contact, health and well-being (House, Landis & Umberson, 1988).

In a study on psychosocial work environment and mental health, Niedhammer, Chastang, David, Barouhiel and Barrandon (2006) have reported that job strain, low decision latitude, effort-reward imbalance, and low reward (especially job instability) were associated with depressive symptoms and/or psychiatric disorders among men. They further reported that social support at work played a role to reduce depressive symptoms for women. In one another study on understanding the influences of social support on health and longevity,
Brown, Nesse, Vinokur and Smith (2003) reported that mortality was significantly reduced for individuals who reported “providing” instrumental support to friends, relatives, and neighbours, and individuals who reported “providing” emotional support to their spouse.

Reporting about animal studies, Silver (2003) shares that rats that are fearful in infancy maintain this trait throughout their lives and age prematurely, often dying young. The reason may be that they have higher levels of a stress hormone than other rats, and this takes a toll on their bodies. Like rats, some people seek out novelty while others avoid it. Anxious, timid humans experience higher levels of a stress hormone called cortisol. Because people have long life-spans, the researchers tested the effects of high levels of stress hormones in timid rats. By looking at pairs of brother rats, the researchers measured behavioural and physiological responses to novel stimuli throughout the animals’ lives as a model of what happens in people. They found a connection between personality and health over the course of a lifetime. “This tells me that there is something about personality traits that we have to consider in terms of health,” says a researcher of the University of Chicago, “If a personality trait is stable over the lifespan and it has physiological implications, it is going to affect our aging process.” And, personality traits tend to remain highly stable over periods as long as 30 years (Costa & McCrae, 1989; Roberts & Del Vecchio, 2000; Roberts, Robins, Trzesniewski & Caspi, 2003).

On personality-health relationship, in many studies conducted recently in India, similar patterns have been observed. The unemployed persons experience significantly higher levels of anxiety (Raj, 2005). Self-esteem has a significant effect on various well-being dimensions and people with high self-esteem experience better general mental health (Sharma, Sharma & Yadava, 2004). A detailed review of psychosocial correlates of health can be seen in Sharma, Sharma and Yadava (2005). Perceiving a relationship between physical health and mental health, most of the respondents of a study (Dixit, 2005) viewed a healthy mind residing in a healthy body. It was reported that excessive physical activity, lack of sleep, headaches, and bad physical health were seen as factors influencing mental health negatively. However, the vice versa was essentially not true as a healthy body was not perceived as a necessary indicator of mental health.

Considering the importance of proper health and care services in one’s life, it was considered crucial to prepare a personality profile of the respondents who experience better or poor general psychological health by studying the correlation between personality traits and general mental health.
METHOD

Sample

The sample of the present study, consisting of 300 educated adults (187 males and 113 females), was selected from Haryana (Rohtak, Bhiwani and Faridabad), Delhi and Lucknow on the basis of non-random purposive sampling procedure. The age range of the respondents was 20 to 50 years (mean = 35.04, SD = 7.68).

Tools

16 Personality Factor Test (16 PF Test): Cattell’s theory of personality has been considered the most comprehensive, fully developed and highly researched worldwide. Hence, keeping in view the conclusions and recommendations of Mershon and Gorsuch (1998) that “using the largest number of personality factors available will generally be considerably more predictive than using fewer factors,” in the present study, Indian adaptation (Kapoor, 1970) of Form A of the 16 PF Test was used to measure the personality of the subjects.

The General Health Questionnaire–12 (GHQ–12): To assess the psychological health of the respondents, the present investigation included the GHQ-12 (Goldberg and Hillier, 1979) which is a short screening test for detecting minor, non-psychiatric disorders in the general population. It is designed to identify short-term changes in mental health (general psychological strain, distress, depression, inability to cope, social dysfunction, somatic symptoms etc.) and the respondents are asked to indicate the extent to which they have experienced change in the particular symptom or feeling in question. Lower the score better is general and psychological health and vice versa. Hindi version (Mohal, 1991) of the questionnaire was used in the present study.

Procedure

The present study was conducted to find out the correlation between personality and psychological health. For this purpose, the 16 PF Test and GHQ–12 were administered on a sample of 300 educated adults who had not experienced any critical life change during the preceding two months to ensure that any particular life circumstance had not undesirably affected their psychological health. The respondents were assured of confidentiality of their responses so that they could provide free, frank and honest information. Pearson product-moment correlations were computed to find out the correlations between these two variables.
RESULTS AND DISCUSSION

Very interesting trend between these two variables has been observed in the present study as can be seen in Table 1. If we group the personality traits on the basis of direction of significant correlations, we find that Factor A (Warmth), C (Emotional Stability), F (Surgency), H (Social-Boldness), Q₁ (Radicalism) and second-order personality Factor Q₁ (Extraversion) are negatively correlated with psychological distress. On the other hand, Factor I (Tender-mindedness), L (Suspiciousness), M (Imaginativeness), O (Guilt Proneness), Q₄ (Tension), and Factor Q₄ (Anxiety) are positively correlated with psychological distress. Rest eight personality traits had no significant correlation with psychosocial strain and distress.

