A comparative study of personality traits, internalizing, externalizing variables between the Meitei and Tribal adolescents in Manipur

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Abstract

The aim of the present study is to do a comparative study of the personality traits i.e., Neuroticism, extraversion, openness, conscientiousness, agreeableness and internalizing and externalizing variables i.e., generalized anxiety disorder, post traumatic stress, depression, eating disturbance, suicide, interpersonal problems, conduct disorder, oppositional defiant disorder, substance abuse, anger violence proneness, academic problem between the Meitei, Muslim adolescents in Manipur. Sample include sixty for Meitei adolescents and sixty for Tribal adolescents are randomly selected from Manipur population i.e., sora, kakching, keirak, pallel. Personality traits are measured by NEO-FFI, and internalizing and externalizing variables are measured by APS-SF. The inclusion criteria used for sample selection was that age of students ranged from 12-19 years. Results of the present study are analyzed by mean, standard deviation and t-test. Results of the present study indicate that there is significance difference in conduct disorder, posttraumatic Stress disorder, oppositional defiant disorder, and anger violence proneness between the two groups. However, it also indicates that there is no significance difference on substance abuse, generalized anxiety disorder, depression, eating disturbance, suicide, self concept and interpersonal problems between the two groups. Results from the personality traits indicate that there is no significance difference on neuroticism, extraversion and agreeableness but have significance difference on openness and conscientiousness between the two groups.

Keywords: Internalizing, Externalizing, Personality, Traits, Neuroticism, extraversion, Openness, conscientiousness, agreeableness.

The term adolescence comes from the Latin word adolescere, meaning “to grow” or “to grow to maturity.” The term adolescence includes mental, emotional, and social maturity as well as physical maturity. This point of view has been expressed by Piaget (121) when he said: Psychologically, adolescence is the age when the individual becomes integrated into the society of adults, the age when the child no longer feels that he is below the level of his elders but equal, at least in rights….this integration into adults society has many affective aspects…..more or less linked with puberty….it also includes very profound intellectual changes….these intellectual transformation typical of the adolescent’s thinking enable him not only to achieve his integration into the social relationships of adults, which is, in fact, the most general characteristic of this period of development. It is customary to regard adolescence as beginning when children become sexually mature and ending when they reach the age of legal maturity. Early adolescence extends roughly from thirteen to sixteen or seventeen years, and late adolescence covers the period from then until eighteen, the age of legal maturity. Late adolescence is thus a very short period. Early adolescence is usually referred to as the “teens”, sometimes even the “terrible teens”. Although older adolescents are, strictly speaking, “teenagers” until they reach twenty years of age, the label teenager, which has become popularly associated with the characteristic pattern of behaviour of young adolescents, is rarely applied to older adolescents. Instead, they are usually referred to “young men” and “young women”---or even “youths”---indicating that society recognizes a maturity of behaviour not found during the early years of adolescent.
Hazards of adolescence:

- Physical hazards (morality, suicide, physical defects, clumsiness and awkwardness, sex-inappropriate body build);
- Psychological hazards: the major psychological hazards of adolescence center around the failure to make the psychological transitions to maturity that constitute the important developmental task of adolescence. In most cases adolescent fail to make these transitions not because they want to remain immature but because they encounter obstacles in their attempts to achieve mature patterns of behaviour.

Common obstacles to making transition to maturity (poor foundation, late maturing, prolonged treatment as children, role change, prolonged dependency).

- Social behaviour;
- Sexual behaviour;
- Moral behaviour;
- Family relationships;
- Effects of immaturity

Common danger signals of Adolescent Maladjustment:

- Irresponsibility as shown in neglect of studies, for example, in favour of having a good time and winning social approval;
- An overly aggressive, cocksure attitude;
- Feelings of insecurity, which cause the adolescent to conform to group standards in a slavishly conventional manner;
- Homesickness when away from familiar surroundings;
- Feelings of martyrdom;
- Excessive daydreaming to compensate for the lack of satisfaction the adolescent derives from daily life;
- Regression to earlier levels of behaviour in an attempt to win favour and recognition;
- Use of defense mechanisms such as rationalization, projection, fantasizing and displacement.

