The relationship between personality and (non-bipolar) clinical depression

Bridget R. Schwagermann

Personality is defined as the individual differences in characteristic patterns of thinking, feeling and behaving. These individual differences are traits associated with an individual who may express these traits differently from others. Neuroticism is one trait that refers to the emotional stability of an individual and their tendency to experience negative emotions. People with high neuroticism have higher levels of emotional instability. Depression is a mental illness under the class of mood disorders that negatively affects how someone feels, thinks and acts on a daily basis. A mood disorder is the class of mental health that describes different types of depression and bipolar disorders. A research by Di Trani et. al, (2011) was aimed to clarify the relationship depression and personality in men and women who were expecting a baby. ANOVA’S showed that women who were pregnant had higher levels of depression, reward dependence and self-transcendence than expectant fathers. Another research by Hirschfeld et. al., (1983) found thirty-one females with (non-bipolar) major depressive disorder and assessed them using the Schedule for Affective Disorders and Schizophrenia as well as a standard self-report when they were symptom free. The personality scale scores were then compared to that of female relatives with the same disorder who had all also recovered and female relatives with no history of mental illness. Both female groups that had recovered from major depressive disorder were found to be introverted, submissive, passive and had an increased interpersonal dependency with normal emotional stability. Compared to the group with no history of mental illness, they showed similar results but had stronger emotional stability. The aim is to investigate the relationship between personality and (non-bipolar) clinical depression. A non-experimental design will be used for the study as there is no cause and effect correlation and no variables are being manipulated. It is hypothesised that adults diagnosed with (non-bipolar) clinical depression will have higher levels of neuroticism and introversion compared to adults that are not diagnosed with (non-bipolar) clinical depression and adults with no history of (non-bipolar) clinical depression. This will be measured based on a likert scale.

METHOD;

100 participants are to be selected at random by choosing names out of a hat. Those who give consent to participate in the study will be from the ages of 18 years old to 80 years old, both female and male, as the study is aimed at adults. Materials required for the study include the researchers, the participants and both depression (appendix a) and personality (appendix b) surveys. Once consent forms have been given out, informing all participants of the reason for the study and the study procedure, the participants will then be given appendix a to answer first then appendix b. This will be ensured as the study will be controlled to exclude participants with no other mental illness that could interfere with the study. Other extraneous variables that could potentially have an effect on the study include participants with a stressful home life as it would affect their performance to answer the surveys truthfully and potentially affect the results. These variables will be controlled by asking participants if they have any mental illness other than what is being measured or a stressful home life before they answer appendix a and b.

DATA;

The data collected from this study will be subjective quantitative via a self-report survey (likert scale) because of the numbered system the participant follows to answer the closed ended questions. Quantitative data can be turned into statistics, summarising numbers, especially groups of large numbers, into an easy to understand and clear statistic. Some participants may not answer the surveys correctly, bringing forth any outliers and changing the reliability of the data. Subjective data focuses on the perceptions and beliefs of individuals, often in depth but can lack any reliability to the study. Appendices a and b will be collected, then the data will be analysed to find trends in the data, outliers will then be removed to avoid errors in the dataset.

ETHICAL CONSIDERATIONS;

Ethical considerations taken into account are both the mental and physical wellbeing of the participants by following the participant rights. Participant rights are important rules every researcher must follow as to protect the identity of the individual and their wellbeing. These rights include keeping every participant anonymous, letting participants have free will in participation, allowing participants to withdraw at any time, informing participants in what they are choosing to participate in, not giving any misinformation to deceive participants and informing the participants about the intentions of the experiment. Each right will be adhered to protect the wellbeing of every participant by not using the participants true identity throughout and after the study, informing participants that if they wish to no longer participate they can step away at any time, notifying the participants what is going to happen throughout the study, telling participants only truthful information about the experiment and informing each participant about the intention of the experiment.

RELIABILITY AND VALIDITY;

To ensure the validity of the study, handing out both appendices to that of the sample chosen and not to members excluded ensures that the surveys are measuring what they should be measuring by including participants related to that of the study. Excluding members accidently picked up in the sample could unintentionally give rise to any unnecessary outliers. Certifying the reliability of the study requires for the study to be done again to analyse the same trends, to do this, randomly selecting participants names out of a hat that also have the same conditions (adult participants with non-bipolar clinical depression and adult participants without a mental illness) as the previous sample can ensure that the second sample will answer the surveys similar to that of the previous sample compared to a sample without the required characteristics.

CONCLUSION;

Limitations with the research design include difficultly understanding the context of the study and data collection can be time consuming. These limitations can be overcome by providing more in-depth analysis and sending and receiving digital copies of the appendices to and from the participants via email. The results can be generalised because one third of the participants of the chosen sample will have been diagnosed with (non-bipolar) clinical depression, will have symptoms that align with the higher levels of neuroticism and introversion shown on the survey trends. While participants who have recovered from (non-bipolar) clinical depression and participants with no history of mental illness will not show the symptoms of depression, therefore concluding that the associated higher levels of neuroticism and introversion can be generalised to that of participants with clinical depression. The results obtained could prove relevant to both the research population and to psychological research because it could provide more insight of both personality and depression, both topics researchers are still learning about.

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