A STUDY OF PERSONALITY PROFILE AND PSYCHOLOGICAL WELL-BEING AMONG THE DEPRESSIVE PATIENTS AND THEIR FAMILY CAREGIVERS

ABSTRACT

SUBMITTED FOR THE AWARD OF THE DEGREE OF

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BY

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Under the Supervision of

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ABSTRACT

Personality is the main consideration of this study i.e. how depressive patients and their caregivers think, feel and behave which significantly influence their well-being. Some individuals suffer from depression because of their personality characteristics, whereas some others perceived higher level of well-being because of their personality traits or types. Therefore, the present investigator considers that some individuals are more susceptible to depression, thereby affecting their psychological well-being. The aim of this study is to explore the role of personality traits in predicting psychological well-being to both depressive patients and their caregivers.

Research Objectives

1. To examine relationship between Personality factors of HEXACO (Honesty-Humility, Emotionality, Extraversion, Agreeableness, Conscientiousness, Openness to experiences) and factors of Psychological Well-being (Autonomy, Environmental Mastery, Personal growth, Positive Relations with Others, Purpose in Life, Self Acceptance,) among male and female depressive patients.

2. To examine relationship between Personality factors of HEXACO (Honesty-Humility, Emotionality, Extraversion, Agreeableness, Conscientiousness, Openness to experiences) and factors of Psychological Well-being (Autonomy, Environmental Mastery, Personal growth, Positive Relations with Others, Purpose in Life, Self Acceptance,) among male and family caregivers of depressive patients.

3. To explore the predictors of Psychological Well-being (autonomy, environmental mastery, personal growth, personal relation with others, purpose in life, self-acceptance) with the help of personality factors of HEXACO among male and female depressive patients.
4. To explore the predictors of Psychological Well-being (autonomy, environmental mastery, personal growth, personal relation with others, purpose in life, self-acceptance) with the help of personality factors of HEXACO among male and female caregivers.

Research Questions

1. To investigate the nature of correlation between personality factors and dimension of psychological well-being among male and female depressive patients.

2. To investigate the nature of correlation between personality factors and dimension of psychological well-being among male and female caregivers of depressive patients.

3. What are the personality factors of HEXACO significantly predicting dimensions of psychological well-being among male and female depressive patients?

4. What are the personality factors of HEXACO significantly predicting dimensions of psychological well-being among male and female caregivers of depressive patients?

Hypotheses

1. There will be no relation between factors of personality and psychological well-being among male and female depressive patients.

2. There will be no relation between factors of personality and well-being among male and female caregivers of depressive patients.

3. There will be no gender differences in prediction of well-being among depressive patients.
4. There will be no gender differences in prediction of well-being among caregivers of depressive patients.

The review of literature is grouped under the following seven heads: Models of personality, Theoretical Linkages between Personality Traits and Subjective Psychological Well-being, Construct Similarities, Factors Related to Family Caregiving, Relationship between Depression/Stress and Caregiving, Relationship between Personality Factors and Subjective Well-being, and Depression and Personality Traits.

METHODOLOGY

Research Design

A correlational research design was adopted in the present study. In correlational research, the main aim of the researcher is to determine whether two (or more) variables covary, and, if so, to establish the directions, magnitudes, and forms of the observed relationships. Correlational research belongs to a broader category called nonexperimental research. This includes designs not specifically aimed at identifying relationship between variables.

Participants

Participants in this study were 100 depressive patients and 100 their family caregivers. Depressive patients were drawn from OPD of the Psychiatry Department of the Jawaharlal Nehru Medical College and Hospital, Aligarh Muslim University, Aligarh, and Family caregivers were those who were attending to the patients in the OPD. They were dependent on patients. Participants ranged in age from 30 to 60 years.
Tools

**Personal Data Sheet (PDS):** The PDS includes the name of patient, type of disease, gender of the patient and caregiver, age of the patient and caregiver, duration of disease.

**The HEXACO-60:** This tool was developed by Ashton and Lee (2009). The inventory consisted of 60 items with six factors, namely, Honesty-Humility, Emotionality, Extraversion, Agreeableness, Conscientiousness, and Openness to experience. Ashton and Lee aimed to construct an instrument that would show moderately high internal-consistency reliability (to the extent permitted by the brevity and breadth of the scales), low interscale correlations, and a factor structure in which items (or facets) of the same broad scale would show their primary loadings on the same factor of a six-factor solution.

**Ryff Scale of Psychological Well-being (RSPWB)**

The Ryff Psychological Well-Being (RSPWB) scale consisted of 54-items which measures six dimensions of psychological well-being: self-acceptance, personal growth, purpose in life, positive relations with others, environmental mastery, and autonomy (Ryff, 1989). Each dimensional scale contains 9 items equally split between positive and negative items. Items are scored on a 6-point scale ranging from strongly agree to strongly disagree.

**Procedure**

Data was collected from the OPD of the Psychiatry Department through Personal Data Sheet, HEXACO-PI-R-60, and Ryff Psychological Well-being Scale. Respondents rate each statements of Ryff Psychological Well-being Scale on a scale of 1 to 6, with 1 indicating strong disagreement and 6 indicating strong agreement.
Similarly, participants rated each statement of HEXACO-PI-R-60 on a scale of 1 to 5 (Strongly disagree to strongly agree).

**Data Analysis**

The data were analyzed by means of Pearson product moment correlation and multiple regression analysis.

**Results**

The main findings of this study were:

Significant positive correlation coefficients were found between ‘autonomy’ factor of PWB and ‘extraversion,’ ‘conscientiousness,’ and ‘openness to experience’ factors of HEXACO-60. ‘Environmental mastery’ factor of PWB was found to be positively correlated with ‘extraversion’ and ‘conscientiousness’ factors of HEXACO-60. Positive correlation coefficient was found between ‘personal growth’ factor of PWB and ‘extraversion’ factor of HEXACO-60. ‘Positive relations with others’ factor of PWB correlated significantly with ‘honesty-humility,’ ‘extraversion,’ and ‘conscientiousness’ factors of HEXACO-60 among male depressive patients. Significant positive correlation coefficients were found between ‘purpose in life’ factor of PWB and ‘extraversion,’ and between ‘self-acceptance’ factor of PWB and ‘extraversion’ factor of HEXACO-60. Significant negative correlation coefficients were found between ‘autonomy’ factor of PWB and ‘emotionality,’ and ‘personal growth’ and ‘emotionality’ factors of HEXACO-60 among male depressive patients.

‘Autonomy’ factor of PWB was found to be positively correlated with ‘honesty-humility,’ ‘extraversion’ and ‘conscientiousness’ factors of HEXACO-60 among female depressive patients. ‘Environmental mastery’ factor of PWB was found to be positively correlated with ‘conscientiousness’ factor of HEXACO-60 among female
depressive patients. Positive correlation coefficient was found between 'personal growth' factor of PWB and 'extraversion,' 'conscientiousness' and 'openness to experience' factors of HEXACO-60 among female depressive patients. Significant positive correlation coefficients were found between 'positive relations with others' factor of PWB and 'extraversion,' 'conscientiousness' and 'openness to experience' factors of HEXACO-60 among female depressive patients.

Positive correlations were found between 'Purpose in life' factor of PWB and 'extraversion,' 'conscientiousness', and 'openness to experience' (r = 0.366, p < .01) factors of HEXACO-60 among female depressive patients. Significant positive correlation coefficients were found between 'self-acceptance' factor of PWB and 'honesty-humility,' 'self-acceptance' factor of PWB and 'extraversion,' and 'self-acceptance' factor of PWB and 'conscientiousness' factors of HEXACO-60. Significant negative correlation coefficients was found between 'autonomy' factor of PWB and 'emotionality' (r = -0.271, p< .05) factor of HEXACO-60 among female depressive patients.

Significant positive correlation coefficients were found between factors of PWB and factors of HEXACO-60: 'autonomy' and 'extraversion,' 'environmental mastery' and 'honesty-humility,' 'environmental mastery' and 'extraversion,' 'environmental mastery' and 'conscientiousness,' 'personal growth' and 'conscientiousness,' 'positive relations with others' and 'extraversion,' 'positive relations with others' and 'conscientiousness,' 'purpose in life' and 'conscientiousness,' 'self-acceptance' and 'honesty-humility,' 'self-acceptance' and 'extraversion' and 'self-acceptance' factor of PWB and 'conscientiousness' among male caregivers. Significant relationships were found between 'autonomy' factor of PWB and 'emotionality' factor of
HEXACO-60 and 'positive relations with others' factor of PWB and 'emotionality' among male caregivers.

Significant positive relationship were found between 'environmental mastery' and 'extraversion,' 'positive relations with others' and 'extraversion' (r = 0.387, p < .05), 'positive relations with others' and 'conscientiousness,' 'purpose in life' and 'extraversion,' 'self-acceptance' and 'honesty-humility,' and 'self-acceptance' and 'extraversion' among female caregivers.

The results showed a multiple regression analysis based on family caregivers, depressive patients, male and female depressive patients. Extraversion was found to be a significant predictor of autonomy among male family caregivers. Honesty-Humility and Extraversion were found to be the significant predictors of environmental mastery and self-acceptance among male family caregivers. Conscientiousness was found to be a significant predictor of personal growth among male family caregivers. Extraversion was found to be a significant predictor of personal relation with others among male family caregivers.

Extraversion was found to be the significant predictors of environmental mastery, purpose in life, and self-acceptance among female family caregivers. Honesty-Humility was also found to be a significant predictor of self-acceptance among female family caregivers.

Emotionality, agreeableness and openness to experience personality factors were not found to be as the predictors of autonomy, environmental mastery, personal growth, personal relation with others, purpose in life, and self-acceptance among male family caregivers.

Honesty-Humility, Emotionality, Extraversion, Agreeableness, Conscientiousness and openness to experience personality factors were not found to be as the predictors of
autonomy, personal growth, and personal relation with others among female family caregivers.

Extraversion was found to be as the significant predictors of personal growth, personal relation with others, purpose in life and self-acceptance among male depressive patients. Conscientiousness was found to be a significant predictor of autonomy and environmental mastery among male depressive patients.

Openness to experience and emotionality personality factors were found to be as the significant predictors of autonomy and personal growth respectively among male depressive patients.

Honesty-Humility and Extraversion personality factors were not found to be as the predictors of autonomy and self-acceptance among female depressive patients. Conscientiousness was found to be a significant predictor of personal growth and purpose in life among female depressive patients. Openness to experience was also found to be as a significant predictor of personal growth among female depressive patients.

Honesty-Humility, Emotionality, Extraversion and Agreeableness personality factors were not found to be as the predictors of autonomy and environmental mastery among male depressive patients.

Personality appears to be an important explanatory factor in understanding and predicting psychological well-being among male and female depressive patients, and male and female caregivers. Of all the personality factors of HEXACO, extraversion emerged as a significant predictor among male and female caregivers. Of all the personality factors of HEXACO, extraversion and conscientiousness emerged as the significant predictors among male and female depressive patients.
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ALIGARH MUSLIM UNIVERSITY
ALIGARH (INDIA)
2014
Dedicated
To
The Girls

Who have Talent but lack opportunity and
means to undertake such tasks because
they were not blessed to be born in
conducive circumstances
CANDIDATE'S DECLARATION

I, Vida Namdari, Department of Psychology certify that the work embodied in this Ph.D. thesis is my own bonafide work carried out by me under the supervision of Prof. Akbar Husain at Aligarh Muslim University, Aligarh. The matter embodied in this Ph.D. thesis has not been submitted for the award of any other degree.

I declare that I have faithfully acknowledged, given credit to and referred to the research workers wherever their works have been cited in the text and the body of the thesis. I further certify that I have not willfully lifted up some other's work, para, text, data, result, etc. reported in the journals, books, magazines, reports, dissertations, theses, etc., or available at web-sites and included them in this Ph.D. thesis and cited as my own work.

Dated 03/09/2014
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Certificate from the Supervisor

This is to certify that the above statement made by the candidate is correct to the best of my knowledge.

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SEMINAR COMPLETION CERTIFICATE

This is to certify that Ms. Vida Namdari, Department of Psychology has
satisfactorily completed the course work/comprehensive examination and pre-
submission seminar requirement, which is part of her Ph.D programme.

Prof. Naima K. Gulrez
(Chairperson)
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Vida Namdari
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Introduction
Chapter 1
INTRODUCTION

Family caregivers’ personality and psychological well-being may have a major influence on caring depressed patients. There is evidence that care recipients whose caregivers lack effective coping styles or have problems with depression are at risk for falling, developing preventable secondary complications such as pressure sores and experiencing declines in functional abilities (Elliott & Pezent, 2008). Depressed patients may also be at risk for encountering abuse from caregivers when caregivers have pronounced levels of depression, ill health, and distress.

There are at least three arguments that suggest a connection between personality traits and psychological well-being. First, there are strong theoretical linkages between personality and psychological well-being. Second, at a definitional or conceptual level, there are impressive similarities between specific personality traits and components of psychological well-being. Third, the literature indicates that long-term psychological well-being is largely determined by personality traits.

Previous studies have indicated that personality traits are one of the best predictors of psychological well-being. Results based on previous studies indicate only a moderate relationship, weaker than suggested by several lines of reasoning. In this study, the researcher address this problem directly, focusing on individual measures of personality (e.g., the HEXACO: Honesty-Humility, Emotionality, Extraversion, Agreeableness, Conscientiousness, Openness to Experience) and components of Ryff’s Psychological Well-Being (e.g., Autonomy, Environmental Mastery, Positive Relations with others, Purpose in Life, Personal Growth, Self-acceptance). In addition, the present research assessing what type of personality traits
account for individually as well as together for the depressive patients and their family caregivers.

**Caregiving for a Family Member with Depression**

Family caregivers play an essential role in caring for patients with depression, but the ability to cope effectively with the demands and strains of caregiving often leads to problems in caregivers' personality and psychological well-being.

Providing care for a family member with mental illness represents a chronic stressor that can render desired goals unattainable. In addition, caregiving for a sick family member has been shown to compromise levels of subjective well-being (e.g., depressive symptoms, Ory, Hoffman III, Yee, Tennstedt, Schultz, 1999; Schulz, O'Brien, Bookwala, & Fleissner, 1995), and this effect can be pronounced among individuals who experience high levels of care-related strain or burden (Grunfeld, Coyle, Whelan, et al., 2004; Schulz, Newsom, Mittelmark, Burton, Hirsch, & Jackson, 1997). Moreover, cross-sectional and longitudinal studies suggest that effective coping (e.g., acceptance, positive reframing, active coping, or planning) can be associated with less burden and higher levels of emotional well-being among caregivers of mentally-ill relatives. By contrast, coping strategies, such as self-blame, venting, denial, avoidance, or resignation, have been associated with higher levels of emotional problems (Dyck, Short, & Vitaliano, 1999; Kim, Schulz, & Carver, 2007; Magliano, Fadden, Economou, et al., 2000; Pratt, Schmall, Wright, & Cleland, 1985; Rose, 1996; Seltzer, Greenberg, & Krauss, 1995). Finally, research has documented that the use of effective coping strategies (i.e., positive reinterpretation or planning) can buffer the adverse effect of high caregiving demands on elevated levels of depressive symptoms (Seltzer, Greenberg, & Krauss, 1995).
As a result of the above factors, the present study is undertaken to examine the personality profile and psychological well-being of depressive patients and their caregivers.

**Personality: Concept and Definitions**

The purpose of this section is to systematically review the conceptual and operational definitions of the term personality in studies published between 1930 and 2009. The goal of the work was to propose a shared conceptual definition of personality and to examine current operational definitions.

Personality concerns the most important factor of an individual's psychological life. Personality concerns whether a person is happy or sad, energetic or dull. Over the years, many different definitions have been proposed for personality. “Personality is the entire mental organization of human being at any stage of his development. It embraces every phase of human character: intellect, temperament, skill, morality, and every attitude that has been built up in the course of one's life” (Warren & Carmichael, 1930, P.333).

Personality may be considered as a stable yet dynamic organization of different aspects of an individual’s life which makes the person accommodative and adjective to the various life demands that he or she faces (Allport, 1937). In considering personality as an enduring feature, both the physical and mental aspects of the individual should be considered (Eysenck, 1947). Eysenck (1947) conceptualized personality as a hierarchical model of specific responses, habitual responses, trait and type respectively. Cattel (1950) described personality as “that which permits a prediction of what a person will do in given situation.”

Personality may be defined as a dynamic and organized set of characteristics possessed by person that uniquely influences his or her cognitions, emotions,
interpersonal, orientations, motivations and behaviors in various situations. Personality may also refer to patterns of thoughts, feelings, social adjustments, and behaviors consistently exhibited by an individual over time that strongly influence our expectations, self-perceptions, values and attitudes, and predicts reactions to people, problems and stress. Allport (1961) defines "personality as dynamic organization within an individual of the psycho-physical system that determines his or her characteristic behaviors and thoughts". Personality — the patterns of behavior, thought, and emotion unique to an individual, and the ways they interact to help or hinder the adjustment of person to other people and situations. Personality is the totality of individual psychic qualities, which includes temperament, one’s mode of reaction and character, to objects of one’s reaction (Leatt, 1980).

Personality is the stability in people’s behavior that leads them to act uniformly both in different situations and over extended period of time (Lee, 2003). According to Funder (2004) "Personality refers to an individual’s characteristic patterns of thought, emotion, and behavior, together with the psychological mechanisms- hidden or not – behind those patterns.” An individual’s pattern of psychological processes arising from motives, feelings, thoughts, and other major areas of psychological function. Personality is expressed through its influences on the body, in conscious mental life, and through the individual’s social behavior (Mayer, 2005).

Personality is defined as “an individual’s characteristic style of behaving, thinking, and feeling” (Schacter, Gilbert, & Wegner, 2009). Although there has been much debate about the definition of personality, two major themes have pervaded nearly all efforts at domain of personality theorizing: human nature and individual differences (Buss, 2008). The way we think, feel and behave and our unique
individuality has significant contribution in our mental health as in our psychopathology. Some individuals are more prone to mental illness and psychopathology because of their characteristics and personality traits (Hampson & Friedman, 2008), whereas some others experience higher level of mental health because of their personality traits and characters (Cloninger, 1999, 2004; Seligman, Steen, Park, & Peterson, 2005; Wood, Tarrier, & Joseph, 2010). Therefore, it seems that some individuals are more susceptible to mental illness, thereby threatening their mental health.

**Domain of Personality**

Personality psychology seems to be the broadest and most integrative branch of the psychological sciences (Buss, 2008). The recent calls for integration in psychology, entails us to have a more unified and integrative approach toward behavior and psychological process of individuals. This integration has also addressed personality psychology (e.g., Mayer, 2005; Miscelh & Shoda, 2008). Integration in personality psychology is depicted in new frame work in personality suggested by Mayer (2005). In the field of personality, there used to be a perspective-by-perspective framework that causes personality psychology to get fragmented by theories; however, Mayer (2005) suggests the systems framework for personality which leads to the integration of personality that can naturally promote integration as well as a vision of the whole person. Mayer (2005) proposes integration of personality in a broad scale, encompassing all psychology.

Miscel and Shoda (2008) on the other hand, argue about unification within personality theories and concepts. They point to the two main approaches in personality: dispositional approach and processing approach. Miscel and Shoda (2008), reconcile these two approaches within a unifying framework at least in the
abstract. They analyze both the distinctive behavior patterns that characterize the exemplars of a disposition and the psychological processes and mediating units that underlie those. On balance, Mayer’s new framework in personality (2005) seems more successful in regard to mental health because of its broad inclusion of biological, psychological, and social systems. Understanding that personality connects the biological and social helps identify its location. The biological, psychological, and social systems are connected, in part, along a continuum called the molecular–molar dimension (Mayer, 2005). The molecular end of the dimension refers to smaller systems of interest—at its extremes, subatomic particles. The molar end refers to larger systems—at its extremes, the entire universe as a system (Henriques, 2003; Levy-Bruhl, 1903). The middle range of this dimension separates psychology from its biological neighbors below and its larger sociological and ecological systems above.