Researchers like Prinzie (2009) found that higher levels of extraversion, agreeableness, conscientiousness, and openness and lower levels of neuroticism were related to more autonomy support. Several factors moderated the relationship between specific personality dimensions and parenting: child and parental age, reliability of observational assessment of parenting behavior, and study design. Taken together, these results indicate that personality can be seen as an inner resource that affects parenting. Researchers like Trull and Sher (1994) examined the relationship between NEO-FFI scores and several of the major clinical disorders by comparing diagnosed individuals with otherwise similar control subjects. Their results with lifetime occurrences of drug abuse or dependence, anxiety disorders, major depression, and posttraumatic disorder (PTSD). Substance abuse disorders were associated with higher Neuroticism, lower extraversion, higher openness, and lower agreeableness, and lower conscientiousness scores; PTSD was associated with higher Neuroticism, lower extraversion, lower agreeableness, and lower conscientiousness scores; and major depression was associated with higher neuroticism, lower extraversion, higher openness, and lower conscientiousness. They summarize these patterns in part by saying that the triad of high neuroticism, low extraversion, and low conscientiousness suggest that an individual is at risk of having or developing an Axis I disorder. Less intuitively obvious, however, is the finding that there is also a relationship between high openness and increased incidence of clinical disorders. “relatively higher levels of openness,” write Trull and Sher, “were found to characterize members of any substance use disorder, alcohol abuse or dependence, drug abuse or dependence, nicotine dependence, major depression, and any anxiety disorder diagnostic groups” (p.358).

Objectives of the study:

1. To study the personality traits differences of Meitei and tribal Adolescents in Manipur.
2. To study the internalizing and externalizing differences of Meitei and Tribal adolescents in Manipur.
Hypothesis of the study:
The hypotheses of the present research are as follows:

1. It is expected that there will be significant difference between Meitei and tribal adolescent on personality Traits.
2. It is expected that there will be significant difference between Meitei and Tribal adolescent on internalizing and externalizing variables.

Method
Participants:
For this study, a sample of 120 participants ranging age level 12-19 years old including male and female are randomly selected from Sora school, Keirak School, Pallel and Kakching.

Instrument:
Following tests were used in the study:

1. NEO-five factor inventory;
2. APS-SF

Brief description of the test is as follows:
NEO-five factor inventory: Paul T.Costa, Jr. and Robert R. McCrae, developed this inventory. It measures five personality domain. Here the investigator used Form-s for the present study. This questionnaire(form-s) contains 60 statements. For each statement response, there is five answer keys, such as SD, strongly disagree, D, disagree, N, neutral, A, agree, and SA, strongly agree. The subjects have to choose one answer out of these five keys. The revised Neo-personality inventory is a concise measure of five major dimensions or domains. The Neo PI-R embodies a conceptual model is a measure of normal personality trait that has demonstrated its utility in both clinical and research settings. The five dimensions or domains are: 1. Neuroticism; 2. Extroversion; 3. Openness; 4. Agreeableness; and 5. Conscientiousness

APS-SF: The Adolescent Psychopathology Scale-Short Form (APS-SF) stems from the development of the Adolescent Psychopathology Scale (APS; Reynolds, 1998a). The Adolescent Psychopathology Scale-Short Form (APS-SF) is a multidimensional measure of psychopathology measure of psychopathology and personality characteristics designed for use with adolescents’ age 12 to 19 years. The 115 items on the APS-SF are derived from the Adolescent Psychopathology scale (APS; Reynolds, 1998a), a 346-item measure of adolescent psychopathology and psychosocial problems. The items on the APS-SF directly evaluate specific symptoms of the Diagnostic and Statistical Manual of Mental disorders, fourth Edition (DSM-IV; American Psychiatric Association, 1994) clinical and personality disorders, as well as other psychological problems and behaviors that interfere with successful psychosocial adaptation and personal competence. The APS-SF is composed of 12 clinical and 2 validity scales.

