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A Comparison of Mental Health and Personality Types among Normal Children and Without Fathers

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Abstract

Background: The purpose of this study was comparing the mental health and Personality type between 10 to 13 year-old children, who live with father and those who lost their fathers.

Methods: For the purpose of this study, 300 female students (150 live with fathers and 150 lost their fathers) were recruited from all the Tehran students in academic year 1392-93 by available and Multi Stage clustering sampling method. This was a causal-comparative study. The data collection instrument was GHQ Scale and Personality type Scale. Pearson correlation, Mann-Whitney test and Chi – square were used to analyze data. Data was assessed with the SPSS 18 software.

Results: Based on Mann-Whitney U test, there was no significant difference between mental health of children who live with fathers and those who lost their fathers ($P > 0.05$). As a result of Chi – square test, there is no relation between personality type and having or losing father ($P > 0.05$). Based on Pearson correlation test, There was no significant difference between mental health and personality type ($p \geq 0.05$).

Keywords: Mental health, Personality type, Children, Father.

Introduction

The family is considered to be the smallest, most fundamental social institution. Society's health is dependent on the family's health. Parents constitute the main pillars of the family; therefore the presence of both parents is necessary to create healthy personalities in children. Children

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deprived of the presence of one of their parents are deprived of a proper education and may face deficiencies in their lives. The presence of both parents in the family can foster mental and physical health, self-concept development, emotional development, inner satisfaction, social skills and academic achievement in children in addition to strengthening their self-esteem and confidence in later years. The father, as one of the main pillars of the family, plays a significant role in satisfying emotional and economic needs. He also plays a major role in assisting children to make important decisions at different stages of their growth.

The family is the first environment in which the foundations of one's physical, emotional and personal traits are laid. It plays an important role in one's physical and mental health (Repetti, Taylor, & Seeman, 2002). Meanwhile, the family is the most important factor in building a child's personality (Motamedi, 1387). Parents play key roles in their children's lives and are responsible for their children's care, education, discipline and managing their lives. Parents are considered to be primary, underlying factors in a child's development and socialization (Briesmeister & Schaefer, 2007); therefore, the absence of a parent in the family environment disrupts the family balance which produces adverse effects on a child's normal development (Black & Logan, 1995).

Previously, fathers were the sole income generators of the family and mothers were only responsible for the care and rearing of children (Lamb, 2004). Fathers were assumed to play a minor role in their children's lives, with less direct importance to their development (Flouri, 2005). However, in numerous studies there has been great emphasis on the father's presence in the family and his important role in children's mental health (Lamb, 2004).

A child's attachment to his father forms from the first year of life and increases in later years. In the presence of the father during these years, the child's attention, concentration, emotional discipline and social cognition develops (Parke, et al., 2002). We can say with absolute certainty that as with the mother, the father is a main pillar of the family and his absence can cause serious damages to a child's development (Seligman, 1975). Identification

with the father is the major factor in the development of conscience, feeling of competence, assertiveness and obtaining an appropriate behavior model in boys. It also plays an important role in the process of socialization, strengthens, self-esteem and development of the internal locus of control in boys (Earls, 1977). Fathers who have a positive, effective relationship with their children spend more time with them and have a warm, close relationship. They raise children with fewer problems and more accepted social behavior (Hurt, Hoza, & Pelham Jr, 2007). Additionally these children have a greater feeling of academic competence and achievement (Amato & Gilbreth, 1999). The father, as a strong and reliable attachment figure, tremendously impacts a child's psychological development (Mercer, 2002). His presence in the family increases compatibility and reduces aggression in boys, reduces anxiety and depression in both girls and boys, and plays an important role in their proper sexual orientation (Earls, 1977).

Since the advent of man and the formation of human societies, the concepts of health and illness have existed. For each period of time, special definitions of health have been provided. Curtis (2000), Harris and Standard (2001) believe that since the year 2000, a new line of research in psychology has emerged. This science has shifted its route from mere focus on pathology to the investigation of human strengths, skills and talents. Health is a multidimensional concept that, in addition to not being sick or disabled, includes happiness and well-being (Larson, 1991).

