CHAPTER-II

REVIEW OF

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The literature review will address general health, emotional intelligence and personality of adolescents that serve as the conceptual framework for this study. It investigates the following major areas: general health and personality; general health and emotional intelligence; emotional intelligence and personality; and general health, emotional intelligence and personality.

General health and personality:

Health is an important aspect of human life. It is a well recognized truth, from the early time, that processing good health is a pre-requisite for every human being for all round growth and development. Although there are many factors which affect the various domains of health of an individual, the role of personality factors, which determine the behavior, protocols of an individual, need to be studied for understanding one's general health. Health habits are one of the area in which personality variables are likely to be illuminating.

Casta and McCrae (1980) posited that extraversion influences positive effect, whereas neuroticism influences negative effect. Since then, the personality traits have been studied in relation to well being and the traits that have influence received the most theoretical and empirical attention in relation to well being are extra version and neuroticism.

Kohn, Lafreniere and Gurevich (1991) examined that Undergraduates responded to a "decontaminated" hassles scale plus measures of trait anxiety, reactivity, perceived stress, psychiatric symptomatology, and minor physical ailments. All but the anxiety and reactivity scales were time referenced to the past month. Major findings were as follows: (1) Hassles and trait anxiety both contributed positively to perceived stress, jointly accounting for 58% of the variance; (2) hassles and reactivity both had a significant positive impact on minor ailments, together explaining 23% of the variance; and (3) hassles and trait anxiety had a significant interactive effect on psychiatric symptomatology, which along with the nonsignificant marginal main effects accounted for 67% of the variance. The positive impact of hassles on psychiatric symptomatology increased as trait anxiety rose; likewise, the pathogenic effect of trait anxiety increased with greater exposure to hassles.
Emery, Huppert and Schein (1994) stated that physical health is thought to be an important correlate of psychological well-being among both healthy and chronically ill adults. This study evaluated predictors of psychological well-being in a large-scale, 7-yr study, utilizing measures of personality, physical health, physical activity, and social support. The sample included 3084 adults (55% female) who participated in the Health and Lifestyle Survey (HALS), a British national survey of physical and mental health, attitudes, and lifestyle. All subjects were assessed by interview and self-report questionnaire at baseline (HALS1) and 7 yr later (HALS2). Mean age of the sample at HALS1 was 44.6 ± 15.1 yr (range: 18–87 yr). Psychological well-being was assessed with Goldberg's General Health Questionnaire (GHQ-30). Other measures included the Eysenck Personality Inventory (EPI), self-rated health, body mass index, blood pressure and heart rate, walking activity, and social support. A series of multiple regression analyses was used to predict GHQ-30 scores at HALS2 from the various other variables measured at HALS1. Results indicated that neuroticism (from the EPI) was the best predictor of HALS2 psychological well-being, but extraversion and social support did not predict well-being. Self-rated health was the only health variable that entered the regression equations, and it appeared to attenuate somewhat the relationship of neuroticism with psychological well-being.

Marshall, Wortman, Vickers, Kusulas, and Hervig, (1994) concluded that the NEO Personality Inventory and representative personality scales drawn from health psychology were administered to 2 samples of male military recruits (N=296 and 502). Factor analysis of health-related personality scales revealed 3 conceptually meaningful domains. Examination of these domains and their constituent scales, with reference to the 5-factor model of personality, permits 3 general conclusions. First, most health-relevant dimensions and scales appear to be complex mixtures of broad personality domains. Second, variation in many health-related personality instruments is explained to a significant degree by the 5-factor model. Third, 2 of the 5 personality domains (i.e., conscientiousness and openness) appear to be substantially neglected in health psychology research.

