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Original Article

Effect of depression on personality

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Abstract

The present study examines the impact of depression on personality traits by comparing individuals diagnosed with Major Depressive Disorder (MDD) and normal controls. The study was conducted on 200 participants, including 100 depressive patients and 100 healthy individuals selected from Jharkhand. Personality assessment was carried out using the Sixteen Personality Factor Questionnaire (16PF). Statistical analyses revealed significant differences between the depressive and control groups on two personality dimensions: Factor C (Emotional Stability) and Factor I (Tough-mindedness vs. Tender-mindedness). Individuals with depression were found to be more emotionally affected, less emotionally stable, and more sensitive compared to normal controls. The findings suggest that depression is associated with specific personality characteristics that influence emotional regulation and coping abilities. Understanding these personality patterns can help mental health professionals design effective psychosocial interventions and enhance awareness regarding the relationship between personality and depressive disorders.

Keywords: *Depression, Personality Traits, Major Depressive Disorder, Emotional Stability, 16PF, Neuroticism, Mental Health, Psychological Assessment, Emotional Intelligence, Personality Profile*

Introduction

The report on Global Burden of Disease estimates the point prevalence of unipolar depressive episodes to be 1.9% for men and 3.2% of women and the one year prevalence has been estimated to be 5.8% for men and 9.5% for women. It is estimated that by the year 2020 if current trends for demographic and epidemiological transition continue, the burden of depression will increase to 5.7% of the total burden of disease. Mood can be defined as a pervasive and sustained emotion or feeling tone that influences a person's behavior and colors his or her perception of being in the world. Disorders of mood sometimes called affective disorders-make up an important category of psychiatric illness consisting of depressive disorder, bipolar disorder, and other disorders, which are discussed in this section and in the section that follows. A variety of adjectives are used to describe mood: depressed, sad, empty, melancholic, distressed, irritable, disconsolate, elated, euphoric, manic, gleeful, and many others, all descriptive in nature. Some can be observed by the clinician (e.g., an unhappy visage), and others can be felt only by the patient (e.g., hopelessness). Mood can be labile, fluctuating or alternating rapidly between extremes (e.g., laughing loudly and expansively one moment, tearful and despairing the next). Other signs and symptoms of mood disorders include changes in activity level, cognitive abilities, speech, and vegetative functions (e.g., sleep, appetite, sexual activity, and other biological rhythms). These disorders virtually always result in impaired interpersonal, social, and occupational functioning. It is tempting to consider disorders of mood on a continuum with normal variations in mood. Patients with mood disorders, however, often report an ineffable, but distinct, quality to their pathological state. The concept of a continuum, therefore, may represent the clinician's over identification with the pathology, thus possibly distorting his or her approach to patients with mood disorder.

Personality Traits:-

No single personality traits or type uniquely predisposes one to depression. All humans, of whatever personality pattern, can and do become depressed under appropriate circumstances; however certain personality types- oral dependent, obsessive compulsive, hysterical- may be at greater risk for depression than antisocial, paranoid and other personality types who use projection and other externalization defense mechanism.

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No evidence indicates that any particular personality disorder is associated with the later development of bipolar I disorder. However, dysthymic disorder and cyclothymic disorder are associated with the later development of bipolar I disorder. Becker, 1999 found that manic depressive subjects differed significantly in personality from the controls. The manic depressives were characterized by an excess of conventional attitudes and traditional opinions and achievement concepts.

