

## Mental health and personality structure in adult and elderly women

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### ABSTRACT

**Background:** Most research supports that mental health deteriorates in later life while personality structure remains persistent throughout life. Various studies have shown that the capacity for joy, the ability to cope with stressors, the maintenance of healthy relationships with others, and the sense of accomplishment can decline as individuals grow older. However, thinking patterns, feelings towards certain things, and ways of reacting to particular situations remain constant. **Methods:** This study aims to examine mental health and personality structure in adult and elderly women. The hypothesis posits that there would be a significant difference in the scores of mental health and personality dimensions between elderly and adult women subjects. The study was conducted on a sample of 72 subjects, consisting of 36 adult women and 36 elderly women. They were assessed using the Mental Health Inventory and the Eysenck Personality Questionnaire. **Results:** The t-test results suggested that adult and elderly women differ significantly in mental health, but no difference was found in personality structure. **Conclusion:** These findings emphasize that there is a disparity in the mental health of adult and elderly women, but a resemblance in their personality structures.

**Keywords:** Mental health, personality, adult, elderly

### INTRODUCTION

Aging is defined as the accumulation of changes in a human being over time, encompassing physical, psychological, and social changes. About two-thirds of the 150,000 individuals who die every day worldwide suffer from age-related causes.<sup>1</sup> Adulthood is defined as the period when full physical growth and maturity have been achieved, accompanied by certain biological, cognitive, social, and personality changes associated with the aging process.<sup>2</sup> Elderly refers to the degeneration of a mature organism caused by time-dependent, largely irreversible changes common to all members of a species, resulting in an increasing inability to cope with environmental pressures and a heightened likelihood of mortality.<sup>3</sup> According to the World Health Organization, mental health is "a state of well-being in which a person recognizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make

a contribution to his or her community."<sup>4</sup> Personality is defined as "an individual's distinctive behavior and adaptation to his surroundings, influenced by a dynamic configuration of psychophysical processes within him."<sup>5</sup> Thomac<sup>6</sup> briefly provided a cognitive theory of elderly personality in terms of stable features, implying that the psychodynamic processes in the elderly revolve around the primary goal of maintaining and reconstructing the balance between cognitive and motivational systems.

Erikson's<sup>7</sup> work is seminal as it delineates eight developmental stages of life. Adulthood and old age are encapsulated by the last three stages:

1. Intimacy vs. Isolation in Young Adulthood (20-30 years): Individuals in young adulthood learn to foster closer relationships with others, seeking long-term commitments outside of familial ties.

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2. **Generativity vs. Stagnation in Middle Adulthood (ages 40 to 50 years):** During this stage, individuals establish careers, form families, and contribute to society through child-rearing, work, and community engagement. Failure to meet these goals may lead to feelings of stagnation.
3. **Integrity vs. Despair in Older Adulthood (60+ years):** As individuals enter older adulthood, they reflect on their life achievements. Success in this stage results in a sense of integrity and acceptance of one's life journey.

Eysenck<sup>8-10</sup> created a powerful personality model. He defined three personality characteristics based on the results of factor analysis of responses to personality questionnaires: extraversion, neuroticism, and psychoticism. Later, Eysenck<sup>9</sup> added a third trait/dimension, Psychoticism, which includes traits such as lack of empathy, cruelty, being a loner, being aggressive, and being bothersome. The two dimensions of neuroticism (stable vs. unstable) and introversion-extroversion, according to Eysenck, combine to generate a variety of personality traits. Because extraverts are gregarious and seek novelty and variety, they are prone to boredom. They have a carefree, optimistic, and spontaneous personality. Introverts are reserved, prepare ahead, and keep their emotions in check. They have a serious, dependable, and pessimistic demeanor. Anxiety, concern, and moodiness are common characteristics of neurotics and unstable people. They are highly emotional and have a hard time calming down once they are upset. Stables are emotionally composed, unresponsive, and unconcerned.