Schein, Huppert and Emery (1999) evaluated predictors of psychological well-being in a large-scale, 7-yr study, utilizing measures of personality, physical health, physical activity, and social support. They found that there was a general improvement in disease-specific physical (p = .029) and mental (p < .001) health over time, but Type D patients scored significantly lower on both outcomes (p ≤ .001). The interaction effect of Type D × time was not significant,
indicating stability of the personality effect. Type D patients also scored significantly lower on all generic physical (p values between .001 and .04) and mental (all p values ≤.01) health status sub domains; these effects were also stable over time. Type D was an independent predictor of disease-specific mental health (p<.001), social functioning (p=.04), role emotional functioning (p=.001), bodily pain (p=.05), and general health (p=.04), adjusted for depressive symptoms, baseline health status and clinical characteristics. Depressive symptoms were an independent predictor of role physical functioning and bodily pain.

Goodwin and Engstrom (2002) examined the relationship between self-perceived health and personality among adults in the community. They found that personality factors were significantly associated with perception of poor health. Among those without self-reported medical problems, openness to experience, extraversion and conscientiousness were associated with perception of good health, while neuroticism was associated with the perception of poor health. In subjects with self-reported medical problems, high scores on agreeableness, openness to experience, extraversion and conscientiousness, and low neuroticism scores were associated with perception of good health. These associations remained significant after adjustments for age, gender, race, marital status and education. Self-perceived health is strongly associated with personality characteristics, both in subjects with and without self-reported medical problems. It is suggested that personality characteristics could contribute to the previously reported associations between self-perceived health and health outcomes.

Goodwin and Friedman (2006) found that personality traits were associated with mental health. The results revealed that a higher level in conscientiousness would significantly decrease the probability of mental disorders as well as extraversion and agreeableness. Nonetheless, a higher level in neuroticism was found to significantly contribute to mental disorders. In this study, the respondents were young adults in United States.

Schiffer, Pedersen Widdershoven and Denollet (2008) examined whether Type D personality exerts a stable, independent effect on health status in chronic heart failure over time, adjusted for depressive symptoms. Chronic heart failure outpatients (n=166; 75% men; mean age 66 years) completed the Type D Scale and Beck Depression Inventory (baseline) and the Minnesota Living with Heart Failure Questionnaire and Short-Form Health Survey (baseline and 12 months). The results revealed that was a general improvement in disease-specific physical (p=.029) and mental (p<.001) health over time, but Type D patients scored significantly lower on
both outcomes (p≤.001). The interaction effects Type D × time were not significant, indicating stability of the personality effect. Type D patients also scored significantly lower on all generic physical (p values between .001 and .04) and mental (all p values ≤.01) health status subdomains; these effects were also stable over time. Type D was an independent predictor of disease-specific mental health (p=.001), social functioning (p=.04), role emotional functioning (p=.001), bodily pain (p=.05), and general health (p=.04), adjusted for depressive symptoms, baseline health status and clinical characteristics. Depressive symptoms were an independent predictor of role physical functioning and bodily pain. Type D personality and depressive symptoms were independent predictors of impaired health status in chronic heart failure.

Figueroedo and Rushton (2009) reanalyzed previously published data on 309 MZ and 333 DZ twin pairs aged 25 to 74 years from the MIDUS survey, a nationally representative archived sample, to examine how much of the genetic covariance between a general factor of personality (GFP), a lower-order life history factor, and a general physical and mental health factor, is of the nonadditive variety. It was found that nonadditive genetic effects (D) could not be ruled out as a contributor to the shared variance of these three latent factors to a Super-K Life History factor. These genetic correlations support the view that a slow (selected) life history strategy, good health, and the GFP coevolved and are mutually co adapted through directional selection.

Hudek-Knezevic and Krautzeka (2009) examined 5-factor personality traits (extraversion, agreeableness, conscientiousness, neuroticism, and openness) and 3 higher-order health-related personality constructs (negative experience, optimistic control, and passivity) are related to self-report of subjective health outcomes (positive and negative mood, physical symptoms, and general health concern) and objective health conditions (chronic illnesses, serious illnesses, and physical injuries). They found that three health-related personality constructs significantly predicted all subjective health measures above and beyond 5-factor personality dimensions. Out of the 5-factor personality dimensions, neuroticism was most consistently related to worse subjective health outcomes, while out of 3 health-related personality constructs, negative experience was related to worse and optimistic control to better subjective health outcomes.