Another controversy in personality psychology addresses the nature and domain of personality. Do personality traits locate as some separate constructs that are either present or absent in individuals? Or they should be considered in a continuum? The answer to this question has grave theoretical and practical implications not, only in personality psychology, but also in mental health.

**Five main Components of Personality**

Personality research most frequently focuses on high – recorder traits, but the lower – order traits may provide better prediction of behavioral outcomes (Paunonen & Ashton, 2001). Research works on the Big Five traits and their Developmental research provides a particular rich sources of information about the lower – order traits because these traits have been studied using a variety of methods, including observational studies and laboratory studies, in addition to the questionnaire studies that are more typical in adult personality research (Shiner, 1998).
The Big 5/Five Factor Model originated from the findings of lexical studies of personality structure, in which self- or peer ratings on a comprehensive set of personality-descriptive adjectives are factor analysed (see Goldberg, 1993). In lexical studies involving the English language, the five factors collectively named the Big Five have been consistently observed in five-factor solutions (e.g. Goldberg, 1990). Subsequent lexical studies of personality structure involving other languages have generally (but not always) recovered variants of the Big Five factors within the five-factor solutions.

**Extraversion / Positive emotionality**

Recent theoretical and empirical work with adults has pinpointed three possible central features: the tendency to experience frequent positive moods (Fleeson, Malanos, & Achille, 2002), sensitivity to potential rewards (Lucas, Diener, Grob, Suh, & Shao, 2000), and the tendency to evoke and enjoy social attention (Ashton et al., 2002). A complementally biological system prompting active approach and exploration of the environment (Depue & Collins, 1999).

Extraversion / Positive Emotionality (PEM) encompasses at least four low – recorder traits: social inhibition or shyness, sociability, dominance, and energy/activity level (Kagan, 1998). Energy and activity level are aspects of extraversion that are easily observed among children although adults are less motorically active, extraverted adults still manifest higher level of energy (Rothbart, Ahadi, Hershey, & Fisher, 2001).

**Neuroticism/ Negative Emotionality**

As children and adults vary in their predisposition toward positive emotions, they also vary in their susceptibility to negative emotions (Robert, Caspi, & Moffitt, 2001; Watson, 2000). Neuroticism may be part of an underlying dimension that includes
self-esteem, locus of control, and generalized self-efficacy (Judge, Erez, Bono, & Thoresen, 2002). Some aspects of this trait may be rooted in biological system aimed at helping guard against potentially threatening or harmful situations (Rothbart, Ahadi, & Evans, 2000, Waston, Wies, Vaidya, & Tellegen, 1999). It includes both anxious or fearful distress and irritable distress (Rothbart & Bates, 1998; Shiner & Caspi, 2003).

Conscientiousness / Constraint

Children and adults vary widely in their capacities for behavioral and cognitive control. Individual differences in control may be related to biological difference in executive attentional system that develop across early childhood and the early school years (Posner & Rothbart, 2000). The ability to focus attention in infancy predicts control later in childhood (Kochanska, Murray, & Harlan, 2000), and adult capacity for effortful attention is associated with Big Five Conscientiousness (Rothbart, Ahadi, & Evans, 2000). Conscientiousness/Constraint includes at least six lower – order traits: Self-Control versus behavioral impulsivity, attention, achievement motivation, orderliness, responsibility, and conventionality.

Agreeableness

Agreeableness includes a variety of traits that foster congenial relationships with others (Graziano & Eisenberg, 1997). Agreeableness is linked with neuroticisms/NEM in that both traits measure aspects of anger proneness; however, agreeableness taps the poor control of anger through aggression, whereas Neuroticism/NEM taps individuals’ experiences of angry emotions (Martin, Watson, & Wan, 2000). It is also linked with Conscientiousness/Constraint, in that both traits tap aspects of inhibition versus disinhibition (Clark & Waston, 1999). Negative emotionality, self-control, and attention in childhood are all important predictors of later Agreeableness (Eisenberg,
Fabes, Guthrie, & Reiser, 2000; Lauresen, Pulkkinen, & Adams, 2002; Rubin, Burgess, Dwyer, Hastings, 2003).

**Openness to Experience/Intellect**

The Big Five Traits includes a number of potentially important traits (McCrae & Costa, 1997). Openness (imaginative, creative, and aesthetically sensitive) and intellect (quick to learn, clever, insightful) have each been proposed to be the core of this trait (John & Srivastava, 1999); each of these traits may be a separate subcomponent of the higher-order trait. Openness to Experiences / Intellect does appear in temperament models, despite the fact that parents often use words from this domain of individual differences to describe their children (Mervielde, De Fruyt, & Jarmuz, 1998).

Eysenck (1979) proposed that both in adulthood and in childhood, personality and psychopathology are linked, though the links are yet to be discerned. It is well accepted that personality develops during adolescence. Eysenck has viewed personality and emphasized on heritability of personality dimensions (Psychoticism or P, Extraversion or E and Neuroticism or N) which have strong genetic components with about ¾th of the variance of three factors accounted for by heredity and ¼th by environmental factors. Fulker (1981) also has reported some evidence on high heritability of ‘P’, and ‘N’.

**A Six-dimensional Structure of Personality**

A recent review by Ashton, Lee, Perugini et al. (2004) showed that more remarkable convergence can be observed in the six-factor solutions obtained from the lexical studies. Since that review, the cross-language six factors have subsequently been observed in a recent large-scale English lexical study (Ashton, Lee, & Goldberg, 2004) as well as in reanalysis of lexical data from the Turkish, Croatian and Greek
languages (see Ashton & Lee, 2007). In contrast, no consistent seven-factor solution was recovered across these investigations. Thus, the cross-cultural evidence strongly suggests that a cross-culturally generalizable model of personality structure should be organized around a set of six robust factors.

On the basis of these results, a new model of personality structure has been proposed (Ashton & Lee, 2007; Lee & Ashton, 2004), and this model was labeled as the HEXACO model, using an acronym suggesting the number and names of the dimensions contained by the model: Honesty-Humility, Emotionality, Extraversion, Agreeableness, Conscientiousness and Openness to Experience. The HEXACO Personality Inventory (HEXACO-PI) was subsequently developed to measure the six dimensions (Lee & Ashton, 2004, 2006). In the following sections, we provide a brief description of the nature of the six factors measured by the HEXACO-PI and we summarize some findings obtained from previous investigations that have used this inventory.

The HEXACO Personality Model

Three of the HEXACO-PI factor scales — specifically, Extraversion, Conscientiousness and Openness to Experience — are very similar in content to measures of the corresponding factors of the B5/FFM. Consistent with this similarity of content, scores on those three HEXACO-PI scales are highly correlated with scores on scales measuring the same-named factors in the B5/FFM (see Lee & Ashton, 2004; Lee, Ashton, & de Vries, 2005; Lee, Ogunfowora, & Ashton, 2005). However, the other three factors in the HEXACO model do not map isomorphically onto any B5/FFM dimensions, and thus require some explication.

First, the HEXACO factor called Honesty–Humility has no direct counterpart in the B5/FFM. This dimension has been found to correlate strongly and negatively
with existing personality constructs involving exploitation and entitlement. For example, Lee and Ashton (2005); Lee, Ogunfowora and Ashton (2005) found that HEXACO-PI Honesty–Humility correlated significantly with such variables as Primary Psychopathy (Levenson, Kiehl, & Fitzpatrick, 1995), Machiavellianism (Christie & Geis, 1970) and Narcissism (Raskin & Terry, 1988), as well as the Manipulativeness and Integrity scales of the Supernumerary Personality Inventory (SPI; Paunonen, Haddock, Forsterling, & Keinonen, 2003). Furthermore, the above-mentioned correlates of Honesty–Humility have been found to be relatively weakly correlated with the B5/FFM factors (e.g. Jakobwitz & Egan, 2006).

The other two factors of the HEXACO model – Agreeableness and Emotionality – do not have one-to-one relations with B5/FFM agreeableness and emotional stability, but instead represent rotated variants of those factors. HEXACO’s agreeableness includes such traits as gentleness, flexibility and patience vs. anger, hostility and aggression. The inclusion of content related to anger and hostility at the low pole of HEXACO. Agreeableness constitutes an important departure from B5/FFM agreeableness, whose low pole does not include these traits. Finally, HEXACO’s emotionality is defined by such content as sentimentality, dependence and anxiety vs. bravery and toughness. Therefore, in contrast to Big Five Neuroticism (vs. Emotional Stability), the Emotionality factor is rather neutral in social desirability, having a mixture of desirable and undesirable content at both of its poles. For example, at the high pole, anxiety tends to be socially undesirable, whereas sentimentality is socially desirable; conversely, at the low pole, fearlessness tends to be socially desirable whereas insensitivity is socially undesirable. The label emotionality is applied to this dimension both to describe the factor content more accurately and to avoid the negative connotations associated with the names
neuroticism or low emotional stability (see Ashton, Lee, Perugini et al., 2004). The HEXACO’s, agreeableness and emotionality dimensions match the dimensions repeatedly observed in lexical studies of personality structure (Ashton, Lee, Perugini et al., 2004), and are also associated with a parsimonious theoretical framework (Ashton & Lee, 2001; 2007).

In sum, the HEXACO personality model incorporates the cross-language six factors; three of the factors (Extraversion, Conscientiousness and Openness to Experience) are similar to the corresponding factors in the B5/FFM, and two of them (Agreeableness and Emotionality) represent a re-rotation of B5/FFM agreeableness and emotional stability (vs. Neuroticism). Finally, the last factor, namely, honesty-humility, is largely a newly added dimension, only a fraction of whose variance is present in the B5/FFM space.

Psychological Well-being

The literature on psychological well-being has progressed rapidly since the emergence of the field over five decades ago. As recent surveys show psychologists and other social scientists have taken huge steps in their understanding of the factors influencing psychological/subjective well-being.

Throughout human history, normative understandings of well-being have defined particular human characteristics and qualities as desirable and worthy of pursuit or emulation (Brinton, 1959/1987; MacIntyre, 1984; Taylor, 1989). Such normative understandings are epitomized by traditional philosophies and religions that often stress the cultivation of certain virtues (Coan, 1977; Diener, 1984). In contemporary Western society, these norms are largely provided by notions of psychological well-being. Psychological well-being is among the most central notions in counseling. It plays a crucial role in theories of personality and development in
both pure and applied forms; it provides a baseline from which we assess psychopathology; it serves as a guide for clinical work by helping the counselor determine the direction clients might move to alleviate distress and find fulfillment, purpose, and meaning; and it informs goals and objectives for counseling-related interventions. Moreover, an understanding of psychological well-being may be a transcendental requirement for human existence, what Geertz (1973) terms a pervasive orientational necessity (p. 363). In other words, human beings always and necessarily live on the basis of some understanding of what is a better, more desirable, or worthier way of being in the world (Christopher, 1996; Christopher & Fowers, 1996, 1998; Coan, 1977; Taylor, 1988, 1989).

Contemporary theory and research on psychological well-being was situated in a cross-cultural and historical context that demonstrates their heritage in Western cultural history (Coan, 1977; Marcus & Fischer, 1986; Smith, 1985). There are two main approaches to studying well-being: subjective well-being and psychological well-being. Before this consideration, three caveats need to be elucidated.

First, although terms such as individualism, collectivism, Western, and non-Western are helpful for preliminary analyses, they are overgeneralizations that obscure much diversity. Anglo, Italian, and Jewish ethnic groups in the United States might all be considered Western, yet there are significant differences among them. Second, Spiro (1993) warned us not to assume that cultural accounts of the self (like individualism) are necessarily the same thing as the person’s mental representations of their self or even with their very self itself (p. 117). In consequence, it is treated both individualism and also the many non-Western alternatives increasingly termed collectivism (Hui & Triandis, 1986; Kim, Triandis, Kâgitçibasi, Choi, & Yoon, 1994; Triandis, 1989) as indigenous conceptions of the person or self and not as actual
accounts of the person or self. Third, the very notion of psychological well-being is itself a Western concept. The division of well-being into a psychological dimension and a presumably physical dimension is a direct byproduct of our philosophical, particularly Cartesian, heritage. It seems to be a division that is unique to Western culture. As Lock (1982) emphasized, “there is no mind/body dichotomy in East Asia medicine and no concept of mental health as distinct from physical health, either historically or at the present time” (p. 220).

Psychological well-being refers to how people evaluate their lives. According to Diener, Suh and Oishi (1997), these evaluations may be in the form of cognitions or in the form of affect. The cognitive part is an information based appraisal of one’s life that is when a person gives conscious evaluative judgments about one’s satisfaction with life as a whole. The affective part is a hedonic evaluation guided by emotions and feelings such as frequency with which people experience pleasant/unpleasant moods in reaction to their lives. The assumption behind this is that most people evaluate their life as either good or bad, so they are normally able to offer judgments. Further, people invariably experience moods and emotions, which have a positive effect or a negative effect. Thus, people have a level of subjective well-being even if they do not often consciously think about it, and the psychological system offers virtually a constant evaluation of what is happening to the person.

Psychological well-being leads to desirable outcomes, even economic ones, and does not necessarily follow from them. In a very intensive research done by Diener and his colleagues, people who score high in psychological well-being later earn high income and perform better at work then people who score low in well-being. It is also found to be related to physical health. In addition, it is often noticed that what a society measures will in turn influence the things that it seeks. If a society
takes great effort to measure productivity, people in the society are likely to focus more on it and sometimes even to the detriment of other values. If a society regularly assesses well-being, people will provide their attention on it and learn more about its causes. Psychological well-being is therefore, valuable not only because it assesses well-being more directly but it has beneficial consequences.

Ryff's Psychological Well-Being

According to Ryff (1989), well-being is not composed simply of positive affect, negative affect, and life satisfaction; rather, well-being is best conceived as a multidimensional construct made up of life attitudes. Based on tenets of humanistic psychology, with such constructs as purpose in life and autonomy, Ryff centers attention on normative criteria for mental health. The result is a means for assessing a person's level of positive functioning and psychological well-being. Ryff (1989) developed the Scales of Psychological Well-Being (SPWB) based on an integration of mental health, clinical, and life span developmental theories. These dimensions are assumed to measure all aspects of well-being and include self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth (Ryff, 1989).

Ryff and Keyes (1995) examined the structure of Ryff's six factor model using Structural Equation Modeling. The model that best fitted the data was one of six primary factors joined together by a single higher order factor defined as well-being. Ryff (1989) also performed factor analysis on the six subscales of the SPWB and found highest factor correlation between self-acceptance and environmental mastery (0.76), self acceptance and purpose in life (0.72).

Ryff (1989) criticized research on subjective well-being for what she saw as its impoverished theoretical basis. She acknowledged that current approaches to
subjective well-being have been extensively evaluated, and that psychometrically solid measures have been constructed. What she took issue with is not particular measures and indexes per se, but rather she holds the view that subjective well-being research was a result of historical accident and was not designed to define the basic structure of psychological well-being (1989, p. 1070). On the basis of her critique, Ryff (1989) developed an alternative approach to well-being that she refers to as psychological well-being. Synthesizing ideas from the personality theories of Malsow, Jung, Rogers, Allport, Erikson, Buhler, Neurgartens, and Jahoda, she constructed a measure of well-being around six subscales: Autonomy, Environmental Mastery, Positive Relations With Others, Purpose in Life, Personal Growth, and Self-Acceptance. The strength of Ryff’s measure of psychological well-being is that she integrates Western personality theorists. Ryff also includes the cultural values and assumptions underlying their work.

**Autonomy**

Ryff equates autonomy with attributes such as self-determination, independence, internal locus of control, individuation, and internal regulation of behavior. Underlying these attributes is the belief that one’s thoughts and actions are one’s own and should not be determined by agencies or causes outside one’s control. This belief, although common in Western psychology, is also one of the main ideals and defining values of individualism (Lukes, 1973). It is related to the Western concepts of liberty and freedom; Kant (1965/ 1781) theorized that it is our capacity for autonomy that brings us our dignity as human beings.

Autonomy is a value that emerged in Western culture for historical reasons. But it is not at all clear how relevant or appropriate autonomy is for non-Western cultures, or for women and ethnic minorities. For instance, Shweder and Bourne
(1984) empirically compared whether the concept of the person varies in India and the
United States and concluded that the concept of an autonomous, bounded, abstract
individual existing free of society yet living in society is uncharacteristic of Indian
social thought. (p. 190; see also Roland, 1988). From the Japanese perspective, we
are less than fully human when we are stripped away from our social connections
(Nakamura, 1964). According to Rosenberger (1992), "The very word for self in
Japanese, 'jibun,' implies that self is not an essentiality apart from the social realm.
Jibun literally means self-part a part of the larger whole that consists of groups and
relationships" (p. 4). Lebra "maintained that the Japanese individual is in some sense
a fraction only becoming whole when fitting into or occupying one's proper place in a
social unit" (as cited in Markus & Kitayama, 1991, p. 246). Similarly, Read (1955)
found in his fieldwork in New Guinea that the Gahuku-Gama refuse to separate the
individual from the social context or grant a person intrinsic moral value apart from
that which attaches to him as the occupant of a particular social status (p. 257). In
many parts of the world conformity is not seen as the moral weakness that it is for
Americans. Indeed, in many cultures conformity is a sign of maturity and strength
(Markus & Kitayama, 1991). For example, a Japanese person can be diverted from a
belief or principle, but such diversion from principle is accepted favorably by others
because it shows that he or she has warm empathy (Azuma, 1984, p. 970). Gergen
(1973) noted that, "if our values were otherwise, social conformity would be viewed
as prosolidarity behavior" (p. 312). Thus, the importance of autonomy and its
opposite, conformity, varies depending on whether the self is construed in
independent or interdependent terms. Significantly, the meaning of an attribute like
autonomy can also vary across cultures. Munro (1985) offered a penetrating analysis
of how such stereotypically Western values as uniqueness, privacy, autonomy, and
dignity were present in ancient Chinese culture but held a different meaning than they
do for contemporary Americans (see also, Elvin, 1985; Nakamura, 1964). Bodde
described how Confucian individualism means the fullest development by the
individual of his creative potentialities. Not, however, merely for the sake of self-
expression but because he can thus fulfill that particular role which is his within the
social nexus (p. 66, as cited in King & Bond, 1985, p. 36). Taiwanese students value
self-reliance even more than Americans but apparently because this is a prerequisite
to being able to help others (Christopher, 1992). Similarly, for the Northern Cheyenne
individuality supports a tribal purpose, a tribal identity because individuals are like
the poles of atipi each has his own attitude and appearance but all look to the same
center [heart] and support the same cover (Strauss, 1982, p. 125). Although values
and assumptions may be shared across cultures or time, they may be accorded
different significance or ranked differently within that culture's hierarchy of values
and assumptions. Thus, although autonomy and respect are values found in both
Chinese and American cultural history, the Chinese are more likely to place more
weight on respect, whereas contemporary Americans give priority to autonomy. Thus,
both the meaning and weighting of autonomy can vary depending on local contexts.
These points apply to Ryff's other subscales as well.

Environmental Mastery

Ryff (1989) defined environmental mastery "as the ability to choose or create
environments suitable to his or her psychic conditions" (p. 1071). This criterion is
also a central part of individualism. Environmental mastery presupposes a particular
view of the world as, to use Weber's (1946) term, disenchanted. Without deeper
purpose or telos. The mature individual from the enlightenment onward is one who
can rationally face this disenchanted world and calculate the most effective means of
accomplishing self-chosen goals. The ability to manipulate, control or master the environment both confirms and proves this vision of the world as disenchanted (Taylor, 1975). Clearly, however, this disenchanted world is at odds with the views of many Non-Western cultures in which the world is imbued with deeper meaning and purpose (Pedersen, 1979). In cultures that see the world as part of a larger cosmos or natural order, harmony with and adaptation to one's environment are promoted.