Depression and Personality:-

Different personality traits have been associated with depressive disorders, for example, major depressive disorder (MDD), and depressive symptoms(Clark et al,1994;Ormel et al,2013) and at least six theoretical models (i.e., common cause, spectrum, vulnerability, precursor, pathoplasty, and scar) have been proposed to explain these associations(Clark,2005; Kelin et al,2011) However, it has been argued that research in this field may be biased in favor of publishing positive results.(Fanelli,2010).Thus, published evidence may have overestimated the strength of the personality–depression association. In addition, only few studies have taken into account reverse causation, that is, that depressive symptoms might also predict change in personality. The largest meta-analytic review of published data to date included up to 14,563 patients and 60,576 controls and reported that individuals suffering from depressive disorders, that is, MDD, unipolar depression, and dysthymic disorder, had higher levels of neuroticism and lower levels of both extraversion and conscientiousness when compared to healthy controls. A longitudinal association between high neuroticism and depressive symptoms or depression was observed in another recent meta-analysis that examined the relationship between neuroticism and depressive symptoms in prospective studies (Ormel et al,2013) However, other personality dimensions were not included in meta-analyses of prospective studies. In addition, the degree and direction of potential publication bias in the literature-based meta-analyses has not been examined(Munafo et al,2010). It has also been shown that depressive symptoms might predict change in personality (Kendler et al,1993). Recently, in a sample of 1,739 Finnish men and women, reciprocal relationship between negative emotionality, that is, neuroticism, and depressive symptoms was found over 15 years of follow-up (Elovainio et al, 2015). Christian et al, 2015 found that personality traits extraversion, neuroticism, and conscientiousness are associated with depressive symptoms. In turn, depressive symptoms are associated with future personality change that could be a temporary or persistent. It has been addressed that personality traits might affect traumatic life events such as cancer (García-Torres,2014). It is neuroticism, one of the sub-dimensions of Eysenck personality inventory, which has been considered the most associated personality trait with different aspects of breast cancer survival such as fatigue, lower level of quality of life and depression (Den Oudsten et al, 2009). Former studies showed no difference between the patients with breast cancer and the control group in terms of extraversion and neuroticism, while some researchers emphasized that breast cancer patients indicated higher psychoticism scores compared with the control group (García-Torres, 2014). Yet, cancer survivors including breast cancer survivors were reported to have lower levels of psychoticism, which was associated with lower levels of quality of life (Hyphantis et al, 2011). In keeping with this, another study suggested that the psychoticism was a personality trait which was the predictor of depression and bodily symptoms in breast cancer survivors (García-Torres, 2014). Samochowiec et al, 2005 found that levels of anxiety and depression were significantly higher in patients. It was found that patients with anxiety disorders scored higher in Cattell's following factors: O, Q4 and lower in: C, E, F, H, Q3 when compared to standard population norms. Following TCI scales differentiated the personality of patients when compared to the controls: A significant increase of all HA subscales, decrease of NS in females and NS1 in both female and male patients, increase in RD1 and decrease in RD3 in patients, decrease of P, SD, C (except C4 and C5 subscales) were observed. However, it is not known whether these results can be generalized to other populations. In the light of such review literature I start my work with intent to study the resilience, attributional style and emotional intelligence in context to depression, especially in the Indian population.

Aims and Hypotheses

To assess and compare the personality profile of patients of Depression

There is significant difference in the nature of personality traits between the normal control and patients of Depression

Methodology

Venue of the study:-

This study has been conducted at the Psychiatric unit of Sadar Hospital Medininagar and near habitat area of Pamau District of Jharkhand. Study was cross sectional and comparative in nature.

Sample:-

Total 200 individuals were taken as sample for the present study. Among this 100 individuals were taken from Psychiatric unit of Sadar Hospital Medininagar who were consulted and diagnosed as Major Depressive Disorder according to ICD-10 by psychiatrist and 100 normal controls were selected from same habitat area. Psychiatric patients group constituted the Experimental group whereas normal group constituted control group for the study. Sample was collected on the basis of purposive random sampling method.

Following inclusion and exclusion criteria was followed during selection of sample:

Inclusion criteria for patients of Depression (Experimental Group)

Individual within age range of 20-40 yrs

Individual must be diagnosed as Major Depressive Diosrder as ICD-10 criteria

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Individual of either sex
Individual must be educated minimum upto 10 th grade
Individual must be stable or scored within mild range at the time of administration of the tests
Exclusion criteria for patients of Depression (Experimental Group) Individual who is not cooperative.
Individuals who should not understand and respond on the items of questionnaire Individuals having significant history of any other co morbid neurological, mental or physical illness
Inclusion criteria for normal Individuals (Control group)
Individuals scored below cut off point on GHQ-5 Scale
Individuals having no history of any significant illness
Individual of either sex
Individual must be educated minimum upto 10 th grade
Individual within age range of 20-40 yrs
Exclusion criteria for normal control (Control Group)
Individual who is non cooperative
Individual who could not understand and respond on the test items

Tools Used in the study:-

Socio demographic and Clinical data Sheet

A socio demographic and clinical data sheet containing indicators of socio demographic variable and clinical variables related to Depression, especially designed for the study.

Five different forms namely-A,B,C,D and E. Each form of this test measures 16 bipolar primary factors . In which are 15 dynamic traits and 1 is ability traits. They are fully independent to each other. The test was designed for individual aged 16 years and above. Bipolar factors are:

1. Reserved- Outgoing
2. Less intelligent-More Intelligent
3. Emotionally less stable- Emotionally stable
4. Humble-Assertive
5. Sober-happy Go Lucky
6. Expedient-Conscientious
7. Shy- Venturesome
8. Tough Minded-Tender Minded
9. Trusting –Suspiciousness
10. Practical- Imaginative
11. Forthright-Shrewed
12. Placid- Apprehensive
13. Conservative- Experiemnting
14. Group Dependent-Self Sufficient
15. Undisciplined- Self Conflict controlled
16. Relaxed –Tense

In addition to the 16 bipolar primary factors, the test can be used as a measure of at least 4 secondary dimensions which are broader traits. These are Extraversion, Anxiety, Tough-Poise and independence. The construct validity and circumstantial validity was found to be in range of J4.86,- .50-77, .43-.99. Hindi Adaptation of form A&B was done by S.D.Kapoor and C&D of 16 PF has done by Kapoor and Tripathi (1981). For the present study Form- A has been used. It is primarily used for the person who has high school level of education. There are 105 items (16 PF is attached as appendix).The reliability of the test from test-retest method found to be in between .72-.92 & from split half method .73 to.95. The construct validity of test is. 85

Procedure for data collection:-

According to inclusion and exclusion criteria sample were collected. After getting informed consent from the individuals and corresponding authorities, all sample were interviewed. All selected questionnaires were administered in the sessions according to the convenience of the sample.