Haslam, Whelan and Bastian (2009) found that personality traits i.e. neuroticism, extraversion, agreeableness, conscientiousness and openness were significantly associated with subjective wellbeing. Besides that, the researchers indicated that all the traits were positively
correlated with subjective well-being except for one trait i.e. neuroticism. The respondents in the study consisted of 180 psychology undergraduates, of whom 132 were women and 46 men. The average age of the respondents was 22 years old.

Kubzansky, Martin and Buka (2009) investigated whether individual personality or temperamental qualities that emerge early and persist over the life course, predict adult midlife health. Specific childhood personality attributes considered include distress proneness, behavioral inhibition, and ability to stay focused on a task. They found that Childhood personality attributes related to attention and distress were significantly associated with adult health, with stronger effects evident among women. Children with high attention reported better self-rated health. Their findings indicate that early emerging personality and related processes influence adult physical health, and suggest the potential value of interventions targeting early life development. Nordin, Talib and Yaacob (2009) examined the relationship between personality and loneliness on mental health among undergraduates at Malaysian Universities. A total of 1468 respondents were recruited from five Universities using the multistage cluster sampling. Mental health was measured by 12 items in the General Health Questionnaire (GHQ-12) designed by Goldberg, 1978. Personality and loneliness were measured using the Big Five Inventory (John, Donahue and Kentle, 1991) and the revised UCLA Loneliness Scale (Russell, Peplau and Cutrona, 1980) respectively. A cut-off point of 5/6 for the GHQ-12 was used in this study. The results of this study revealed that a total of 65.6% of Malaysian undergraduates exhibited healthy mental health and 34.4% showed indications of mental health problems. Apart from that, this study also found a significant relationship between extraversion, agreeableness, conscientiousness, neuroticism, openness and loneliness on mental health. Analysis of one-way ANOVA found a significant difference in mental health between year of study, field of study, ethnicity and religion. Finally, the multiple regression analysis using the stepwise method yielded R² of 0.103 which means that only 10.3% of variation in the mental health was explained by the predictors. Loneliness was the most significant predictor in explaining mental health Followed by neuroticism and extraversion personality. Early detection for indications of mental health problems and understanding factors contributing to stress among students would promote better understanding of mental health in future.

Zuzana, Veselska Geckova, Gajdosova, Olga, Orosova, Dijk and Reijneveld (2009) assessed contribute the relationship of personality, mental health and social support with socio-
economic status and self-esteem. A sample of 3694 elementary school students from Slovakia (mean age = 14.3 years, 49% boys) filled out the Rosenberg Self-esteem Scale, the Family Affluence Scale, the Ten-Item Personality Inventory, the 12-item General Health Questionnaire and the Perceived Social Support Scale. Hierarchical linear regression showed family affluence, personality dimensions of extroversion, emotional stability and openness to experience, as well as mental health subscales and social support from family and significant others to be associated with self-esteem. They found that personality dimensions and mental health subscales contribute to the association between family affluence and self-esteem. It was concluded that the contribution of personality and mental problems in the relation between socio-economic status and self-esteem may have important implications for the design of promotional programs aimed at enhancing self-esteem.

Cann, Stilwell and Taku (2010) examined the relationship of sense of humor differences and positive personality qualities with perceptions of stress and well-being. Positive and negative styles of self-directed humor were assumed to have opposing relationships with perceived stress, but the relationships were predicted to be mediated through positive personality qualities. University students provided data at two points in time separated by 8 weeks. Data from time 1 was used to verify the mediation of the relationship of sense of humor with perceived stress through the positive personality qualities. A more extensive theoretical model, using longitudinal data, was tested using the sense of humor measures from time 1 and positive personality qualities at time 2 to predict perceived stress and well-being at time 2. The results from the two analyses support the proposed mediator model in which the potential health benefits of a positive humor style and the potential damage to health associated with a negative humor style are mediated through the positive personality qualities. Thus, it would appear that good humor uses can support maintaining a stable positive personality style, which has positive associations with both psychological and physical well-being.