In Bali, for instance, surrendering to the will of the gods is seen as the appropriate response to hardships and life in general. Although Americans are encouraged to pursue self-chosen goals by exerting efforts to control or master their environment, many non-Western cultures advocate adapting to the social order. Such differences show up in cross-cultural research on the psychology of control. Weisz, Rothbaum, and Blackburn (1984) identified two types of control that people use. Primary control entails influencing existing realities, through personal agency, dominance, and even aggression. In contrast, secondary control is based on individuals attempting to align themselves with existing realities by exerting control over the psychological impact of events and leaving the environment largely unchanged. Weisz, Rothbaum, and Blackburn (1984) found that Americans rely predominantly on primary control, whereas Japanese rely more on secondary control. This is reflected in one of Japan's indigenous psychotherapies, Morita therapy, in which the client is encouraged to accept things as they are (Lebra, 1992, p. 116; Reynolds, 1976, 1980). Such findings raise questions about the appropriateness of using environmental mastery as a universal criterion of psychological well-being.
Positive Relations with Others

Ryff (1989) defined “positive relations with others” as warm, trusting interpersonal relations and strong feelings of empathy and affection. At first glance this subscale/criterion seems most sympathetic to or compatible with collectivism. However, there is a significant difference between having relations with others and being psychologically constituted by one’s location in a social network. In other words, what is the self that is in relations to others? Is it the individualistic self who has relationships to get certain psychological needs, such as intimacy, met? Or is it the self-experienced as metaphysically connected to others such that identity already incorporates others, and the self is no longer skin-encapsulated or a dimensionless point of subjectivity. It may be the case that the Western understanding of the individual, even one with a strong support network, seems from the perspective of some non-Western cultures such as the Orissa in India as alien, a bizarre idea cutting the self-off from the interdependent whole, dooming it to a life of isolation and loneliness (Shweder & Bourne, 1984, p. 194).

Purpose in Life

Ryff (1989) suggested that having a clear comprehension of life’s purpose, a sense of directedness, and intentionality are important parts of the feeling that there is purpose and meaning to life (p. 1071). This concern for purpose in life seems tightly linked to individualism with its stress on human freedom. Traditionally, in Western history and in most collectivist cultures, people lived in worlds of fate (Berger, 1979), purpose and meaning were seen as embedded in the very structure of the cosmos. Although questions of purpose and meaning have certainly surfaced around the world throughout history, particularly in times of cultural transition, it is unlikely they have ever been as widespread as they are in the contemporary West. Indeed, Frankl (1967)
viewed our contemporary preoccupation with purpose and meaning as our collective neurosis (p. 117). In contrast to the pre modern world (Taylor, 1975) or much of the non-Western world, modernity relies on both an objectified, materialistic view of the world that lacks any inherent meaning, design, or purpose and a view of the person as fundamentally separate, unique, and alone. It becomes the responsibility of the individual to define meaning in his life to choose his own world view (Berger, 1979).

**Personal Growth**

Ryff (1989) defined personal growth “as the continuing ability to develop one’s potential, to grow and expand as a person” (p. 1071). This notion of self-growth has clear roots in both our enlightenment and romantic heritages. For example, Taylor (1988, 1989) pointed out how during the enlightenment the notion was prevalent that self could be remade. For instance, Locke develops a view of the subject and his formation in which in principle everything is, as it were, up for grabs, susceptible in principle of being shaped in the direction desired. The mind is a *tabula rasa*. . . . The ideal stance of the rational subject is thus not to identify with any of the tendencies he finds in himself, which can only be the deposits of tradition and authority, but to be ready to break and remake these habitual responses according to his own goals, as far as this is possible. (Taylor, 1988, pp. 308-309) Similar sentiments are also found in the romantic tradition as in the idea that a person should cultivate the inner voice of nature. (Taylor, 1975). For the romantics, the self is seen as containing an inner force that must struggle to express itself against external obstacles. Importantly, and perhaps uniquely in human history, this is the source of the ingrained American tendency to view commitments from marriage and work to political and religious involvement. As enhancements of the sense of individual well-being rather than as moral imperatives. (Bellah, Madsen, Sullievan, Swidler, Tipton, 1985, p. 47).
Self-Acceptance

Ryff (1989) maintained that holding positive attitudes toward oneself emerges as a central characteristic of positive psychological functioning (p. 1071). Yet, Ryff did not specify what the nature of this self is. What if one lives in a culture, such as Java (Geertz, 1973), that does not think of selves as a primary reality? What would it mean to have self-acceptance in a society that does not value selves?

Moreover, it is not clear whether the self should always be accepted. Are there not times when actions or behaviors are so morally reprehensible that we cannot accept the self and instead demand that the self be radically transformed? Common speech suggests that we now think of self-esteem as almost a natural right people are entitled to instead of something earned. In addition, self-acceptance also seems to imply that the self is self-alienated. What is the part of the self that is evaluating and deciding if it will accept the totality? Is this not the self-defining subject that Taylor (1975) identified as peculiarly Western? It may also be that the contemporary Western preoccupation with self-acceptance and self-esteem are partially dependent on ontological individualism. (Bellah, Madsen, Sullievain, Swidler & Tipton, 1985).

In other words, these concerns may be predicated on a notion of the self as metaphysically separated from other human beings, society, nature, and the cosmos. Such an independent self becomes the sole locus of concerns about acceptability or worth. Johnson (1985) discussed this issue when he wrote, “The positive heightened significance given to self-determination and self-actualization is accompanied by a personal sense of heightened responsibility and an inflated propensity for guilt, self-recreimination, and self-doubt” (p. 120; see also Draguns, 1989; Rosaldo, 1984). If the self is construed interdependently as in collectivist cultures, then worth and acceptability become partially issues diffused throughout the in-group, and the locus
of evaluation is not as narrowly focused on the individual. This is not to say that self-acceptance is not a concern in collectivist societies or that self-acceptance is not an aspect of psychological well-being.

Rather, it is to recognize that because of our moral vision self-acceptance may be more of a concern or issue for Westerners, and we may as a result give it a more prominent position in the hierarchy of psychological virtues, psychological well-being, including both theories and measures, are clustering’s of cultural assumptions and values. Theories and measures of psychological well-being may be best thought of as different takes on the good or ideal person. Understandings of psychological well-being necessarily rely upon moral visions that are culturally embedded and frequently culture specific theories and measures of well-being developed in the West might reflect values and assumptions that have a counterpart in non-Western cultures, non-Western cultures might arrange and prioritize these elements in a very different manner. Despite initial similarity, these values and assumptions can only be fully understood within the larger interpretive framework that includes a culture’s notion of the self and good or fulfilled life. As a result, different components of our understanding of psychological well-being (like autonomy or happiness) cannot simply be transported to another culture without risk of serious misrepresentation and misunderstanding.

Depression

Depression is a state of low mood and aversion to activity that can have a negative effect on person’s thoughts, behavior, feelings, world view and physical well-being. Depression means that feelings of sadness last longer than normal, affect most parts of life and stop enjoying the things that one used to. Depression is common mental disorder that presents with depressed mood, loss of interest or pleasure, feeling of
guilt or low self-worth, disturbed sleep or appetite, low energy and poor concentration. These problems can become chronic or recurrent and lead to substantial impairments in an individual’s ability to take care of his or her everyday responsibilities. Depression is a psychological disorder that affects a person’s mood changes, physical functions and social interactions. There are overlapping psychological and physical issues that are agreed to be causative factors by most professionals. Although the term is often used to describe normal emotional reactions, depression is whole body illness, affecting feeling, thoughts, behavior as well as physiological functioning. It is not a transient state that quickly passes by or some sort of emotional trance that one can just “snap out of.”

Depression is an emotional state of despondency characterized by negative emotional attitude, a change in the motivation sphere, cognitive impressions and generally passive behavior. In the normal individual, a state of despondency characterized by feeling of inadequacy, lowered activity and pessimism about the future is called depression. Generally, in a stressful situation, the individual may experience depression, so it is one of the effects of stress. The main symptoms of depression are: persistent sad, anxious or empty mood, feeling of hopelessness, pessimism, feeling of guilt, worthlessness, helplessness, loss of interest and activities that were once enjoyed.

**Personality Characteristics and Depression**

Many theorists have documented the relationship between personality and depression (Beck, 1983; Eysenck & Eysenck, 1975; Watson & Clark, 1984). Firstly, Greeks observed that personality is related to proneness of depression. The physicians like Hippocrates, Empedocles and Glane believed that there are four personality types
e.g., phlegmatic (or calm), sanguine (or optimistic), melancholic (or depressed) and choleric (or irritable) (Gilbert, 1992).

Personality has traditionally been conceptualization as having two components (i) temperament, which refers to biologically based, early-emerging, stable individual differences in emotion and its regulation, and (ii) character, which refers to individual difference due to socialization. But, the difference between these constructs are doubtful, because evidences revealed that personality traits have all the features of temperament, comprising strong genetic and biological bases and significant stability over that lifespan (Krueger & Johnson, 2008; Watson, Kotov, & Gamez, 2006). Therefore, the terms “Personality” and “temperament “are now frequently used interchangeably (Caspi & Shiner, 2006, Clark & Watson, 1999).

Need for the Study

Personality is one of the foremost predictors of Psychological Well-Being (PWB). Therefore the aim of the current research is to build on this innovative research base by reexamining the relationship of personality factors to psychological well-being among depressive patients and their caregivers.

More recently, the study of SWB has focused on its relationship to personality (see Ozer & Benet-Martinez, 2006). DeNeve and Cooper (1998) has shown that personality is one personality traits influence the subjective well-being has not been systematically explored.

Specifically, the correlations of overall SWB with the Big Five traits are as follows: 0.17 (Extraversion), 0.17 (Agreeableness), 0.21 (Conscientiousness), 0.22 (Neuroticism), and 0.11 (Openness to Experience). These results are substantially smaller than those that would be expected from theoretical analyses and empirical
studies, especially with regards to Extraversion, which should be considerably stronger than Agreeableness and Conscientiousness.

A thorough review of literature about personality gives an insight about evolution of this concept, different definitions, models, various implications, strategies that can be inculcated for its enhancement. Very few quantitative studies correlate personality traits and psychological well-being. Therefore, the current research is undertaken to systematically study the relationship between personality traits of HEXACO-60 and factors of psychological well-being.

Another need for the current study is that personality factors measured by HEXACO-60 is an evolving concept, any research or survey would provide better understanding and awareness about it as a variable. With this perspective, this study was undertaken to conduct to the samples of depressive patients and their caregivers.

**The Present Research**

This research examined the associations between personality traits and factors of psychological well-being among adults caregivers of family members diagnosed with depression. Thus, this study examined the personality profile of depressed patients by comparing family caregivers' profile that regularly attended to patients.

**Rationale of the study**

Caregiving of the mental patients is one of the major concerns of today. Researches conducted in the West have assessed various aspects of personality of caregivers by using psychological tests and other ways. However, what the literature review of most of these studies reveal is that majority of the work done till date in the field used Big Five Factors, personality dimensions of HEXACO associated with caregivers have not been touched by researchers. Keeping in view that most of the work on caregiving of patients, this study is purported to measure the personality traits and psychological
well-being of depressive patients and their caregivers. Personality profile and psychological well-being of depressive patients and their caregivers are therefore crucial variables of concern.

**Research Objectives**

1. To examine relationship between Personality factors of HEXACO (Honesty-Humility, Emotionality, Extraversion, Agreeableness, Conscientiousness, Openness to experiences) and factors of Psychological Well-being (Autonomy, Environmental Mastery, Personal growth, Positive Relations with Others, Purpose in Life, Self Acceptance,) among male and female depressive patients.

2. To examine relationship between Personality factors of HEXACO (Honesty-Humility, Emotionality, Extraversion, Agreeableness, Conscientiousness, Openness to experiences) and factors of Psychological Well-being (Autonomy, Environmental Mastery, Personal growth, Positive Relations with Others, Purpose in Life, Self Acceptance,) among male and family caregivers of depressive patients.

3. To explore the predictors of Psychological Well-being (autonomy, environmental mastery, personal growth, personal relation with others, purpose in life, self-acceptance) with the help of personality factors of HEXACO among male and female depressive patients.

4. To explore the predictors of Psychological Well-being (autonomy, environmental mastery, personal growth, personal relation with others, purpose in life, self-acceptance) with the help of personality factors of HEXACO among male and female caregivers.
Research Questions

Having a good idea for research is not enough. A researcher must translate that idea into good research questions.

1. To investigate the nature of correlation between personality factors and dimension of well-being among male and female depressive patients.

2. To investigate the nature of correlation between personality factors and dimension of well-being among male and female depressive patients.

3. What are the personality factors of HEXACO significantly predicting dimensions of psychological well-being among male and female depressive patients?

4. What are the personality factors of HEXACO significantly predicting dimensions of psychological well-being among male and female caregivers of depressive patients?

Hypotheses

A hypothesis is a tentative statement relating to two (or more) variables that a researcher is interested in studying. The hypothesis should flow logically from the sources of information used to develop a research question. Formulation of hypothesis is an important step in the research process because it helps us in taking decisions concerning the variables to be manipulated and measured in a study. After the development of hypothesis, the next task is to decide how to test it. The following hypotheses are to be tested in this study.

1. There will be no relation between factors of personality and well-being among male and female depressive patients.

2. There will be no relation between factors of personality and well-being among male and female caregivers of depressive patients.
3. There will be no gender differences in prediction of well-being among depressive patients.

4. There will be no gender differences in prediction of well-being among caregivers of depressive patients.

Operational Definitions

Defining a variable in terms of the questions required to measure it requires creating an operational definition of that variable. Defining variables operationally allows a researcher to measure precisely the variables he include in his study and to determine whether a relationship exists between them. Defining variables operationally is generally a good thing for any high quality research.

Personality profile

A personality profile is a tool used to provide an evaluation of a subject's personal attributes, values and personality traits or types. Questions in a personality profile test were taken from the HEXACO-60. There are two generally accepted categories of personality profile tests, trait and type. In the present study we have considered personality profile in terms of traits.

Psychological Well-being

Psychological well-being refers to how people evaluate their lives.

Autonomy

Ryff (1989) equates autonomy with attributes such as self-determination, independence, internal locus of control, individuation, and internal regulation of behavior. Underlying these attributes is the belief that one’s thoughts and actions are one’s own and should not be determined by agencies or causes outside one’s control.
Environmental Mastery

Ryff (1989) defined "environmental mastery as the ability to choose or create environments suitable to his or her psychic conditions" (p. 1071). This criterion is also a central part of individualism.

Positive Relations with Others

Ryff (1989) defined "positive relations with others as warm, trusting interpersonal relations and strong feelings of empathy and affection." At first glance this subscale/criterion seems most sympathetic to or compatible with collectivism.

Purpose in Life

Ryff (1989) suggested that "having a clear comprehension of life’s purpose, a sense of directedness, and intentionality are important parts of the feeling that there is purpose and meaning to life" (p. 1071).

Personal Growth

Ryff (1989) defined "personal growth as the continuing ability to develop one’s potential, to grow and expand as a person" (p. 1071). This notion of self-growth has clear roots in both our Enlightenment and Romantic heritages.

Self-Acceptance

Ryff (1989) maintained that "holding positive attitudes toward oneself emerges as a central characteristic of positive psychological functioning" (p. 1071).

Depression

Depression is a state of low mood and aversion to activity that can have a negative effect on a person’s thoughts, behavior, feelings, worldview, and physical well-being (Salmans, 1997). Depression is a common mental disorder that presents with depressed mood, loose of interest or pleasure, feeling of guilt or low of self-worth,
feeling of sadness, emptiness, hopelessness, worried, disturbed sleep or appetite, worthlessness, irritability, or restlessness, low energy, and poor concentration.

Depressed people 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 (National Institute of Mental Health, 2009).

Caregivers

Family caregivers were those who were providing care to the patients for more than one year. All the caregivers were dependent on patients in economic terms. In simple terms, a family caregiver is someone who is responsible for attending to daily needs of patient. The caregivers were family members or life partner.
Review of Literature
Chapter 2

REVIEW OF LITERATURE

Within the domain of any scientific research plan, a review of literature in the research field seems to be one of the most essential steps. Such a review is expected to reveal the nature and the extent of verification of different variables in the field and the available amount of knowledge. To probe into the problem of the present selected area, the existing knowledge of the concept and the conditions of research are very much needed to be understood. Review of the scientific literature is one of the most important steps in the research process.

A literature review is the process of locating, obtaining, reading, and evaluating the research literature in the area of interest. There are several important reasons for conducting the review of literature. First, the most important reason is to avoid needless duplication of effort. Second, reviewing the literature applies to the design phase of research. Third, a review of the literature keeps the researcher up to date on current empirical or theoretical controversies in a particular research area. To fulfill all these purposes, a review of literature has been done. The review of literature is grouped under the following seven heads.

Models of personality

There are some prominent models of personality including: Eysenck’s (1987) three dimensions of personality, namely, neuroticism, extraversion, and psychoticism; five factors of personality- emotionality/extraversion, aggressiveness, constraint, negative emotionality/neuroticism, and psychoticism (Harkness, McNulty, & Ben-Porath, 1995); Tellegen’s (1982) three dimensions of personality negative affectivity, positive affectivity, and constraint- Millon’s six polarities of self, other, active,
passive pleasure, and pain (Millon, Davis, Millon, Wenger, Van Zuilen, Fuchs, & Millon, 1996); the interpersonal circumplex dimensions of personality, viz., agency and communion (Pincus & Gurtman, 2006); Zuckerman’s (2002) five dimensions of personality, namely, sociability, activity, aggression, hostility, impulsive sensation seeking, and neuroticism-anxiety; Cloninger’s (2000) seven factors of personality novelty seeking, harmavoidance, reward dependence, persistence, self-directedness, cooperativeness, and self-transcendence; and the FFM dimensions of personality - neuroticism, extraversion, openness, conscientiousness, and agreeableness (Costa & McCrae, 1990).

Markon, Krueger and Watson’s (2005) did meta-analysis in order to assemble a matrix of correlations among the 44 scales derived from all of these inventories obtained from 52 prior studies, no more than five major factors underlie variation in the 44 scales. These five factors strongly resembled the domains of the Five Factor Model (Widiger & Smith, 2008).

**Five Factor Model of Personality**

Previous research mostly focused on the Five Factor Model (FFM), as a dominant one in personality psychology (Aboaja, Duggan, & Park, 2011; Garcia, 2011; Jovanovic, 2011) agree that individual differences in personality are captured by the dimensions of the five factor model or Big Five taxonomy (Hapmson, 2012). Much of what psychologists mean by the term “personality” is summarized by the FFM, and the model has been of great utility to the field by integrating and systematizing diverse conceptions and measures (McCrae & Costa, 2008).

Additionally, each of the DSM-IV-TR personality disorders can, in fact, be readily understood as a maladaptive or extreme variant of the domains and facets of
the FFM (Aboaja, Duggan, & Park, 2011; Widiger & Trull, 2007). Therefore, an investigation of Big Five model scales and subscales would have useful outcomes in considering personality traits in mental health. The FFM involves some assumptions about human nature and about what people are like. Noting these assumptions, illustrate the natural functioning of individuals and helps us discriminating how normal functioning is. The five personality factors—neuroticism, extraversion, openness, agreeableness, and conscientiousness—forms the substantive nucleus of FFM. According to McCrae and Costa (2008) each of these factors are related to some characteristic adaptations which can either promote or mar mental health. They are characteristic because they reflect the enduring psychological core of the individual, and they are adaptations because they help.

