Clin Schizophr Relat Psychoses
Volume 16:S4, 2022
Doi: 10.3371/CSRP.BRAK.061322

Clinical Schizophrenia & Related Psychoses

Research Article

Hybrid Open Access

Relationship among Locus of Control, Personality Type, and Subjective Happiness among Conversion Patients and Healthy individuals

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Abstract

Aim: The purpose of the study was to investigate the relationship between external-internal locus of control, personality types, and subjective happiness among the conversion patients and healthy individuals.

Method: A quantitative cross-sectional research design was operationalized with a purposive non-probability sampling technique. 319 data including 172 conversion patients and 147 healthy individuals were selected from KSA, UAE and Pakistan.

Findings: Results indicate that subjective happiness negatively correlated to the internal locus of control (r=-71*), whereas positively correlated to the external locus of control on general correlation (r=.83**). A separate correlation indicates that the subjective happiness of a conversion patient is negatively correlated to the internal locus of control (r= -61*) and positively correlated to the external locus of control (r=.71**), where an inverse pattern was observed for healthy individuals showing the positive correlation between subjective happiness and internal locus of control and negative correlation with an external locus of control (r = -71*).

Conclusion: Personality preferences introvert, sensing, feeling, and perceiving account more for conversion patients whereas extraversion, Intuition thinking, and judging explain the characteristics of healthy individuals. These personality preferences give insights into the patient's personality types and their potential risk of acquiring conversion disorder. A significant step should be considered to assess the personalities of individuals to understand the underlying causes of conversion and make a better intervention.

Keywords: Conversion patients • Healthy individuals • Locus of control • Personality type • Subjective happiness

Introduction

Happiness is the direction of a positive outlook toward pleasant life, engage life, and meaningful life [1]. Nowadays, where people are facing many difficulties in life due to hazardous situations. The world has become materialistic and there are no such values for care, security, and comfort to anyone. That is why this has been a good subject of interest for social sciences. Subjective happiness is the innate feeling of pleasure, joy, and contentment even facing any thick or thin of life [2]. A person is considered subjectively happy which means that he felt happiness from his inner self despite the difficulties he was facing in his life. Experiencing frequent positive emotion enhance our positive vision by putting everyone in a similar shoe through increments of blessings and gratification [3]. According to research happiness is composed of three constituents' i.e., genes, life circumstances, and one's choice [4]. All these constituents make one life the happiest and vice versa. Genetic, circumstantial, and choice components constitute the development and maintenance of one's subjective happiness. Subjective happiness shed light on some of the enduring characteristics of an individual because when someone is innately happy, he expresses some of his inner feelings which give the address to his personality [4].

Therefore, subjective happiness also plays an important role concerning personality types [5]. Personality is considered a trait or characteristic that distinguishes a person from another person [6]. Psychology depends upon

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Received: 14-May-2022, Manuscript No. CSRP-22- 63866; **Editor assigned:** 16-May-2022, PreQC No. CSRP-22- 63866 (PQ); **Reviewed:** 30-May-2022, QC No CSRP-22-63866; **Revised:** 06-June-2022, Manuscript No. CSRP-22- 63866 (R); **Published:** 13-June-2022, DOI: 10.3371/CSRP.SGSN.061322.

individual differences; these differences underline work with the personality type. These personality types are also responsible for the feeling of happiness, contentment, sadness, discussion, etc. Therefore, these traits reduce or enhance the vulnerability of a person to acquire a certain type of disease or disorder. Psychological disorders were also affected by the individual perception of the world, others, and self, which is known as locus of control. Locus of control is defined as the perception of control of a person he might think that his action or thoughts are controlled by the external world or by himself [7].

Therefore, it is important to study subjective happiness in relationship to the personality type and locus of control among the conversion patient and healthy individuals. A comparative study gives insight into the personality types which are associated with the type of Locus of control either external or internal and in return is relationship or impact on the subjective happiness of an individual [8]. According to past research, certain personality types are vulnerable to certain psychological disorders. These disorders at the initial stages bring sadness, loneliness, apprehensions, and preoccupation with that. Similarly, the locus of control also affects one subjective happiness. Internal locus of control an individual relies on his abilities, trades, and subjective achievements to decide about oneself whereas in an external locus of control an individual relies on others for their decisions and feels that others are controlling their life even if they do not have control over themselves [9].