Datta and Das (2010) attempted to explore and quantify the effect of maternal employment and well being, personality and parent child relationships of young adults of nuclear families. Results showed that maternal employment has significant effect on well-being, personality and parent child relationship of young adults of nuclear families. Children of working women were found to be more outgoing, independent, active and highly motivated and they receive higher scores on variety of measures of achievement motivation and social adjustment.
Mols and Denollet (2010) stated that the methodological quality of the selected studies was adequate to high. The studies included in this review showed that the presence of Type D characteristics had a negative impact on mental health status (more symptoms of depression, anxiety, post-traumatic stress disorder, mental distress, passive coping, and less social support) and physical health status (more somatic complaints, lower health status, more influenza-like illness reporting). Other studies reported on behavioral and biological mechanisms of disease in apparently healthy individuals with a Type D personality. Finally, some studies also showed a negative effect of Type D personality on work-related problems (higher absence-leave, higher levels of vital exhaustion and burnout, and more work-related stress). Type D personality is a vulnerability factor for general psychological distress that affects mental and physical health status and is associated with disease-promoting mechanisms and work-related problems in apparently healthy individuals.

Risquez, Meca and Fernandez (2010) investigated predictive power of hardy personality and generalized self-efficacy on general health perception in a sample of nursing personnel working in emergency and intensive care services. They found the positive and statistically significant relationship between the individual variables of generalized self-efficacy and hardy personality. A canonical correlation analysis carried out on the psychological distress symptoms with self-efficacy and hardy personality as predictor variables, led them to emphasize the relevance of the construct total hardy personality as a predictor and, consequently, as a protective factor against the onset of psychological distress symptoms in the sample of professionals studied.

Sharma, Sharma, Kawari and Yadav (2010) studied the relationship among personality factors and health dimensions among young educated adults. They found that neuroticism have a positive correlation with anxiety and severe depression, extrovert personality have significant negative correlation with all the dimensions of health.

Sharma (2011) examined the association between personality dimensions (extraversion, neuroticism, agreeableness, openness and conscientiousness) and mental health. Mental health is associated with all the five dimensions of personality and currently neuroticism is generally considered the more important. A total of two hundred female students from different universities of Himachal Pradesh completed the Big Five Inventory (Casta and McCrae, 1992)
and the Mental Health Questionnaire (Jagdish and Srivastava, 1983). Regression Analysis revealed the personality variables of neuroticism and conscientiousness as the most important correlates of mental health which have accounted for forty-four percent and twenty-four percent of variance followed by extraversion contributing eleven percent of variance. In totality, these variables have accounted for seventy-nine percent of variance in mental health.

All the above studies tend to suggest that personality influences general health. Many personality traits have been studied in relation to general health. But main attention is paid on extraversion and neuroticism.

EMOTIONAL INTELLIGENCE AND HEALTH:

Extremera and Fernandez-Berrocal (2002) investigated the relationship between perceived emotional intelligence and health related quality of life in middle aged women. Ninety-nine middle aged Spanish women, who studied in two adult schools, volunteered to participate. Out of which forty-nine were premenopausal and forty-five were postmenopausal. These women completed the Trait Meta Mood Scale and Health Survey SF-36 score were analyzed according to social, physical and mental health, menopausal status and scores on perceived emotional intelligence. The data regarding the mental and physical health of premenopausal and postmenopausal were compared after controlling age. They found that no association between menopausal status and health related quality of health was found. Perceived skill at mood repair was significantly associated with scores on health-related quality of life in these middle aged women. The findings provided empirical evidence that aspects of perceived emotional intelligence accounted for health related quality of life in middle life including social, physical and psychological symptoms.

Slaski and Cartwright (2003) examined the role of emotional intelligence as a moderator in the stress process, health and performance. A sample of U.K. managers was given training in emotional intelligence. Pre and post measures were taken relating to emotional intelligence, stress and health and management performance. The study also incorporated a matched central group. It was found that training resulted in increased emotional intelligence and improved health and well being.
Donaldson and Bond, (2004) compared Psychological acceptance (acceptance) and emotional intelligence (EI) in terms of their ability to predict various well-being outcomes (i.e. general mental health, physical well-being, and job satisfaction). They reported that emotional intelligence did not significantly predict any of the well-being outcomes, after accounting for acceptance and job control. Acceptance predicted general mental health and physical well-being but not job satisfaction, and job control was associated with job satisfaction only.