Neuroticism (a tendency to experience dysphoric affect, sadness, hopelessness, guilt) is related to low self-esteem, irrational perfectionist beliefs, and pessimistic attitudes. Extraversion (a preference for companionship and social stimulation) is related to social skills, numerous friendships, enterprising vocational interests, participation in team sports, club memberships. Openness to experience (a need for variety, novelty, and change) is related to interest in travel, many different hobbies, knowledge of foreign cuisine, diverse vocational interests, friends who share tastes. Agreeableness (a willingness to defer to others during interpersonal conflict) is related to forgiving attitudes, belief in cooperation, inoffensive language, and reputation as a pushover. Conscientiousness (strong sense of purpose and high aspiration levels) is related to leadership skills, long-term plans, organized support network, technical expertise.

In sum, the five personality factors—Neuroticism, Extraversion, Openness, Agreeableness, and Conscientiousness—form the substantive nucleus of the system. It
also provides a framework in which to understand the development and operation of psychological mechanisms (such as need for closure) and the behavior and experience of individual men and women.

Theoretical Linkages between Personality Traits and Subjective/ Psychological Well-being

There are a wide variety of theoretical linkages between personality traits and SWB. Diener and Lucas (1999) conclude that “it appears a substantial portion of stable SWB is due to personality” (p. 214). They focus on the major direct and indirect paths, also known as the temperamental, internal or top-down, and instrumental, external or bottom-up perspectives (Diener & Emmons, 1984; McCrae & Costa, 1991). At a direct level, we can determine whether SWB and personality are related by showing that they involve common biological mechanisms or neural substrates. At the indirect level, we can determine whether behaviors indicative of personality traits are also seen to create SWB.

Though there are several theories that indicate personality has biological components (e.g., Cloninger, Svrakic, & Przbeck, 1993; Eysenck, 1967), Gray’s (1987) reinforcement sensitivity theory is particularly relevant. It indicates that two systems, a Behavioral Activation System (BAS) and a Behavioral Inhibition System (BIS), are connected to both personality and SWB (Elliot & Thrash, 2002). The BAS is linked to Extraversion and regulates approach behavior by signaling the presence of rewards through the promotion of positive affect. The BIS is linked to Neuroticism and regulates avoidance behavior by signaling the presence of punishers through the promotion of negative affect. Consequently, extraverts are more likely to attend to rewards and find them more positive, whereas neurotic individuals are more likely to attend to punishers and find them more negative.
There is evidence to support Gray’s (1987) theory; much of it has been relatively circumstantial and not entirely definitive. For example, there is some evidence to suggest that personality traits are related to mood induction and that extraverts attend more to rewards (Carver, 2004; Matthews & Gilliland, 1999; Smits & Boeck, 2006). However, in recent years, considerable advances have been made in the psychobiology of both SWB and personality.

Depue and Collins (1999) reviewed considerable evidence that dopamine is involved in extraversion, whereas Rolls (2000) reviewed how it facilitates the experience of rewards (see also Pickering & Gray, 2001). Davidson’s (2005) recent review of neural substrates of well-being proposed that the amygdala, the prefrontal cortex, the hippocampus, and the anterior cingulated cortex can explain well-being and affective style, and others have used these mechanisms to explain extraversion-personality (Cloninger, 2000; Depue & Collins, 1999).

Moving to indirect mechanisms, personality may help create life events that influence SWB. The most replicated finding in this area is the link between sociability, a facet of extraversion, and positive affect (Eid, Riemann, Angleitner, & Borkenau, 2003). This link can operate in two fashions. First, people tend to be happier in social situations (Pavot, Diener, & Fujita, 1990), and because extraverts spend more time socially (Watson, Clark, McIntyre, & Hamaker, 1992), they should be happier. Second, extraversion generally has a positive impact on peer, family, and romantic relationships, whereas neuroticism is often a negative predictor (Anderson, John, Keltner, & Kring, 2001; Belsky, Jaffee, Caspi, Moffitt, & Silva, 2003; Donnellan, Larsen-Rife, & Conger, 2005; Watson, Hubbard, & Wiese, 2000). Consequently, it has been suggested that extraverts have more fulfilling social
interactions, which also leads to greater levels of happiness (Argyle & Lu, 1990; Hills, Argyle, & Reeve, 2000).

Other research has gone beyond personal relationships. In particular, the personality trait of Impulsiveness/Conscientiousness is related to delay of gratification, with impulsive people choosing the smaller short-term gain only to suffer the larger long-term pain. Consequently, it is associated with a host of harms, ranging from procrastination (Steel, 2007) to poor health (Bogg & Roberts, 2004) to financial debt (Angeletos, Laibson, Repetto, Tobacman, & Weinberg, 2001; Versplanken & Herabadi, 2001).

Similarly, extraversion predisposes people to experience more positive life events, whereas neuroticism predisposes people to experience more negative life events (Headey & Wearing, 1989; Magnus, Diener, Fujita, & Pavot, 1993). Finally, Ozer and Benet-Martínez (2006) noted that personality predicts a wide variety of other SWB-relevant behaviors and outcomes, including occupational choice, achievement, and community involvement.

**Construct Similarities**

One basic reason why the relationship between personality and SWB should be much stronger is that the two constructs are very similar. In particular, neuroticism and extraversion are nearly identical to two elements of SWB, negative and positive affect, respectively. Neurotic individuals tend to be anxious, easily upset, and moody or depressed, whereas extraverts tend to be sociable, optimistic, outgoing, energetic, expressive, active, assertive, and exciting. As Yik and Russell (2001) noted, many of these very terms used to describe neuroticism and extraversion appear in measures of negative and positive affect, and “even when the terms are not exactly the same, similar ideas are found on both the personality and affect scales” (p. 251).
Watson and Clark (1992) found that negative affect facets load onto the same factor as neuroticism and, as their later work has indicated, that positive affect is at the center of the broad trait of extraversion (Watson & Clark, 1997). Other empirical studies support that the constructs overlap considerably (e.g., Lucas & Fujita, 2000; Suh, Diener, & Fujita, 1996). For example, Burger and Caldwell (2000) noted that "the results from several investigations indicate that the PANAS [Positive and Negative Affect Schedule] trait positive affect scale and the NEO extraversion appear to be measure highly overlapping, if not the same, constructs" (p. 54). Tellegen and Waller (1992) suggest that neuroticism should be relabeled negative affect, whereas extraversion should be relabeled positive affect.

Given this extreme conceptual overlap, we would expect correlations much higher than what is presently reported (John & Srivastava, 1999). For example, the NEO has six facet scales for extraversion. If just one facet, positive emotions, is basically identical to SWB and correlates with it at .70, it alone should cause the entire extraversion scale to correlate with SWB at .45, accounting for 20% of the variance.

DeNeve and Cooper (1998) actually did test for the effects of conceptual overlap by specifically terms used to describe neuroticism and extraversion appear in measures of negative and positive affect, and "even when the terms are not exactly the same, similar ideas are found on both the personality and affect scales" (p. 251). However, factor analysis ensures that positive emotions correlates well with the other extraversion facets (e.g., activity, gregariousness, assertiveness).

The non-SWB extraversion facets must correlate well with SWB because SWB is akin to positive emotions (i.e., transitive property). We can assess this using the facet intercorrelations provided in the NEO Professional Manual (Costa &
McCrae, 1992). If we predicted positive emotion from just these other non-SWB extraversion facets, essentially eliminating the issue of more likely to position themselves in positive life Even among personality scales with similar or identical nomenclature, there are substantive differences. For example, the NEO Openness scale correlates with the comparable Hogan Personality Inventory Intellectance scale at 0.67, whereas the same Hogan Personality Inventory scale correlates with the Interpersonal Adjective Scales–Big 5 Openness scale only at 0.44 (Widiger & Trull, 1997).

Aluja, García, and García (2004) factor analyzed several personality inventories, including the NEO-PI-R and the Eysenck Personality Questionnaire–Revised (EPQ-R), short form (EPQ-RS). Interestingly, results suggest that the Impulsiveness scale, a facet of NEO’s neuroticism dimension, actually had the strongest loadings with the conscientiousness and psychoticism dimensions from both the NEO and EPQ inventories respectively. Also, they and others found that the specific measure of impulsivity and the nationality of the sample will strongly influence whether it loads on neuroticism, extraversion, or conscientiousness (Konstabel, Realo, & Kallasmaa, 2002; Whiteside & Lynam, 2001). The concern is that impulsiveness should be relevant in the prediction of SWB (Emmons & Diener, 1986) and is positively associated with negative affect. Depending on where it is placed then, it has the capacity to affect correlations, such as diminishing the extraversion relationship with SWB. Consequently, the combination of diverse personality measures has the potential to underestimate correlations in SWB meta-analytic research.
Factors Related to Family Caregiving

During the past few decades, a great deal of attention has been focused on the prevalence and impacts of later-life family caregiving (Blieszner & Shifflett, 1990; Brody, 1985; Cantor, 1983; George, 1990; Ory et al., 1985). Hoyert and Seltzer (1992) research interest reflects changes in the age structure and patterns of morbidity and longevity of American society. With Americans living longer today and having longer periods of disability in old age, family members are increasingly likely to provide care to a dependent relative (Brody, 1985). It is also the case that children and adults with chronic physical and mental illnesses are more likely to survive today than in the past, posing family caregiving needs that may persist for decades (Lefley, 1987; Seltzer & Krauss, 1989).

While caregiving is an increasingly common family responsibility, this role does not fall equally on all family members (Ory et al., 1985). Both gender and the type of generational relationship determine which family member will assume the role of caregiver for an elderly relative. A woman is more likely to serve as a caregiver for a family member of the same generation than is a man; however, a man is more likely to be a caregiver for a family member of his own generation than is a woman for a member of the older generation. Thus, the chances of being the caregiver decrease from wife to husband to daughter to son (Brody & Schoonover, 1986; Caserta, Lund, Wright, & Redburn, 1987; Colerick & George, 1986; Morycz, 1985; Quay- hagen & Quayhagen, 1988; Rabins, Mace, & Lucas, 1982; Scott, Roberto, Hutton, & Slack, 1985).

Family caregivers for children with chronic illnesses or disabilities are more likely to be mothers than fathers, and adult sisters predominate as caregivers over adult brothers (Seltzer, Begun, Seltzer, & Krauss, 1991).
Caregiving has been found to have negative effects on caregivers (Brody, 1985). The impacts of caregiving include financial, physical, and emotional problems, with the caregiver's mental health being the most adversely affected (Cantor, 1983; Zarit, Reever, Bach-Peterson, 1980). Moreover, caregiving affects the caregiver's time management, social life, and lifestyle, which may account for the negative influence of caregiving on the mental health of the caregiver (Brody, 1985).

The impact of caregiving is influenced both by the gender of the caregiver and the type of generational relationship between the caregiver and the care recipient. While most studies have found that women experience more burden and strain in the caregiving relationship than men (Barusch & Spaid, 1989; Cantor, 1983; Ory et al., 1985; Young & Kahana, 1989; Zarit, Todd, & Zarit, 1986), there is less agreement regarding how the generational relationship between caregiver and care recipient alters the negative experiences of caregiving.

Cantor (1983) and Morycz (1985) found that adult children experience less physical and financial distress associated with caregiving than spouses but they are equally likely to experience emotional distress. Zarit, Reever and Bach-Peterson (1980) found no difference in feelings of burden between caregiving daughters and caregiving spouses. Other researchers reported that caregiving spouses, particularly wives, score lower on well-being measures than adult children who provide care to their elderly parents (George & Gwyther, 1986; Quayhagen & Quayhagen, 1988).

Although the negative effects of caregiving have been investigated in many studies, only a few have examined the gratifications and positive effects associated with the caregiving role (Blieszner & Shifflett, 1990; Horowitz, 1985; Motenko, 1989). Family members who cope competently with the caregiving role may have
feelings of gratification as well as burden. However, generational relationship differences in positive effects of caregiving have been largely unexamined.

Another factor that has been shown to affect caregiving outcomes is the duration of caregiving responsibility. Although primarily examined in cross-sectional research (George & Gwyther, 1984; Snyder & Keefe, 1985), the available evidence suggests that the longer the period of family caregiving, the more negative the outcomes for the caregiver, presumably as a result of the cumulative impact of stress. The constant demands of care may deplete the physical and psychological resources of the caregiver as stress piles up (George & Gwyther, 1984; Townsend & Noelker, 1987). The duration of care may account, at least in part, for the relationship between patterns of variation in caregiver well-being and the generational relationship of caregiver to care recipient because wives provide care for their elderly husband for a longer period of time (over 5 years) than adult daughters for an elderly parent (Stone, Cafferata, & Sangl, 1987).

Eagles, Beattie, Blackwood, Restall and Ashcroft (1987) did not find that those living with the care recipient were more depressed than those who did not live with the care recipient. On the other hand, George and Gwyther (1986) found that caregivers who co-resided with the care recipient exhibited more stress symptoms, took more psychotropic drugs and had a lower level of affect.

In a study by Haley, Brown and Levine (1987) it was found that family caregivers are more depressed than age-matched controls in the general population and report emotional strain in terms of higher levels of depression, anger and anxiety.

In contrast to the results of cross-sectional research, a few longitudinal studies have found evidence in support of an adaptational process manifested by caregivers (Townsend, Noelker, Deimling, & Bass, 1989; Zarit, Todd, & Zarit, 1986). These studies
suggest that caregiving is most stressful when it is a new role, but over time it may provide an opportunity for the development of new coping strategies and psychological growth. It is possible, therefore, that the longer the duration of care, the greater the potential for adaptational processes to be manifested. It is also possible that there are curvilinear effects, with the early and end stages of caregiving most stressful, while adaptational processes may be more likely to be manifested during the middle stage.

Yet another factor that may account for differences in caregiving impact is whether the caregiver and care recipient live in the same household. Few studies have addressed the residential characteristics of the caregiver and care recipient. Most either ignore this characteristic or draw their sample from caregivers living with the care recipient (Coppel, Burton, Becker, & Fiore, 1985; Moritz, Kasl, & Berkman, 1989; Snyder & Keefe, 1985).

Spouse caregivers, who often times provide most of the primary care, are particularly susceptible to stress and depression (Cantor, 1983; George & Gwyther, 1986). Depression can become a serious problem for caregivers that results in appetite change, sleep disturbances, agitation, lower energy, and poor concentration (Meshefedjian, McCusker, Bellavance, & Baumgartan, 1998).

In 1997, 22.4 million households in the United States provided an elderly relative with some form of care, compared with only seven million in 1988 (McLeod, 1997). These caregivers were frequently divided into two categories—primary and secondary. A primary caregiver, often the spouse or adult child, was typically the family member most frequently involved with, and responsible for, the care and management of the patient on a daily basis (Beisecker, Chrisman, & Wright, 1997). Although estimates vary, one survey reported that 55% of caregivers were spouses;
35% were adult offspring; five percent were siblings, and the remainder was other relatives or paid providers (Dippel & Hutton, 1996).

**Relationship between Depression/Stress and Caregiving**

Yates, Tennstedt and Chang (1999) research has suggested that the relationship between depression and caregiving experiences may have less to do with caregiving stressors (the actual task or amount of care) and more to do with the perception of these tasks by the caregiver and the meaning attached to the caregiving situation.

Another research revealed a more positive view of caregiving, the ability to cope effectively with the demands and strains of caring for an AD patient may still have a profound effect on the mental health of the family caregiver (Knop, Bergman-Evans, & McCabe, 1998). As many as 80 percent of caregivers of AD patients have been reported to suffer from chronic fatigue, depression or anger (Rabins, Mace, & Lucas, 1982).

Family members differ in their likelihood of assuming caregiving responsibilities; they also differ in how they are affected by the caregiving experience. While most studies have found that women experience more burden and strain in the caregiving relationship than men (Barusch & Spaid, 1989; Cantor, 1983; Ory et al., 1985; Young & Kahana, 1989; Zarit, Todd, & Zarit, 1986).

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One study found that although few caregivers had a history of depression before caregiving, 23 percent of spousal caregivers met DSM-III-R (Diagnostic and Statistical Manual of Mental Disorders, Third edition, revised. Washington, DC; American Psychiatric Association, 1987) criteria for a depressive disorder, far in excess of control groups (Dura, Stukenberg, & Kiecolt-Glaser, 1990). Even though many caregivers' symptoms of depression do not meet conventional criteria for depressive disorders, they may still have a significant effect on their ability to function (Baumgarten, Battista, Infante-Rivard, Hanley, Becker, & Gauthier, 1992; Broadhead, Blazer, Georget, & Tse, 1990; Dura, Haywood-Niler, & Kiecolt-Glaser, 1990; Kiecolt-Glaser, Dura, Speicher, Trask, & Glaser, 1991; Schulz & Williamson, 1991; Wells, Stewart, Hays, Brunam, Rogers, Daniels, Berry, Greenfield, & Ware, 1989).

Also studies have found that the caregiving relationship to the patient may be an indicator of depression, with spouses reporting more symptoms of stress or depression when compared to adult children or other informal caregivers (Baumgarten, Battista, Infante-Rivard, Hanley, Becker, & Gauthier, 1992; Cantor, 1983; George & Gwyther, 1986).
Furthermore, research has found that lower caregivers education levels were significantly associated with increased depression (Kurlowicz, 1993; Stephenson-Cino, Steiner, Krames, Ryan, & Huxley, 1992).

**Relationship between Personality Factors and Subjective Well-being**

In meta-analysis by DeNeve and Cooper (1998), neuroticism was most closely related with happiness, life satisfaction and negative affect, and extraversion with positive affect. In another meta analysis, Steel, Schmidt and Shultz (2008) evaluated the associations between each personality factor and SWB. Their findings support a strong relationship between neuroticism, extraversion, agreeableness, conscientiousness and all components of SWB, whereas openness to experience shows close associations with the SWB facets of happiness, positive affects, and quality of life.

Asthana (2011) examined the relationship of Big Five factors to subjective well-being of adolescents. Significant difference was found between male and female participants for extraversion of Big Five Personality factors and subjective well-being. Male and female subjects did not differ significantly on other personality factors and subjective well-being. Results also revealed that Big Five Personality factors as significant predictors of anxiety, depressed mood, positive well-being, self-control, general health, and vitality.

Quevedo and Abella (2011) examined whether the facets of the Big Five Model and other personality characteristics not included in this model, such as optimism, self-esteem, and social support, are better predictors of SWB than Big Five broad dimensions: They found that neuroticism was negatively correlated with positive affect and extraversion inversely related with negative affect. Neuroticism and extraversion were associated to happiness; individuals with low neuroticism and
high extraversion showed increased happiness. The findings also showed that Facets accounted for double the variance of SWB than the Big Five, although only 7 of 30 facets were relevant. More importantly, optimism, self-esteem and social support better explained the relationship between personality and SWB.

Bunker and Meena (2013) explored psychological well-being and life satisfaction among depressive patients and normal persons. Sample of the study consisted of 20 depressive patients both males and females from department of psychiatry, M.D.M hospital, Jodhpur and 20 normal persons both males and females belonging to Jodhpur District. The time duration of depressive patient was 2 months from diagnosis of illness. Age range of subjects was from 20 to 50 years. Results indicated that there was significant difference between depressive patients and normal persons along with gender difference in both groups.

**Depression and Personality Traits**

Depressed people have certain specific personality traits like – self-conscious, self-effacing, impulsive and vulnerable to stress and less- warm, gregarious and inclined to experience positive emotions (Useda, Duberstein, Conner, & Conwell, 2004). Another study suggested that specific – event types interacted with specific cognitive personality styles strongly predicting depression onset, adjusting for the positive associations of medical illness and reduced physical functioning with depression (Mazure, Maciejewski, Jacobs, & Bruce, 2002).