In this study, we explore the interplay of personality type with the locus of control both as internal or external locus of control and subjective happiness among the conversion patient and healthy individual. We hypothesize that locus of control plays a moderating role between the personality type and subjective happiness among the conversion patient and healthy individuals.

Materials and Methods

Participants

We conducted a qualitative cross-sectional study of 319 participants (males=161, females=158) from the middle socioeconomic status group of Pakistan, Saudi Arabia, and UAE. The median age range of the research participants was 36 (18-57). Participants were divided into two groups, based on their psychological condition. The first group includes conversion patients (CP, n=173) and the second group includes the healthy individuals (HI, n=147).

Questionnaire

Research participants were asked to fill in a questionnaire consisting of which was divided into four parts. In the first part, they were asked about their demographic information about themselves.

The rest of the part consists of questionnaires dealing with the participant personality types PT, locus of control LOC, and subjective happiness SHS. Participants fill out questionnaires authentically and reliability based on their innate self.

The Myer Briggs Type Indicator (MBTI) is a validated instrument that has good sensitivity and specificity for detecting specific personality types [10]. The short form of MBTI is composed of twenty items and was dichotomous. Each dichotomy represents the specific combination of responses to make the distinct type of personality preferences and these preferences combine to make a personality type. These preferences include Extroversion-Introversion, Sensing-Intuition, thinking-Feeling, and Jugging-Perceiving [11]. MBTI scoring assumed that items that are responsible for the Extroversion-Introversion dichotomy were tally marked greater tally mark representing the preference time and the rest was the same. After obtaining scores from preferences combines the four preferences and respective type of personality is obtained [12].

The next part includes the Subjective Happiness Scale (SHS) is reliable and has a high value of generalizability in identifying the participants' subjective happiness cross-culturally [13]. Scale is four items with 7-point Likert types, and each Likert point has its representation for all four items. Two items represent the range from less happy to happier concerning peers, family, and others, whereas the other two represent the degree to which they describe the characters as described. Higher scores on the SHS scale represent a high level of subjective happiness and lower scores represent a low level of subjective happiness [14].

The last part of the questionnaire represents the Kurzskalen Zur Messung von Kontrollüberzeugungen in Bevölkerungsjumfragen KMKB scale for the measurement of locus of control was used. KMKB has two sub-scales representing the external locus of control and internal locus of control [15]. KMKB is six items 5-point Likert scale divided equally into two sub-scales. Scoring represents 1 for applying to me to a very great extent to 5 for does not apply to me at all. Two external locus of control items (item number 3 and 5) were adopted from the GSOEP [16]. A higher score on each scale represents a high perception either internally or externally.

Science all the participants were belonging to Islamic background from Saudi Arabia, Pakistan, and UAE. So, due to socio-cultural differences scales were adapted according to our social norms and participants were unable to understand English for this reason scales were translated from English to Urdu and Arabic by using back-to-back translation [17].

Statistical analysis

The skewness and kurtosis were used to assess the normality of the data set distribution. Two scales were scalar, and one was a nominal variable normal distribution, numerical was described from the mean and standard deviation. The mean comparison was assessed by independent sample t-test and Mann-Whitney U test depending upon the parametric and non-parametric assumptions. There was no missing data in the data set. The correlation between the variables was determined using the Pearson product-moment correlation and Spearman's rank-order correlation coefficient. $p<0.05$ was considered statistically significant. To determine the internal consistency of the Locus of Control and Subjective Happiness Scale Cronbach's alpha reliability was used and for Myers Briggs Type Indicator MBTI scale Krippendorff's alpha reliability was used. The analysis was conducted using the SPSS software (ver. 26.0).

Results

The Cronbach's alpha reliabilities for the Locus of Control subscale i.e., internal locus of control and external locus of control and subjective happiness for our sample was .96, .88, and .91 respectively and Krippendorff's alpha reliability for the Briggs Type Indicator MBTI sub subscale i.e., extroversion-introversion, sensing-intuition, -thinking-feeling, judging-perceiving were 0.87, 0.67, 0.77, 0.84, respectively.

Scores achieved by the research participants on the scales used in the research and the difference between two groups of participants i.e., conversion patients and healthy individuals are presented in Figure 1. Correlation between the research numeric variables can be observed in Table 1.