Statistical analysis For analysis of raw data especially Mean SD and t-ratio was applied with the help of SPSS win 22 version.

Result & discussion

Result

The results obtained after the statistical analysis of collected data have been described here in the following sections.

Socio-demographic characteristics of the sample are given in the table-1.

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Table-1: Socio- demographic characteristics of the sample

Variables	Depressive group (Experimental Group)	Normal Group (Control Group)	T/X^2	Sig
Age	35.23±3.12	33.54±2.45	2.19	NS
Sex Male Female	 63 37	 61 39	.04	NS
Education Below Graduation Above Graduation	 53 47	 56 44	.09	NS
Family Income Upto 10000 20000-30000 Above 30000	 19 43 38	 17 40 33	.045	NS
Family type Nuclear Family Joint family	 61 39	 59 41	.06	NS
Marital status Married Unmarried	 43 57	 45 55	.05	NS
Habitat Urban Semi Urban Rural	 33 46 21	 35 41 24	.06	NS

Table-2: Comparison of personality factors between Major Depressive Group and Normal Control group

Variables (Factor)	Depressive group (Experimental Group)	Normal Group (Control Group)	T	Df
A-Reserved- Outgoing	2.99±1.2	2.79±1.10	1.25	
B-Less Intelligent- More Intelligent	4.99± 1.5	5.08± 1.70	.34	
C-Affected by Feelings- Emotionally stable	1.98± .90	5.71 ±1.75	19.63	
E- Humble- Assertive	5.01± 1.2	5.59 ±1.01	1.91	
F- Sober- happy Go Lucky	4.91± 1.5	4.89± 1.01	.29	
G- Expedient- Conscientiousness	6.3± 1.5	6.15± 1.10	.71	
H- Shy- Venturesome	5.02 ±1.1	5.4 ±1.2	1.15	
I-Tough minded- Tender minded	5.96± 1.02	2.86± .85	38.75	
L- Trusting- Suspicious	3.16± .91	3.28± 1.01	.85	
M- Practical- Imaginative	5.9± 1.13	5.51± 1.19	1.13	
N-Forthright- Shrewed	4.6± 1.5	4.9 ±1.6	.69	
O-Placid- Apprehensive	6.9 ±1.05	6.32± 1.75	1.21	
Q1- Conservative- Experimenting	4.5± .99	4.12± .98	.86	

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Q2-Group Dependent- Self Sufficient	5.01± 1.16	5.65± 1.91	1.94	
Q3-Undisciplined- Self controlled	4.3± 1.5	4.01 ±1.2	1.14	
Q4- Relaxed-Tense	5.19± 1.01	5.09 ±1.24	.65	

Table-2 show that both groups differed significantly on only two factors of sixteen factor personality questionnaire i.e. Fcator C (t=19.63) and factor I (t= 38.75). Depressive group are more affected by feelings and less tough minded in comparison to normal control.

Discussion

The present study was conducted with intent to compare the depressive and normal control on the personality factors Results:

- Both groups were comparable on all the selected socio demographic variables. There was no significant difference was found between the both study groups. Although data reflect that most of the sample were male, educated above graduation, unmarried , belongs to nuclear family and semi urban area of habitat.
- All the patients were have mild level of depression at the time of assessment,57% patient have only one episode of depression, in 23% patients having family history of mental illness and 31% having psychotic symptoms
- Both groups differed significantly on only two factors of sixteen factor personality questionnaire i.e. Fcator C and factor I. Depressive group are more affected by feelings and less tough minded in comparison to normal control

Limitation of study

The study has the following limitations

1. Time limit of the researcher is one major limitation
2. The research is confined to limited city only, so the result might be indicative not conclusive for all. As the study is planning to conduct on particular city, so the same result may not hold true for other areas.

Future Suggestion

1. A prospective design is necessary in order to further understand the relationship between depression status and other variables.
2. A multi centered study will need.
3. Compare these variables between male and female patients of depression on larger scale.
4. To identify the pattern of management of stress among family members of depressive Patients.

Implication of study

1. This is significant information to create awareness among general public how the way of behavior and thinking affect the onset of depression.
2. The finding of this study helps the mental health professional to formulate the psycho social management of the depressive patients.

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