



Sociodemographic and Psychological correlates of Neuroticism Across Adulthood

KEYWORDS

Neuroticism, personality, adulthood

Prof. D. Jamuna

Center for Research on Ageing,
Department of Psychology,
S.V. University, Tirupati – 517 502

Dr. M. Usha Rani

Department of Psychology, S.V.
University, Tirupati

Dr. A. Gayathri

Department of Psychology, S.V.
University, Tirupati

ABSTRACT *Socio demographic and psychological correlates of neuroticism were examined in a sample of 360 community living subjects in the age group of 21-50 years drawn from rural and urban areas of Chittoor and Nellore districts. Correlations between different facets of neuroticism and socio demographic and psychological variables were calculated through standardized tools. Results show that physical distress, locus of control and health habits were significant correlates of neuroticism.*

Neuroticism is usually understood as a mental or personality characteristic not attributable to any known neurological or organic dysfunction. Neuroticism is a well spread out behavioral condition in the population. It varies along a continuum from low to very high presence, only when it is severe and troubling to the individual and to the significant others around him, that it is salient enough to attract remedial attention. (Edward, Susan, Barbara and Geoffrey, 2009). As psychology moved more in a cognitive direction, it became clear that thought processes were frequently as important as environmental influence. As a consequence, interventions were developed to modify cognition that contributes to maladaptive behavior.

Several factors may be influencing neuroticism. For eg., Costa and McCrae (1980) reported a study on somatic complaints in males as a function of age and neuroticism through a longitudinal analysis. Previous research had shown that both age and neuroticism are correlated with total scores on self-reported health inventories. Birch and Kamali (2001) found gender differences in neuroticism. They studied psychological stress, anxiety, depression, job satisfaction, and personality characteristics in pre registration house officers. Work related stress and anxiety may have a profound effect on an individual's well being. The relationship between individual differences in personality and susceptibility to stress in the workplace was reported in many researches.

There was a significant positive correlation between neuroticism and locus of control and a negative correlation between locus of control and Type - A behavior pattern that approached significance. Molen, Hout and Halfens (1998) studied how external locus of control, as measured with the Rotter Internal-External Locus of Control Scale, is a specific feature of agoraphobia or how it characterizes neurosis in general. Agoraphobic persons were found to have a more external orientation as compared to the normal controls, but as a group, they could not be identified as being different from neurotic controls.

Neuroticism as a moderator or mediator in the relation between locus of control and depression explained empirically the influence of neuroticism on the relation between locus of control and depression, first as a moderator with specified interaction effects, and secondly as a mediator in the path from locus of control to depression (Clarke, 2004). Altin and Karanci (2008) examined the effects of responsibility attitudes, locus of control and their interactions on the general obsessive-compulsive (OC) symptomatology and the dimensions of OC symptoms in adolescents. The results revealed a significantly positive relationship between responsibility attitudes and general OC symptomatology. There was a signifi-

cant interaction effect of responsibility attitudes with locus of control on OC symptomatology. That is, an inflated sense of responsibility and the presence of an external locus of control produced the highest level of OC symptoms. Related to the dimensions of OC symptoms, responsibility was a weak predictor of obsessive thinking symptoms, and a moderate predictor of cleanliness and checking symptoms. Locus of control and its interaction with responsibility attitudes significantly predicted obsessional thinking symptoms. In sum, the above mentioned studies show that I-E Locus of Control was related to several facets of neuroticism. Keeping this in view the present study was planned with the objective to understand the contribution of certain socio demographic and psychological variables to various facets of neuroticism.

The review shows that there is a need for Indian studies especially on how neuroticism relates to Socio Psychological factors influence neuroticism across the adulthood. Hence this study aims to relate Neuroticism to both Socio Demographic and Psychological variables in sample adults from 21 years to 50 years.

Sample, Tools and Method:

For purpose of the present study a multistage random sampling technique was used to draw the sample of 360 community living subjects in the age group of 21 – 50 years of Andhra Pradesh. The subjects were drawn across three age groups viz., 21-30, 31-40 and 41-50 taking 120 from each age group. The sample was drawn covering different occupational groups viz., teachers, bank employees, lecturers, engineers and other administrative staff. The sample was drawn across age groups, gender, religion, educational levels, economic levels and other categories relevant to the study.

Socio demographic details of the sample were gathered through a Personal Data Form. Neuroticism Scale was standardized afresh by drawing some relevant items related to six different facets of neuroticism from Eysenck Personality Questionnaire (Eysenck, 1970), Kundu's Neurotic Personality Inventory (Kundu, 1987) and Neuroticism Scale Questionnaire (Scheier and Cattle, 1961). Neuroticism Scale with 48 items was administered to assess different facets of Neuroticism viz., anxiety, depression, phobia, obsessive-compulsiveness, conversion, somatoform manifestation (test retest reliability - 0.89). Levenson's Locus of control instrument (Lefcourt, 1966) was adapted to assess Internal – External Locus of Control (test - retest reliability 0.86). Health habits were assessed by a standardized version of KAP of Health (Ramamurti & Jamuna, 2005) Self-rated physical health was assessed by using a 5 item Self Rated health Scale. Physical Distress (Part A) was assessed by using an Indian adaptation of Cornell Medical In-

dex. It consists of 30 items which measures the manifestation of physical distress symptoms. This was standardized afresh to check its relevance for the present study (reliability 0.83).

The tools were administered individually to the sample with a small break in between.

Results and Discussion:

The association between different facets of neuroticism (viz., anxiety, depression, obsessive – compulsive behavior, pho-

bia, conversions and somatoform neurosis) and a set of socio demographic and psychological variables were examined.

