

Personality Type and Age as Factors on Depression among Undergraduate Students

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ABSTRACT

This study investigated personality type and age as factors on depression among undergraduate students using simple random technique. 120 undergraduate students from Enugu State University of science and Technology were drawn to participate in the study; comprising 65 female students and 55 male students, with ages between 20-35 years with mean and standard deviation ($\bar{X} = 27.5$, $SD = 5.2$). Eysenck and Eysenck (1972) Personality questionnaire (EPQ) 90-items measuring the academic performance among undergraduate students and Zung (1965) with 20-item inventory, self-rating depression scale (SDS) designed to assess the cognitive, affective, psychomotor, somatic and social interpersonal dimensions of depression were administered individually to the participants. A survey design was applied while two-way (ANOVA) as statistical analysis revealed no significant influence of personality type on depression, $F(1, 116) = 1.77$, $P < .05$) and also no significance influence of age on depression, $(1, 116) = 22.58$, $P > .05$). It was suggested that other variables capable of influencing depression for the students should be studied. The results were discussed in relation to relevant literature reviewed.

Keywords: Personality type, depression, age and undergraduate students

INTRODUCTION

Clinical depression (also called major-depressive disorder or unipolar depression) is a common psychiatric disorder, characterized by a persistent lowering of mood, loss of interest in usual activities and diminished ability of mood to experience pleasure. While the term depression refers or commonly used to describe a temporary decreased mood or when one "feels blue". Clinical depression is a serious illness that involves the body mood, and thoughts that cannot simply be willed or wished away. It is often a disabling disease that affects a person's work, family and school life, sleeping and eating habits, general health and ability to enjoy life (Mayo, 2006). The cause of clinical depression varies widely and differently. Depression could occur once in a lifetime event or have multiple recurrences and could appear either gradually or suddenly, and either last for few months or be a lifelong disorder. Having depression is a major

risk factor for suicide, in addition, people with depression suffer from higher mortality from other causes (Rush, 2007).

Clinical depression is usually treated by psychotherapy or clinical psychologist, antidepressants, or a combination of the two. Clinical depression may be a standing along issue having differing features in patients, or as part of a larger medical issue, such as in patients with bipolar disorder or chronic pain. Ledochowski, Widner & Fruch (1999), stated that clinical depression patient may present variety of symptoms, however almost all patients display a marked change in mood, a deep feeling of sadness, and a noticeable loss of interest or pleasure in favourite activities. Other symptoms include;

- Persistent sadness, anxious or “empty” mood.
- Loss of appetite and/or weight loss, or conversely overeating and weight gain.
- Insomnia, early-morning awakening, or oversleeping.
- Restlessness or irritability.
- Feelings of worthlessness, inappropriate guilt, helplessness.
- Feelings of hopelessness, pessimism.
- Difficulty thinking, concentrating, remembering, or making decisions.
- Thoughts of death or suicide or attempts at suicide.
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex.
- Decreased energy, fatigue, feeling “slowed down” or sluggish.
- Persistent physical symptoms that do not respond to treatment such as headaches, digestive disorders, and chronic pain. Not all patients would present every symptom, and the severity of symptoms would vary widely among individuals.

Symptoms must, however, persist for at least two weeks before being considered a potential sign of depression; with the exception of suicidal thoughts or attempt (Clayton, 2003; Mayo, 2006). Diagnosis of clinical depression in children is more difficult than in adults and is often left undiagnosed, and thus untreated, because the symptoms in children are often written off as normal childhood moodiness. Diagnosis is also made difficult in children than in adults because adults could easily show different symptoms depending on the situation (Akiskal, 2005).

While some children still function reasonably well, most of them who are suffering from depression would suffer from a noticeable change in their social activities and life, a loss of interest in school and poor academic performance, and possible drastic changes in appearance. They may also begin abusing drugs and/or alcohol, particularly those that are above the age of 12.

However, based on the above views, the researcher tends to focus attention on personality type as one of the major important variable that could

influence depression among undergraduate students. Personality is defined by the emotional and behavioural characteristics or traits that constitute stable and predictable ways that an individual relates to, perceives, and thinks about the environment and the self (Manev & Manev, 2004). Individuals vary in the degree to which they possess a given trait and in the way it influences their behaviour. Most personality theories depict individuals along dimensions of extroversion – introversion and stability – instability (Eysenck, 1990). There has been little empirical investigation of the influence of personality type characteristics on depression, among undergraduate students; however, clinical observations suggest that of the four temperaments, unstable extraverts are most prone to engage in depression. Individuals who are extroverted are ruled by the present situation, past experiences and future consequences have little importance in decision making. Their feeling dominate thought processes and their overwhelming goal is to achieve immediate pleasure or removal of pain regardless of the circumstances. The emotions of unstable individuals are intense, quickly aroused and they act upon them in impulsive and irrational ways. Regardless of the intellectual ability or understanding of depression unstable extroverts could engage in behaviour associated with high risk of depression, chronic disease most striking is the inconsistency between their thought and action.