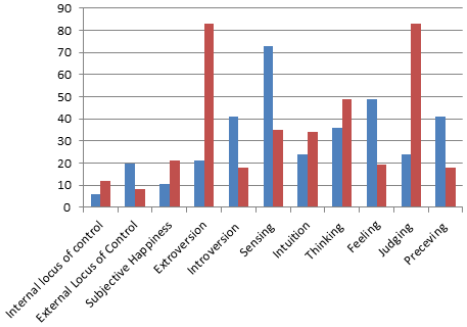

Figure 1. Conversion Patient (CP) and Healthy Individuals (HI) participants'responses on score on Locus of Control scale (LOC), Internal Locus of Control (ILOC), External Locus of Control (ELOC), Subjective Happiness (SH), Personality Preferences (PP) and difference between the groups.

Note: (▬) Conversion Patient, (▬) Healthy Individuals

Table 1. Correlation (Pearson Product moment and Spearman rank-order correlation) ILOC (Internal Locus of Control), ELOC (External Locus of Control), SH (Subjective Happiness) and (personality types).

	M	SD	ILOC	ELOC	SH	E-I	S-N	T-P	J-P
ILOC	9.21	3.41	-	-.81**	-.71**	.78**	.76**	.65*	.58*
ELOC	13.60	7.64	-	-	.87**	.84**	.78**	.67	.82**
SH	15.61	5.82	-	-	-	.67*	.82*	.72*	.63*
E-I	164.33	28101	-	-	-	-	.86**	.51*	.83**
S-N	166.07	28398	-	-	-	-	--	.79*	.72**
T-F	153.48	26236	-	-	-	-	-	-	.63*
J-P	167.39	28623	-	-	-	-	-	-	-

Note: **p<0.01, Spearman's rho/ Pearson Product moment correlation

*p<0.05, Spearman's rho/ Pearson Product moment correlation

A separate Correlation between Locus of Control and Subjective Happiness among the Conversion Patient and Healthy Individuals can be observed in Table 2. The scores of the MBTI, SH, ILOC, and ELOC were divided into two categories based on their psychological health condition. The frequencies of these categories are presented in Table 3.

Table 2. Separate Correlation between Locus of Control and Subjective Happiness among the Conversion Patient and Healthy Individuals.

Sr.no	Variables	n	M	SD	SHE	ILOC	ELOC
Conversion Patients							
1.	SHS	172	10.72	3.10	-	-.61*	.71**
2.	ILOC	172	12.05	1.09	-	-	-.74**
3.	ELOC	172	8.17	4.20	-	-	-
Healthy Individuals							
1.	SHS	147	21.34	1.20	-	.83**	.69**
2.	ILOC	147	5.90	1.85	-	-	-74**
3.	ELOC	147	19.9	5.58	-	-	-

Note: N=number of participants. M=mean S.D=standard deviation. SHS = Subjective Happiness Scale. ILOC= Internal Locus of Control. ELOC=External Locus of Control.

** = highly significant.

* = Significant.

Table 3. Frequencies and percentages of personality types of categories depend upon the Myers Briggs Type Insulator. (n=319). .

		CP n (%)	HI n (%)	Total n (%)
Locus of Control	ILOC	69(12)	250(78)	(319)100
	ELOC	223(69)	96(31)	(319)100
Subjective happiness		71(25)	241(75)	(319)100
	ESTJ	4(1)	26(9)	30(10)
	ESTP	1(.5)	5(1.5)	6(2)
	ESFJ	6(2)	54(17)	60(19)
	ESFP	5(2)	11(3)	16(5)
	ENTJ	2(.5)	6(1.5)	8(2)
Personality types	ENTP	1(.5)	5(1.5)	6(2)
	ENFJ	2(1)	7(2)	9(3)
	ENFP	5(2)	11(3)	16(5)
	ISTJ	12(4)	6(2)	18(6)
	ISTP	9(3)	6(2)	15(5)
	ISFJ	9(3)	6(2)	15(5)
	ISFP	29(9)	18(6)	47(15)
	INTJ	26(8)	9(3)	35(11)
	INTP	4(1.5)	2(.5)	6(2)
	INFJ	11(4)	2(.5)	13(4.5)
	INFP	9(3)	6(2)	15(5)

