Education: Personality & Mental Health

Rupali Chandola[1]*

ABSTRACT

Aim: The aim of this study was to investigate the educational level and its effect on personality & mental health. ***Material and Methods:*** Study conducted on (n=60) participants of either sex (group I, n=30) was normal and another (group II, n=30) psychiatric .They were held from Nirwan neuropsychiatric hospital, Lucknow, India.GHQ-12 negative participants from the community formed the normal group age ranging between 40-45. Sentence Completion Test (SCT) administered on all the participants included in the study. ***Results***: Up to 12th male had high psychiatric morbidity (83.33%) then female (40%) the difference was statistically significant at (p<.05 level).Uneducated psychiatric group (80%) very low social ambitious and confident in their personality traits.

Keywords: Education; Personality; Mental Health.

The word education is derived from Latin word educare which means 'to nourish', 'to bring up', and 'to rise'. This means, educating a child means nourishing or bringing up the child according to certain aims. Education is also derived from another Latin world educere. Education as educere is more acceptable as it means leading an

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[1] Research Scholar, Department of Psychology, Kumaun University, S.S.J.Campus, Almora, Uttrakhand, India
*Responding Author

individual out of darkness into light… Good mental health is associated with better educational and behavioural outcomes. Anxiety and depressive disorders are about twice as common in low-income and low-education groups relative to high-income and high-education groups [1,2] Data from self-reported community surveys have shown higher rates of specialty mental health services use in individuals with high education levels and no significant differences by income level [3,4,1,5].Several recent studies have found that this association is weakened or disappear when controlling for other socio-economic variables, especially education.[6,7,8] Understanding the relation between socioeconomic status and health depends upon distinguishing these various measures and examining for independent associations with health. Consequently people with less education might feel socially trapped and helpless; contributing to the emergence of psychiatric disorders according to some psychological theories. [9]Finally less educated people might show a response bias when reporting psychological symptoms. A large body of scientific literature, mainly from western countries, shows that social disadvantage, especially lack of material possessions, lower income, and financial strain, are associated with common mental disorders [10,11,12,13, 14]. A large body of scientific literature, mainly from western countries, shows that social disadvantage, especially lack of material possessions, lower income, and financial strain, are associated with common mental disorders.[10,11,12,13,14]

Considering all the above mentioned facts and figures, this study has been taken up with an aim to study the educational level and its effect on personality & mental health amongst patients attending the psychiatry services in a hospital & normal from community.

METHODS

Sample:

The sample comprised (n=60) participants divided into two groups (group I, n=30) i.e. normal and (group II, n=30) psychiatric ranged from (40-45) were chosen at Nirwan neuropsychiatric hospital, Lucknow, India. GHQ-12 negative participants from the community

formed the normal group. Sentence Completion Test was administered on all the included subjects. Mean age of normal (group I, n=30) was found to be 42.8 ± 1.44 and mean age of psychiatric (group II, n=30) was found to be 43.56 ± 1.16. (23.33%) of the sample reported being uneducated, (21.66%) of the sample reported being up to 8th, (36.66%) of the sample reported being up to 12th and (18.33%) of the sample reported being up to post graduate.

Instruments:

Participants were required to fill in a consent form and demographic sheet before they proceed to the instruments behind. The 12-Item General Health Questionnaire [15] is the most extensively used screening instrument for common mental disorders, in addition to being a more general measure of psychiatric well-being.

Scale used in this study was sentence Completion Test (SCT) [16] it comprised of 50 incomplete sentence and the participants are instructed to complete every incomplete sentence by the first appearing thought of their mind. Objective of this test was to measure certain personality traits. An attempt has been made to measure three personality characteristics through the responses of the subjects. These traits are (1) Sociability, (2) Self Confidence, and (3) Ambitious. All the sentences are so framed that they lead to reveal the positive or negative aspect related to one of the traits.

Procedure

Participants were approached purposively and were briefed about the purpose of this study. As participants agreed to partake in this study, they were required to sign a consent letter diagnosed case of psychiatric disorder from the *hospital* and normal from the community. For psychiatric data interview conducted in the separate room associated with the ward to maintain confidentiality, (36.66%) participant's neurotic (13.33%) were psychotic and (50%) normal healthy control. Uncooperative subjects, having problem in speech and communication which can impede the interview were excluded from the study. After that, SCT with demographic detail were administered to them. Instruction for each section was written at the top part of test.

Statistical Analysis

Chi-square & Fisher exact value was used to analyze the data and evaluate the level of education and its effect on personality and mental health.

Observations & Results

The result of the present study has been given below and consecutively discussed.