Depressive personality disorder (also known as melancholic personality disorder) is a controversial psychiatric diagnosis that denotes a personality disorder with depressive features. Recently, it has been reconsidered for reinstatement as a diagnosis. Depressive personality disorder is currently described as worthy of further study.

Personality disorder not otherwise specified while depressive personality disorder shares some similarities with mood disorders such as dysthymic disorder, it also shares many similarities with personality disorders including avoidant personality disorder. Some researchers argue that depressive personality disorder is sufficiently distinct from these other conditions so as to warrant a separate diagnosis.

CHARACTERISTICS OF DEPRESSIVE PERSONALITY

Balwin and Papkostas (2006) define depressive personality disorder as a pervasive pattern of depressive cognitions and behaviours beginning by early adulthood and occurring in a variety of contexts. In the definition of either major depression episodes or dysthymic disorder specifically, five or more of the following must be present most days for at least two years in order for a diagnosis of depressive personality disorder to be made.

- Usual mood is dominated by dejection, gloominess; cheerlessness, joylessness and unhappiness.
- Self-concept centre's on beliefs of inadequacy, worthlessness and low self-esteem.

- Is critical, blaming and derogatory towards the self.
- Is brooding and given to worry.
- Is negativistic, critical and judgmental toward others.
- Is pessimistic.
- Is prone to feeling guilty or remorseful.

People with depressive personality disorder have a generally gloomy outlook on life, themselves, the past and the future. They are plagued by issues developing and maintaining relationships. In addition, studies have found that people with depressive personality disorder are more likely to seek psychotherapy than people with Axis I depression spectrum diagnoses. Theodore (2003) identified five subtypes of depression any depressive individual may exhibit none, or one or more of the following.

- **In-humored Depressive:** Including negativistic (passive-aggressive) features. Patients in this subtype are often hypochondriacal, cantankerous and irritable and guilt-ridden and self-condemning in general, ill-humored depressives are down on themselves and think the worst of everything.

- **Voguish Depressive:** Including intrinsic, narcissistic features, voguish depressives see unhappiness as a popular and stylish mode of social disenchantment, personal depression as self-glorifying, and suffering as ennobling. The attention from friends, family; and doctors is seen as a positive aspect of the voguish depressive's condition.

- **Self-Derogating Depressive:** Including dependent features. Patients who fall under this subtype are self-deriding, discrediting, odious, dishonorable, and disparage themselves for weaknesses and shortcomings. These patients blame themselves for not being good enough.

- **Morbid Depressive:** Including masochistic features. Morbid depressives experience profound dejection and gloom, are highly lugubrious, and often feel drained and oppressed.

- **Restive Depressive:** Including avoidant features. Patients who fall under this subtype are consistently unsettled, agitated, wrought in despair, and perturbed. This is the subtype most likely to commit suicide in order to avoid all the despair in life. Not all patients with a depressive disorder fall into a subtype. These subtypes usually experience multiple subtypes. All depression spectrum personality disorders are melancholic and could be looked at in terms of these subtypes.

According to Luppá, (2012), the key difference between dysthymic disorder and depressive personality disorder is the focus on the symptoms used. Dysthymic disorder is diagnosed by looking at the somatic senses, the more tangible senses. Depressive personality disorder is diagnosed by looking at the cognitive and intrapsychic symptoms. The symptoms of dysthymic disorder and depressive personality disorder may look similar at first glance; but the ways these symptoms are considered distinguish.

THEORETICAL FRAMEWORK

Diagnosis Theory

Before a diagnosis of depression is made, a physician will perform a complete medical examination to rule out any possible medical or physical cause for the suspected depression. If no underlying cause could be found, the patient is usually referred to a psychiatrist or a Clinical psychologist for a psychological evaluation (Mayo, 2006). The evaluation shall include: A good history taking should be structured and logical. A full psychological assessment includes a thorough history and mental state examination (Castren, 2005). A comprehensive summary of psychological diagnosis history would include: personal data, presenting complaints, history of presenting complaint, past psychopathological history, past medical history, drug and alcohol history, family history, personal history, and pre-morbid personality and whether the patient has had or is having suicidal thoughts or thinking a lot about death (Mgbenkemi, 2015). There are several criteria lists and diagnostic tools that could also aid in the diagnosis of depression. Most are based on the diagnostic and statistical manual of mental disorder (Rudolph & Klein, 2009), which is a book published by the American psychiatric association that defines the criteria used to diagnose mental disorders, including depression.

Morey (2010) opined that depressive episode is very similar to an episode of major depression and clinical depression also usually refers to acute or chronic depression severe enough to need treatment. Minor depression is a least-used term for a subclinical depression that does not meet criteria for major depression but where there are at least two symptoms present for two weeks.