The World Health Organization (W.H.O.) considers health as a state of complete physical, mental and social well-being and describes it as a man's complete ability to play social, psychological and physical roles. Mental health, considered a part of general health, is also described as feeling fine and being sure of one's self-efficacy, self-reliance, power of competition, intergenerational belonging and the flourish of intellectual, emotional and physical potentials (Herrman, Saxena, & Moodie, 2005). Carson (1996) considers that enjoying life, being able to control one's behavior, making accurate assessment of facts, being effective and having a sense of self are signs of Positive mental health.

Individuals are equipped with special personal characteristics that enable them to participate in the community, confront different situations, and different people (Kemmelmeier, Danielson, & Basten, 2005). These personal characteristics are not only affected by factors such as the family, community and peer groups, but such characteristics also mutually affect these groups (Barry, Lakey, & Orehek, 2007).

Personality type is defined by a set of personal characteristics that evaluates and distinguishes individuals (Shafiabadi, 2008). Personal characteristics are deeply related to the way people perceive and interpret the world and respond to stressful events, hence awareness of these characteristics is useful for dealing effectively with life problems (Kleinke, 1991). According to behavioral patterns, the personality can be divided into two types, A and B (Rosenhan & Seligman, 1995). The behavioral patterns of these two types have been identified in the 1950s by two specialists, namely, Friedman and Rosenman.

Although some people create or exacerbate stress by having a number of irrational beliefs, others create stress because they have type A personality. Type A individuals are characterized by three criteria: i) having an extreme sense of time urgency; ii) being competitive and ambitious; and iii) being aggressive or hostile, particularly when confronted with out of control situations (Rosenhan & Seligman, 1995). These individuals tend to emphasize the negative aspects of events (Rathus, 2011), exhibit low intrinsic satisfaction (Joshi, 2005) and poor judgment (Robbins, 1996). Type A personalities perform best when working alone. Because of their haste, these personalities make poor decisions and are rarely creative (Randolph & Blackburn, 1989). Type A people are more competitive than type B people (Ortega & Pipal, 1984); they view the world as a threatening, hostile place. This viewpoint results in a permanent emergency response (Rosenhan & Seligman, 1995). Hostility, which is one the main characteristics of the type A personality can have an underlying genetic, racial or social cause (Anderson, 1993), whereas type B individuals are more relaxed (Joshi, 2005) and exhibit less anger (Carver & Scheier, 1992). They attach importance to

the quality of life. Such people are less ambitious and impatient, yet well-organized and careful (Yarnold & Grimm, 1982).

Numerous studies have been conducted on the relation between the presence of fathers in families and personality. Earls (1977) investigated the impact of the father's absence on personality, adjustment and mental health of children and concluded that the father's presence in the family had a beneficial effect on the formation of a child's personality. Adams et al. (1984) also investigated the father's main role in the development of the fundamental characters of the child's personality. They observed that trauma caused by an absent father could have a major influence on personality formation. Seligman (1975) believed that the absence of fathers led to adverse psychological outcomes in children. Nouri et al. (2004) found a significant relation between parental absence during childhood and adolescence to major depression in adulthood. Heidari et al. (2008) reported a significant difference between female university students with absent and non-absent mothers and between male university students with absent and non-absent fathers in terms of at least one of the personality traits of neuroticism, extraversion, openness, agreeableness and conscientiousness. Elyasi (2006) showed in his study that the prevalence of histrionic, schizoid, paranoid and passive-aggressive disorders increased in children who lost their fathers in the war. Keramati et al. (2007) found a significant relation between two groups of children – those with absent and non-absent fathers in terms of the prevalence of behavioral disorders. Shahgholian (2009) observed that students with working fathers who were not continually present at home had increased behavioral disorders compared to children whose fathers worked but spent more time at home. His studies showed a significant difference between the two groups in the subscales of hyperactivity-aggression, anxiety-depression, lack of attention and distractibility. Flouri and Buchanan (2003) stated that a father's involvement at the age of 7 years prevented psychological maladjustment in adolescence. They reported that a father's involvement at the age of 16 prevented psychological distress among women during adulthood. These researchers reported no differences between the impact of father's and mother's presence in adolescence on adult mental health. According to

Gomez and McLaren (2006), enjoying both parents' support prevented anxiety and depression (avoidant coping style). As they observed, the support of both parents was a protecting factor against anxiety and depression. Geller et al. (2012) observed a significant increase in aggressive behavior and attention problems among children whose fathers were incarcerated. According to their research, the loss of a father because of incarceration had a more damaging effect than the loss of a father from other reasons. In another study (McLanahan, Tach, & Schneider, 2013), the negative effects of a father's absence on child's welfare has been shown. Culpin et al. (2013) showed that the absence of a father in early childhood increased the risk of depression among 14 year-old children, particularly girls. These researchers did not find any symptoms of depression in 14 year-old adolescents whose fathers were absent during middle childhood.

Other studies observed no significant differences between single- and two-parent adolescents in terms of personality traits. Khedri and Asgari (2011) reported no significant difference between single- and two-parent students in terms of personality traits of neuroticism, extraversion, openness, consent and conscientiousness. In a study of the relationship between childhood distress and depression, Izadi (2006) reported the physical absence of parents as an ineffective factor. He found that the relationship between parents and children affected character determination and formation of emotional symptoms and disorders. Sabeti (1978) believed that the father's absence, in itself, could not be considered an important factor in the development of the child's personality. In a study by Flouri (2006), participation of non-resident fathers and their number of contacts was not predictive of social behavior or problems in children. After controlling for other factors, the participation of non-resident fathers did not predict children's problems or social behavior.

Most studies have shown that in comparison with children who live with their fathers, those with absent fathers exhibit some failures and weaknesses in numerous aspects. These weaknesses are particularly observed in achievement motivation, interest in excellence, interest in skills development, perseverance and tolerance of negative life events. Meanwhile, children with

absent fathers have lower self-esteem and lower tolerance in delaying their needs. As a result, they have less social coping skills and more anxiety, depression, presence of neurological conditions and more intent to commit suicide. Previous studies have shown that a father's absence can cause and exacerbate affective-behavioral disorders and problems in children and adolescents (Mott, Kowaleski-Jones, & Menaghan, 1997). In a study by Tehrani et al. (2012), a significant relationship between personality type and mental health existed. People with type B personality had better mental health. These researchers determined that life events were significantly associated with mental health. Kotov et al. (2010) performed a study on the relationship between personality traits, anxiety, depression and substance use disorders. They have found that common mental disorders were strongly associated with personality, both of which have similar characteristics.

Based on the above discussion, the role of parents in children's emotional and psychological needs, personality formation and mental health is undeniable. When children are deprived of parental presence, it produces adverse effects on their normal growth. The presence of both parents increases consistency and reduces anxiety and depression in children. The absence of parents, especially in the early years of growth, prevents the formation of mental health in children. Given the importance of the relationship between parents and children and the effects of parents' absence on children, this study aims to compare the effects of fathers' absence on children's mental health with regard to their personality types. This study seeks to answer this important question: "Are there any differences between mental health and personality types of children from 10-13 years of age with absent and non-absent fathers?"

This study examines the following research hypotheses:

1. There is a significant difference between mental health in children, 10 to 13 years of age with absent and non-absent fathers.
2. There is a significant difference between personality types in children, 10 to 13 years of age with absent and non-absent fathers.

3. There is a significant relation between mental health and personality types in students with absent and non-absent fathers.

Materials and Methods

This was a causal-comparative (ex post facto) study. The population consisted of all female students aged 10 to 13 years who resided in Tehran during the academic year 1392-1393. The sample consisted of 150 female students whose fathers were absent and 150 female students whose fathers were not absent. Children with non-absent fathers were chosen by multi-stage cluster sampling and those with absent fathers were chosen by the available sampling method.

Measuring tools

General Health Questionnaire (GHQ-28)

The General Health Questionnaire (GHQ-28), developed by Goldberg and Hillier (Goldberg & Hillier, 1979), is a screening questionnaire based on the self-reporting method. GHQ-28 is used to track individuals with mental disorders. The original version consists of 60 questions (Goldberg, 1972). Of note, this study has used the 28-question version which consists of two subscales - anxiety and depression.

The reliability and validity of the General Health Questionnaire was verified in different studies (Goldberg, 1972). Taghavi (2001) used three methods, the retest, split half and internal consistency in order to determine validity. Retest results were 0.72 for the overall questionnaire and 0.68 for the anxiety and depression subscales.

Personality Type A and B Questionnaire (Friedman and Rosenman Structured Questionnaire)

This questionnaire was developed by Friedman and Rosenman (1974) to assess type A personality. The questionnaire consists of 25 questions where subjects give yes or no answers. In this test a score of 13 is considered average, scores greater than 13 are indicative of type A personality, whereas scores less than 13 represent a type B personality. Subjects who score less

than 5 have a strong type B personality and those with scores over 20 are considered to have strong type A personalities (Ganji, 2010).

The questionnaire's reliability was verified in a number of studies (Rosenman & Chesney, 1982). The test-retest reliability of this questionnaire was greater than 0.70 in the majority of studies. Using the convergent construct method, the validity of the questionnaire was calculated to be greater than 0.80 (Ganji, 2010). In this study, subjects who scored equal to or higher than 13 were considered to have a type A personality whereas those who scored less than 13 had a type B personality.

Results

Descriptive statistics

According to Table 1, the mean score for the general health and anxiety subscale was 16.04 ± 4.53 for the group with absent fathers and 16.16 ± 3.98 for the group with non-absent fathers. In the depression subscale these values were 15.6 ± 4.68 for the group with absent fathers and 15.8 ± 4.55 for the group with non-absent fathers. In terms of type A personality, the mean score was 2.35 ± 1.25 for the group with absent fathers and 2.32 ± 1.05 for the group with non-absent fathers. For type B personality, these values were 2.16 ± 1.06 for the group with absent fathers and 2.33 ± 1.16 for the group with non-absent fathers. For A-oriented personality type, the mean values were 2.17 ± 1.21 for the group with absent fathers and 2.17 ± 1.20 for the group with non-absent fathers. For the B-oriented personality type, these values were 2.06 ± 1.08 for the group with absent fathers and 2.11 ± 0.99 for the group with non-absent fathers. According to the obtained mean values, we observed no difference in mental health between the groups. However, for type A personality children with non-absent fathers scored higher than those with absent fathers. Conversely, for type B personality those with non-absent fathers scored higher than children with absent fathers.

Table 1. Descriptive statistics of variables separated into subscales.

Test	Subscales	Father	Mean	Standard deviation	Cronbach's alpha
General Health	Anxiety	absent	16.04	4.53	0.69
		non-absent	16.16	3.98	
	Depression	absent	15.06	4.68	
		non-absent	15.8	4.55	
Type A and B personality	A personality type	absent	2.35	1.253	0.62
		non-absent	2.32	1.05	
	B personality type	absent	2.16	1.06	
		non-absent	2.33	1.16	
	A-oriented personality type	absent	2.17	1.21	
		non-absent	2.17	1.20	
	B-oriented personality type	absent	2.06	1.08	
		non-absent	2.11	0.99	

According to the Personality Type A and B Questionnaire, children with absent and non-absent fathers fall into four categories of personality types (Table 2).

Table 2. Frequency and percentage for the subscales of the Personality Type A and B Questionnaire.

Subscales	Father	Frequency	Percentage
A personality type	absent	2	1.3%
	non-absent	2	1.3%
B personality type	absent	8	5.3%
	non-absent	6	4.0%
A-oriented personality type	absent	42	28.0%
	non-absent	49	32.7%
B-oriented personality type	absent	98	65.3%
	non-absent	93	62.0%

Table 3. Frequency and percentage for personality types, anxiety and depression scales.

Depression		Anxiety			
non-absent	absent	non-absent	absent		
0	0	2	0	Frequency	A personality type
0%	0%	1.3%	0%	Frequency percentage	
4	4	5	4	Frequency	B personality type
2.7%	2.7%	3.3%	2.7%	Frequency percentage	
11	10	13	17	Frequency	A-oriented personality type
7.3%	6.7%	8.7%	11.3%	Frequency percentage	
22	27	24	28	Frequency	B-oriented personality type
14.7%	17%	16%	18.7%	Frequency percentage	

According to Table 3, only two subjects had type A personalities. Among type B subjects with absent and non-absent fathers, the risk of anxiety and depression was greater in children whose fathers were absent. In subjects with a tendency toward type A personality, the risk for anxiety and depression was more in children with absent fathers. Among subjects with a tendency toward type B personality there was a greater risk for anxiety and depression in those with non-absent fathers.

Inferential statistics

Table 4. Kolmogorov-Smirnov test

Test	Subscale	K.S statistic	Frequency	Significance level
General Health	Anxiety	2.46	300	0.00
	Depression	1.9	300	0.00

According to table 4, the values for the anxiety (2.46) and depression (1.9) subscales obtained from the Kolmogorov-Smirnov test and based on their significance level (sig=0.00), it could be said that variables were not normally distributed. Hence, we used the Mann-Whitney test to evaluate the study's hypotheses.

The first hypothesis: "There is a significant difference between mental health in children from 10 to 13 years of age with absent and non-absent fathers."

Table 5. Evaluation of the differences between general health in children with absent and non-absent fathers according to the Mann-Whitney test.

Test	Group	Average rating	Mann-Whitney statistic	Z statistic	Significance level
General Health	absent	159.35	9922.5	-1.769	0.077
	non-absent	141.65			

As seen in Table 5, the Mann-Whitney statistic equaled 9922.5 and the Z statistic value equaled -1.769, with a significance level of 0.077 ($P > 0.05$). Thus, there was no significant difference between the groups.

Table 6. Mann-Whitney test for the evaluation of the differences between the General Health Questionnaire (GHQ-28) subscales in children with absent and non-absent fathers.

Test	Group	Average rating	Mann-Whitney statistic	Z statistic	Significance level
Anxiety	absent	148.19	10903.500	-.463	.643
	non-absent	152.81			
Depression	absent	146.37	10630.000	-.828	.408
	non-absent	154.63			

Table 6 shows the results for the GHQ-28 subscales. The Mann-Whitney statistic for the anxiety subscale equaled 10903.5, the Z statistic equaled -0.463, and the significance level was 0.643 ($P > 0.05$). As a result, we observed no significant difference between the groups. The results obtained for the depression subscale showed that the Mann-Whitney statistic equaled 1063, the Z statistic equaled -0.828, and the significance level was 0.408 ($P > 0.05$). There was no significant difference between the groups.

The second hypothesis: "There is a significant difference between personality types in children from 10 to 13 years of age with absent and non-absent fathers."

We used the chi-square correlation test to investigate the effect of having absent or non-absent fathers on the personality type of children, 10 to 13 years of age. The null hypothesis was the independent of the two variables and the alternative hypothesis was the dependent of the two variables. Therefore, the personality type of children age 10 to 13 years was dependent on absent or non-absent fathers.

Table 7. Chi-square correlation test

χ^2 statistic	Degree of freedom	Significance level
0.955	3	0.812

Table 7 shows chi-square equal to 0.955 and a significance level of 0.812 ($P > 0.05$). As a result, the null hypothesis was not rejected. It could be said with 95% confidence that having absent or non-absent fathers was independent of the personality types in children of ages 10 to 13 years.

The third hypothesis: "There is a significant relation between mental health and personality types in students with absent and non-absent fathers."

Table 8. Spearman correlation test.

Test	Group	Anxiety		Depression	
		Significance level	Spearman Correlation Coefficient	Significance level	Spearman Correlation Coefficient
Personality type	absent	0.426	-0.065	0.717	-0.03
	non-absent	0.088	-0.14	0.556	-0.048

According to the results of Table 8 the observed correlation coefficient between personality type and anxiety equaled -0.065 and the correlation coefficient between personality type and depression equaled -0.03 in children with absent fathers. The correlation coefficient between personality type and anxiety equaled -0.14 and the correlation coefficient between personality type and depression equaled -0.048 in children with non-absent fathers.

Given that the obtained significance was greater than the significance level ($P \geq 0.05$), hence the correlation was not significant. Therefore this hypothesis was rejected. It could be said with 95% confidence that no significant relation existed between mental health and personality types in children with absent and non-absent fathers.

Discussion

The aim of this study was to compare mental health and personality types in children from 10 to 13 years of age with absent and non-absent fathers in Tehran, Iran. We enrolled a total of 300 children chosen by either multi-stage cluster sampling or available sampling methods. Participants were evaluated with the GHQ-28 and Personality Type A and B Questionnaire (Friedman and Rosenman Structured Questionnaire). We used the Mann–Whitney, chi square correlation, and Pearson correlation tests to evaluate our hypotheses.

The results of this study showed an insignificant difference between mental health in children with absent and non-absent fathers. This conclusion supported results obtained by Izadi (2006). Izadi did not introduce the physical absence of parents as an effective factor in the study of childhood disorders and depression. According to his studies, the relationship between parents and children was effective in determining personality and emotional disorders. Flouri (2006) also showed that participation of non-resident fathers and their number of contacts was not predictive of social behavior or problems in children.

The result of this hypothesis differed from the results of other studies that showed significant differences in mental health of children with absent and non-absent fathers. Seligman (1975) believed that the absence of fathers led to adverse psychological outcomes in children. Adams et al. (1984) stated that the trauma caused by the loss of a father could have a major impact on shaping the personality. Kasen et al. (1996) and Mott et al. (1997) reported a higher prevalence of anxiety and depression in children with absent fathers compared to those with non-absent fathers. Meanwhile, the absence of fathers has been shown to cause and exacerbate emotional problems and disorders in children and adolescents. Nouri et al. (2004) also found a significant relation between parental absence during childhood and adolescence to major depression in adulthood. Elyasi (2006) observed an increased prevalence of histrionic, schizoid, paranoid and passive-aggressive disorders in children who lost their fathers in the war. Keramati et al. (2007) found a significant difference between children with absent and non-absent fathers in terms of the prevalence of behavioral disorders. In another study, Shahgholian (2009)

found a significant difference between students with fathers who were continually present in the home and those whose fathers worked but were not continually present in terms of hyperactivity, aggression, anxiety, depression, lack of attention and distraction. Flouri and Buchanan (2003) showed that fathers' involvement prevented psychological maladjustment in adolescence. As their study showed, participation from both parents was effective on adults' mental health. Gomez and McLaren (2006) believed that support from both parents prevented anxiety and depression in children. Another study observed a significant increase in aggressive behavior and attention problems among children whose fathers were incarcerated (Geller, et al., 2012). An evaluation by McLanahan et al. (2013) also showed the negative effects of a father's absence on welfare. According to Culpin et al. (2013) the father's absence in early childhood increased the risk of depression in adolescents, which was particularly observed in girls.

The study results proved that personality type was not significantly related to the presence or absence of fathers. This was consistent with the results of studies by Sabeti (1978) and Khedri and Asgari (2011). Sabeti (1978) showed that a father's absence was not an important factor in the development of a child's personality. Khedri and Asgari (2011) found no significant difference between students of single- and two-parent families in terms of personal characteristics.

These results contrasted findings by Earls (1977) and Heidari et al. (2008). Earls (1977) reported that the father's presence in the family had a beneficial effect on the formation of a child's personality. Heidari et al. (2008) found a significant difference between female university students with absent and non-absent mothers and between male university students with absent and non-absent fathers in terms of at least one personal characteristic.

The Pearson correlation test did not show a significant correlation between mental health and personality types between the two groups of children. This result was inconsistent with a study by Tehrani et al. (2012). According to their study, personality type had a significant relationship with mental health; people with type B personality had better mental health. Kotov et al. (2010)

also found a significant relation between mental disorders and personality. Their finding was also inconsistent with the result of the current study.

Conclusion

These inconsistencies between the current study results and previous studies can be attributed to various factors such as demographic characteristics of the sample, measuring tools, and bias in the responses to the questionnaires.

Despite the fact that in this study we have observed no significant difference in terms of mental health in children with absent and non-absent fathers, it is suggested that parents have appropriate, constructive interaction with their children and strive for their excellence by creating a safe environment. Interaction between parents and children is undoubtedly confirmed by the above. It has been proposed that counseling services be extended to orphanages in order to assist orphans with problems that arise from the absence of supervisors.

Study limitations included the difficult access to children of families with absent fathers which led to the use of available sampling. Another limitation was the use of only one level of education (secondary) for which the final results were generalized to this group. The study population consisted of only girls; therefore we cannot generalize the results with absolute certainty to all boys.

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