It can further be said that depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, feeling of guilt or low self-worth, disturbed sleep or appetite, low energy and poor concentration. The study showed that variations is daily events were related to residents’ affect and peoples’ mood also showed a relationship to the quality of daily events (Lawton-Smith,
Dawson, & Burns, 2008). Psychosocial factors are stressful life events and stress mediating factors play an important role in development of depression, personal and environmental resources, environmental stressors and the individual’s appraisal and coping responses to specific stressful events (Andrew & Rudolf, 2002).

Poor problem-solvers under high life stress are considered to be at risk for depression, hopelessness and suicidal behavior (Schotte & Clum, 2008). The depressed person is less likely to be stable in their relationship has more problematic relationship with children, friends and reported more stressful life events with interpersonal and conflict content and is more insecure in their beliefs about other people (Hammen & Brennan, 2002).

The relationship between social comparison on particular dimension and depression is moderated by the perceived importance of that dimension in attracting the interest of others (Thwaites & Dagnan, 2004).

Rao and Nammalvar (1976) conducted a study on 25 depressed patients in South India. They reported that depressives experienced the same number of life events as the controls. However depressives suffered with more distressing events. Sethi and Prakash (1979) examined 40 depressed patients and 40 schizophrenics with Pakel’s inventory. It was revealed the depressives experienced a significantly higher number of life events than schizophrenics.

Kumar, Das, Bagchi and Pal (1998) performed the qualitative and quantitative analysis of life events in depression and mania. They compared 42 patients with first episode mania and 30 patients with first episode depression (DSM-III-R diagnostic criteria). The investigators administered the Presumptive Stressful Life Events Scale (PSLES), Hamilton Depression Rating Scale and Modified Manic State Rating Scale on both the groups. Eighty-seven of depressed patients and 81% of manic reported
incidents of life events. Except desirable events no difference was found regarding qualitative and quantitative profile of life events. Significantly higher levels of undesirable events, e.g., major physical illness or injury were found in depressed patients. Finally, no correlation was observed between the severity of life events and magnitude of disorder.

The impact of stressful life events and coping strategies was assessed by Satija, Advani and Nathawat (1998) in 50 depressed and 50 non-depressed Indians. All participants completed Comprehensive Assessment of Symptoms and History, the BDI, the PSLES and Coping Response Inventory. It was observed that depressed persons exercised significantly more stressful life events and also used considerably more avoidance coping strategies as compared to no depressed control. Further results revealed that moderately and severely depressed patients reported more stressful life events and utilized more avoidance coping strategies than mildly depressed patients.

Agrawal and Jhingan (2002) compared 31 elderly depressed patients (diagnosed according to ICD-10 diagnostic criteria for research) and 31 elderly non-psychiatric patients. Semi-structured interview was conducted to collect information regarding life events by using Life Events List. Results revealed that elderly depressed patients experienced significantly higher numbers of stressful events as compared to controls. The stressful life events were found more in the females with low ‘per capita income’.

A modest review of literature has been done in this chapter. The studies reviewed here provide adequate information about relevant researches done in the area of personality factors and psychological well-being among depressive patients and their family caregivers. To sum up, the studies reported in this chapter provide adequate theoretical and scientific background for the present investigation.
Also studies have found that the caregiving relationship to the patient may be an indicator of depression, with spouses reporting more symptoms of stress or depression when compared to adult children or other informal caregivers.
Methodology
Chapter 3

METHODOLOGY

Methodology is a universally significant step in any research work because the truthfulness and validity of the information that is obtained in the study depends largely upon the fruitfulness of its methodology. Methodology in general refers to the techniques for securing knowledge. A methodology becomes fruitful only when it takes into consideration the possible sources of error and does the proper research design. Keeping all this in mind, the present investigator has made an attempt to present the scientific methodology.

Research Design

Research Design is the systematic planning of research to permit valid conclusions. The aim of the present study is to determine the relationship between personality factors and psychological well-being among depressive patients and their family caregivers.

A correlational research design was adopted in the present study. In correlational research, the main aim of the researcher is to determine whether two (or more) variables covary, and, if so, to establish the directions, magnitudes, and forms of the observed relationships. Correlational research belongs to a broader category called nonexperimental research. This includes designs not specifically aimed at identifying relationship between variables. In correlational research, a researcher makes no attempt to manipulate variables, but observe them “as is.”
Participants

The selection of the sample is a crucial step in any research. The adequacy of the sample can be ensured by the size and representation of demographic variables. There are different techniques available for determining the sample size. The nature of the present study limits the use of such sampling methods. Participants were 100 depressive patients and 100 their family caregivers. Depressive patients were drawn from OPD of the Psychiatry Department of the Jawaharlal Nehru Medical College and Hospital, Aligarh Muslim University, Aligarh, and Family caregivers were those who were attending to the patients in the OPD. They were dependent on patients. Participants ranged in age from 30 to 60 years.

Inclusion criteria: (a) Older adults aged 30 years and above residing in their homes. (b) Treatment under psychiatrist for more than one year. (c) Be able to understand comprehend and reply to questions and (d) Willing to cooperate.

Exclusion criteria: (a) Non-Cooperative Subjects (b) Any other physical problems interfering with interview (e.g. problem in Speech, Hearing, and Vision etc.).

Tools

Personal Data Sheet (PDS): The PDS includes the name of patient, type of disease, gender of the patient and caregiver, age of the patient and caregiver, duration of disease.

The HEXACO 60: This tool was developed by Ashton and Lee (2009). The inventory consisted of 60 items with six factors, namely, Honesty-Humility, Emotionality, Extraversion, Agreeableness, Conscientiousness, and Openness to experience. More recently, they have developed a shorter version of the HEXACO 60 in response to demand for an instrument that would be suitable when the time available for personality assessment is very short. In constructing the HEXACO 60, Ashton and
Lee decided that each of the six scales should contain 10 items that collectively cover a wide range of content, with at least two items representing each of the four narrow traits of each scale in the longer HEXACO 60. They aimed to construct an instrument that would show moderately high internal-consistency reliability (to the extent permitted by the brevity and breadth of the scales), low interale correlations, and a factor structure in which items (or facets) of the same broad scale would show their primary loadings on the same factor of a six-factor solution. After selecting the subset of 60 items, they examined the 0 in samples of HEXACO 60 college students and community adults, and found that the instrument did show the desired properties. The mean inter-item correlations ranged from .25 to .29 in the college sample and from .21 to .28 in the community sample. The internal consistency reliabilities ranged from .77 to .80 in the college sample and from .73 to .80 in the community sample.

*Ryff Scale of Psychological Well-being (RSPWB)*

The Ryff Scale of Psychological Well-Being (RSPWB) 54-item, is a theoretically-grounded instrument that focuses on measuring six dimensions of psychological well-being: self-acceptance, personal growth, purpose in life, positive relations with others, environmental mastery, and autonomy (Ryff, 1989). Each dimensional scale contains 9 items equally split between positive and negative items. Items are scored on a 6-point scale ranging from strongly agree to strongly disagree. Internal consistency coefficients (alpha) for Ryff’s six sub scales range from 0.82 to 0.90 (Schmutte and Ryff, 1997).

**Self-acceptance**

*High scorer* possesses a positive attitude toward the self; acknowledges and accepts multiple aspects of self, including good and bad qualities; feels positive about past life.
Low scorer feels dissatisfied with self; is disappointed with what has occurred with past life; is troubled about certain personal qualities; wishes to be different than what he or she is.

Positive relations with others

High scorer has warm, satisfying, trusting relationships with others; is concerned about the welfare of others; capable of strong empathy, affection, and intimacy; understands give and take of human relationships.

Low scorer has few closes, trusting relationships with others; finds it difficult to be warm, open, and concerned about others; is isolated and frustrated in interpersonal relationships; not willing to make compromises to sustain important ties with others.

Autonomy

High scorers are self-determining and independent; able to resist social pressures to think and act in certain ways; regulates behavior from within; evaluates self by personal standards.

Low scorers are concerned about the expectations and evaluations of others; relies on judgments of others to make important decisions; conforms to social pressures to think and act in certain ways.

Environmental mastery

High scorer has a sense of mastery and competence in managing the environment; controls complex array of external activities; makes effective use of surrounding opportunities; able to choose or create contexts suitable to personal needs and values.

Low scorer has difficulty managing everyday affairs; feels unable to change or improve surrounding context; is unaware of surrounding opportunities; lacks sense of control over external.
Purpose in life

*High scorer* has goals in life and a sense of directedness; feels there is meaning to present and past life; holds beliefs that give life purpose; has aims and objectives for living.

*Low scorer* lacks a sense of meaning in life; have few goals or aims, lacks sense of direction; does not see purpose of past life; has no outlook or beliefs that give life meaning.

**Personal growth**

*High scorer* has a feeling of continued development; sees self as growing and expanding; is open to new experiences; has sense of realizing his or her potential; sees improvement in self and behavior over time; is changing in ways that reflect more self-knowledge and effectiveness.

*Low scorer* has a sense of personal stagnation; lacks sense of improvement or expansion over time; feels bored and uninterested with life; feels unable to develop new attitudes or behaviors (see Ryff & Keyes, 1995, p.1072).

**Procedure**

This study was carried out during 2013. Once access was agreed with the Chairman of the Psychiatry Department, JNMC, A.M.U., Aligarh, data were collected through face-to-face interview method. Completion was not obligatory, but patients who did not wish to participate were asked to leave the OPD after attending the clinic. This procedure rendered a return rate of 90%. Questionnaires were completed comprehensively, minimizing any missing data. Average completion time was 1 hour. No financial reward was offered to patients and their caregivers.

Data was collected from the OPD of the Psychiatry Department through Personal Data Sheet, HEXACO 60, and Ryff Psychological Well-being Scale. Participants indicated their responses using following scale: 5 = strongly agree, 4 = agree, 3 = neutral (neither agree nor disagree), 2 = disagree and 1 = strongly disagree.
on HEXACO-60. Respondents rated each statements of Ryff Psychological Well-being Scale on a scale of 1 to 6, with 1 indicating strong disagreement and 6 indicating strong agreement.

3.5 Data Analysis

The data were analyzed by means of Pearson product moment correlation and multiple regression analysis by using SPSS 16.0.
Results and Discussion
Chapter 4

RESULTS AND DISCUSSION

The research question was answered by using Pearson Product Moment Correlation and Multiple Regression. Pearson Correlation coefficients were determined to explore relationship between personality factors and psychological well-being. Multiple regression was used when we have identified a single, continuously measured dependent variable (i.e. dimensions of psychological well-being) and several predictor variables (i.e. factors of personality). All statistical analyses were performed with SPSS Version 20.0. All statistical tests employed an alpha level of .05.

The data was adequately scored, coded and analyzed by using suitable statistical tests like Pearson Product Moment Correlation and Multiple regression. The tables are presented in the following pages.
Table 1: Indicating correlation coefficients between factors of Psychological Well being and factors of HEXACO-60 among Male Depressive Patients.

<table>
<thead>
<tr>
<th>Factors of PWB</th>
<th>H</th>
<th>E</th>
<th>X</th>
<th>A</th>
<th>C</th>
<th>O</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autonomy</td>
<td>.286</td>
<td>.336*</td>
<td>.328*</td>
<td>.062</td>
<td>487**</td>
<td>.353*</td>
</tr>
<tr>
<td>Environmental Mastery</td>
<td>-.014</td>
<td>-.081</td>
<td>383*</td>
<td>.055</td>
<td>.306*</td>
<td>.126</td>
</tr>
<tr>
<td>Personal Growth</td>
<td>.213</td>
<td>.500**</td>
<td>.541**</td>
<td>-.202</td>
<td>.180</td>
<td>.053</td>
</tr>
<tr>
<td>Positive Relations with Others</td>
<td>.382*</td>
<td>-.128</td>
<td>481**</td>
<td>.130</td>
<td>495**</td>
<td>-.066</td>
</tr>
<tr>
<td>Purpose In Life</td>
<td>.242</td>
<td>-.288</td>
<td>.522**</td>
<td>-.078</td>
<td>.210</td>
<td>.012</td>
</tr>
<tr>
<td>Self-acceptance</td>
<td>.081</td>
<td>-.208</td>
<td>.528**</td>
<td>.000</td>
<td>.246</td>
<td>.055</td>
</tr>
</tbody>
</table>

*p<.05  **p<.01  
H = Honesty-Humility  E = Emotionality  X = Extraversion  
A = Agreeableness  C = Conscientiousness  O = Openness to Experience
Table 2: Indicating correlation coefficients between factors of Psychological Well-being and factors of HEXACO-60 among Female Depressive Patients.

<table>
<thead>
<tr>
<th>Variables</th>
<th>H</th>
<th>E</th>
<th>X</th>
<th>A</th>
<th>C</th>
<th>O</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autonomy</td>
<td>.384*</td>
<td>-.271*</td>
<td>.378**</td>
<td>.193</td>
<td>.337*</td>
<td>.134</td>
</tr>
<tr>
<td>Environmental Mastery</td>
<td>.232</td>
<td>-.199</td>
<td>.242</td>
<td>.157</td>
<td>.348**</td>
<td>.084</td>
</tr>
<tr>
<td>Personal Growth</td>
<td>.199</td>
<td>-.190</td>
<td>.382**</td>
<td>.055</td>
<td>.361**</td>
<td>.407**</td>
</tr>
<tr>
<td>Positive relations with others</td>
<td>.198</td>
<td>.043</td>
<td>279*</td>
<td>.113</td>
<td>.340**</td>
<td>.348**</td>
</tr>
<tr>
<td>Purpose In Life</td>
<td>.175</td>
<td>-.196</td>
<td>.410**</td>
<td>.185</td>
<td>.523**</td>
<td>.366**</td>
</tr>
<tr>
<td>Self-acceptance</td>
<td>.447**</td>
<td>-.051</td>
<td>.348**</td>
<td>.193</td>
<td>.340**</td>
<td>.104</td>
</tr>
</tbody>
</table>

*p < .05    ** p < .01
H = Honesty-Humility    E = Emotionality    X = Extraversion
A = Agreeableness      C = Conscientiousness   O = Openness to Experience
Table 3:  Indicating correlation coefficients between factors of Psychological Well-being and factors of HEXACO-60 among Male Caregivers of Depressive Patients.

<table>
<thead>
<tr>
<th>Variables</th>
<th>H</th>
<th>E</th>
<th>X</th>
<th>A</th>
<th>C</th>
<th>O</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autonomy</td>
<td>.149</td>
<td>-.295*</td>
<td>.404**</td>
<td>.034</td>
<td>.252</td>
<td>-.046</td>
</tr>
<tr>
<td>Environmental Mastery</td>
<td>.387**</td>
<td>-.115</td>
<td>.377**</td>
<td>.171</td>
<td>.359**</td>
<td>-.049</td>
</tr>
<tr>
<td>Personal Growth</td>
<td>.126</td>
<td>.144</td>
<td>.046</td>
<td>.092</td>
<td>.459**</td>
<td>.048</td>
</tr>
<tr>
<td>Positive relations with others</td>
<td>.156</td>
<td>-.278*</td>
<td>.488**</td>
<td>.042</td>
<td>.341**</td>
<td>-.100</td>
</tr>
<tr>
<td>Purpose In Life</td>
<td>.253</td>
<td>.075</td>
<td>.121</td>
<td>.042</td>
<td>.271*</td>
<td>.059</td>
</tr>
<tr>
<td>Self-acceptance</td>
<td>.317*</td>
<td>-.176</td>
<td>.587**</td>
<td>.159</td>
<td>.322*</td>
<td>.055</td>
</tr>
</tbody>
</table>

*p < .05  ** p < .01

H = Honesty-Humility  E = Emotionality  X = Extraversion
A = Agreeableness    C = Conscientiousness  O = Openness to Experience
Table 4: Indicating correlation coefficients between factors of Psychological Well-being and factors of HEXACO-60 among Female Caregivers of Depressive Patients.

<table>
<thead>
<tr>
<th>Variables</th>
<th>H</th>
<th>E</th>
<th>X</th>
<th>A</th>
<th>C</th>
<th>O</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autonomy</td>
<td>.036</td>
<td>.229</td>
<td>.132</td>
<td>.052</td>
<td>-.059</td>
<td>.053</td>
</tr>
<tr>
<td>Environmental Mastery</td>
<td>-.064</td>
<td>-.007</td>
<td>.358*</td>
<td>.023</td>
<td>.027</td>
<td>.066</td>
</tr>
<tr>
<td>Personal Growth</td>
<td>.088</td>
<td>-.187</td>
<td>.185</td>
<td>.045</td>
<td>-.039</td>
<td>.123</td>
</tr>
<tr>
<td>Positive relations with others</td>
<td>-.113</td>
<td>.387*</td>
<td>.150</td>
<td>.214</td>
<td>.387*</td>
<td>-.299</td>
</tr>
<tr>
<td>Purpose In Life</td>
<td>.241</td>
<td>-.078</td>
<td>.358*</td>
<td>.046</td>
<td>.036</td>
<td>-.020</td>
</tr>
<tr>
<td>Self-acceptance</td>
<td>.351*</td>
<td>.252</td>
<td>.409**</td>
<td>.125</td>
<td>-.015</td>
<td>-.237</td>
</tr>
</tbody>
</table>

*p < .05  ** p < .01

H = Honesty-Humility  E = Emotionality  X = Extraversion
A = Agreeableness    C = Conscientiousness  O = Openness to Experience
Significant positive correlation coefficients were found between autonomy factor of PWB and extraversion ($r = 0.328$, $p < .05$), conscientiousness ($r = 0.487$, $p < .01$), and openness to experience ($r = 0.353$, $p < .05$) factors of HEXACO-PI-R. Environmental mastery factor of PWB was found to be positively correlated with extraversion ($r = 0.383$, $p < .05$) and conscientiousness ($r = 0.306$, $p < .05$) factors of HEXACO-60. Positive correlation coefficient was found between personal growth factor of PWB and extraversion ($r = 0.541$, $p < .01$) factor of HEXACO-60. Positive relations with others factor of PWB correlated significantly with honesty-humility ($r = 0.382$, $p < .05$), extraversion ($r = 0.481$, $p < .01$) and conscientiousness ($r = 0.495$, $p < .01$) factors of HEXACO 60 among male depressive patients. Significant positive correlation coefficients were found between purpose in life factor of PWB and extraversion ($r = 0.522$, $p < .01$), and between self-acceptance factor of PWB and extraversion ($r = 0.528$, $p < .01$) factor of HEXACO 60. Significant negative correlation coefficients were found between autonomy factor of PWB and emotionality ($r = -.336$, $p < .05$), and personal growth and emotionality ($r = -.500$, $p < .01$) factors of HEXACO 60 among male depressive patients.

Autonomy factor of PWB was found to be positively correlated with honesty-humility ($r = 0.384$, $p < .01$), extraversion ($r = 0.378$, $p < .01$) and conscientiousness ($r = 0.337$, $p < .05$) factors of HEXACO 60 among female depressive patients. Environmental mastery factor of PWB was found to be positively correlated with conscientiousness ($r = 0.348$, $p < .01$) factor of HEXACO 60 among female depressive patients. Positive correlation coefficient were found between personal growth factor of PWB and extraversion ($r = 0.382$, $p < .01$), conscientiousness ($r = 0.361$, $p < .01$) and openness to experience ($r = 0.407$, $p < .01$) factors of HEXACO 60 among female depressive patients. Significant positive correlation coefficients were found between
positive relations with others factor of PWB and extraversion ($r = 0.279$, $p < .05$), conscientiousness ($r = 0.340$, $p < .01$) and openness to experience ($r = 0.348$, $p < .01$) factors of HEXACO-PI-R among female depressive patients.