The 12 clinical scales are:
Conduct disorder (CND, 15 items); Oppositional Defiant disorder (OPD, 9 items); Substance abuse (SUB, 9 items); Anger/Violence Proneness (AVP, 14 items); Academic Problems (ADP, 9 items); Generalized Anxiety disorder (GAD, 11 items); Posttraumatic Stress disorder (PTS, 11 items); Major depression (DEP, 14 items); Eating disturbance (EAT, 8 items); Suicide (SUI, 6 items); Self-Concept (SCP, 9 items); Interpersonal problems (IPP, 11 items).
The 2 validity scales are:
Defensiveness (DEF, 6 items) and Consistency Response (CNR, 14 items).

Procedure:
The selected participants were administered tests of NEO-five factor inventory and APS-SF that measures internalizing and externalizing variables.

Scoring of Test:
Hand scoring was done by using prescribed scoring keys for NEO-FFI.
For APS-SF, computer scoring was done.
Statistical Analysis:  
Data can be analyzed quantitatively through the use of SPSS package.

Table I  
Personality traits of NEO-FFI of Meitei and Tribal adolescents on Mean, S.D., t-test and p-significance level.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Meitei</th>
<th>Tribal</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>S.D.</td>
<td>M</td>
<td>S.D.</td>
</tr>
<tr>
<td>N</td>
<td>23.75</td>
<td>5.13</td>
<td>24.58</td>
<td>4.20</td>
</tr>
<tr>
<td>E</td>
<td>25.86</td>
<td>4.24</td>
<td>26.80</td>
<td>4.13</td>
</tr>
<tr>
<td>O</td>
<td>23.61</td>
<td>3.37</td>
<td>22.30</td>
<td>4.17</td>
</tr>
<tr>
<td>C</td>
<td>28.06</td>
<td>4.99</td>
<td>26.05</td>
<td>4.66</td>
</tr>
<tr>
<td>A</td>
<td>25.48</td>
<td>4.43</td>
<td>25.46</td>
<td>3.74</td>
</tr>
</tbody>
</table>

Df=118, sig (2-tailed).

Table II  
Internalizing and externalizing variables of Meitei and Tribal on Mean, S.D. t-test and p-significance level.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Meitei</th>
<th>Tribal</th>
<th>t-level of</th>
<th>significance</th>
</tr>
</thead>
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<tr>
<td></td>
<td>M</td>
<td>S.D.</td>
<td>M</td>
<td>S.D.</td>
</tr>
<tr>
<td>CND</td>
<td>2.40</td>
<td>1.90</td>
<td>2.25</td>
<td>-2.27</td>
</tr>
<tr>
<td>OPD</td>
<td>5.23</td>
<td>1.84</td>
<td>6.26</td>
<td>2.12</td>
</tr>
<tr>
<td>SUB</td>
<td>0.95</td>
<td>1.97</td>
<td>1.25</td>
<td>2.69</td>
</tr>
<tr>
<td>AVP</td>
<td>6.43</td>
<td>2.67</td>
<td>7.53</td>
<td>3.15</td>
</tr>
<tr>
<td>ADP</td>
<td>6.13</td>
<td>2.71</td>
<td>6.68</td>
<td>2.71</td>
</tr>
<tr>
<td>GAD</td>
<td>8.91</td>
<td>2.49</td>
<td>9.03</td>
<td>3.09</td>
</tr>
<tr>
<td>PTS</td>
<td>6.85</td>
<td>2.64</td>
<td>7.78</td>
<td>2.70</td>
</tr>
<tr>
<td>DEP</td>
<td>9.36</td>
<td>3.83</td>
<td>9.63</td>
<td>4.41</td>
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<tr>
<td>EAT</td>
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<tr>
<td>SUI</td>
<td>4.63</td>
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</tr>
<tr>
<td>SCP</td>
<td>2.71</td>
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<td>2.66</td>
<td>2.11</td>
</tr>
<tr>
<td>IPP</td>
<td>7.81</td>
<td>3.35</td>
<td>7.83</td>
<td>3.28</td>
</tr>
</tbody>
</table>

Df=118, sig.(2-tailed).

