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# Positive Dimensions of Mental Health and Personality in a Sample of University

**Jose Luis Arias Gonzales[1],*** , **Alberto Patricio Lanchipa-Ale[2]** , **Elena Guillermina Martínez Puma[3]** , **Elmer Benito Rivera Mansilla[2]** , **Paolo Alexander Santos Laura[2]**

*[1]University of British Columbia, Canada*
*[2]Jorge Basadre Grohmann National University, Tacna, Peru*
*[3]Catholic University of Santa Maria, Private university in Arequipa, Yanahuara, Peru*

## ARTICLE INFO

## ABSTRACT

This article analyzes the correlation between PMH and personality dimensions in a sample (358 males and females) of university students. To measure positive mental health, the PMH test of María Teresa Lluch [4] was applied at the same time and personality was measured through Eysenk's personality inventory. A non-parametric test called the Spearman correlation technique was applied to correlate the variables, which was used for the ordinal variables. In the article, two hypotheses are presented. First, there is no correlation between PMH and the dimension of neuroticism "N," and if there is a correlation between PMH and "N" neuroticism, resulting in no correlation between the PMH and the "N" Neuroticism dimension and that there is a correlation between PMH and "E" extroversion in university students of the UNJBG. Tacna (2018) Used the non-probabilistic sampling in its intentional form. The data found regarding the PMH level are mentioned as follow: 25.7% are located in the low level, 58.7% in the middle level, and only 15.6% are located at the high level.

## GRAPHICAL ABSTRACT

**Introduction**

For many young people, starting college is the beginning of a new step in their lives in which a student's life and schoolwork grow more independent. They have to deal with the academic rigors of an ill-structured learning environment, and they have to meet new individuals worldwide. As a result, many students should leave their homes for the first time in their lives and distance themselves from their families and friends [1]. Students' mental health and well-being may be harmed due to these difficulties. Indeed, there is evidence that students' mental health suffers when they begin their university studies, and while this declines through the pass of time, it does not return to pre-university levels [2]. It is also crucial to know that the probability of having common mental health conditions such as depression, anxiety, and stress rises throughout adolescence and peaks around age 25.

University students' interest in mental health and well-being has increased dramatically over the past few decades. This is most likely due to a combination of three issues. Even though university students' self-reported mental health is comparable with that of the general population [3], the recent research indicates that the severity and frequency of mental health issues, as well as students' willingness to seek help, have increased significantly among university students worldwide over the past decade [3]. A growing "mental health problem" in higher education is being described by some scholars [4]. For one thing, psychological distress in young adults is linked to various negative outcomes in the short- and long-term. These include poor college attendance, performance, engagement, and completion; a dysfunctional relationship, recurring mental health concerns, university dropout, lower employment rates, and a lower personal income are all associated with a worse quality of life [5]. Thirdly, there is consensus that higher education institutions offer unique opportunities to support the mental health and well-being of young adults because they provide an integrated environment that includes academic, professional, and social activities as well as health services and other support services [6]. Nonetheless, the majority of university students with mental health difficulties and poor levels of well-being get no help [6]. In addition, there is increasing concern that student support services are not expanding at the same rate as colleges.

Numerous researches have indicated a link between religious affiliation, well-being, personality, and improved mental health. Mental health and religiosity were found to have an average positive correlation of + 0.09 in 1983; both observation and experience accepted this correlation. However, the results of different studies showed a positive relationship between the two cases, i.e. religious practices and mental health [2]. Students' religiosity or religious practices are linked to their mental health in various ways, including their intelligence, self-esteem, and various psychiatric issues. This issue further impacts students' social well-being and academic performance.

Although it may be difficult to objectively evaluate religious ideas since they are so personal and individualized, it is not impossible. As a result, there will likely be positive, negative, or even neutral associations between religious belief and psychological well-being. Most research published between 1978 and 1989 found a positive association between religiosity and psychological well-being, with 16 percent showing a negative relationship and 12 percent reported no correlations [6]. People's mental and physical health and well-being benefit from religion. According to Cardenal [11], in terms of mental health and psychological well-being, many factors, including social circles, health behavior, lifestyle, stress management tactics, and emotional control, are all important. Their religious beliefs profoundly influence individuals' overall well-being. The correlation between religiosity and life satisfaction and reduced incidence of depression and anxiety among religious people was significant (80%) [7].

The evolution of mental health and well-being has been influenced by a wide range of ideas and opinions from various fields. The field of mental health and wellness has come a long way, but

much conflicting information is still available [7]. Traditional literature content analysis has been used in several attempts to synthesize the rapidly expanding body of information in university student mental health and well-being [8]. A bibliometric method will be used in this project to present a general overview of the research in this field during the past few decades with the goal of enhancing students' understanding of mental health. For Carranza [8] and Fiestas [9], impartial and thorough bibliometric reviews can reveal the scientific foundations of a topic, expanding areas of interest, and gaps in the literature. Research on university students' mental health and well-being is investigated using many criteria, including publication and citation patterns, major actors and venues, and field structure.

From this millennium's beginning, mental health has gained special interest within scientific publications and in the international and national media, considering it a primary problem within public health. Cardenal [11] states that "the concept of Mental Health is in a transition that has polarized the concept by defining it or from a negative or positive position, but has also given rise to a third approach that we call mixed." In this sense, preserving mental health is imperative for institutions and individuals, who should assume that illness rather than disorder or problem is a state that should follow its natural course. The basis of human life is based on health. Thus, balance and good functioning of the organism should be achieved. On the other hand, the disease is nothing more than the imbalance manifested in the organism malfunctioning.

The World Health Organization (WHO) in 2013 as cited by Diener *et al.* [10] defines mental health as a state in which a person maintains a balance between the mental and the physical health that become a resource of everyday living rather than a life ambition. It is a positive notion that emphasizes the social and personal assets and physical capabilities that enable us to adapt to our surroundings most effectively.

One of the aims and consequences of a broader mental health promotion strategy can be regarded as preventing mental disorders [12].

For example, the WHO explains: Mental health promotion efforts include the provision of circumstances for optimal psychological and psychophysiological development in the context of an individual, societal, and environmental context. As a result, people are actively involved in establishing PMH and increasing their quality of life. It's an empowering process done with and for the people involved.

Individual, societal, and environmental circumstances that promote optimal psychological and physiological development are at the heart of mental health promotion initiatives. To achieve positive mental health, improve quality of life, and reduce disparity in health expectancy between countries and groups, such efforts involve individuals in the process of accomplishing these goals [12]. One of the goals and outcomes of mental health promotion is to prevent mental disorders, which can be achieved by policies, programs, and actions that are culturally relevant at all educational levels, modalities, forms, cycles, and programs. It's an empowering process done with and for the people involved.

The university stage is usually one of the most complex stages young people go through. During it, problems related to academic and social activity lead students to develop adaptive skills that help them have greater autonomy when assuming responsibilities and the ability to resolve conflicts with others and respond to the expectations of their family and social environment. Relationships are another constant in this stage, which can complicate this stage without self-management and self-regulation [13]. Also, psychosocial stresses such as distance from family, reliance, and economic problems, scholastic obligations, future uncertainties, and the need to adjust to a new living environment are of particular importance [14].

Regarding the prevalence of depressive episodes, these have a greater incidence in the student population than in the rest [14]. This is reflected in the rate of suicide attempts and completed suicide which is higher in the young sector, especially in the male population [15]. As stated by Chau *et al.* [13], the study of mental health in

Peru is based on the population of adolescents, adults, and the elderly [15]. So far, there are no studies or reports on the university student sector, except for some research describing depressive symptoms in this group [25].

Based on the model of PMH of Jahoda (1958), the Spanish psychologist Lluch [4], proposed new dimensions or criteria that shape mental health according to his formulation. These factors are the same as those proposed by [20]: indicators of PMH in the university population in the city of Armenia, Quindío - Colombia. Hence, they used a quantitative-descriptive methodology and a cross-sectional design. Therefore, this research aims to identify the levels of mental health and personality dimensions considered, establishing statistical correlations between variables in a sample of students from Universidad Nacional Jorge Basadre G. It applies the PMH Questionnaire by María Teresa Lluch [4], the same that will be applied in the present research with 78 students.

**Materials and Methods**

For the sample conformation, an intentional non-probabilistic sample was made, finally constituted by 358 students studying in the Universidad Nacional Jorge Basadre Grohman de Tacna (Table 1).

**Table 1:** Shows the sample distribution by sex

| Sex | fi | % |
|---|---|---|
| Female | 243 | 67.9 |
| Male | 115 | 32.1 |
| Total | 358 | 100 |

The given instruments were as follow:

a) PMH test by María Teresas Lluch [4]: The distribution of the 39 items among the six factors of the questionnaire:
- "Personal Satisfaction": 8 items
- "Prosocial attitude": 5 items
- "Self-control ": 5 items
- "Autonomy": 5 items
- "Problem solving and self-updating": 9 items
- "Interpersonal relationship skills": 7 items

b)      Eysenck Personality Inventory

The used instrument serves to measure two of the most important dimensions of personality proposed by Eysenck and Eysenck [19], introversion-extraversion and stability-instability. It consists of 57 items.

The normality test was applied and it was observed that the data did not follow a normal distribution. The test of kolmogorov-Smirnov was used to have more than 50 data in the dimension "N" and "E" and positive mental health, for not complying if $p > \alpha=0.05$, since all p-values do not comply with this assumption, a non-parametric test was applied which is the technique of Spearman's correlation, which complies since the variables are ordinal.

**Results**

Regarding the PMH level in the students evaluated (see Table 2), it was found that 58.7% of the students achieved scores corresponding to the medium level.

**Table 2:** Frequency and percentage distribution of PMH factors in college students

| Factor | Personal Satisfaction | | Prosocial attitude | | Self-control | | Autonomy | | Problem-solving and auto-update | | Interpersonal relationship skills | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Level | fi | % | fi | % | Fi | % | fi | % | fi | % | fi | % |
| Low | 2 | 0.6 | 288 | 80.4 | 128 | 35,8 | 42 | 11,7 | 157 | 43,9 | 2 | 0.6 |
| Medium | 182 | 50.8 | 70 | 19.6 | 184 | 51.4 | 202 | 56.4 | 163 | 45.5 | 115 | 32.1 |
| High | 174 | 48.6 | 0 | 0 | 46 | 12.8 | 114 | 31.8 | 38 | 10.6 | 241 | 67.3 |

**Figure 1:** Frequencies distribution and percentages of the PMH level in university students
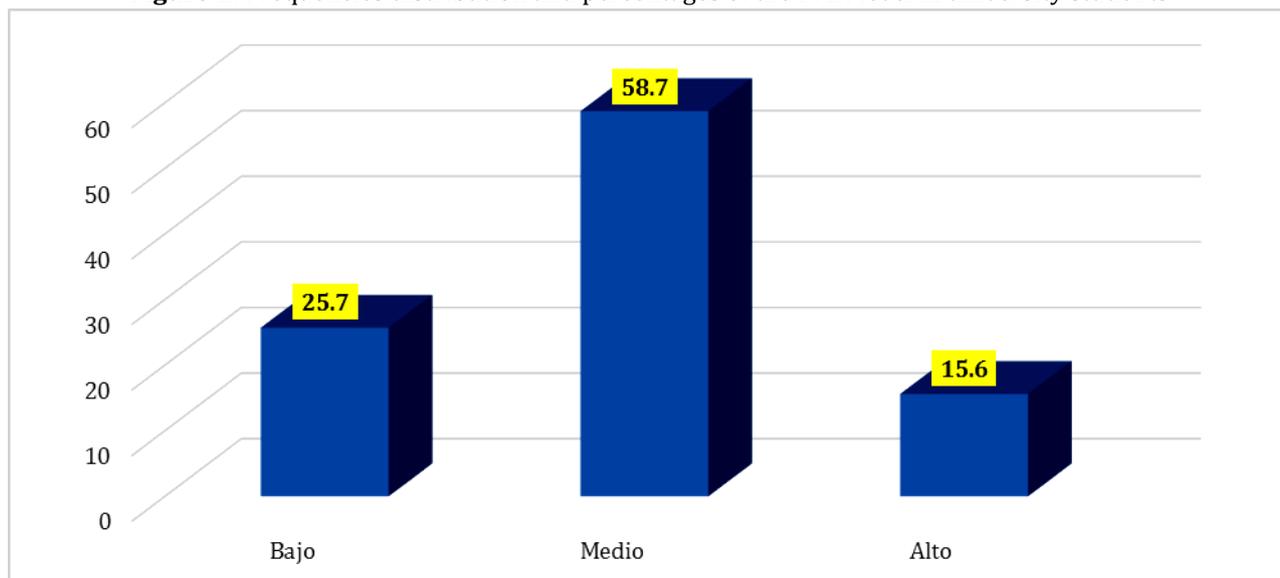


When analyzing the data normality (see Table 3), it is obtained that they do not follow a normal distribution applying the Kolmogorov-Smirnov test because they have more than 50 data. In the stability test, extroversion test, and positive mental health, they do not comply with p > α=0.05 since all p-values are 0.01, and they do not comply with this assumption. That is why a non-parametric test is applied, which is Spearman's correlation technique, considering that the variables are ordinal.

**Table 3:** Frequencies distribution and percentages of PMH and neuroticism dimension in university students

| Mental Health | | | "Neuroticism" dimension | | |
|---|---|---|---|---|---|
| | | | Stability | Instability | Total |
| Low | | N | 44 | 48 | 92 |
| | | % | 47.8 | 52.2 | 100.0 |
| Medium | | N | 79 | 131 | 210 |
| | | % | 37.6 | 62.4 | 100.0 |
| High | | N | 19 | 37 | 56 |
| | | % | 33.9 | 66.1 | 100.0 |
| Total | | N | 142 | 216 | 358 |
| | | % | 39.7 | 60.3 | 100.0 |

Concerning the neuroticism dimension, instability predominates with 60.3% among young university students, which is related to an average level of mental health. When analyzing the relationship between PMH and the Neuroticism "N" dimension in university students (see Table 4), a significance level or value of p=0.064 was obtained and as p =0.064 > α= 0.05, it is concluded that there is no correlation between PMH and the Neuroticism "N" dimension in the studied university students.

**Table 4:** Frequencies distribution and percentages of PMH and extroversion dimension "E" in university students

| Positive mental health | | Dimension "E" | | |
|---|---|---|---|---|
| | | Introversion | Extraversion | Total |
| Low | N | 13 | 79 | 92 |
| | % | 14.1 | 85.9 | 100.0 |
| Medium | N | 57 | 153 | 210 |
| | % | 27.1 | 72.9 | 100.0 |
| High | N | 18 | 38 | 56 |
| | % | 32.1 | 67.9 | 100.0 |
| Total | N | 88 | 270 | 358 |
| | % | 24.6 | 75.4 | 100.0 |

As for the extroversion dimension, most students present this characteristic with 75.4%. When analyzing the relationship between PMH and the extroversion dimension "E", a significance level or value of $p=0.007$ is obtained and as $p =0.007 < \alpha= 0.05$, it is concluded that there is a correlation between PMH and the extroversion dimension "E" in the analyzed university students.

**Discussion**

The developed research allowed us to determine the PMH levels and personality dimensions through correlation levels in a sample of university students. Results highlight the correlation between PMH and the personality's extroverted "E" dimension. That is, presenting extroverted personality traits can become an aspect which contributes to enjoying adequate positive mental health, but this does not occur with the neurotic dimension, the "N" dimension since it does not correlate with the PMH variable. The overall prevalence of mental health problems affecting children and adolescents is 10 to 20% [21]. The sector of university students cannot be left out, since it has been indicated that academic life is one of the greatest stressors in this sector because it confronts the student with social and financial problems [20].

Psychologists and scholars have long sought to understand how religion affects people's psychological well-being and how they cope with the stresses of daily life. According to several studies, this association has been confirmed to be true. The mental health and religion of the students were examined in this study to see how personality factors influenced the results.

The findings of this study appear to be in line with those of a previous one by [3], which found that religious practices have a positive impact on mental health through a variety of mechanisms, including healthy lifestyles, social interactions, methods of dealing with stress and anxiety, and positive affect. Similarly, [15] analyzed more than 800 papers and found that religious practices were linked to better mental health. This review found that numerous researches have indicated a strong link between religious observance and people's overall well-being. It was clear that religious persons had a higher quality of life and could better adapt to their circumstances. According to this research, students with depression and anxiety were shown to have a low level of religiosity. Islamic ideas and behavioral practices have been found to have a negative impact on depression and anxiety, which were examined in this study as mental health indicators. There is a general beneficial correlation between religiosity and mental health that further suggests that mental health professionals should examine the therapeutic role of religion [12] concluded from their review.

The study by Jahoda [22] identified PMH indicators in the university population of Armenia-Colombia. Lluch's PMH Questionnaire was used, showing that 91% of the participants had PMH indicators, a different result from the present research since the present research found that 58.7% are at the medium level and only 15.6% are at the high level. These differences respond to sociocultural conditions which affect the sample of students in a different way, considering that PMH is something that is built into the process of personal development and growth.

Researchers such as Magnus *et al.* [5] have identified that neuroticism is negative, since students experience more negative life events than other types of individuals, on some occasions; they tend to select events that allow them to adopt negative affectivity [23]. In this research, the neuroticism dimension predominates instability with 60.3% among university students and is related to an average level of mental health. For Larsen and Buss [10], extraverted subjects are predisposed to experience positive emotions and to have positive affection. This is usually manifested in establishing solid friendships and the dedication in a matter of time to carry out reinforcing social activities that affect their development as social persons and secure individuals in the processes of interpersonal interaction [24]. In this research, it was found that most students are extroverted.

Finally, the research concludes that there is a correlation between PMH and personality dimensions. After statistical processing, we found that there is a relationship between extroversion dimension "E" but not with neuroticism dimension "N", these findings are comparable with the results found by Lopez *et al.* [25], who determined that personality dimensions, such as subjective well-being and social adaptation, aspects related to extroversion dimension "E," are associated with mental health. Therefore, research should continue to be carried out on this subject since it is not properly discussed, and even less so at the university level.

**Conclusion**

Research on mental health and well-being of university students over the past 45 years has been summarized using Maria Teresa's mental health test to correlate the variables using Spearman's correlation technique. There are some noteworthy trends in the field's history and promising scientific patterns that could lead to a greater knowledge of mental health and well-being of university students worldwide. They have expanded significantly over the past decade, indicating that this sector has not yet achieved its mature stage and will continue to grow in the future [25]. Research in this area is also highly cross-disciplinary, resulted in collaborations between scientists working in various fields within the biological and behavioral sciences. The third benefit of this topic's research is that it is carried out by a diverse group of productive academics worldwide. This ensures that the field will continue to be shaped by future generations of scholars [26]. For the fourth time in the field's 45-year history, researchers have tackled a wide range of issues, including the measurement of mental health and issues such as positive mental health, illnesses of the mind, substance misuse, and counseling.

This study's findings show that positive personality qualities may modulate the two variables, lowering anxiety and sadness, while increase behavioral control and positive affect. There is some evidence that five major personality qualities of agreeableness, conscientiousness, extraversion, openness to experience, and extraversion have a role in the association between religiosity and mental health.

However, this study also uncovered several potential roadblocks to further study of on mental health and personality of university students and. It's not uncommon to find research that focuses on developed-world theoretical and disciplinary methods. More research from emerging economies and low- and middle-income countries (LMICs) should be conducted to provide an accurate picture of the area and ensure that all perspectives are represented [27]. As a result of these studies, administrators and

practitioners can learn how to better serve university students by expanding and enriching existing programs and initiatives that improve mental health and well-being in higher education settings [28].

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## Authors' contributions

All authors contributed to data analysis, drafting, and revising of the paper and agreed to be responsible for all the aspects of this work.

## Conflict of Interest

There are no conflicts of interest in this study.

## ORCID:

*Jose Luis Arias Gonzales*
*https://www.orcid.org/0000-0002-3250-5287*
*Alberto Patricio Lanchipa-Ale*
*https://www.orcid.org/0000-0002-4873-1123*
*Elena Guillermina Martinez Puma*
*https://www.orcid.org/0000-0002-9293-2862*
*Elmer Benito Rivera Mansilla*
*https://www.orcid.org/0000-0002-6107-4164*
*Paolo Alexander Santos Laura*
*https://www.orcid.org/0000-0001-9022-6481*

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