TABLE 1
Product-moment correlations between personality traits and general mental health

<table>
<thead>
<tr>
<th>16 PF Factors</th>
<th>GHQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factor A (Warmth)</td>
<td>-.16 **</td>
</tr>
<tr>
<td>Factor B (Intelligence)</td>
<td>-.10</td>
</tr>
<tr>
<td>Factor C (Emotional Stability)</td>
<td>-.18 **</td>
</tr>
<tr>
<td>Factor E (Assertiveness)</td>
<td>.04</td>
</tr>
<tr>
<td>Factor F (Surgency)</td>
<td>-.17 **</td>
</tr>
<tr>
<td>Factor G (Conscientiousness)</td>
<td>-.10</td>
</tr>
<tr>
<td>Factor H (Social-Boldness)</td>
<td>-.26 **</td>
</tr>
<tr>
<td>Factor I (Tender-Mindedness)</td>
<td>.15 **</td>
</tr>
<tr>
<td>Factor L (Suspiciousness)</td>
<td>.23 **</td>
</tr>
<tr>
<td>Factor M (Imaginativeness)</td>
<td>.24 **</td>
</tr>
<tr>
<td>Factor N (Shrewdness)</td>
<td>.02</td>
</tr>
<tr>
<td>Factor O (Guilt Proneness)</td>
<td>.22 **</td>
</tr>
<tr>
<td>Factor Q₁ (Radicalism)</td>
<td>-.14 *</td>
</tr>
<tr>
<td>Factor Q₂ (Self-Sufficiency)</td>
<td>.10</td>
</tr>
<tr>
<td>Factor Q₃ (Social-Precision)</td>
<td>-.11</td>
</tr>
<tr>
<td>Factor Q₄ (Tension)</td>
<td>.24 **</td>
</tr>
<tr>
<td>Factor Q₁ (Extraversion)</td>
<td>-.22 **</td>
</tr>
<tr>
<td>Factor Q₄ (Anxiety)</td>
<td>.30 **</td>
</tr>
<tr>
<td>Factor Q₃ (Tough Poise)</td>
<td>-.03</td>
</tr>
<tr>
<td>Factor Q₄ (Independence)</td>
<td>.08</td>
</tr>
</tbody>
</table>

* p < 0.05, ** p < 0.01.
The findings provide a general sketch of a person who does and doesn’t suffer from general mental health problems (of non-psychiatric nature/degree). The present study reveals that a person who is outgoing, easy-going, good-natured, softhearted, ready to cooperate, emotionally expressive, attentive to people, adaptable, likes jobs dealing with people, emotionally mature, stable, realistic about life, possesses ego strength, better able to maintain solid group morale, cheerful, active, talkative, frank, expressive, carefree, sociable, bold, ready to try new things, spontaneous, abundant in emotional response, involved in intellectual matters, and extravert experiences better psychological health and copes up well with psychological distress.

On the other hand, people who are tender-minded, day-dreaming, artistic, feminine, fastidious, sensitive, impatient, dependent, impractical, mistrusting, doubtful, involved in their own ego, self-opinionated, interested in internal mental life, imaginative, unconcerned over day-to-day matters, moody, worrier, full of foreboding and brooding, tense, excitable, restless, lagging behind in group leadership, unity and orderliness, suffer from minor, non-psychiatric disorders and psychological distress.

This sketch of the person being social and experiencing better mental health is in line with the earlier findings that both the trait and social influence components of perceived support were related to favourable affect and to self-esteem (Lakey & Scoboria, 2005). It is because an extravert and sociable person gets enough social support that is a great source of well-being. Perceived inadequacies in social contacts, and practical obstacles to social relationships lead one to be isolated and alienated and further leading to great risks for depression (e.g., Michelsen & Bildt, 2003). As is found in the present study that neuroticism positively relates poor mental health, it has also been found to be a consistent and important predictor of the onset of depressive symptoms in late life (Steunenberb, Beekman, Deeg & Kerkhof, 2006). Higher extraversion and lower neuroticism are associated with reduced risk of mortality in old age and these associations are mediated in part by personality-related patterns of cognitive, social and physical activity (Wilson, Krueger, Gu, Bienias, Mendes, Leon & Evans, 2005). Findings of present study have serious implications because childhood personality traits have been reported to predict adult health outcomes (Hampson, Goldberg, Vogt & Dubanoski (2006).

However, obtained findings with regard to cheerfulness are not in line with earlier studies that reported that cheerful children grow up to be more careless about their health (Martin, Friedman, Tucker, Tomlinson-Keasey, Criqui, & Schwartz, 2002) and three dimensions of childhood personality: conscientiousness, lack of cheerfulness, and permanency of mood, predicted.
increased longevity mainly in males (Schwartz, Friedman, Tucker & Tomlinson-Keasey, 1995).

On the basis of the present study, it can be broadly concluded that individuals who are well-adjusted, socially stable, and well-integrated into their communities experience better health. Friedman (2000) too concluded that such persons are at significantly lower risk for disease and premature mortality than those who are more unstable, impulsive, isolated and alienated. These findings may be duly considered while devising a health and care policy and strategy for the needy individuals who suffer from poor physical and mental health.

REFERENCES


