The Impact of Personality and Social Support on Mental Health

LohSook Yee[1]; Sindhu Nair[2]; Wong Poh Wan[3] & Yeoh Si Han[4]

Department of Psychology, Sunway University, Selangor Darul Ehsan, Malaysia

ABSTRACT

The present study examined the relationships between personalities and perceived social support, in relation to the state of mental health in Malaysians. It also examined gender differences in the aspects of perceived social support and mental health. It is predicted that: (1).The more positive a person's personality is, the less are the signs of mental health problems. (2).The more the social support is received by a person, the less are the signs of mental health problems. (3).Females received more social support than the males. 120 full time students from local universities and private colleges in Kuala Lumpur and Selangor were recruited to participate in the survey. Results showed significant negative relationship between various personalities and perceived social support with mental health. Also, females received more social support than males, hence, contributed to better state of mental health.

Key words-
Social support; personality mental health

1. INTRODUCTION

Mental health, is defined as "A state of emotional and psychological well-being, in which, an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet with the ordinary demands in daily-life" – by Merriam Webster. Symptoms of mental health problems include not being been able to sleep well, being constantly under stress, unable to overcome with difficulties in daily life, depression and finally this coming to the extent of, one killing one self.

According to The Health Minister, Datuk Seri Chua SoiLek (2006), 13.7% of Malaysian youths, especially students, were found afflicted to suicide because of, mental health. Besides, it was reported that 2000 deaths were due to mental health problems that had occurred among Malaysians annually

(cited in Daily Express News, Sept 2006.). Now, what is the aspect that affects the degree of mental health in an individual? In this study, we would like to focus on the relationships between various personalities and the social support received, in relation to the state of mental health in Malaysians.

Several previous studies have shown that personality plays an important role in determining one's mental health (Amirkhan et al., 1995; Mohammed, N. A. & Mohammed, S. C., 2006). A study of 100 male and female introductory psychology students, revealed, that those who scored higher in extraversion were more inclined to seek for social support in coping with everyday life and stress. Therefore, it was reported they had less problems in meeting lives' demands (Amirkhan, Risinger, &Sweickert, 1995). Another study carried out in USA (2006) found that the traits of conscientiousness and agreeableness in students were positively related to their academic achievements in school (Mohammed, N.A. & Mohammed, S.C., 2006). In contrast, high scores on neuroticism and lower scores on emotional stability were often found to be associated with physical illness and psychological distress (Larsen &Kasimatis, 1991; Ormel&Wohlfarth, 1991).

Second, research has indicated that perceived social support has both direct and indirect influences on mental health. Previous studies carried out by Colarossi

and Eccles (2003) revealed that social support received from various providers such as family members, teachers and peers has important impacts on symptoms of mental health in adolescents. It was also found that there was a significant positive relationship between self-esteem and social support received by adolescents from teachers and peers (Colarossi& Eccles, 2003.). Besides, depressed patients who received higher level of social support were found to be showing less depressive symptoms over time (Sherbourne& Stewart, 1991). Another study involved 77 Latino college students in Washington (1996) indicated that social support was negatively related to their stress levels, and it was positively associated with college adjustments among them (Alvan et al., 1996).

Also, various studies showed that there were gender differences in the aspects of perceived social support and mental health (Colarrosi& Eccles, 2003; Slavin& Rainer, 1990). Previous studies have found that female adolescents, between ages 15 to 18, received significantly more support from their peers as compared to male adolescents of the same age group. However, more fathers' support was perceived by male adolescents as compared to female counterparts (Calarossi& Eccles, 2003). Besides, female adolescents were found more likely to suffer from depression as compared to male adolescents although they received more support from peers (Cumsille& Epstein, 1994).

Hence, the purpose of this current study was to examine the relationship between individual's traits (e.g. extraversion, agreeableness, conscientiousness, emotional stability, openness to experiences) with general mental health in Malaysian. It was also aimed at studying the relationship between social support received by an individual from family, friends and significant others with general mental health. Besides, this study would also examine the influences of gender in the aspects of perceived social support obtained and general mental health.