The purpose of the Study was to determine the significant influence of personality on depression among undergraduate students and also, to examine the significant influence of age on depression among undergraduate students. It was hypothesized as follows:

1. That there would be no significant influence of personality on depression.
2. That there would be no significant influence of age on depression.

METHOD

Participants

One hundred and twenty (120) participants comprised of 65 female and 55 male undergraduate students of Enugu State University of Science and Technology (ESUT), with the age range of 20-35 years were randomly drawn from ESUT using simple random sampling technique.

Instruments

Two instruments were used in this study which included Eysenck and Eysenck (1972), Personality questionnaire (EPQ). (90), items measuring the academic performance among undergraduate students, validated by Ugwu, (1998) with reliability and validity index of 0.52 and .78 respectively.

Self-rating depression scale SDS (Zung 1965) with 20-item inventory, *self-rating depression scale (SDS)* designed to assess the cognitive, affective, psychomotor, somatic and social interpersonal dimensions of depression, validated for Nigeria use by Nweze (1995) with the coefficient of reliability of .93 and concurrent validity of .79.

Procedure

The permission and cooperation of the deans and head of departments were solicited and obtained. 150 copies of each of the instruments were produced and distributed to the participants in the faculties. Out of these, only 120 were completed correctly, 20 were poorly completed and 10 copies were not recovered. 4 research assistants 1 from each faculty helped the researcher to collect the data. Participants were told that participating in the study was voluntary and they received no financial or monetary reward for their participation in the study. The research took the period of four weeks.

Design/Statistics

A survey design and a two-way ANOVA were used for data collection and analysis.

Table 1: Summary table of mean and standard deviation for the personality type and age as factors in depression among undergraduate

Independent Variables	Levels	\bar{X}	SD	N
Personality Style	Extrovert	84.20	9.18	37
	Introvert	93.71	9.68	28
Age	Old	53.09	7.29	39
	Young	35.82	5.98	16

The table 1 indicated that introvert personality type obtained the highest mean and standard deviation of ($\bar{X} = 93.71$, $SD = 9.68$) than its counterpart of extrovert personality type of ($\bar{X} = 84.20$, $SD = 9.18$) while old age obtained the largest mean and standard deviation of ($\bar{X} = 53.09$, $SD = 7.29$) than young age of ($\bar{X} = 35.82$, $SD = 5.98$).

Table 2: Summary table of two-way (ANOVA) F-test using the method of unweighted means for unequal sample size

Hypothesis: There will be no significant influence of personality type on depression.

Hypothesis: There will be no significant influence of age on depression.

Source of Variance	Sum of Square	DF	Variance Estimate	F	P
Rows (Personality Style) (A)	565.25	1	565.25	1.77	<.05
Columns (Age) (B)	7195.5	1	7195.5	22.58	>.05
Interaction (A x B)	303.75	1	303.75	0.95	<.05
Within	36958.98	116	318.61		
Total	45023.48	119			

The table 2 above indicated no significant influence of personality type on depression, looking at the F-calculated $F(1, 116) = 1.77, P < .05$. Therefore, the stated hypothesis was "accepted", while the second hypothesis stated no significant influence of age on depression was "rejected" since the F-calculated value of $F(1, 116) = 22.58, P > .05$ was found to be greater than F-critical value of 3.48 level of significant. Finally, the findings showed no significant effect or interaction between the personality type and age on depression $F(1, 116) = 0.95, P < .05$.

DISCUSSION

Considering the results, the first hypothesis which states that there would be no statistically significant influence of personality type on depression was "accepted", since the F-calculated value was found to be greater F-critical value. Therefore, indicated no significant influence between extrovert and introvert personality types on depression. The results were not in tandem with Kendler (2002). But on the contractor, the results were in tandem with Laptok and Klein (2009) recently reported preliminary support for the consequences models, at least in youth. They found that in a sample of early adolescents higher levels of depressive symptoms predicted an increase in depressive personality traits 12 month later. Finally, the limited evidence available suggests that semi-structured interview assessments of depressive personality traits are not influenced by a depressive episode.

Second hypothesis which stated no significant influence of age on depression were rejected". Therefore a significant influence exists between old and young age on depression. The results were in line with Zainab and Pereira (2009) and Kraepelin, (2001). Although the finding indicated no significant influence between personality type and age on depression the study has its weakness.

The population and the sample size are too small compared with number of students in Enugu State University Science and Technology. Thus, it is suggested that further research be carried out to expand the areas of application of this finding. It is also necessary that other variables like academic performance, locus of control, Self –efficacy and self esteem be explored that would influence depression, but also in other universities. The results from such studies will help to strengthen the validity of this finding and help university managements in recruitment of students in to the universities.

CONCLUSION

The result of the present study has shown that personality type and age has no significant influence with depression of university students. But that does mean that those students whose noticeable changes in their social activities and life, a loss of interest in school activities, low self- esteem and poor academic performance, and possible drastic changes in appearance should be diagnosed from time to time.

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