According to the World Health Organization<sup>4</sup> multiple biological, psychological, social, and environmental elements interact in complicated ways to influence mental health. The elements that influence or determine mental health have been grouped into three categories: Community-level factors include a positive sense of belonging, activities that highlight and embrace diversity, social support, and participation in society; Structural-level factors include social, economic, and cultural factors that support positive mental health, such as safe living environments, employment, and education; Personal characteristics such as the capacity to control thoughts and cope with

stress. Risk factors make it more likely for mental health issues and illnesses to arise, or for the duration and severity of mental illnesses to worsen. Protective factors improve and safeguard mental health while also lowering the risk of sickness. Protective factors improve a person's ability to cope with stress while also allowing them to enjoy life.

**Aim:** The present study aims to investigate mental health and personality structure in elderly and adult women. It focuses on the following objectives:

1. To assess and compare the mental health level of elderly and adult women.
2. To examine and compare the personality structure of elderly and adult women.

**Hypotheses:** The following hypotheses are posited for the above objectives: i) There will be a significant difference in the mental health scores of elderly and adult women subjects. ii) There will be a significant difference in the scores of personality dimensions (extroversion and neuroticism traits) between elderly and adult women subjects.

A comparative research design was adopted for the study. The present study was conducted on a sample of 72 subjects selected through purposive sampling methods. This sample comprised two equally divided groups: elderly women and adult women. The following tools were used to assess various mental processes in the course of the study:

**1. The Mental Health Inventory (MHI)** by Dr. Jagdish and Dr. A.K. Srivastav<sup>11</sup> has been designed to measure the positive mental health of normal individuals, drawing mainly from available literature on mental health, including Maslow and Mittel Mann, Fromm, and Buck.<sup>12-14</sup> The MHI comprises six dimensions: positive self-evaluation (10 items), perception of reality (8 items), integration of personality (12 items), autonomy (6 items), group-oriented attitudes (10 items), and environmental mastery (10 items), totaling 56 items with 32 false-keyed and 24 true-keyed items. Reliability, determined using the split-half method with an odd-even procedure, yielded an overall reliability coefficient of 0.73. Construct validity, established by correlating scores on the MHI with the General Health Questionnaire by Goldberg<sup>15</sup> ( $r = 0.54$ ) and personal adjustment scales developed by Pestonjee<sup>16</sup> ( $r =$

0.57), revealed moderate validity. This study demonstrates the MHI as a sensitive, reliable, and valid instrument for measuring mental health across various life domains, facilitating the screening of individuals with poor mental health who may require assistance and counseling for a happier life.

**2. Eysenck personality questionnaire (EPQ)**

Hindi version, developed by Dr. G.P. Thakur and Manju Thakur.<sup>17</sup> were designed for the measurement of Extroversion, Neuroticism, and Psychoticism. Changes made in the scales aimed to improve the psychometric properties of the EPQ, rendering these three dimensions of personality independent of intelligence. The internal consistency reliability of the Indian scale score proved to be sufficiently high for both males and females, with coefficients sometimes surpassing those obtained on the English version of the EPQ in another Indian sample. Test-retest reliabilities were calculated for the four scales of the EPQ, with a 6-week gap between administrations, involving 176 males and 164 females of the same age groups. The test-retest variability coefficients of the Hindi version of the EPQ were deemed acceptable. It became evident that females had slightly lower mean scores in Psychoticism and Extroversion compared to males, while exhibiting higher mean values in Neuroticism and the Lie scale.

**Procedure:** The present study focused on examining the mental health and personality structure of adult and elderly women using convenience sampling methods with random subject selection. The organized Hindi version of the Eysenck Personality Questionnaire<sup>17</sup> and the Mental Health Inventory<sup>11</sup> in booklet form were utilized in the study. These questionnaires were distributed to 72 subjects, who were then divided into two groups: the first group comprised 36 elderly women, and the second group comprised 36 adult women. Questionnaires were distributed to each subject, and scoring was calculated with the help of manuals. Priority was given to voluntary participation in this study. Upon data collection, the Statistical Package for Social Sciences version 20 (SPSS 20) was used to store and analyze the data. Statistical measures such as mean, standard deviation (S.D.), and t-tests were employed to interpret the calculated data and determine the significance of differences between the two groups.