The following hypotheses will be tested in this study: (1) The more positive a person's personality is, the less are the signs of mental health problems. (2) The more the social support is received by a person, the less are the signs of mental health problems. (3) Females received more social support than the males. It is expected that there is a significant relationship between personality and perceived social support received, with general mental health. It is also predicted that there is a gender differences, where perceived social support and general mental health are concerned.

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2. MATERIALS AND METHODS

2.1 PARTICIPANTS

The participants consisted of 120 full time students: 60 from local universities (University Malaya and University Putra Malaysia) and another 60 from private institutions of learning (Sunway University College, Monash University and International Medical University) in Kuala Lumpur and Selangor. All the participants were from the different race groups, which includes Malays, Chinese and Indians. From there, 40 students from each race were taken, has 20 males and 20 females, as participants. Their age ranged between 18 to 25 years old. Its mean was 20.6 years and the standard deviation was 1.542 years.

2.2. PROCEDURES

A single survey was used to obtain information from the participants. They were approached by the researchers and were given a brief explanation about the aims of the study. Two language versions of questionnaires, attached with a returned

consent form, were distributed to each student. They were asked to fill up the forms either in Malay or in English version.

The questionnaires consisted of four sections. The first section contained nine demographic questions and this obtained information on age, gender, religion, place of family residence, place of education, level of education, periods of time in Kuala Lumpur / Selangor and whether they are seeking any help for physical or mental conditions. The second section included The Five–Item Personality Inventory (FIPI) and that was followed by Multidimensional Scale of Perceived Social Support (MSPSS) and General Health Questions (GHQ).

2.2. INSTRUMENTS

Ten-Item Personality Inventory (TIPI)

The Ten-Item Personality Inventory (Gosling et al, 2003) was designed to measure Big-Five personality which included extraversion, agreeableness, conscientiousness, emotional stability and openness to experiences. It was a ten-item instrument with a 7-point scale ranging from 1 (Disagree strongly) to 7 (agree strongly). Here was one of the ten-items: "Extraverted, enthusiastic". The test- retest correlations for the TIPI were significant, with the mean r = 72. Reversed scoring was used for question 2, 4, 6, 8, 10.

Multidimensional Scale of Perceived Social Support (MSPSS)

The Multidimensional Scale of Perceived Social Support (MSPSS) was designed to assess the extent to which respondents perceived social support from families, friends and significant others (Dahlem et al., 1988). It was a 12-item instrument and was divided into three subscales : family (items

3,4,8,11) ; friends (items 1,2,5,6,7,9,12) ; and significant others (items 1,2,5,10). Each of the items was rated on a 7-point scale ranging from 1 (very strongly disagree) to 7 (Very Strongly Agree). This was an example of the questions: "My family is willing to help me make decisions". The MSPSS was easily scored by summing individual item scores for the total and subscale scores and dividing by the number of items. Higher scores reflected higher perceived support. It had excellent internal consistency, with alphas of 0.91 for the total scale and 0.90 to 0.95 for the subscales. It also has good factorial, concurrent and construct validity.

The General Health Questionnaires (GHQ)

The General Health Questionnaires [GHQ] was designed as a screening device to detect psychiatric disorder in an adult population. It was a self-administered 12 item scales where respondents rated themselves on a four point scale (i.e, Better than usual, Same as usual, Worse than usual and Much worse than usual). An example of the questions was "Have you recently been able to face up to your problems?" Higher score indicated more signs of mental health problems displayed.