Positive correlations were found between ‘Purpose in life’ factor of PWB and ‘extraversion’ ($r = .410$, $p < .01$), conscientiousness ($r = 0.523$, $p < .01$), and openness to experience ($r = 0.366$, $p < .01$) factors of HEXACO 60 among female depressive patients. Significant positive correlation coefficients were found between self-acceptance factor of PWB and honesty-humility ($r = 0.447$, $p < .01$), self-acceptance factor of PWB and extraversion ($r = 0.348$, $p < .01$), and self-acceptance factor of PWB and conscientiousness ($r = 0.340$, $p < .01$) factors of HEXACO 60. Significant negative correlation coefficient was found between autonomy factor of PWB and emotionality ($r = -.271$, $p < .05$) factor of HEXACO 60 among female depressive patients.

Significant positive correlation coefficients were found between factors of PWB and factors of HEXACO 60: autonomy and extraversion ($r = 0.404$, $p < .01$), environmental mastery and honesty-humility ($r = 0.387$, $p < .01$), environmental mastery and extraversion ($r = 0.377$, $p < .01$), environmental mastery and conscientiousness ($r = 0.359$, $p < .01$), personal growth and conscientiousness ($r = 0.459$, $p < .01$), positive relations with others and extraversion ($r = 0.588$, $p < .01$), positive relations with others and conscientiousness ($r = 0.341$, $p < .01$), Purpose in life and conscientiousness ($r = 0.271$, $p < .05$), self-acceptance and honesty-humility ($r = 0.317$, $p < .05$), self-acceptance and extraversion ($r = 0.587$, $p < .01$), and self-acceptance factor of PWB and conscientiousness ($r = 0.322$, $p < .01$) among male caregivers. Significant relationships were found between autonomy factor of PWB
and emotionality ($r = -0.295, p < 0.05$) factor of HEXACO-PI-R and positive relations with others factor of PWB and emotionality ($r = -0.278, p < 0.05$) among male caregivers.

Significant positive relationship were found between environmental mastery and extraversion ($r = 0.358, p < 0.05$), positive relations with others and extraversion ($r = 0.387, p < 0.05$), positive relations with others and conscientiousness ($r = 0.387, p < 0.01$), Purpose in life and extraversion ($r = 0.358, p < 0.05$), self-acceptance and honesty-humility ($r = 0.351, p < 0.05$), and self-acceptance and extraversion ($r = 0.409, p < 0.01$) among female caregivers.
Table 5: Showing Multiple Regression Analysis for the Dependent Variable Autonomy factor of PWB among Male Depressive Patients.

<table>
<thead>
<tr>
<th>Model</th>
<th>Beta</th>
<th>( t )</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (Constant)</td>
<td>2.312</td>
<td>.023</td>
<td></td>
</tr>
<tr>
<td>Honesty Humility</td>
<td>.240</td>
<td>2.494</td>
<td>.014</td>
</tr>
<tr>
<td>Emotionality</td>
<td>-.180</td>
<td>-1.988</td>
<td>.050</td>
</tr>
<tr>
<td>Extraversion</td>
<td>.192</td>
<td>2.036</td>
<td>.045</td>
</tr>
<tr>
<td>Agreeableness</td>
<td>-.059</td>
<td>-.625</td>
<td>.533</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>.199</td>
<td>1.899</td>
<td>.061</td>
</tr>
<tr>
<td>Openness to Experience</td>
<td>.141</td>
<td>1.530</td>
<td>.130</td>
</tr>
</tbody>
</table>

R Square= .302 , F=6.699 , Sig.= .001
a. Dependent Variable: Autonomy
b. Selecting only cases for male depressive patients
Table 6: Showing Multiple Regression Analysis for the Dependent Variable Environmental Mastery factor of PWB among Male Depressive Patients.

<table>
<thead>
<tr>
<th>Model</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>1.870</td>
<td>.065</td>
</tr>
<tr>
<td></td>
<td>Honesty Humility</td>
<td>-.007</td>
<td>-.070</td>
</tr>
<tr>
<td></td>
<td>Emotionality</td>
<td>-.058</td>
<td>-.580</td>
</tr>
<tr>
<td></td>
<td>Extraversion</td>
<td>.207</td>
<td>2.002</td>
</tr>
<tr>
<td></td>
<td>Agreeableness</td>
<td>-.020</td>
<td>-.192</td>
</tr>
<tr>
<td></td>
<td>Conscientiousness</td>
<td>.269</td>
<td>2.342</td>
</tr>
<tr>
<td></td>
<td>Openness to Experience</td>
<td>.005</td>
<td>.054</td>
</tr>
</tbody>
</table>

R Square = .157, F = 2.895, Sig. = .01
a. Dependent Variable: Environmental Mastery
b. Selecting only cases for male depressive patients
Table 7: Showing Multiple Regression Analysis for the Dependent Variable Personal Growth factor of PWB among Male Depressive Patients.

<table>
<thead>
<tr>
<th>Model</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>4.091</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>Honesty Humility</td>
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<td>1.321</td>
</tr>
<tr>
<td></td>
<td>Emotionality</td>
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<td>-2.836</td>
</tr>
<tr>
<td></td>
<td>Extraversion</td>
<td>.337</td>
<td>3.725</td>
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<td></td>
<td>Agreeableness</td>
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<td>-2.674</td>
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<tr>
<td></td>
<td>Conscientiousness</td>
<td>.155</td>
<td>1.543</td>
</tr>
<tr>
<td></td>
<td>Openness to Experience</td>
<td>.153</td>
<td>1.725</td>
</tr>
</tbody>
</table>

R Square = .355, F = 8.547, Sig. = .001
a. Dependent Variable: Personal Growth
b. Selecting only cases for male depressive patients
Table 8: Showing Multiple Regression Analysis for the Dependent Variable Positive Relations with Others factor of PWB among Male Depressive Patients.

<table>
<thead>
<tr>
<th>Model</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (Constant)</td>
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<td>.833</td>
<td></td>
</tr>
<tr>
<td>Honesty Humility</td>
<td>.159</td>
<td>1.604</td>
<td>.112</td>
</tr>
<tr>
<td>Emotionality</td>
<td>.114</td>
<td>1.231</td>
<td>.221</td>
</tr>
<tr>
<td>Extraversion</td>
<td>.279</td>
<td>2.879</td>
<td>.005</td>
</tr>
<tr>
<td>Agreeableness</td>
<td>-.060</td>
<td>-.614</td>
<td>.541</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>.275</td>
<td>2.555</td>
<td>.012</td>
</tr>
<tr>
<td>Openness to Experience</td>
<td>.081</td>
<td>.856</td>
<td>.394</td>
</tr>
</tbody>
</table>

R Square=.260, F= 5.456, Sig.= .001
a. Dependent Variable: Positive Relations with Others
b. Selecting only cases for male depressive patients
Table 9: Showing Multiple Regression Analysis for the Dependent Variable Purpose in Life factor of PWB among Male Depressive Patients.

Coefficients$^{a,b}$

<table>
<thead>
<tr>
<th>Model</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>1.898</td>
<td>.061</td>
</tr>
<tr>
<td></td>
<td>Honesty Humility</td>
<td>.077</td>
<td>.809</td>
</tr>
<tr>
<td></td>
<td>Emotionality</td>
<td>-.088</td>
<td>-.984</td>
</tr>
<tr>
<td></td>
<td>Extraversion</td>
<td>.369</td>
<td>3.941</td>
</tr>
<tr>
<td></td>
<td>Agreeableness</td>
<td>-.139</td>
<td>-1.478</td>
</tr>
<tr>
<td></td>
<td>Conscientiousness</td>
<td>.261</td>
<td>2.510</td>
</tr>
<tr>
<td></td>
<td>Openness to Experience</td>
<td>.058</td>
<td>.631</td>
</tr>
</tbody>
</table>

R Square = .310, F = 6.975, Sig. = .001

a. Dependent Variable: Purpose in life
b. Selecting only cases for male depressive patients
Table 10: Showing Multiple Regression Analysis for the Dependent Variable Self Acceptance factor of PWB among Male Depressive Patients.

Coefficients\textsuperscript{a,b}

<table>
<thead>
<tr>
<th>Model</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (Constant)</td>
<td>.991</td>
<td>.324</td>
<td></td>
</tr>
<tr>
<td>Honesty Humility</td>
<td>.192</td>
<td>1.937</td>
<td>.056</td>
</tr>
<tr>
<td>Emotionality</td>
<td>.000</td>
<td>.002</td>
<td>.999</td>
</tr>
<tr>
<td>Extraversion</td>
<td>.395</td>
<td>4.065</td>
<td>.000</td>
</tr>
<tr>
<td>Agreeableness</td>
<td>-.035</td>
<td>-.362</td>
<td>.718</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>.113</td>
<td>1.047</td>
<td>.298</td>
</tr>
<tr>
<td>Openness to Experience</td>
<td>-.037</td>
<td>-.387</td>
<td>.699</td>
</tr>
</tbody>
</table>

R Square = .257, F = 5.373, Sig. = .001
a. Dependent Variable: Self acceptance
b. Selecting only cases for male depressive patients
Table 11: Showing Multiple Regression Analysis for the Dependent Variable Autonomy factor of PWB among Female Depressive Patients.

Coefficients<sup>a,b</sup>

<table>
<thead>
<tr>
<th>Model</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (Constant)</td>
<td>1.551</td>
<td>.124</td>
<td></td>
</tr>
<tr>
<td>Honesty Humility</td>
<td>.219</td>
<td>2.203</td>
<td>.030</td>
</tr>
<tr>
<td>Emotionality</td>
<td>-.033</td>
<td>-.318</td>
<td>.751</td>
</tr>
<tr>
<td>Extraversion</td>
<td>.309</td>
<td>2.915</td>
<td>.004</td>
</tr>
<tr>
<td>Agreeableness</td>
<td>.049</td>
<td>.486</td>
<td>.628</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>.047</td>
<td>.439</td>
<td>.661</td>
</tr>
<tr>
<td>Openness to Experience</td>
<td>.034</td>
<td>.316</td>
<td>.753</td>
</tr>
</tbody>
</table>

R Square = .180, F = 3.294, Sig. = .006

a. Dependent Variable: Autonomy
b. Selecting only cases for female depressive patients
Table 12: Showing Multiple Regression Analysis for the Dependent Variable Environmental Mastery factor of PWB among Female Depressive Patients.

<table>
<thead>
<tr>
<th>Model</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>1.988</td>
<td>.050</td>
</tr>
<tr>
<td>Honesty Humility</td>
<td>.069</td>
<td>.680</td>
<td>.498</td>
</tr>
<tr>
<td>Emotionality</td>
<td>−.120</td>
<td>−1.142</td>
<td>.257</td>
</tr>
<tr>
<td>Extraversion</td>
<td>.301</td>
<td>2.786</td>
<td>.007</td>
</tr>
<tr>
<td>Agreeableness</td>
<td>.037</td>
<td>.357</td>
<td>.722</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>.111</td>
<td>1.028</td>
<td>.307</td>
</tr>
<tr>
<td>Openness to Experience</td>
<td>−.036</td>
<td>−.323</td>
<td>.748</td>
</tr>
</tbody>
</table>

R Square= .149, F=2.633, Sig.= .05

a. Dependent Variable: Environmental Mastery
b. Selecting only cases for female depressive patients
Table 13: Showing Multiple Regression Analysis for the Dependent Variable Personal Growth factor of PWB among Female Depressive Patients.

<table>
<thead>
<tr>
<th>Model</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>2.740</td>
<td>.007</td>
</tr>
<tr>
<td></td>
<td>Honesty Humility</td>
<td>.159</td>
<td>1.645</td>
</tr>
<tr>
<td></td>
<td>Emotionality</td>
<td>-.117</td>
<td>-1.166</td>
</tr>
<tr>
<td></td>
<td>Extraversion</td>
<td>.275</td>
<td>2.659</td>
</tr>
<tr>
<td></td>
<td>Agreeableness</td>
<td>-.070</td>
<td>-.708</td>
</tr>
<tr>
<td></td>
<td>Conscientiousness</td>
<td>.060</td>
<td>.577</td>
</tr>
<tr>
<td></td>
<td>Openness to Experience</td>
<td>.214</td>
<td>2.025</td>
</tr>
</tbody>
</table>

R Square=.221 , F=4.244 , Sig.=.001
a. Dependent Variable: Personal Growth
b. Selecting only cases for female depressive patients
Table 14: Showing Multiple Regression Analysis for the Dependent Variable Positive Relations with Others factor of PWB among Female Depressive Patients.

<table>
<thead>
<tr>
<th>Model</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (Constant)</td>
<td>0.821</td>
<td>0.414</td>
<td></td>
</tr>
<tr>
<td>Honesty Humility</td>
<td>0.059</td>
<td>0.583</td>
<td>0.561</td>
</tr>
<tr>
<td>Emotionality</td>
<td>0.230</td>
<td>2.178</td>
<td>0.032</td>
</tr>
<tr>
<td>Extraversion</td>
<td>0.191</td>
<td>1.762</td>
<td>0.081</td>
</tr>
<tr>
<td>Agreeableness</td>
<td>0.140</td>
<td>1.349</td>
<td>0.181</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>0.019</td>
<td>0.176</td>
<td>0.860</td>
</tr>
<tr>
<td>Openness to Experience</td>
<td>0.144</td>
<td>1.302</td>
<td>0.196</td>
</tr>
</tbody>
</table>

R. Square = .142, F=2.491, Sig. = .05

a. Dependent Variable: Positive Relations with others
b. Selecting only cases for female depressive patients
Table 15: Showing Multiple Regression Analysis for the Dependent Variable Purpose in Life factor of PWB among Female Depressive Patients.

<table>
<thead>
<tr>
<th>Model</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Constant)</td>
<td></td>
<td>1.216</td>
<td>.227</td>
</tr>
<tr>
<td>Honesty Humility</td>
<td>.172</td>
<td>1.813</td>
<td>.073</td>
</tr>
<tr>
<td>Emotionality</td>
<td>-.026</td>
<td>-.259</td>
<td>.796</td>
</tr>
<tr>
<td>Extraversion</td>
<td>.294</td>
<td>2.903</td>
<td>.005</td>
</tr>
<tr>
<td>Agreeableness</td>
<td>-.052</td>
<td>-.532</td>
<td>.596</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>.262</td>
<td>2.582</td>
<td>.011</td>
</tr>
<tr>
<td>Openness to Experience</td>
<td>.066</td>
<td>.634</td>
<td>.528</td>
</tr>
</tbody>
</table>

R Square = .252, F = 5.062, Sig. = .001

a. Dependent Variable: Purpose in life
b. Selecting only cases for female depressive patients
Table 16: Showing Multiple Regression Analysis for the Dependent Variable Self Acceptance factor of PWB among Female Depressive Patients.

Coefficients $^{a,b}$

<table>
<thead>
<tr>
<th>Model</th>
<th>Beta</th>
<th>$t$</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (Constant)</td>
<td>0.072</td>
<td>0.943</td>
<td></td>
</tr>
<tr>
<td>Honesty Humility</td>
<td>0.372</td>
<td>4.126</td>
<td>0.000</td>
</tr>
<tr>
<td>Emotionality</td>
<td>0.080</td>
<td>0.858</td>
<td>0.393</td>
</tr>
<tr>
<td>Extraversion</td>
<td>0.391</td>
<td>4.067</td>
<td>0.000</td>
</tr>
<tr>
<td>Agreeableness</td>
<td>0.033</td>
<td>0.360</td>
<td>0.720</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>0.095</td>
<td>0.991</td>
<td>0.324</td>
</tr>
<tr>
<td>Openness to Experience</td>
<td>-0.085</td>
<td>-0.862</td>
<td>0.391</td>
</tr>
</tbody>
</table>

R Square = 0.325, F = 7.217, Sig. = 0.001

a. Dependent Variable: Self Acceptance
b. Selecting only cases for female depressive patients
Table 17: Showing Multiple Regression Analysis for the Dependent Variable Autonomy factor of PWB among Male Family Caregivers.

<table>
<thead>
<tr>
<th>Model</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (Constant)</td>
<td></td>
<td>2.469</td>
<td>.017</td>
</tr>
<tr>
<td>H</td>
<td>.078</td>
<td>.561</td>
<td>.577</td>
</tr>
<tr>
<td>E</td>
<td>-.155</td>
<td>-1.093</td>
<td>.279</td>
</tr>
<tr>
<td>X</td>
<td>.303</td>
<td>2.173</td>
<td>.034</td>
</tr>
<tr>
<td>A</td>
<td>.039</td>
<td>.288</td>
<td>.775</td>
</tr>
<tr>
<td>C</td>
<td>.137</td>
<td>.966</td>
<td>.338</td>
</tr>
<tr>
<td>O</td>
<td>-.065</td>
<td>-.501</td>
<td>.619</td>
</tr>
</tbody>
</table>

R Square = .218, F = 2.469, Sig. = .05
a. Dependent Variable: Autonomy
b. Selecting only cases of male family caregivers
Table 18: Showing Multiple Regression Analysis for the Dependent Variable Environmental Mastery factor of PWB among Male Family Caregivers.

<table>
<thead>
<tr>
<th>Model</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>1.015</td>
<td>.315</td>
</tr>
<tr>
<td>H</td>
<td>.290</td>
<td>2.248</td>
<td>.029</td>
</tr>
<tr>
<td>E</td>
<td>.053</td>
<td>.399</td>
<td>.692</td>
</tr>
<tr>
<td>X</td>
<td>.344</td>
<td>2.637</td>
<td>.011</td>
</tr>
<tr>
<td>A</td>
<td>.045</td>
<td>.353</td>
<td>.726</td>
</tr>
<tr>
<td>C</td>
<td>.188</td>
<td>1.418</td>
<td>.162</td>
</tr>
<tr>
<td>O</td>
<td>-.119</td>
<td>-.979</td>
<td>.332</td>
</tr>
</tbody>
</table>

R Square = .317, F = 4.096, Sig. = .005
a. Dependent Variable: Environmental Mastery
b. Selecting only cases of male family caregivers
Table 19: Showing Multiple Regression Analysis for the Dependent Variable Personal Growth factor of PWB among Male Family Caregivers.

<table>
<thead>
<tr>
<th>Model</th>
<th>Beta</th>
<th>t</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>1.637</td>
<td>.108</td>
</tr>
<tr>
<td>H</td>
<td>-0.052</td>
<td>-0.390</td>
<td>.698</td>
</tr>
<tr>
<td>E</td>
<td>0.220</td>
<td>1.603</td>
<td>.115</td>
</tr>
<tr>
<td>X</td>
<td>-0.008</td>
<td>-0.061</td>
<td>.952</td>
</tr>
<tr>
<td>A</td>
<td>-0.041</td>
<td>-0.309</td>
<td>.758</td>
</tr>
<tr>
<td>C</td>
<td>0.540</td>
<td>3.921</td>
<td>.000</td>
</tr>
<tr>
<td>O</td>
<td>-0.133</td>
<td>-1.047</td>
<td>.300</td>
</tr>
</tbody>
</table>

R Square = .262, F = 3.144, Sig. = .010
a. Dependent Variable: Personal Growth
b. Selecting only cases of male family caregivers
Table 20: Showing Multiple Regression Analysis for the Dependent Variable Positive Relation with others factor of PWB among Male Family Caregivers.