**Statistical Analysis:** The data was analyzed with the help of computer software program, Statistical Package for Social Sciences version 20 (SPSS 20). Following statistical measure have been used to interpret the data calculated: Mean, S.D. (Standard Difference) and t-test to find out the significance of difference between two groups.

**RESULTS**

**Table 1: Mental health of elderly & adult women**

Overall Mental Health	f (%) women	
	Elderly	Adult
Very good $\geq 196$	0	0
Good 175 - 196	3 (8.33)	5 (13.89)
Average 154 - 175	11 (30.56)	22 (61.11)
Poor 133 - 154	17 (41.22)	9 (25)
Very poor $< 133$	4 (11.11)	0

Table 1 shows the result of the descriptive analysis of the overall mental health of elderly and adult women shows that, among the elderly, out of 36 women, only 3 (8.33%) have good mental health, 11 (30.56%) have average mental health, 17 (47.22%) have poor mental health, and 4 (11.11%) have very poor mental health. Among adult women, out of 36, only 5 (13.89%) have good mental health, 22 (61.11%) have average mental health, and 9 (25%) have poor mental health.

**Table 2: Personality dimension of elderly & adult women**

Personality dimension	f (%) women	
	Elderly	Adult
<b>Extroversion</b>		
Extroversion $\geq 16$	2(5.6)	1(2.8)
Between Extrovert & Introvert 16 - 8	8(16.7)	28(77.8)
Introvert $< 8$	28(77.8)	7(19.4)
<b>Neuroticism</b>		
Neurotics $\geq 15$	12(33.3)	8(22.2)
Neurotics and stable 15 - 5	22(61.1)	27(75)
Stable $< 5$	2(5.6)	1(2.8)

Table 2 shows the result of the descriptive analysis of the personality dimension

(extroversion) shows that, out of 36 elderly women, only 2 (5.6%) are highly extroverted, 8 fall between extrovert and introvert, and 28 (77.8%) are introverted. Among adult women, out of 36, only 1 (2.8%) is highly extroverted, 28 (77.8%) fall between extrovert and introvert, and 7 (19.4%) are introverted.

In personality dimension (neuroticism) shows that, among the elderly, out of 36 women, 12 (33.3%) are highly neurotic, 22 (61.1%) fall between neurotic and stable, and 2 (5.6%) are stable. Among adults, out of 36 women, 8 (22.2%) are highly neurotic, 27 (75%) fall between neurotic and stable, and 1 (2.8%) is stable.

**Table 3: Overall Mental Health of Elderly and Adult Women**

Mental health of women	Mean	SD	t	p
Elderly	152.89	16.11	2.217	.033
Adult	160.22	12.29		

The results shows that there is a significant difference in the overall mental health between elderly women and adult women.

**Table 4: Personality Dimension of Elderly and Adult Women**

Extroversion Personality Dimension	Mean	SD	t	p
Extroversion				
Elderly	11.06	3.06	1.610	0.112
Adult	9.92	2.94		
Neuroticism				
Elderly	12.36	4.95	0.238	0.813
Adult	12.64	4.97		

SD = Standard deviation

The results of the significance difference analysis of the personality dimension (extroversion) of elderly and adult women show that the scores of elderly women and adult women do not significantly differ on the extroversion dimension of personality. Similarly, the results of the significance difference analysis of the personality structure (neuroticism) of elderly and adult women show that their scores do not significantly differ on the neuroticism dimension of personality.

## DISCUSSION

As, aim of this study is mental health and personality structure of adult and elderly women. The first hypothesis of this study was there would be significant difference in score of mental health of elderly and adult women subjects.