3. RESULTS

Relationship between Variables

Correlation between Personalities with General Mental Health

To discover whether a relationship existed between various personalities with general mental health, a bivariate correlation was conducted as with: extraversion, agreeableness, conscientiousness, emotional

stability and openness to experiences with general mental health. The analyses showed that significant relationships existed between these five items of personality with general mental health. There was a negative significant relationship between extraversion and general mental health with r = -0.26, p<0.05, which showed that the lower the extraversion, the more the signs of mental health problems. Besides, relationship between agreeableness and general mental health was found to be significant and negative (r = -0.24, p<0.01). It indicated that the lower the agreeableness, the more the signs of mental health problems. There is a significant relationship between conscientiousness and general mental health (r = -0.29, p<0.01), implied that more signs of mental health problems were shown by participants who are less conscientious. A negative significant relationship between emotional stability and general mental health (r = -0.30, p<0.01) indicated that the lower the emotional stability, the more the signs of mental health problems. There was also a negative significant relationship between openness to experiences and general mental health (r = - 0.21, p<0.05). It denoted that the less the openness to experiences, the more the signs of mental health problems.4.05 vs 3.18. (p = 0.00 means there is 0% chance that the result occurs by sampling error or by chance.)

Table 1: Correlation Matrix Depicting Relationships between Personalities with General Mental Health

	GHQ	1	2	3	4	5
1	-0.26**					
2	-0.24**	0.08				
3	-0.29	0.12	0.06			
4	-0.30**	0.05	0.24**	0.23*		
5	-0.21*	0.34**	0.26**	0.09	0.15	-

1 = Extraversion
2 = Agreeableness
3 = Conscientiousness
4 = Emotional Stability
5 = Openness to Experiences

* p<0.05, **p<0.01

Correlation between perceived social supports obtained with general mental health

In order to find out whether there was a relationship exists between perceived social support obtained with general mental health, a bivariate correlation was conducted between perceived supports from families, friends, significant others and total perceived support with general mental health. The analyses revealed that significant relationships existed between perceived social supports obtained from these three sources with general mental health. There was a significant negative relationship between perceived support from friends with general mental health (r = -0.37, p<0.01). It indicated that the more perceived support from friends were received, the less the signs of mental health problems suffered by an individual A significant negative relationship was found between perceived support from family with general mental health (r = -0.24, p<0.01), which denoted that the more perceived support from family,

the less the signs of mental health problems. Besides, there was also a significant negative relationship found in perceived support from significant others with general mental health (r = -0.33, p<0.01). It indicated that the more the perceived support from significant others, the less the signs of mental health problems. Relationship between total perceived support and general mental health was found significant and negative (r = -0.37, p<0.01), which showed that the more the total perceived support from friends, families and significant others, the less the signs of mental health problems.

Table 2: Correlation Matrix Depicting Relationships between Perceived Social Supports with General Mental Health

	GHQ	1	2	3	4
1	-0.37**				
2	-0.24**	0.46**			
3	-0.33**	0.85**	0.41**		
4	-0.37**	0.91**	0.77**	0.82**	-

1   = Friends
2   = Family
3   = Significant Others
4   = Total Social Support

**p<0.01

Group Comparisons: T-Test

Gender vs General Mental Health

Mean differences on male and female participants rated mental health variables were assessed via T-Test. This indicated that male and female participants had a significant difference in general mental health [t (118) = 2.258, p<0.05]. Male participants showed more signs of mental health problems than female participants with mean 13.50 vs 11.33. (p = 0.026 means there is only a 2.6% chance that the result occurs by sampling error or by chance.)

Gender v.s. Social Support

T-Test was used to assess mean differences on total social support received by male and female participants. It revealed that the male and the female participants had a significant difference in the total amount of social support they received from their families, friends and significant others [t (118) = -2.304, p<0.05]. Female participants had more social support received as compared to male participants with mean 5.59 vs. 5.19. (p = 0.023 means there is only a 2.3% chance that the result occurs by sampling error or by chance.). Besides, significant difference was reported on the measure of social support received from friends [t(118) = -2.218, p<0.05], indicated that females received more social support from peers as compared to males with mean 5.54 vs. 5.12. There was no significant difference on the measure of social support received from families and significant others.

Table 3: Table for Mean and T- Value of Gender V.S. Social Support and Mental Health.