Sample Characteristics

With regard to socio-demographic characteristics of the study subjects, (58.33%) were male and (41.66%) were female in both group. (70%) patients came from rural background. On the basis of religion (75%) were Hindu.

Personality traits of normal and psychiatric group regarding their score each participants on sentence completion test (SCT) were categorized in very high (90 and above), average (72-89), low (66-73) and very low (below-65) compared in (Table2).

Table 1 Comparison of mental health Status of two genders according to their education level

Level of education	Gender	Normal Group N=30	Psychiatric group N=30			X^2
			Neurotic	Psychotic	Total Psychiatric	
Uneducated N=14	Male N=10	6(60%)	3(30%)	1(10%)	4(40%)	0.28 N.S
	Female N=4	3(75%)	1(25%)	0(0%)	1(25%)	
Up to 8th N=13	Male N=7	3(42.85%)	2(28.57%)	2(28.57%)	4(57.14%)	0.73 N.S
	Female N=6	4(66.66%)	2(33.33%)	0(0%)	2(33.33%)	
Up to 12th N=22	Male N=12	2(16.66%)	7(58.33%)	3(25%)	10(83.33%)	4.42* p<.05
	Female N=10	6(60%)	3(30%)	1(10%)	4(40%)	
Up to post graduation N=11	Male N=6	4(66.66%)	2(33.33%)	0(0%)	2(33.33%)	0.78 N.S
	Female N=5	2(40%)	2(40%)	1(20%)	3(60%)	

*Significant at p<0.005 level

Chi square was used to compare the mental health of two gender according to their educational level, results indicated that Up to 12th male participants had high psychiatric morbidity (83.33%) then female (40%), (58.33%) suffering with neurotic problem and rest of (25%) suffering with psychotic and (60%) female found to be normal the difference is statistically significant at (p<.05 level). (Table-1)

Table-2 Level of personality traits of normal and psychiatric group according to their education level

Education level	Group	Personality Traits				Fisher's exact value
		Sociability, Self confidence & ambitiousness				
		Very high	Average	Low	Very low	
Uneducated N=14	Normal N=4	3(75%)	1(25%)	0(0%)	0(0%)	0.01*
	Psychiatric N=10	2(20%)	0(0%)	0(0%)	8(80%)	
Up to 8th N=13	Normal N=6	5(83.33%)	1(16.66%)	0(0%)	0(0%)	0.0047*
	Psychiatric N=7	0(0%)	1(14.28%)	2(28.57%)	4(57.14%)	
Up to 12th N=22	Normal N=12	6(50%)	1(8.33%)	4(33.33%)	1(8.33%)	0.0195*
	Psychiatric N=10	3(30%)	1(10%)	0(0%)	6(60%)	
Up to postgraduate N=11	Normal N=8	6(75%)	1(12.5%)	1(12.5%)	0(0%)	0.0485*
	Psychiatric N=3	0(0%)	0(0%)	1(33.33%)	2(66.66%)	

* Fisher exact value

Personality difference according to the educational qualification was tested using fisher exact value. Results indicated that uneducated psychiatric group (80%) very low social, ambitious and confident in their personality traits the difference was statistically significant up to 8th normal group (83.33%) very high social, confident and ambitious on their personality traits. Up to 12th 50% normal were very high social, confident and ambitious on their personality traits and up to postgraduate normal group 75% very high

social, confident and ambitious on their personality traits. Significant difference was found on all educational level. (Table-2)

DISCUSSION

An attempt was made in this study to explore the possible association of education, personality & mental health. Study reported that uneducated psychiatric group (80%) very low social, ambitious and confident in their personality traits the difference was statistically significant. Study showed that personality linked to specific labor market outcomes; it has found to educational success shown by studies on academic performance [17, 18] and school dropout probability [19]. Highly educated psychiatric population had very low social, self confident and ambitious in their personality and (75%) normal highly social, confident and ambitious. Research shows that personality traits are at least as important as cognitive skills in determining social outcomes such as criminal behavior, marital stability, and health and mortality[20,21] Up to 12th male had high psychiatric morbidity (83.33%) then female (40%) the difference is statistically significant at (p<.05 level).Personality traits develop mainly during childhood and adolescence, and remain relatively stable later in life[22] As a nurturing factor, education during childhood[23]. Adolescence may therefore constitute a critical determinant in an individual's long-term formation of personality.

Many research studies have been done examining education level, personality and mental health. However, because much of this research is either inconclusive or contradictory, more is needed to support or negate current research and theories.

Conflict of Interest: None

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