Discussion:

The Table results shown in Table 1 indicate that there were significance differences in Meitei and Tribal adolescent in Openness and conscientiousness. The mean of Meitei and Tribal adolescents on Openness were 23.61 and 22.30 respectively. SD was 3.37 and 4.17 respectively. The mean values of conscientiousness were 28.06 and 26.05 respectively. SD was 4.99 and 4.66 respectively. t-value for openness was 1.90 which were significant. t-value of conscientiousness was 2.28 which are significant. Results indicate that there were significance differences between these two groups of adolescents on personality traits. It indicates that Meitei adolescents are more conscientiousness and openness than the tribal adolescent. However the result suggested that there were no significance difference between these two groups on Neuroticism, extraversion and agreeableness. The mean value of Meitei and Tribal on Neuroticism were 23.75 and 24.58 respectively. SD was 5.13 and 4.20 respectively. t-value 0.97 which was not significant. The mean value of Extraversion on these two groups was 25.86 and 26.80 respectively. SD 4.24 and 4.13 respectively. t-value 1.22 which are not significant. The mean value of agreeableness on Meitei and tribal were 25.48 and 25.46 respectively. SD 4.43 and 3.74 respectively. t-value 0.02 which are not significant. Cattell labeled his factor A “reserved vs outgoing,” Eysenck concluded that extraversion is one of the major dimensions of personality, and many other researchers have found sociability to be one of the three stable, heritable personality, temperaments,
present from infancy. Costa and McCrae (1988; MacRae & Costa, 1987) said that extraversion is a well-confirmed, major disposition. MacRae and Costa (1987) said that people high in neuroticism tend to have few happy thoughts and memories and to recall many negative memories, regardless of whether they are currently in a depressed mood. However, this tendency toward remembering the negative appears to play a key role in the individual’s susceptibility to clinical depression (RUIZ-Caballero & Bermudez, 1995). When people high in neuroticism are in a depressed mood, their tendency to recall more negative than positive events is particularly pronounced (Bradley & Mugg, 1994). Persons who score high on openness actively seek more educational opportunities and more challenging work experiences than those low on openness (Barrick & Mount, 1991). Individuals high on openness tend to be original, imaginative, and daring. Openness may manifest itself in a wide range of fantasy experiences, in creative or unusual ideas or products, or in a high degree of tolerance for what others do, say, and think. McCrae described openness as being interested in experience for its own sake, eager for variety, tolerance of uncertainty, leading a richer, more complex, less conventional life. By contrast, the closed person is seen as being impoverished in fantasy, insensitive to art and beauty, restricted in affect, behaviorally rigid, bored by ideas, and ideologically dogmatic (1990, p.123). The agreeable person tends to be sympathetic, cooperative, trusting, and interpersonally supportive. In its extreme form, though, agreeableness becomes unappealing and may be manifested in a dependent, self-effacing manner in dealings with others. The opposite pole of agreeableness is antagonism, the tendency to set oneself against others. The antagonistic person tends to be mistrustful, skeptical, unsympathetic, uncooperative, stubborn, and rude. McCrae and Costa also noted the similarity between antagonism and Eysenck’s dimension Psychoticism. The hostility associated with certain aspects of Type A behavior also bears a striking similarity to antagonism. Like openness, agreeableness is thought to be mainly a product of learning and socialization, rather than biologically based (Costa & McCrae, 1988b). Agreeableness in its extreme forms affects political sentiments and has been referred to by Costa, McCrae, and Dye (in press) as “tender-minded.” Conscientiousness individuals are hardworking, ambitious, and energetic. They preserve in the face of difficulty and tend to be careful and thorough. Conscientiousness is also associated with physical fitness (Hogan, 1989; Booth-Kewley & Vickers, in press). Conscientiousness students tend to earn better grade and to do more extra-credit assignments than those low in conscientiousness (Digman, 1989; Dollinger & Orf, 1991). The opposite pole of conscientiousness is “undirected.” McCrae and Costa (1987) noted that the individual low in conscientiousness is not so much uncontrolled as undirected, not so much impulse ridden as simply lazy.