<table>
<thead>
<tr>
<th>Model</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>1.226</td>
<td>.226</td>
</tr>
<tr>
<td>H</td>
<td>.048</td>
<td>.404</td>
<td>.688</td>
</tr>
<tr>
<td>E</td>
<td>-.012</td>
<td>-.097</td>
<td>.923</td>
</tr>
<tr>
<td>X</td>
<td>.531</td>
<td>4.400</td>
<td>.000</td>
</tr>
<tr>
<td>A</td>
<td>.028</td>
<td>.242</td>
<td>.810</td>
</tr>
<tr>
<td>C</td>
<td>.215</td>
<td>1.752</td>
<td>.086</td>
</tr>
<tr>
<td>O</td>
<td>-.177</td>
<td>-1.571</td>
<td>.122</td>
</tr>
</tbody>
</table>

R Square= .415 , F= 6.273 , Sig.= .001  
- a. Dependent Variable: Personal Relations with Others  
- b. Selecting only cases of male family caregivers
Table 21: Showing Multiple Regression Analysis for the Dependent Variable Purpose in Life factor of PWB among Male Family Caregivers.

<table>
<thead>
<tr>
<th>Model</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>1.466</td>
<td>.149</td>
</tr>
<tr>
<td>H</td>
<td>.215</td>
<td>1.479</td>
<td>.145</td>
</tr>
<tr>
<td>E</td>
<td>.169</td>
<td>1.133</td>
<td>.262</td>
</tr>
<tr>
<td>X</td>
<td>.121</td>
<td>.825</td>
<td>.413</td>
</tr>
<tr>
<td>A</td>
<td>−.108</td>
<td>−.757</td>
<td>.452</td>
</tr>
<tr>
<td>C</td>
<td>.203</td>
<td>1.358</td>
<td>.180</td>
</tr>
<tr>
<td>O</td>
<td>−.020</td>
<td>−.142</td>
<td>.887</td>
</tr>
</tbody>
</table>

R Square = .131, F = 1.334, Sig. = .259

a. Dependent Variable: Purpose in Life
b. Selecting only cases of male family caregivers
Table 22: Showing Multiple Regression Analysis for the Dependent Variable Self Acceptance factor of PWB among Male Family Caregivers.

<table>
<thead>
<tr>
<th>Model</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>-.325</td>
<td>.747</td>
</tr>
<tr>
<td>H</td>
<td>.232</td>
<td>2.014</td>
<td>.049</td>
</tr>
<tr>
<td>E</td>
<td>.076</td>
<td>.645</td>
<td>.522</td>
</tr>
<tr>
<td>X</td>
<td>.595</td>
<td>5.106</td>
<td>.000</td>
</tr>
<tr>
<td>A</td>
<td>.081</td>
<td>.713</td>
<td>.479</td>
</tr>
<tr>
<td>C</td>
<td>.090</td>
<td>.758</td>
<td>.452</td>
</tr>
<tr>
<td>O</td>
<td>-.095</td>
<td>-.875</td>
<td>.385</td>
</tr>
</tbody>
</table>

R Square = .454, F = 7.356, Sig. = .001
a. Dependent Variable: Self Acceptance
b. Selecting only cases of male family caregivers
Table 23  Showing Multiple Regression Analysis for the Dependent Variable Autonomy factor of PWB among Female Family Caregivers.

<table>
<thead>
<tr>
<th>Model</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>(Constant)</td>
<td>1.559</td>
<td>.129</td>
</tr>
<tr>
<td>H</td>
<td>.085</td>
<td>.489</td>
<td>.628</td>
</tr>
<tr>
<td>E</td>
<td>.297</td>
<td>1.389</td>
<td>.174</td>
</tr>
<tr>
<td>X</td>
<td>.059</td>
<td>.311</td>
<td>.758</td>
</tr>
<tr>
<td>A</td>
<td>.004</td>
<td>.023</td>
<td>.982</td>
</tr>
<tr>
<td>C</td>
<td>-0.016</td>
<td>-0.078</td>
<td>.938</td>
</tr>
<tr>
<td>O</td>
<td>.186</td>
<td>.944</td>
<td>.352</td>
</tr>
</tbody>
</table>

R Square=.090, F=.543, Sig.=.772
a. Dependent Variable: Autonomy
b. Selecting only cases of female family caregivers
Table 24: Showing Multiple Regression Analysis for the Dependent Variable Environmental Mastery factor of PWB among Female Family Caregivers.

<table>
<thead>
<tr>
<th>Model</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>2.271</td>
<td>.030</td>
</tr>
<tr>
<td>H</td>
<td>-.018</td>
<td>-.104</td>
<td>.918</td>
</tr>
<tr>
<td>E</td>
<td>-.165</td>
<td>-.798</td>
<td>.431</td>
</tr>
<tr>
<td>X</td>
<td>.425</td>
<td>2.335</td>
<td>.026</td>
</tr>
<tr>
<td>A</td>
<td>-.010</td>
<td>-.057</td>
<td>.955</td>
</tr>
<tr>
<td>C</td>
<td>-.145</td>
<td>-.722</td>
<td>.475</td>
</tr>
<tr>
<td>O</td>
<td>-.002</td>
<td>-.009</td>
<td>.993</td>
</tr>
</tbody>
</table>

R Square = .150, F = .971, Sig. = .460
a. Dependent Variable: Environmental Mastery
b. Selecting only cases of female family caregivers
Table 25: Showing Multiple Regression Analysis for the Dependent Variable Personal Growth factor of PWB among Female Family Caregivers.

**Coefficients**

<table>
<thead>
<tr>
<th>Model</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>3.361</td>
<td>.002</td>
</tr>
<tr>
<td>H</td>
<td>.101</td>
<td>.603</td>
<td>.550</td>
</tr>
<tr>
<td>B</td>
<td>-.366</td>
<td>-1.779</td>
<td>.084</td>
</tr>
<tr>
<td>X</td>
<td>.338</td>
<td>1.868</td>
<td>.071</td>
</tr>
<tr>
<td>A</td>
<td>.009</td>
<td>.057</td>
<td>.955</td>
</tr>
<tr>
<td>C</td>
<td>-.311</td>
<td>-1.561</td>
<td>.128</td>
</tr>
<tr>
<td>O</td>
<td>.061</td>
<td>.322</td>
<td>.750</td>
</tr>
</tbody>
</table>

R Square = .160, F = 1.046, Sig. = .414

a. Dependent Variable: Personal Growth

b. Selecting only cases of female family caregivers
Table 26: Showing Multiple Regression Analysis for the Dependent Variable Positive Relations with Others factor of PWB among Female Family Caregivers.

<table>
<thead>
<tr>
<th>Model</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>3.170</td>
<td>.003</td>
</tr>
<tr>
<td>H</td>
<td>-.129</td>
<td>-.840</td>
<td>.407</td>
</tr>
<tr>
<td>E</td>
<td>.117</td>
<td>.619</td>
<td>.540</td>
</tr>
<tr>
<td>X</td>
<td>.173</td>
<td>1.043</td>
<td>.304</td>
</tr>
<tr>
<td>A</td>
<td>.204</td>
<td>1.340</td>
<td>.189</td>
</tr>
<tr>
<td>C</td>
<td>-.304</td>
<td>-1.658</td>
<td>.107</td>
</tr>
<tr>
<td>O</td>
<td>-.145</td>
<td>-.834</td>
<td>.410</td>
</tr>
</tbody>
</table>

R Square = .291, F = 2.253, Sig. = .062  
a. Dependent Variable: Personal Relations with Others  
b. Selecting only cases of female family caregivers
Table 27: Showing Multiple Regression Analysis for the Dependent Variable Purpose in Life factor of PWB among Female Family Caregivers.

<table>
<thead>
<tr>
<th>Coefficients&lt;sup&gt;a,b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standardized Coefficients</strong></td>
</tr>
<tr>
<td>Model</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>H</td>
</tr>
<tr>
<td>E</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>A</td>
</tr>
<tr>
<td>C</td>
</tr>
<tr>
<td>O</td>
</tr>
</tbody>
</table>

R Square = .273, F = 2.061, Sig. = .085

a. Dependent Variable: Purpose in life
b. Selecting only cases of female family caregivers
Table 28: Showing Multiple Regression Analysis for the Dependent Variable Self Acceptance factor of PWB among Female Family Caregivers.

<table>
<thead>
<tr>
<th>Model</th>
<th>Beta</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.778</td>
<td>.442</td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>.423</td>
<td>3.057</td>
<td>.004</td>
</tr>
<tr>
<td>E</td>
<td>.106</td>
<td>.625</td>
<td>.536</td>
</tr>
<tr>
<td>X</td>
<td>.478</td>
<td>3.197</td>
<td>.003</td>
</tr>
<tr>
<td>A</td>
<td>-.028</td>
<td>-.208</td>
<td>.837</td>
</tr>
<tr>
<td>C</td>
<td>.035</td>
<td>.214</td>
<td>.832</td>
</tr>
<tr>
<td>O</td>
<td>-.248</td>
<td>-1.590</td>
<td>.121</td>
</tr>
</tbody>
</table>

R Square = .425, F = 4.073, Sig. = .005

a. Dependent Variable: Self-acceptance
b. Selecting only cases of female family caregivers
The results showed a multiple regression analysis based on family caregivers, depressive patients, male and female depressive patients. Tables 5-28 show how each predictor variable is related to the dependent variable and whether each predictor variable contributed significantly to the multiple regression analysis. The second column shows the beta weight of standardized coefficients. The third column shows the t-values. The fourth column shows the significance level.

Extraversion was found to be a significant predictor of autonomy among male family caregivers. Honesty-Humility and extraversion were found to be the significant predictors of environmental mastery and self-acceptance among male family caregivers. Conscientiousness was found to be a significant predictor of personal growth among male family caregivers. Extraversion was found to be a significant predictor of personal relations with others among male family caregivers.

Extraversion was found to be the significant predictors of environmental mastery, purpose in life, and self-acceptance among female family caregivers. Honesty-Humility was also found to be a significant predictor of self-acceptance among female family caregivers.

Emotionality, agreeableness and openness to experience personality factors were not found to be as the predictors of autonomy, environmental mastery, personal growth, personal relations with others, purpose in life, and self-acceptance among male family caregivers.

Honesty-Humility, emotionality, extraversion, agreeableness, conscientiousness and openness to experience personality factors were not found to be as the predictors of autonomy, personal growth, and personal relations with others among female family caregivers.
Extraversion was found to be as the significant predictors of personal growth, personal relations with others, purpose in life and self-acceptance among male depressive patients. Conscientiousness was found to be a significant predictor of autonomy and environmental mastery among male depressive patients.

Openness to experience and emotionality personality factors were found to be as the significant predictors of autonomy and personal growth respectively among male depressive patients.

Honesty-Humility and extraversion personality factors were not found to be as the predictors of autonomy and self-acceptance among female depressive patients. Conscientiousness was found to be a significant predictor of personal growth and purpose in life among female depressive patients. Openness to experience was also found to be as a significant predictor of personal growth among female depressive patients.

Honesty-Humility, emotionality, extraversion and agreeableness personality factors were not found to be as the predictors of autonomy and environmental mastery among male depressive patients.
Personality appears to be an important explanatory factor in understanding and predicting psychological well-being among male and female depressive patients, and male and female caregivers. Of all the personality factors of HEXACO, extraversion emerged as a significant predictor among male and female caregivers. Of all the personality factors of HEXACO, extraversion and conscientiousness emerged as the significant predictors among male and female depressive patients.

All the personality factors of HEXACO explained 30.2% of variance in autonomy, 15.7% of variance in environmental mastery, 35.5% of variance in personal growth, 26.0% of variance in personal relations with others, 31.0% of variance in purpose in life, and 25.7% of variance in self-acceptance dimensions of psychological well-being among male depressive patients.

All the personality factors of HEXACO explained 18.0% of variance in autonomy, 14.9% of variance in environmental mastery, 22.1% of variance in personal growth, 14.2% of variance in personal relations with others, 25.2% of variance in purpose in life, and 32.5% of variance in self-acceptance dimensions of psychological well-being among female depressive patients.

All the personality factors of HEXACO explained 21.8% of variance in autonomy, 31.7% of variance in environmental mastery, 26.2% of variance in personal growth, 41.5% of variance in personal relations with others, 13.1% of variance in purpose in life, and 45.4% of variance in self-acceptance dimensions of psychological well-being among male caregivers.

All the personality factors of HEXACO explained .09% of variance in autonomy, 15.0% of variance in environmental mastery, 16.0% of variance in personal growth, 29.1% of variance in personal relations with others, 27.3% of
variance in purpose in life, and 42.5% of variance in self-acceptance dimensions of psychological well-being among female caregivers.

Past studies have revealed that extraversion is related to psychological well-being. Some investigations have shown that extraversion has a consistent and strong correlation with psychological well-being (Headey & Wearing, 1989; Hotard, McFatter, McWhirter, & Stegall, 1989; Lu, 1995). This relation is based on the consideration that extraverts are happier because they seem to have more social skills; they are more assertive and more cooperative. Hence, it seems that the sociability component of extraversion accounts for this relation.

Among the personality traits, it can be seen from the above tables that extraversion has received the most theoretical and empirical attention. Although many authors consider extraversion to be the main trait of happiness and psychological well-being (Argyle & Lu, 1990; Argyle & Martin, 1991; Diener & Larsen, 1993; Lu & Shih, 1997). Extraversion is associated with high levels of activity, sociability, and a greater tendency to experience positive emotions (Costa & McCrae, 1992; McCrae & Costa, 2003). Not surprisingly, highly extraverted individuals appear to be in better mental health as evidenced by higher subjective well-being (Steel, Schmidt, & Shultz, 2008) and lower rates of depression (Jylha & Isometsa, 2006). A research has suggested that the relationship between depression and caregiving experiences may have less to do with caregiving stressors (the actual task or amount of care) and more to do with the perception of these tasks by the caregiver and the meaning attached to the caregiving situation (Yates, Tennstedt, & Chang, 1999).

Although, personality is a very wide concept (Diener, Oishi & Lucas, 2003), studies focusing on the relationship of personality and subjective well-being have
shown intimate relationship between these two variables explaining a large portion of variance in subjective well-being (Diener, 1996).

Depression, in particular, appears to be significantly more likely among caregivers of AD patients than among other noncaregivers of the same age (Schulz, Visitainer, & Williamson, 1990). In a study by Haley, Brown, and Levine (1987) it was found that family caregivers are more depressed than age-matched controls in the general population and report emotional strain in terms of higher levels of depression, anger and anxiety.

Spouse caregivers, who often times provide most of the primary care, are particularly susceptible to stress and depression (Cantor, 1983; George & Gwyther, 1986). Depression can become a serious problem for caregivers that results in appetite change, sleep disturbances, agitation, lower energy, and poor concentration (Meshefedjian, McCusker, Bellavance, & Baumgartan, 1998).

These findings lend support to the idea that goal adjustment capacities and coping could contribute to the subjective well-being among individuals who provide care for a mentally ill family member. In addition, they suggest that the experience of burden plays an important role in compromising a caregiver's subjective well-being (Grunfeld et al., 2004; Schulz, Newsome, Mittelmark, Burton, Hirsch, & Jackson, 1997).

Caregiving has been found to have negative effects on caregivers (Brody, 1985). The impacts of caregiving include financial, physical, and emotional problems, with the caregiver's mental health being the most adversely affected (Cantor, 1938; Zarit, Reever, Bach- Peterson, 1980). Moreover, caregiving affects the caregiver's time management, social life, and life style, which may account for the negative influence of caregiving on the mental health of the caregiver (Brody, 1985).
Other researchers reported that caregiving spouses, particularly wives, score lower on well-being measures than adult children who provide care to their elderly parents (George & Gwyther, 1986; Quayhagen & Quayhagen, 1988).

Among the six factors of HEXACO, extraversion is found to be related strong predictors of factors of psychological well-being among male and female caregivers, and male and female depressive patients. While emotionality was the least notable factor in the prediction of psychological well-being. In regard to psychological well-being variables such as autonomy, environmental mastery are positively correlated with extraversion, agreeableness. In regard to subjective well-being in which a broad range of studies has compellingly shown that personality is an important precursor of SWB (e.g., McCrae & Costa, 1991; Myers, 1992; Myers & Diener, 1995). It can be noticed from the findings of the present study that there is a robust positive relationship between extraversion and PWB. Moreover, the association has consistently been shown to be stronger for extraversion and factors of psychological well-being.

Conversely, other authors believe that extraverts can experience higher levels of happiness. Lu and Shih (1997) found that extraversion retained its direct (and the strongest) affects happiness or psychological well-being. According to the literature about the correlation between extraversion and subjective well-being, extraversion appears to be the most important predictor of happiness or subjective well-being. Apparently, this is because extraversion is associated with friendship and social activity, which are among the best sources of joy, happiness, and personal satisfaction, both in private and in public life (Campbell, Converse, & Rodgers, 1976).
According to McCrae and Costa (2008) personality factors are related to some characteristic adaptations which can either promote or mar mental health. They are characteristic because they reflect the enduring psychological core of the individual, and they are adaptations because they help.

Personality of the depressive patients and their caregivers influence psychological well-being. The most replicated finding in this area is the link between sociability, a facet of extraversion, and positive affect (Eid, Riemann, Angleitner, & Borkenau, 2003). Extraversion generally has a positive impact on peer, family, and romantic relationships. Consequently, it has been suggested that extraverts have more fulfilling social interactions, which also leads to greater levels of happiness (Argyle & Lu, 1990; Hills, Argyle, & Reeve, 2000).

Next to extraversion, conscientiousness was found to be a significant predictor of various factors of psychological well-being among male and female depressive patients. Depressive patients learn how to manage their desires and the inability to resist impulses and temptations are generally a sign of them. Differences in male and female depressive patients are the basis of conscientiousness. The negative side of conscientiousness of depressive patients may lead to annoying fastidiousness or compulsiveness neatness. Depressive patients are less exacting in working towards their goals.
Conclusions,
Implications
and
Suggestions for
Further Research
Chapter 5

CONCLUSIONS, IMPLICATIONS, AND SUGGESTIONS
FOR FURTHER RESEARCH

During recent decades, special interest has developed in the positive aspects of well-being such as subjective well-being, psychological well-being, and spiritual well-being.

Conclusions
The present study contributes to the scarce literature on personality and well-being links among caregivers by systematically examining the role of personality variables as predictors of psychological well-being. The present study demonstrates a significant role of personality traits on psychological well-being among depressive patients and their family caregivers. The present study examined the full range of six-factor traits and perhaps the present study is the first to use comprehensive and well-validated measures of both personality traits and psychological well-being.

Significant positive correlation coefficients were found between autonomy factor of PWB and extraversion, conscientiousness and openness to experience (r = 0.353, p < .05) factors of HEXACO-60. Environmental mastery factor of PWB was found to be positively correlated with extraversion and conscientiousness factors of HEXACO-60. Positive correlation coefficient was found between personal growth factor of PWB and extraversion factor of HEXACO-60. Positive relations with others factor of PWB correlated significantly with honesty-humility, extraversion and conscientiousness factors of HEXACO-60 among male depressive patients.

Significant positive correlation coefficients were found between purpose in life factor of PWB and extraversion, and between self-acceptance factor of PWB and extraversion factor of HEXACO-60. Significant negative correlation coefficients were
found between autonomy factor of PWB and emotionality and personal growth and emotionality factors of HEXACO-60 among male depressive patients.

Autonomy factor of PWB was found to be positively correlated with honesty-humility, extraversion and conscientiousness factors of HEXACO-60 among female depressive patients. Environmental mastery factor of PWB was found to be positively correlated with conscientiousness factor of HEXACO-60 among female depressive patients. Positive correlation coefficients were found between personal growth factor of PWB and extraversion, conscientiousness and openness to experience factors of HEXACO-60 among female depressive patients. Significant positive correlation coefficient were found between positive relations with others factor of PWB and extraversion, conscientiousness and openness to experience factors of HEXACO-60 among female depressive patients.

Positive correlations were found between Purpose in life factor of PWB and ‘extraversion’, conscientiousness and openness to experience factors of HEXACO-60 among female depressive patients. Significant positive correlation coefficients were found between self-acceptance factor of PWB and honesty-humility, self-acceptance factor of PWB and extraversion and self-acceptance factor of PWB and conscientiousness factors of HEXACO-60. Significant negative correlation coefficients was found between autonomy factor of PWB and emotionality factor of HEXACO-60 among female depressive patients.