The correlations between scores on subscales of neuroticism and socio demographic variables elucidated the nature and extent of relationship between these variables and identified the significant correlates of different measures of neuroticism (Table-1).

Table 1: Correlations between Demographic Variables and Different Facets of Neuroticism

Demographic Variables	Neuroticism (tot)	Different facets of Neuroticism					
		NA	ND	NO	NP	NC	NS
Age	0.100	0.068	0.111	0.047	0.132	0.097	0.046
Gender	0.249**	0.242**	0.216**	0.285**	0.217**	0.096	0.133
Religion	0.010	0.017	0.014	0.009	0.035	0.037	0.026
Education Status	0.092	0.089	0.067	0.113	0.051	0.029	0.099
Marital Status	0.087	0.074	0.129	0.056	0.075	0.049	0.049
Locality	0.012	0.037	0.027	0.039	0.019	0.017	0.043
Economic status	0.062	0.066	0.121	0.077	0.052	0.039	0.023

NA – Neurotic Anxiety; ND – Neurotic Depression; NO- Neurotic Obsessive – Compulsion ; NP – Neurotic Phobia; NC – Neurotic Conversions; NS- Neurotic Somatoform complaints

The total score (sum of all scores on different facets) of neuroticism correlate positively with gender (0.249) and the correlations were also significant in different facets of neuroticism viz., anxiety (0.242), depression (0.216), obsessive (0.285) and phobia (0.217) with gender. No such significant correlations between gender and sub facets viz., conversions and somatoform complaints.

Neither the total neuroticism nor any of the individual facets of neuroticism showed significant correlations in all the remaining demographic variables such as age, religion, education status, marital status, locality and economic status (Table-1).

Table 2: Correlations Between Psychological Variables and Different Facets of Neuroticism

Psychological Variables	Neuroticism (tot)	Different facets of Neuroticism					
		NA	ND	NO	NP	NC	NS
Health habits	0.281**	0.263**	0.245**	0.249**	0.246**	0.011	0.175
Physical distress	0.518**	0.350**	0.477**	0.424**	0.417**	0.463**	0.426**
Locus of control	0.201**	0.224**	0.215**	0.244**	0.279**	0.023	0.102

** P <0.01 level

The correlations between the facets of neuroticism and the psychological variables viz., health habits, I -E locus of control and self rated physical distress (Table 2) reveal that the psychological variable, health habits significantly correlated with different measures of neuroticism viz., neurotic anxiety (0.263), neurotic depression (0.245), neurotic obsessive compulsive (0.249) neurotic phobia (0.246) and with total neuroticism (0.281) but showed no significant correlations with conversion and somatoform symptoms.

I – E locus of control is a well quoted variable as a correlate of mental health in many studies. In the present study, locus of control significantly correlated with total Neuroticism (0.201); and also with different facets viz., anxiety (0.224), depression (0.215), obsessive –compulsive behavior (0.244), phobic behavior (0.279), but was not significantly related to conversion and somatoform neurosis.

There is a significant correlation between total neuroticism and physical distress (0.518) (Table 2). Also found significance between physical distress and neurotic anxiety (0.350); depression (0.477); obsessive – compulsive (0.424); and neurotic phobia (0.417); conversions (0.463) and somatoform conditions (0.426). In other words, physical distress (self rated) is a significant correlate of all forms of neuroticism (Table 2). Thus certain psychological variables viz., health habits, physical distress and locus of control were found to be significant correlates of neuroticism.

The objective of mental health research is to promote well-being. Researches show that psychological stress, anxiety, depression may have a profound effect on an individual's well-being. The personality characteristic of neuroticism may be predisposing factor for stress and anxiety and hence may be taken into consideration while extending support and counseling. In the present study the psychological variable,

physical distress was significantly correlated to various facets of neuroticism viz., neurotic anxiety, depression, obsessive – compulsive behavior, phobia, conversions and somatoform conditions. It is also interesting to note that some studies (Friedman & Schustack, 2004; Brenes et al,2008) reported that a portion of genetic risk factors for the personality trait neuroticism may also increase the risk for certain psychological condition viz., major depression.

The significant correlation between neuroticism and I-E locus of control in the present study sample accepted the findings of some researches on type – A behavior pattern and locus of control i.e. there was a significant positive correlation between neuroticism and locus of control and a negative correlation between locus of control and Type - A behavior. It is also evident that high neuroticism was predicted by increase in reported stress (Walsh et al., 1997). Molen et al., (1998) study shows that how I - E locus of control, is associated with a specific feature of agoraphobia that characterizes neurotic behavior in general. Agoraphobic persons were found to have more external orientation as compared to the normal controls. Some studies considered (Clarke, 2004) neuroticism as a moderator or mediator in the relationship between locus of control and depression. When sex and age were controlled, externality, neuroticism and depression were significantly correlated, but only locus of control and neuroticism predicted depression. The influence of neuroticism was discussed in terms of the "depressive paradox" (eg., balance and uncontrollability coexisting in depressed individuals), the multi - dimensional aspects of locus of control, and implications for treating depression. Studies show that locus of control and obsessive- compulsive (OC) symptomatology (Dimensions of OC symptoms) were significantly correlated. It explains that inflated sense of responsibility and the presence of an external locus of control produced higher level of OC symptoms in specific obsessional thinking symptoms.

The results suggest that there is a need to develop mental health awareness at community level. Besides curative services, for preventive and early detection, appropriate mental health services need to be provided. It helps in improving mental health status and well-being of the population. The

significance of gender and educational status in different facets of neuroticism shows that they need better attention in mental health care services. Studies need to be targeted on mental health interventions to create greater mental health awareness, and in promotion of well-being.

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