The results shown in Table-II indicate the internalizing e.g., CND, OPD, AVP, ADP, SUB and externalizing variables i.e., GAD, PTS, DEP, EAT, SUI, SCP of Meitei and Tribal adolescents in Manipur. The results in Table-II indicate that there were significant differences in conduct disorder (CND), oppositional defiant disorder (OPD), anger violence proneness (AVP), and posttraumatic stress disorder (PTS). Tribal adolescent have more mean value on CND, OPD, AVP, and PTS than Meitei adolescent. It indicates that tribal adolescents are more externalizing problems like conduct disorder, oppositional defiant disorder, anger violence proneness than their Meitei adolescents’ counterparts. Results also indicate that there were no significance difference of Meitei and Tribal on substance abuse (SUB), and academic problems (ADP), an internalizing problem. In the internalizing problems, there was no significance difference between the internalizing variables like generalized disorder (GAD), depression (DEP), eating disturbance (EAT), suicide (SUI), self concept (SCP) and Interpersonal problem (IPP) respectively. From this study the investigator pointed out that during the adolescent period they have more or similar problem. The milder forms of CND such as school suspension, breaking rules at home or school, stealing, and getting into fights. Very high on CND are associated with severe antisocial behaviors such as engaging in violence against persons or property. Sometimes such adolescents are found in school suspension and may involve trouble with the police. OPD defined as “a recurrent pattern of negativistic, defiant, disobedient, and hostile behavior toward authority figures…” (American Psychiatric Association, 1994, p.91). A minimum amount of substance use by an adolescent can be considered normative, although not necessarily adaptive. Research suggests that substance abuse disorder is one of the most prevalent psychiatric disorders in adolescents (Reinherz et
There are nine classes of DSM-IV substance abuse disorder: alcohol; amphetamine; cannabis; cocaine; hallucinogen; inhalant; opioid; phenyclindine; and sedative, hypnotic, and anxiolytic abuse disorders. Substance abuse disorders are particularly insidious in their relationships with other psychiatric disorders. AVP deal with general anger, hostility, and overt and instrumental aggression toward others. Specific anger-related items assess loss of temper, excessive anger at home and school, argumentativeness, the tendency to become easily angered, and lack of control one’s anger. An academic problem (ADP) evaluates learning-related problems and problem behaviors in school. GAD evaluates anxiety, worry, restlessness, fatigue, difficulty concentrating, irritability, body aches, and difficulty falling asleep. PTS is a significant adolescent psychiatric disorder that has been the focus of substantial research (McNally, 1991; Motta, 1994; Pynoos, Nade, & March, 1991; Saigh, 1989; Schwartz & Perry, 1994; Yule & Williams, 1990). Many adolescents would be expected to have PTSD given the frequency of such traumatic events as chronic illness, abuse, natural disasters, and violence. Depression is a significant mental health problem among adolescents (Reynolds, 1985, 1995a, 1998d, Reynolds & Johnson, 1994a, 1994b). The concept of depression includes both a phenomenological syndrome of significant emotional distress and dysfunction, as well as a formal psychiatric disorder. Depression covers the emotional components of dysphoria; cognitive aspects such as suicidal ideation, low self-worth and guilt; vegetative symptoms such as sleep difficulty, fatigue and loss of energy and somatic complaints. Eating disturbances of anorexia nervosa and bulimia nervosa represent serious psychopathology disorders that are many times more prevalent in females than males and often have their onset during adolescence (Barber, 1991; Garner, 1993; Gillberg, Rastam, & Gillberg, 1994; Goldbloom & Garfinkel, 1990; Herzog, Rathner, & Vandereycken, 1992; Leon & Phelan, 1985; Sohberg & Strober, 1994; Striegel-Moore, Silverstein, & Rodin, 1986). EAT focus on cognitive fear, worry, and perceptions of being fat, along with items of binge eating, food regurgitation, and negative response to food. SUI examine suicidal ideation and suicidal behaviors. SCP assess basic aspects of self concept and sense of self worth. Self concept evaluates feelings of worthlessness and self denigration, and physical and social self concept and perceived evaluation of self by others. High scores indicate poor sense of self worth and self concept. In this manner, low scores on the SCP represent a more positive self-concept. IPP assess interpersonal problems in relationships with others, loneliness, lack of friends, social introversion, and a sense that things are going wrong in one’s life.

Conclusion:

From the above study, the investigator found that some form of externalizing problems is more escalated to tribal adolescents than the Meitei adolescents. But in the internalizing problems tribal adolescents and Meitei adolescence have no difference. From this study the investigator concluded that during the adolescent period they have more or similar problem. Here again I want to emphasize counseling for the adolescent period to share their feeling so that it can be dealt with meaningfully. Further study is suggested.

References:

