Personality Traits i.e., Psychoticism, extraversion, neuroticism, suicide and depression: A comparative study based on Gender: Male and Female

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Abstract

An attempt has been made to investigate the personality traits, suicidal thought and depression on the mizo population. The main research objectives are to study the co-relational analysis of Personality traits, suicidal thoughts and depression; to compare the personality traits of psychoticism, extraversion and neuroticism of male and female; to compare the suicidal thoughts of male and female; to compare the depression of male and female and Mean bar diagram comparisons for all the variables included in the present study based on gender. The randomly selected 64 participants (N=64 i.e., 37 male n 27 female) age ranging from 18-25 yrs for the present study. All the selected samples were administered EPQ-R, ASIQ and BDI-II individually. The data was drawn from the different parts in Mizoram. The results were analysed with the help of Mean, co-relational analysis, t-test and bar diagram of the male and female included in the present study. Result indicates that co-relational analysis based on intercorrelation between measures of personality traits, ASIQ, DEP-II for the whole variable range from .19 to .46. Out of 10 correlations, 6 correlations are significant at or above .05 level. The correlation coefficients of .15 and .20 are significant at .05 and .01 level of significance respectively. The mean differences between the Male and female on the domain of neuroticism and extraversion are found statistically insignificant but other personality traits like psychoticism found statistically significant between male and female in Mizo population included in the present study. The mean difference between the male and female on suicidal ideation (measured by ASIQ) and Depression (measured by Beck Dep-II) are found statistically insignificant in the present study. The investigators have in-cooperated mean bar diagram comparisons between the Male and Female on the domain of personality traits, ASIQ variable and Depression.

Keywords: Suicidal thoughts; Depression; Psychoticism; Extraversion; Neuroticism.

The most comprehensive contribution to the conceptual development of trait psychology, and of personality psychology more generally, is Allport’s (1937) book, personality: A psychological Interpretation. The basic assumption of the trait point of view is that people possess broad predispositions, called traits, to respond in particular ways i.e., likelihood of their behaving, thinking or feeling in a particular way. Traits theorists agree that human behaviour and personality can be organized into a hierarchy. Eysenck suggests that at its simplest level behaviour can be considered in terms of specific responses. However, some of these responses are linked together and form more general habits. Again, we generally find that groups of habits tend to occur together to form traits. In sum, trait theorists suggest that people have broad predispositions to respond in certain ways and that there is a hierarchical organization to personality. Eysenck’s (e.g.,1947,1990) belief that a model of personality must be hierarchical. He proposes a hierarchy containing four levels. At the bottom level are specific responses, such as talking before class on a single occasion. At the second level are habitual responses, which include frequent or recurring behaviours, such as talking before class on a regular basis. The third level is that of traits, which are defined in terms of intercorrelated sets of habitual responses. A person who is sociable, for example, talks before class, enjoys talking with other people, likes to go to parties and so on. At the highest level of generality are types, which in turn are defined as intercorrelated sets of traits. In factor analytic terms, a trait is a primary factor and a type is a second-order factor. Eysenck gave three main notions which characterize modern work in personality (H.J.Eysenck & Eysenck,1985,p.420. first, behaviour is best described in terms of traits that characterize people in varying degrees. Second, these traits combine to define more fundamental types. third, individual differences on these types are based on constitutional (i.e., genetic, neurological, and biochemical) factors. Traits making up the type concept of (a) Neuroticism, (b) extraversion, and (c) psychoticism (Reprinted
with permission from H.J. Eysenck & Eysenck,1985,pp.14-15). Neuroticism------- anxious, depressed, irrational, guilty feelings, shy, Moody, Low self-esteem, Tense; (a); Extraversion------- sociable, lively, carefree, active, dominant, assertive, surgent, sensation seeking, venturesome (b); Psychoticism--- aggressive, antisocial, cold, egocentric, unempathic, creative, impersonal, tough minded, impulsive (c).

In the EPQ manual, Eysenck provides the following description of the “typical” extravert and introvert: The typical extravert is sociable, like parties, has many friends, needs to have people to talk to, and does not like reading to studying by himself. He craves excitement, takes chances, often sticks his neck out, acts on the spur of the moment, and is generally an impulsive individual. He is fond of practical jokes, always has a ready answer, and generally likes change; he is carefree, easy-going, optimistic, and likes to “laugh and be merry.” He prefers to keep moving and doing things, tends to be aggressive and lose temper easily; altogether his feelings are not kept under tight control, and he is not always a reliable person. The typical introvert is a quiet, retiring sort of person, introspective, fond of books rather than people; he is reserved and distant except to intimate friends. He tends to plan ahead, “looks before he leaps” and distrusts the impulse of the moment. He does not like excitement, takes matters of everyday life with proper seriousness, and likes a well-ordered mode of life. He keeps his feelings under close control, seldom behaves in an aggressive manner, and does not lose his temper easily. He is reliable, somewhat pessimistic, and places great value on ethical standards (H.J. Eysenck & Eysenck, 1975, p.5).

Eysenck describes

The typical high N scorer as being an anxious, worrying individual, moody and frequently depressed. He is likely to sleep badly, and to suffer from various psychosomatic disorders. He is overly emotional, reacting too strongly to all sorts of stimuli, and finds it difficult to get back on an even keel after each emotionally arousing experience. His strong emotional reactions interfere with his proper adjustment, making him react in irrational, sometimes rigid ways…. if the high N individual has to be described in one word, one might say that he is a worrier; his main characteristic is a constant preoccupation with things that might go wrong, and a strong emotional reaction of anxiety to these thoughts. The stable individual, on the other hand, tends to respond emotionally only slowly and generally weakly, and to return to baseline quickly after emotional arousal; he is usually calm, even-tempered, controlled and unworried. (H.J. Eysenck & Eysenck, 1975, p.5). Eysenck proposes that the person with a high score on psychoticism (P) is best understood as having inherited a vulnerability to develop psychotic disorders in the face of developmental stress, and it is the traits associated with this vulnerability that serve to define the person who obtains high scores on the psychoticism scale.

Eysenck describes the characteristic pattern of people who obtain high P scores: A high scorer, then, may be described as being solitary, not caring for people; he is often troublesome, not fitting in anywhere. He may be cruel and inhuman, lacking in feeling and empathy, and altogether insensitive. He is hostile to others, even his own kith and kin, and aggressive, even to loved ones. He has a liking for odd and unusual things, and a disregard for danger; he likes to make fools of other people, and to upset them. this is a description of adult high P scores; as far as children are concerned, we obtain a fairly congruent picture of an odd, isolated troublesome child; glacial and lacking in human feelings for his fellow-beings and for animals; aggressive and hostile, even to near-and-dear ones. Such children try to make up for lack of feeling by indulging in sensation-seeking “arousal jags” without thinking of the dangers involved. Socialization is a concept which is relatively alien to both adults and children; empathy, feelings of guilt, sensitivity to other people are notions which are strange and unfamiliar to them (H.J. Eysenck & Eysenck, 1975, pp.5-6). Individuals who score in the moderate range would exhibit these behaviour patterns to a lesser degree. Eysenck also is careful to point out that the P scale indexes “normal behaviours……we are concerned with personality variables underlying behaviours which become pathological only in extreme cases” (H.J. Eysenck & Eysenck, 1975, p.6).

The trait approach requires that individual differences in behaviour do show at least some consistency across different situations, and that traits are stable over time. The success of the trait approach requires that (1) individuals can be described in terms of their levels on valid enduring dispositions,
and (2) individual differences in these dispositions can predict a substantial proportion of the variance in behaviour. An alternative or complementary view, inspired by the successes of learning theory (Dollard and Miller, 1950), is that human behaviour is largely dependent on the situation. The so-called person situation controversy derives from distinguishing two stark alternatives, that human behaviour is the result of either enduring dispositions or of the situation (Carson, 1989). The study of both influences, the relative contribution of the person and the situation towards behaviour, is called interactionism, an approach to which most personality researchers subscribe, if implicitly, but few make a serious attempt to employ (Ekehammar, 1974).

**Depression** is a state of low mood and aversion to activity that can have a negative effect on a person's thoughts, behavior, feelings, world view and physical well-being.[1] Depressed people may feel sad, anxious, empty, hopeless, worried, helpless, worthless, guilty, irritable, hurt or restless. They may lose interest in activities that once were pleasurable, experience loss of appetite or overeating, have problems concentrating, remembering details, or making decisions and may contemplate or attempt suicide. Insomnia, excessive sleeping, fatigue, loss of energy, or aches, pains or digestive problems that are resistant to treatment may also be present. Depressed mood is not necessarily a psychiatric disorder. It is a normal reaction to certain life events, a symptom of some medical conditions and a side effect of some medical treatments. Depressed mood is also a primary or associated feature of certain psychiatric syndromes such as clinical depression. The mood disorders (depression) includes disorders that have a disturbance in mood as the predominant feature. The mood disorders are divided into the depressive disorders (unipolar depression), the bipolar disorders, and the two disorders based on etiology—mood disorder due to a general medical condition and substance induced mood disorder. The depressive disorders (i.e., major depressive disorder, dysthymic disorder, and depressive disorder not otherwise specified) are distinguished from the bipolar disorders by the fact that there is no history of ever having had a manic, mixed, or hypomanic episode. The bipolar disorders (i.e., bipolar-I, Bipolar-II disorder, cyclothymic disorder, and bipolar disorder not otherwise specified) involved the presence (or history) of manic episodes, mixed episodes, or hypomanic episodes, usually accompanied by the presence (or History) of major depressive episodes. Major depressive disorder is characterized by one or more major depressive episodes (i.e., at least 2 weeks of depressed mood or loss of interest accompanied by at least four additional symptoms of depression. Dysthymic disorder is characterized by at least 2 years of depressed mood for more days than not, accompanied by additional depressive symptoms that do not meet criteria for a major depressive episode. Depressive disorder not otherwise specified is included for coding disorders with depressive features that do not meet criteria for major depressive disorder, dysthymic disorder, adjustment disorder with depressed mood, or adjustment disorder with mixed anxiety and depressed mood (or depressive symptoms about which there is inadequate or contradictory information). Bi-polar I disorder is characterized by one or more manic or mixed episodes, usually accompanied by major depressive episodes. Bi-polar-II is characterized by one or more major depressive episodes accompanied by at least one hypomanic episode. Cyclothymic disorder is characterized by at least 2 years of numerous periods of hypomanic symptoms that do not meet criteria for a manic episode and numerous periods of depressive symptoms that do not meet criteria for a major depressive episode. Bipolar disorder not otherwise specified is included for coding disorders with bipolar features that do not meet criteria for any of the specific bipolar disorders defined over here. Mood disorders due to a general medical condition is characterized by a prominent and persistent disturbance in mood that is judged to be a direct physiological consequence of a general medical condition. Substance-induced mood disorder is characterized by a prominent and persistent disturbance in mood that is judged to be a direct physiological consequence of a drug of abuse, a medication, another somatic treatment for depression, or toxin exposure. Mood disorder not otherwise specified is included for coding disorders with mood symptoms that do not meet the criteria for any specific mood disorder and in which it is difficult to choose between depressive disorder not otherwise specified and bipolar disorder not otherwise specified (e.g., acute agitation).

**SUICIDE:**
Suicide is the devastating and tragic outcome of what must be considered a desperate act. Many people who attempts suicide are tremendously distress. Many of these individuals have experienced significant levels of stress and often view suicide as the only means of escape from their current situation. Suicidal behaviour and, in particular, suicidal ideation are often found in persons suffering major depression, extreme states of demoralization, and overwhelming hopelessness (Beck et al., 1975; Beck, Steer, Kovacs and Garrison, 1989). Suicide is the third leading cause of death among young people; however the incidence of attempted suicide is much more. It has been observed that after puberty, rate of suicide increases with age until it stabilizes in young adulthood. This increase in suicide may be associated with the onset and increase in depressive and other disorders during adolescents as compare to childhood (Shaffer, Gould, Fisher, Trautman & Moreau, 1996) as well as greater suicidal intent with age (Brent, Baugher, Bridge, Chen & Chiappetta, 1999). As compare to adult males, adolescent males complete suicide at rates approximately five time higher than rates for adolescents females (Kochanek, Murphy, Anderson & Scott, 2004). The reason for the lower rates of death in females than in males is due to less lethal preferred method of attempt for suicide. The rate of suicide rose in the 1970’s-1990’s in youths between age ranges of 15 to 19 years.

Suicidal ideation—specifically the thoughts and cognition about suicidal behaviours and intent—may be considered an early marker for the risk of more serious suicidal behaviour (Bonner and Rich, 1987; Fewcett, 1988; Linehan, 1981; Rich, Bonner, and Reimold, 1986). Suicidal ideation has been viewed as a basic component in the classification of suicidal behaviours (Pokorny, 1974; Reynolds, 1988a; Zubin, 1974). Suicidal ideation can be operationalized on a continuum of severity. Along this continuum, suicidal ideation can be characterized as ranging from relatively mild, general thoughts and wishes that one were dead to serious ideation about specific plans and means of taking one’s life. However, suicidal ideation is more extensive than thoughts specific to wishes and to plans of one’s own suicide. Thoughts dealing with the reactions of others, including others’ perceptions of the suicidal individual’s self-worth when he or she is dead, are cognition within this domain. Suicidal ideation is defined as the domain of thoughts and ideas about death, suicide and serious self–injurious behaviour and includes related to the planning, conduct and outcome of suicidal behaviour, particularly as the last relates to thoughts about the response of others (Reynolds, 1988a). Identification of the severity of suicidal ideation serves as a viable, proactive approach for the identification of persons who, based on further evaluation, may be found to be at risk for suicide. Suicidal Ideation has traditionally been associated with affective disorders, such as major depression (Pokorny, 1977) and has probably had its greatest exploration as a specific symptom of depression. Recent reports have suggested that suicidal ideation is also a potential psychological disturbance in adults with anxiety disorders (Weissman, Klerman, Markowitz and Quellette, 1989).

Continuum of severity of suicidal cognitions and behaviour:
From Low to High: Ideation (i.e., wishes never born, better if not alive; life not worth living; wishes were dead; others would realize worth if dead; thoughts of killing self (general); thoughts of killing self (specific)) → Intent (i.e., writing notes and/or will, giving away possessions, subtle and/or overt threats, minor self-destructive acts) → Attempt (Pseudosuicide attempt (cry for help), Minor attempt (distinct possibility of failure), major attempt (very small probability of failure)) → High (Completion).

Objectives of the present study:
1. To study the correlational analysis of Personality traits, suicidal thoughts and depression.
2. To compare the personality traits of psychoticism, extraversion and neuroticism of male and female;
3. To Compare the suicidal thoughts of male and female;
4. To compare the depression of male and female.
5. Mean bar diagram comparision for all the variables included in the present study based on gender.

Method:
Participants:
The sample (N=64i.e., 37 male n 27 female) age ranging from 18-25 yrs for the present study was drawn from the different parts in Mizoram. The selected participants were administered tests of EPQ-R, ASIQ and BDI-II. Following tests were used in the present study:

1. EPQ-R (Eysenck and Eysenck, 1975, It measures three variables like Psychoticism, Extraversion and Neuroticism)
2. ASIQ (Adult Suicidal Ideation questionnaire, By Reynolds, measure Suicidal thought).
3. BDI-II (Beck Depression Inventory-II developed by Aaron T.Beck; Rober A.Steer; Gregory K.Brown 1996; It measures depression).

**Procedures:**
The selected samples for the present study collected from different parts in Mizoram and administered EPQ-R, ASIQ and BDI-II. The test was conducted in individual setting.

**Scoring of Test:** Hand scoring was done by using prescribed scoring keys for different tests.

**Statistical Analysis:**
Data can be analyzed quantitatively. The obtained data were processed to obtain the following information:

1. Mean and standard deviation of the males and females of all variables included in the study;
2. T-test for the comparisons of the male and females for all the subdomain of personality traits included in the present study.
3. Mean Bar diagram for the boys and girls among all the variables included in the present study.

**RESULT:**
The result are discussed in the following headings:

1. Mean and standard deviation of male and female for all the variables included in the present study;
2. Correlational analysis based on intercorrelational for all the variables;
3. T-test comparisons for male and female for the whole variables
4. Mean bar diagram comparisons of male and female of the whole variables included in the present study.

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**TABLE: 2**

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P-Value: <*.05; <**.01.
FIGURES:

Bar diagram showing mean on personality traits of psychoticism (P), extraversion (E) and neuroticism (N) for male and female:

DISCUSSION:
Table 1 is related to co-relational analysis based on intercorrelation of all the variables on group data. The correlation coefficients of .15 and .20 are significant at .05 and .01 level of significance respectively. In general the intercorrelations among measures of the variables are ranging from .19 to .46. out of the 10 correlations 6 correlations are significant at or above .05 level. Variable suicidal thoughts (ASTQ) has positive significant correlation with depression (DEP-II) (.46<.01), and N (.19<.05) respectively. Depression (DEP-II) has positive significant correlation with P (.31<.01), E (.19<.05) and N (.42<.01) respectively. Variable P has positive significant correlation with E (.26<.01).

Table 2 shows mean, standard deviation and t value of ASIQ, depression-II and personality traits of Eysenck (p-psychoticism, E-extraversion and N-neuroticism) for men and women. The mean value of the asiq (suicidal thoughts) variable for male and female were found 11.05 and 9.14 respectively. The mean difference between these two means (t=.40) was found statistically insignificant. The mean value of the depression (DEP-II) for men and women was found 15.48 and 15.51 respectively. The mean difference between these two means (t=.01) was found statistically insignificant. The mean value of psychoticism (p) for male and female was found 6.83 and 4.14 respectively. The mean difference between these two means (t=4.04) was found significant at .01 level. The mean value of the extraversion (E) for male and female was found 12.13 and 10.77 respectively. The mean difference between these two means (t=1.30) was found statistically insignificant. The mean value of the Neuroticism (N) for male and female was found 12.21 and 13.62 respectively. The mean difference between these two means (t=.139) was found statistically insignificant. The investigator in cooperated the mean bar diagram comparisons of all the variables on male and female that can be seen in result section.

Conclusion:
From the present study, the investigator has concluded that it is very important to understand such variables in our day to day life. It gives a foundation to understand the mental health n its correlates...
between Male and female in this population. So i, as an investigator would like to suggest to do replication study expanding more data and more variables to acquire more knowledge in this area.

References:


Priyanka (March 2012). Extroversion characteristics in relation to visual search. *Indian journal of health and well being*. ISSN: 2229-5356. 3(1), 50-51.


Acknowledgement to Jonny Lalthafamkima, of 2nd sem, psychology Department for Data Collection.