Significant positive correlation coefficients were found between factors of PWB and factors of HEXACO-60: autonomy and extraversion, environmental mastery and honesty-humility, environmental mastery and extraversion ($r = 0.377, p < .01$), environmental mastery and conscientiousness ($r = 0.359, p < .01$), personal growth and conscientiousness, positive relations with others and extraversion, positive
relations with others and conscientiousness, Purpose in life and conscientiousness, self-acceptance and honesty-humility, self-acceptance and extraversion, and self-acceptance factor of PWB and conscientiousness among male caregivers. Significant relationships were found between autonomy factor of PWB and emotionality factor of HEXACO-60 and positive relations with others factor of PWB and emotionality among male caregivers.

Significant positive relationship were found between environmental mastery and extraversion, positive relations with others and extraversion, positive relations with others and conscientiousness, ‘Purpose in life’ and extraversion, self-acceptance and honesty-humility, and self-acceptance and extraversion among female caregivers.

Extraversion was found to be a significant predictor of autonomy among male family caregivers. Honesty-Humility and extraversion were found to be the significant predictors of environmental mastery and self-acceptance among male family caregivers. Conscientiousness was found to be a significant predictor of personal growth among male family caregivers. Extraversion was found to be a significant predictor of personal relations with others among male family caregivers.

Extraversion was found to be the significant predictors of environmental mastery, purpose in life, and self-acceptance among female family caregivers. Honesty-Humility was also found to be a significant predictor of self-acceptance among female family caregivers.

Emotionality, agreeableness and openness to experience personality factors were not found to be as the predictors of autonomy, environmental mastery, personal growth, personal relations with others, purpose in life, and self-acceptance among male family caregivers.
Honesty-Humility, emotionality, extraversion, agreeableness, conscientiousness and openness to experience personality factors were not found to be as the predictors of autonomy, personal growth, and personal relations with others among female family caregivers.

Extraversion was found to be as the significant predictors of personal growth, personal relations with others, purpose in life and self-acceptance among male depressive patients. Conscientiousness was found to be a significant predictor of autonomy and environmental mastery among male depressive patients.

Openness to experience and emotionality personality factors were found as the significant predictors of autonomy and personal growth respectively among male depressive patients.

Honesty-Humility and extraversion personality factors were not found to be as the predictors of autonomy and self-acceptance among female depressive patients. Conscientiousness was found to be a significant predictor of personal growth and purpose in life among female depressive patients. Openness to experience was also found to be as a significant predictor of personal growth among female depressive patients.

Honesty-Humility, emotionality, extraversion and agreeableness personality factors were not found as the predictors of autonomy and environmental mastery among male depressive patients.

**Research Implications**

Friends and families may also have a hard time adjusting to the depressive patients. They may have to cope with increased responsibilities while trying to manage many different emotions. On top of this, they want to try to be sensitive to the needs of their loved one who is suffering from depression.
If you are close to the person who is suffering from depression, simply saying something like, "I am here when you are ready to talk or share with you" will help keep the lines of communication open and offer your loved one the chance to share this experience with you. Emotional support of the caregivers is also a way to show the presence for the person with depression. Being honest about these feelings can allow everyone to work through difficult times together.

Future Research Suggestions

Future studies should therefore aim to conduct more studies to the diverse samples with particular emphasis on the inclusion of family caregivers’ socioeconomic status, dependent/independent, duration of caregiving. Another sampling consideration that is harder to address concerns the possibility that individuals (i.e. nurses) caregiving role based on their personality characteristics. To address this issue, more information about the conditions of entry into the caregiving role as well as the availability of alternative caregivers is needed.

Further research is needed to determine the effectiveness of different psychological interventions in treatment and prevention of depression.

A creative model for improving psychological well-being of depressive patients needs to develop. Well-being therapy is important for depressive patients and their caregivers.

Significant number of patients and their caregivers experience depression which requires psychological assessment and treatment. Since depression is one of the most common psychiatric disorder, clinical/health psychologists should be involved in the multidisciplinary treatment team who work with the depressive patients and their caregivers.
Welfare training facilities should be properly provided by the hospitals to help the caregivers towards constructive thinking and also helpful in building confidence among patients.

There are also social/family factors that may affect quality of life, such as family hardness and social support. Family hardness is the family's internal strength and collective ability to manage hardship and change. Family hardness of caregivers should be appraise as “challenging” or “beneficial” rather than as a negative experience.

When it comes to the task of explaining the process of well-being that is, how individuals come to possess or not possess this quality, the theoretical terrain is much needed. We need the theory for exploring the essential nature of well-being, the indicators of which can serve as outcome variables in the case of family caregivers.

Giving emotional support had stronger positive and instrumental support less negative effects on the well-being of depressive patients. Given increased longevity, family caregivers networks may become important sources of support for the depressive patients. Work dealing when, how, and for whom particular types of family support are beneficial is a key agenda within clinical psychology and health psychology.
References
REFERENCES


Appendices
Appendix- I

PERSONAL DATA SHEET

1) Gender : 

2) Age : 

3) Religion : 

4) Marital Status : Married/Unmarried/Divorced/Widow/Widower.

5) Family Caregivers : Mother/Wife/Father/Sister/Brother/Children/ husband, other

6) No. of Children : 

7) No. of Family Members : 

8) Educational Qualification : 

9) Literate/ Illiterate : 

10) File No : 
Appendix - II

HEXACO - 60

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DIRECTIONS

On the following pages you will find a series of statements about you. Please read each statement and decide how much you agree or disagree with that statement. Then write your response in the space next to the statement using the following scale:

5 = strongly agree
4 = agree
3 = neutral (neither agree nor disagree)
2 = disagree
1 = strongly disagree

Please answer every statement, even if you are not completely sure of your response.
1. I would be quite bored by a visit to an art gallery.
2. I plan ahead and organize things, to avoid scrambling at the last minute.
3. I rarely hold a grudge, even against people who have badly wronged me.
4. I feel reasonably satisfied with myself overall.
5. I would feel afraid if I had to travel in bad weather conditions.
6. I wouldn't use flattery to get a raise or promotion at work, even if I thought it would succeed.
7. I'm interested in learning about the history and politics of other countries.
8. I often push myself very hard when trying to achieve a goal.
9. People sometimes tell me that I am too critical of others.
10. I rarely express my opinions in group meetings.
11. I sometimes can't help worrying about little things.
12. If I knew that I could never get caught, I would be willing to steal a million dollars.
13. I would enjoy creating a work of art, such as a novel, a song, or a painting.
14. When working on something, I don't pay much attention to small details.
15. People sometimes tell me that I'm too stubborn.
16. I prefer jobs that involve active social interaction to those that involve working alone.
17. When I suffer from a painful experience, I need someone to make me feel comfortable.
18. Having a lot of money is not especially important to me.
19. I think that paying attention to radical ideas is a waste of time.
20. I make decisions based on the feeling of the moment rather than on careful thought.
21. People think of me as someone who has a quick temper.
22. On most days, I feel cheerful and optimistic.
23. I feel like crying when I see other people crying.
24. I think that I am entitled to more respect than the average person is.
25. If I had the opportunity, I would like to attend a classical music concert.
26. When working, I sometimes have difficulties due to being disorganized.
27. My attitude toward people who have treated me badly is “forgive and forget”.
28. I feel that I am an unpopular person.
29. When it comes to physical danger, I am very fearful.
30. If I want something from someone, I will laugh at that person's worst jokes.

Continued...
I’ve never really enjoyed looking through an encyclopedia.

I do only the minimum amount of work needed to get by.

I tend to be lenient in judging other people.

In social situations, I’m usually the one who makes the first move.

I worry a lot less than most people do.

I would never accept a bribe, even if it were very large.

People have often told me that I have a good imagination.

I always try to be accurate in my work, even at the expense of time.

I am usually quite flexible in my opinions when people disagree with me.

The first thing that I always do in a new place is to make friends.

I can handle difficult situations without needing emotional support from anyone else.

I would get a lot of pleasure from owning expensive luxury goods.

I like people who have unconventional views.

I make a lot of mistakes because I don’t think before I act.

Most people tend to get angry more quickly than I do.

Most people are more upbeat and dynamic than I generally am.

I feel strong emotions when someone close to me is going away for a long time.

I want people to know that I am an important person of high status.

I don’t think of myself as the artistic or creative type.

People often call me a perfectionist.

Even when people make a lot of mistakes, I rarely say anything negative.

I sometimes feel that I am a worthless person.

Even in an emergency I wouldn’t feel like panicking.

I wouldn’t pretend to like someone just to get that person to do favors for me.

I find it boring to discuss philosophy.

I prefer to do whatever comes to mind, rather than stick to a plan.

When people tell me that I’m wrong, my first reaction is to argue with them.

When I’m in a group of people, I’m often the one who speaks on behalf of the group.

I remain unemotional even in situations where most people get very sentimental.

I’d be tempted to use counterfeit money, if I were sure I could get away with it.
### Appendix- III

**RYFF SCALES OF PSYCHOLOGICAL WELL-BEING**

The following set of statements deals with how you might feel about yourself and your life. Please remember that there are neither right nor wrong answers.

<table>
<thead>
<tr>
<th>Circle the number that best describes the degree to which you agree or disagree with each statement.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Disagree Slightly</th>
<th>Agree Slightly</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Most people see me as loving and affectionate.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>2. I am not afraid to voice my opinion, even when they are in opposition to the opinions of most people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>3. In general, I feel I am in charge of the situation in which I live.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>4. I am not interested in activities that will expand my horizons.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>5. I live life one day at a time and don't really think about the future.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>6. When I look at the story of my life, I am pleased with how things have turned out.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7. Maintaining close relationships has been difficulty and frustrating for me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>8. My decisions are not usually influenced by what everyone else is doing.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>9. The demands of everyday life often get me down.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>10. I don't want to try new ways of doing things—my life is fine the way it is.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>11. I tend to focus on the present, because the future always brings me problems.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>12. In general, I feel confident and positive about myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>13. I often feel lonely because I have few close friends with whom to share my concerns.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>14. I tend to worry about what other people think of me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>15. I do not fit very well with the people and the community around me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Circle the number that best describes the degree to which you agree or disagree with each statement.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Disagree Slightly</td>
<td>Agree Slightly</td>
<td>Agree</td>
</tr>
<tr>
<td>---</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>------------------</td>
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</tr>
<tr>
<td>16</td>
<td>I think it is important to have new experiences that challenge how you think about yourself and the world.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17</td>
<td>My daily activities often seem trivial and unimportant to me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>18</td>
<td>I feel like many of the people I know have gotten more out of life than I have.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>19</td>
<td>I enjoy personal and mutual conversations with family members or friends.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>20</td>
<td>Being happy with myself is more important to me than having others approve of me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>21</td>
<td>I am quite good at managing the many responsibilities of my daily life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>22</td>
<td>When I think about it, I haven't really improved much as a person over the years.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>23</td>
<td>I don't have a good sense of what it is I'm trying to accomplish in my life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>24</td>
<td>I like most aspects of my personality.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
</tr>
<tr>
<td>25</td>
<td>I don't have many people who want to listen when I need to talk.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>26</td>
<td>I tend to be influenced by people with strong opinions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
</tr>
<tr>
<td>27</td>
<td>I often feel overwhelmed by my responsibilities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>28</td>
<td>I have a sense that I have developed a lot as a person over time.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>29</td>
<td>I used to set goals for myself, but that now seems a waste of time.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>30</td>
<td>I made some mistakes in the past, but I feel that all in all everything has worked out for the best.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>31</td>
<td>It seems to me that most other people have more friends than I do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>32</td>
<td>I have confidence in my opinions, even if they are contrary to the general consensus.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
</tr>
<tr>
<td>Statement</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Disagree Slightly</td>
<td>Agree Slightly</td>
<td>Agree</td>
<td>Strongly Agree</td>
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<td>--------------------------------------------------------------------------</td>
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<tr>
<td>33. I generally do a good job of taking care of my personal finances and affairs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>34. I do not enjoy being in new situations that require me to change my old familiar ways of doing things.</td>
<td>1</td>
<td>2</td>
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<td>5</td>
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<tr>
<td>35. I enjoy making plans for the future and working to make them a reality.</td>
<td>1</td>
<td>2</td>
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<td>6</td>
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<tr>
<td>36. In many ways, I feel disappointed about my achievements in my life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>6</td>
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<tr>
<td>37. People would describe me as a giving person, willing to share my time with others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
<td>6</td>
</tr>
<tr>
<td>38. It's difficult for me to voice my own opinions on controversial matters.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
<td>6</td>
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<tr>
<td>39. I am good at juggling my time so that I can fit everything in that needs to be done.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
<td>6</td>
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<tr>
<td>40. For me, life has been a continuous process of learning, changing, and growth.</td>
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<td>2</td>
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<tr>
<td>41. I am an active person in carrying out the plans I set for myself.</td>
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<td>2</td>
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<tr>
<td>42. My attitude about myself is probably not as positive as most people feel about themselves.</td>
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<td>2</td>
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<td>6</td>
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<tr>
<td>43. I have not experienced many warm and trusting relationships with others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>6</td>
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<tr>
<td>44. I often change my mind about decisions if my friends or family disagree.</td>
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<td>2</td>
<td>3</td>
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<td>6</td>
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<tr>
<td>45. I have difficulty arranging my life in a way that is satisfying to me.</td>
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<td>2</td>
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<td>6</td>
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<tr>
<td>46. I gave up trying to make big improvements or change in my life a long time ago.</td>
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<td>2</td>
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<td>6</td>
</tr>
<tr>
<td>47. Some people wander aimlessly through life, but I am not one of them.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>48. The past has its ups and downs, but in general, I wouldn't want to change it.</td>
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<tr>
<td>49. I know that I can trust my friends, and they know they can trust me.</td>
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<td>6</td>
</tr>
<tr>
<td>Number</td>
<td>Statement</td>
<td>1</td>
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<tr>
<td>50</td>
<td>I judge myself by what I think is important, not by the values of what others think is important.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>51</td>
<td>I have been able to build a home and a lifestyle for myself that is much to my liking.</td>
<td></td>
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<td></td>
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<tr>
<td>52</td>
<td>There is truth to the saying that you can't teach an old dog new tricks.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>I sometimes feel as if I've done all there is to do in life.</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>When I compare myself to friends and acquaintances, it makes me feel good about who I am.</td>
<td></td>
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</tr>
</tbody>
</table>
Research Papers Published
and
Presented in the Conferences
Self-monitoring Behaviour Of Visually Handicapped Adolescents

Vida Namdari
Research Scholar, Aligarh Muslim University, Aligarh.

Akbar Husain
Coordinator, Department of Psychology, Aligarh Muslim University, Aligarh.

ABSTRACT

Self-monitoring is a concept in personality psychology, proposed by Mark Synder in 1974. The theory refers to the process through which people regulate their own behaviour in order to "look good", so that they will be perceived by others in a favourable manner. Self-monitoring is basically our own way of being more cautious of what we say or do. It is almost like putting a built-in parental control button in our brains, making us analyze what we say or do before we actually say or do it. The present study highlights the self-monitoring behaviour of visually handicapped adolescents, which is not convincingly explored concept till now, and hence this paper puts some light on this pertinent concept.

Keywords: Self-monitoring, Visual handicapped, Adolescents

INTRODUCTION

Self-monitoring or self-observation consists of systematically observing one's own behaviour. Most people are not entirely aware of the extent to which they engage in various behaviours. When people are provided with the opportunity to observe their own behaviour carefully, dramatic changes often occur. It can be an effective tool for behaviour change. It makes us attuned to the way one present in social situations and adjusting to one's performance to create the desired impression. There are people who are high self-monitors and some are low self-monitors.

Research Problem

Self-monitoring is a variable rarely found in literature and has become a part of professional's life. The current research aims to examine self-monitoring behaviour of visually handicapped adolescents. Self-monitoring facilitates better adaptive skills in various situations among handicapped.

Objective

To examine difference between male and female visually handicapped adolescents on self-monitoring behaviour.

Hypothesis

There would be no difference between male and female visually handicapped children on self-monitoring behaviour.

METHOD

Participants

48 visually handicapped adolescents served as participants in this study. There were 24 male adolescents and 24 female adolescents. All participants were drawn from Ahmadi School for the Blind, Aligarh. Subjects were the students of 8th, 9th and 10th class.

Tools

Self-monitoring behaviour was assessed by using the 18-item version of the self-monitoring scale (Synder & Gangestad, 1986). There are 8 positively worded statements and 10 negatively worded statements in the self-monitoring scale of the 18 items. 10 responses were reversed scored because those 10 responses were true for low self-monitors. Participants responses to all individual items were scored, higher scores indicated higher self-
monitoring.

Procedure
The data were collected individually from visually handicapped participants. Prior to data collection, the investigators established rapport with the subjects. Self-monitoring scale was administered individually on the subject. Participants responded to the statements of self-monitoring scale using true-false responses.

<table>
<thead>
<tr>
<th>Subjects</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>t-value</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>24</td>
<td>8.83</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>24</td>
<td>9.25</td>
<td>3.34</td>
<td>2.02</td>
<td>&lt;.05</td>
</tr>
</tbody>
</table>

Data analysis
*t*-test was used to examine the difference between the mean scores of male and female visually handicapped children.

Results and Discussion
Table: Indicating difference between the mean scores of Male and Female visually handicapped adolescents.

Female subjects scored significantly higher than male subjects on self-monitoring. This finding suggests that females are high in self-monitoring which implies that they behave according to the situation. Female subjects showed considerable adaptability in their behaviour and they are highly sensitive to external cues and can behave differently in different situations (Robbins, 1993). They also devote a lot of energy in displaying and improving their skills and will even choose friends according to the skills they possess.

Male subjects are low in self-monitoring; this indicates that they use their own values and motives to guide their behaviour. Male subjects tend to display their true dispositions and attitude in every situation hence they are highly consistent in their behaviour i.e., who they are privately and what they do publicly (Robbins, 1993). As the finding suggests, that male subjects are low self-monitors which reflects that their inner feelings and attitudes are less likely to change or adjust in each new content (Baron & Greenberg, 1990).

REFERENCES
Bacon (A Division of Simon & Schuster, Inc.).
Verification of Presentation/Participation

THIS CERTIFICATE IS PRESENTED TO

Dr./Prof./Ms./Mr.: Vida Namdari

Institute: AMU, Aligarh

Paper Titled: Relationship Between Personality Factors and Psychological Well Being among Depressive Patients and Their Caregivers

As part of the IPSC-14, Session III... Chaired By Dr./Prof./Ms./Mr. Iqbal

National Association of Psychological Science – INDIA

DEPARTMENT OF PSYCHOLOGY,
P.G. GOVT. COLLEGE, SECTOR 46, CHANDIGARH

Organizing Secretary

Principal

President NAAPS
National Seminar
on
Promoting Well Being Among Elderly: An Indian Perspective
(December 26-27, 2013)

CENTRE OF EXCELLENCE
Department of Psychology, University of Lucknow, Lucknow (U.P.)

CERTIFICATE

This is to certify that Mr./Ms./Dr./Prof. VIDA NAMDARI in Department of Psychology, Aligarh Muslim University, Aligarh participated in the National Seminar on Promoting Well Being Among Elderly: An Indian Perspective, organized by Centre of Excellence in Department of Psychology, University of Lucknow, Lucknow (U.P.) from 26-27 December, 2013. He/She actively participated in deliberations and presented a paper/poster entitled: Psychological Well-being among Male & Female Depressive Patients.

Archana Shukla(Jr)
Organizing Secretary

Prof. P.C. Mishra
Director Seminar