	Mean	T-Value
General Mental Health	M = 13.5 F = 11.33	2.258 *
Social Support: Friends	M = 5.13 F = 5.54	-2.218 *
Social Support: Family	M = 5.31 F = 5.67	-1.622
Social Support: Significant Other	M = 5.10 F = 5.54	-1.922
Total Social Support	M = 5.19 F = 5.58	-2.304 *

M = Male, F = Female   * $p < 0.05$

4. DISCUSSION

The purpose of this study was to examine how different kinds of personality and perceived social support affected the level of mental health. In this study, the results supported first hypothesis by showing significant relationships between various personalities (i.e., extraversion, agreeableness, conscientiousness, emotional stability, openness to experiences) with general mental health. Findings of this study were consistent with previous study (Amirkhan, Risinger, &Swickert, 1995), where those who scored higher in extraversion were more likely to view their problems optimistically, and hence, reported fewer problems in their lives. Besides, students who scored higher in conscientiousness and agreeableness were prone to be less aggressive, well organized and had better concentration in their daily-tasks than those who obtained lower scores (Mohammed & Mohammed, 2006). Also, those who scored lower in emotional stability and higher in neuroticism showed higher tendency to suffer from depression, anxiety, sleeping problems and self-blame (Larsen &Kasimatis, 1991). Hence, it should

be concluded that the higher a person scored in the personality test, the less were the signs of mental health problems.

As predicted in second hypothesis, findings indicated that the amount of perceived social support was significantly related to general mental health. The results were consistent with findings from previous study, where the more the social support received from family members, friends and significant others, the less were the signs of mental health problems. Social support received in terms of encouragement, advices, or information from family members or peers may help an individual in reducing stress level and deal better with daily-life problems. In contrast, individual who received lower level of social support from families, spouse or peers showed higher tendency to experience the feeling of isolation and hence, were more likely to suffer from depression and sadness (Sherbourne et al, 1995). Therefore, adequate social support and the presence of intimate and confiding relationships play an important role in better mental health and emotional well-being of a person.

The third hypothesis in this study was supported by findings on gender differences in the amount of perceived social support and their level of mental health. Females, as predicted, were found to receive higher levels of social support than males, and hence, contributed better to their mental health. There were many factors that contributed to these differences such as gender- role related behaviors. For instance, females indicated higher tendency to share their own feelings, thoughts, problems and stories together when compared to the males. Males were more likely to share their own interests and activities with their peers (Caldwell &Peplau, 1982). Moreover, gender-biased perceptions concerning men's and women's needs for support might contribute to the findings to this study. This study also found that female students

received more social support from peers as compared to male. However, contrary to previous study (Colarrosi& Eccles, 2003), there were no significant differences between gender in the amount of social support they received from family members and significant others such as spouses.

While this study provided a deep insight into the relationships between personality traits and perceived social support on general mental health of Malaysians, it still faced with several limitations. Firstly, there were only full-time students from several local universities and private colleges involved in this study. Their age ranged between 18 to 25 years old. Hence, the participants in this study were not representative of the population in Malaysia. Future studies might do better if they expanded the sample into a broader population that involved working adults and older adult group. Besides, this study was limited to students in urban area such as Kuala Lumpur and Selangor only. Future studies should involve the population in the rural areas where mental health problems might be higher. Finally, it was suggested that the future studies should involve a wider age-range group of the population and it must socioeconomically and proportionally representative of the population in order to state that the study was representative of the population in Malaysia.

In conclusion, rapid development and urbanization in Malaysia had brought about the increased emotional demands and comforts for individual in these modern days. It was suggested that Malaysians should avoid being careless and uncaring towards these issues and should be more aware, and even further improving the level of mental health in the country. Hence, this study has contributed in providing information about the aspects that might affect mental health states of Malaysian. From this study, appropriate strategies such

as setting up more peer support groups, providing social skills training for isolated and shy teenagers, teacher-mentorship and family systems treatment could be introduced, to increase the awareness among Malaysians and to improve their state of mental health issues.

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