The findings reveal a significant difference in mental health scores between elderly and adult women, supporting the first hypothesis. Additionally, the results indicating that adult women have better mental health than elderly women. This suggests that age differences can substantially impact women's mental health.

Mental health is defined by the presence of well-being and the absence of psychopathological symptoms. Historically, high levels of psychopathology were believed to indicate poor mental health, but contemporary approaches recognize that these two perspectives are compatible.<sup>19</sup> This definition implies that mental health is influenced by multiple factors rather than being unidimensional.

As women age, they exhibit signs of cognitive decline and changes in thought processes, impacting their mental performance. Numerous studies have shown that women's mental health deteriorates with age. The findings clearly suggest a decline in mental health with advancing age, as older women face more challenges affecting their mental health. Their coping abilities also diminish.

According to Bishop<sup>20</sup> gendered divisions of labour, family roles, and societal expectations negatively impact women's mental health and welfare. Women's societal roles and the associated stressors can lead to mental and emotional strain.<sup>21</sup> Good mental health is crucial both for the individual woman and society, providing a sense of well-being and serving as a valuable societal resource.

Aging impacts both physiological and psychological functioning. While perceptual processes may slow down, linguistic control and complex task processing can improve.<sup>22</sup> Cultural norms dictate the timing of life transitions, such as retirement.<sup>23,24</sup> Adults aged 65 and older often report lacking social and emotional support compared to those aged 50-64.<sup>25</sup>

Tiwari et al.<sup>26</sup> identified depression (37.7%), anxiety disorders (13.3%), and dementia (12%) as common mental health issues among elderly women in old age homes, with 64.4% suffering from psychiatric illnesses.

The Third Wave of the All-China Women's Federation's 2010 Female Social Status Survey used regression analysis to predict mental health and well-being in older women. Current activity was a significant predictor of women's mental health, while men's mental health was more influenced by current exercise ( $p < 0.01$  for women;  $p = 0.05$  for men). Positive mental health in both genders was supported by close relationships and better overall health.

The World Health Organization<sup>27</sup> reported that between 2015 and 2050, the proportion of elderly adults globally is expected to double. Over 20% of adults aged 60 and above suffer from mental or neurological disorders, with dementia and depression being the most common.

Andreas et al.<sup>28</sup> found that half of the elderly had experienced a mental disorder, with anxiety disorders being the most prevalent. Baylor University<sup>29</sup> noted that hormonal changes, chronic illnesses, and cognitive problems can mask mental wellness in older women, who are often overlooked in mental health discussions.

### Personality Structure

The second hypothesis suggested significant differences in personality structure between elderly and adult women. However, the data showed little variation in personality components between these groups, refuting this hypothesis.

The five-factor theory by McCrae and Costa<sup>30</sup> asserts that personality traits are biologically determined and reach maturity by early adulthood, remaining stable thereafter. Minor changes may occur due to cognitive decline in old age, but the general pattern is one of stability.<sup>31</sup>

Longitudinal studies support the stability of personality traits into adulthood, though subjective perceptions of change can differ. For instance, Woodruff and Birren<sup>32</sup> found that subjective changes were more significant than objective changes in personality scores over a 25-year period.

Block<sup>33</sup> and others have shown that personality traits such as Neuroticism, Extraversion, and Openness exhibit moderate stability, though life circumstances can influence this stability. For example, negative changes in life circumstances were found to affect Neuroticism and Extraversion.<sup>34</sup>

Mueller et al.<sup>35</sup> found that Neuroticism and Conscientiousness decrease over time, while Extraversion and Openness increase, and Agreeableness remains stable. Longitudinal studies have consistently shown that personality traits remain stable over time, though certain traits may change in response to life events.

### CONCLUSION

This study highlights significant age-related differences in mental health between adult and elderly women, with mental health declining with age. In contrast, personality traits show remarkable stability across the lifespan, with minor changes influenced by life circumstances. These findings underscore the importance of addressing the unique mental health needs of elderly women and recognizing the stability of personality traits across adulthood.

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