Tsaousis and Nikolaou (2005) investigated the relationship of emotional intelligence (EI) characteristics, such as perception, control, use and understanding of emotions, with physical and psychological health. In the first study, 365 individuals filled in measures of emotional intelligence and general health. It was hypothesized that emotional intelligence would be negatively associated with poor general health. In the second study, 212 working adults completed the same measure of emotional intelligence and another measure, which apart from the standard information regarding physical and psychological health, provided also information about other health related behaviors, such as smoking, drinking, and exercising. It was also hypothesized that emotional intelligence would negatively correlate with smoking and drinking and positively correlate with exercising. The findings confirmed both hypotheses and provided further support on the claims that there is a relationship between emotional intelligence and health functioning. Additionally, in a series of hierarchical regression analyses the unique contribution of each of the emotional intelligence scales on the overall health score were investigated.

Extrmera and Fernedez-Berocal (2006) examined emotional intelligence as predictors of mental, social and physical health in one hundred eighty four university students. Emotional intelligence was evaluated by the trait Meta mood scale (TMMS) given by Salovey, Mayer, Goldmen, Turvey and Palfai (1995) which evaluates the three dimensions.

Kulshresta and Sen (2006) designed a study to investigate the subjective well being in relation to emotional intelligence and locus of control among executives. The study was conducted on 150 executives of different job strata of Hero Honda Motor Limited. The emotional quotient test, Rotter’s (1966) Social Reaction Inventory, Bradburn’s (1969) Positive and Negative affect Scale, Andrew and Witey’s (1976) Life Satisfaction Scale were used to collect data. The results of the study revealed that emotional intelligence and locus of control have significant correlation with
subjective well being. Subjects scored high on emotional intelligence and high on locus of control scored significantly high on all the dimensions of life satisfaction scale.

Choubey, Singh and Pandey (2009) examined the role of emotional intelligence (EI) in predicting stress and health. Themoderating role of EI in stress- health relationship was also examined. A heterogeneous sample consisted of 209 adults belonging to different occupational groups in the age range of 21 to 50 years were assessed on the self report measures of EI, psychosocial stress, and physical and mental health. The findings revealed that emotional intelligence and its various component abilities, in general, were associated with better health outcomes. Similarly, the findings also revealed that EI is associated with lower levels of stress. However, among the four dimensions of EI examined in the present research, the ability to manage emotion in self was found the best predictor of stress as well as health. Findings also revealed that two components of EI, namely, ability to appraise and express emotions and ability to utilize emotions significantly moderated the stress-health relationship. Another important observation was that the ability to appraise and express emotion, though, was found to adversely affect an individual's health, the findings of the moderated regression analyses identified it as a positive resource in high stress condition.

Landa, Martos and Zafra (2010) examined the associations between perceived emotional intelligence, dispositional optimism/pessimism and psychological well-being. In addition to correlational analyses, they examined a model by structural equation modeling (SEM). The possible role of optimism and perceived emotional intelligence as possible predictors of the psychological well-being dimensions proposed by Ryff, with a specific pattern of relationships as a model was examined. It was found that positive relationship between clarity and emotional regulation and the psychological well-being components. With regard to dispositional optimism versus pessimism, positive relationships were found between optimism and psychological well-being dimensions and negative relationships between pessimism and dimensions of psychological well-being. Their model also included some relationships, not initially raised, between the dimensions of perceived emotional intelligence and some dimensions of psychological well-being.

Malhotra and Kaur (2011) examined the relationship of emotional intelligence with somatic complaints, anxiety and depression. The sample comprised of one hundred (fifty boys
and fifty girls) participants aged twelve to eighteen years from Patiala district. The participants were assessed by emotional intelligence scale which evaluates optimism or mood regulation, utilization of emotions, appraisal of emotions and social skills. Physical and mental health of adolescents was evaluated by appraisal of emotions and social skills. Physical and mental health of adolescents was evaluated by Child Behavior Checklist with focus on somatic complaints, anxiety and depression. The results showed that emotional intelligence was negatively and significantly related to somatic complaints and depression. The result provided further support on the claims that there was a relationship between emotional intelligence and health functioning.

All the above studies tend to suggest that general health has a significant relation with emotional intelligence. The person who has somatic complaints, anxiety and depression tend to have low emotional intelligence.

**GENERAL HEALTH, EMOTIONAL INTELLIGENCE AND PERSONALITY**

Austin, Saklofske and Egan (2004) reported that emotional intelligence was found to be negatively associated with alexithymia and alcohol consumption and positively associated with life satisfaction and social network size and quality. The relative strengths of EI and personality as regression predictors of health-related outcomes were investigated for a subgroup of Scots (N range 99–111). The results of these analyses show that EI is more strongly associated than personality with social network size, but social network quality, life satisfaction, alcohol consumption; number of doctor consultations and health status are more strongly related to personality.

Shulman and Hemenour (2006) examined that dispositional emotional intelligence predicted psychological health and well being independent of personality. Participants completed measures of emotional intelligence dispositions (perception, understanding and regulation), Big five traits, psychological well being and emotional distress. They also completed the health scales a second time three months later. Results revealed that dispositional emotional intelligence is related to health outcomes cross sectionally and predicts changes in health over times, after counseling for Big-Five. The findings suggested that dispositional emotional intelligence is not synonymous with that personality and predicts meaningful life outcomes.
Deary, Weiss and Batty (2010) described research findings linking intelligence and personality traits with health outcomes, including health behaviors, morbidity, and mortality. The field of study of intelligence and health outcomes is called cognitive epidemiology, and the field of study of personality traits and health outcomes is known as personological epidemiology. Intelligence and personality traits are the principal research topics studied by differential psychologists, so the combined field could be called differential epidemiology. This research is important for the following reasons: The findings overviewed are relatively new, and many researchers and practitioners are unaware of them; the effect sizes are on par with better-known, traditional risk factors for illness and death; mechanisms of the associations are largely unknown, so they must be explored further; and the findings have yet to be applied, so we write this to encourage diverse interested parties to consider how applications might be achieved. To make this research accessible to as many relevant researchers, practitioners, policymakers, and laypersons as possible, we first provide an overview of the basic discoveries regarding intelligence and personality. We describe the nature and structure of the measured phenotypes (i.e., the observable characteristics of an individual) in both fields. Although both areas of study are well established, we recognize that this may not be common knowledge outside of experts in the field.

With this much background, we may pass on to next section of this chapter dealing with problem and hypotheses of the investigation.

PROBLEM AND HYPOTHESES

Health refers to the proper functioning of body and the mind in a balanced way, as well as, the capacity to participate in social activities, performing the roles and abiding by the moral principles of the society. People with different socio-cultural background may hold different conceptions of health and an individual may have different ideas about the meaning of health depending upon the circumstances under which the issue is raised.

From the previous description, one can get an idea that health, personality and emotional intelligence being facts of modern life. Health is "a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities." It is not easy to counter the contention that health is a "Pervasive
psychological phenomenon”, of modern society. Not much attention is paid in the Indian society towards health influence on personality and emotional intelligence. This study may help in the understanding of health in relation to personality and emotional intelligence in a scientific and pragmatic manner. The problem of the study is entitled as, “General Health in relation to Personality and Emotional Intelligence: A Study amongst Engineering Students.”

In view of such a problem, the present study is centered on the following objectives.

1. To examine the relationships of General Health with Personality and emotional intelligence.

2. To identify the role of personality and emotional intelligence in determining general health.

HYPOTHESES:

Keeping the pertinent literature in view the investigator proposed following hypotheses:

1. There would be significant relationship of General Health with Personality and Emotional intelligence amongst male and female adolescents engineering students.

2. Personality and emotional intelligence play a significant role in determining general health amongst male and female adolescents.

With this much background, we may now pass on to chapter-III dealing with design and methodology of the study.