	E-I	109(34)	210(66)	319(100)
	S-N	237(74)	82(26)	319(100)
Personality preferences	T-F	96(30)	223(70)	319(100)
	J-P	107(25)	212(65)	319(100)
	E	47(21)	180(79)	227(71)
	I	51(55)	41(44)	92(29)
	S	38(17)	189(83)	227(71)
	N	53(58)	39(42)	92(29)
	T	27(5)	88(95)	92(29)
Traits	F	180(79)	47(20)	227(71)
	J	72(39)	113(61)	185(58)
	P	94(70)	40(30)	134(42)
147	147	147	147	147
147	147	147	147	147
147	147	147	147	147

Discussion

In our sample conversion patients are marked as 12% on the external locus of control scale whereas healthy individuals are 78%. Similarly, inverse relation is observed on external locus of control CP accounts for 69% and HI 31%. Prevalence was high in the psychiatric patients regarding previous literature [18]. The subjective happiness prevalence rate for CP is 25% and Hi is 75%. It is also evidenced in the past literature that subjective happiness prevalence is less in psychiatric patients [19]. For personality type, it was observed that the prevalence of ESTJ for CP is 1% and HI 9%, for ESTP CP accounts for 5% and HI 1,5%. For ESFJ: CP accounts for 2% and HI 17%. For ESFP: CP accounts for 2% and HI 3%, For ENTJ: CP accounts for .5% and HI 1.5%, For ENTP: CP accounts for .5% and HI 1.5%, For ENFJ: CP accounts for 1% and HI 2%, For ENFP: CP accounts for 2% and HI 3%, For ISTJ: CP accounts for 4 % and HI 2%, For ISTP: CP accounts for 3% and HI 2%, For ISFJ: CP accounts for 3% and HI 2%, For ISFP: CP account for 9% and HI 6%, For INTJ: CP account for 8% and HI 3%, For INTP: CP accounts for 1.5% and HI.5%, For INFJ: CP accounts for 4% and HI .5% and For IMFP: CP accounts for 3% and HI 2%. Similar patterns of personality type were observed in the previous literature studies [20]. Whereas the average mean values shown in the graph indicate that conversion patients experience more internal locus of control than external locus of control, the inverse pattern is observed on the external locus of control. Mean values for subjective happiness indicate that healthy individuals experience more subjective happiness than conversion patients. Similarly, the preferences administrator on the conversion population and health individual population represents that conversion patients mark significant high scores on introversion, sensing, feeling, and perceiving whereas healthy individuals score high on extroverted, intuition, thinking, and judging. Previous literature gives evidence of personality preferences regarding psychopaths and negative personality organization [21], there is no literature evidence on the personality preference in the comparison of healthy individuals and conversion patients.

Results from our findings indicate that in general correlation internal locus of control strongly negatively correlated to subjective happiness (r =-71*), whereas on separate correlation internal locus of control for conversion patient negatively correlated (r =-61*) and for the healthy individual it is a positively strongly correlated (r=.83¨). Similar research was conducted showing a positive correlation between subjective happiness with the overall locus of control among university students [22]. For the external locus of control general correlation with subjective happiness was strongly positive (r=.87¨), whereas for separate correlation between the external locus of control and subjective happiness for conversion patients is strongly correlated (r=.71¨) then for healthy individuals (r=.69¨). Similarly, subjective happiness correlates positively to the internal locus of control and negatively to the external locus of control [23]. Internal locus of control correlates strongly positive to Introversion- extraversion (r=.78¨), sensing-intuition (r =.76¨) preferences, whereas external locus of control correlates strongly positive to extraversion- introversion (r =.84¨), sensing- intuition (r =.76¨) and judging- receiving (r=.82¨). Internal locus of control deals with the internal capacities, capabilities, and self-recognition through relying on self-awareness as external locus of control will depend on external remarks of people, events, and the environment. There is nose particular research regarding the relationship of locus of control with the personality preferences of MBTI [24]. Correlation among the preferences of MBTI indicates that Extraversion- introversion preferences strongly correlate with the sensing-intuition and Judging-perceiving preferences, Sensing-intuition strongly correlates to thinking-feeling and judging-perceiving preferences. Similarity research on the MBTI scale indicates similar preferential correlations and linearity evidence which is inconsistent with the research findings [25].

The most noticeable findings of the current research were the relationship between personality preferences, locus of control, and subjective happiness among conversion patients and healthy individuals. To deal with their psychological issues clinician gets inside the personality types of conversion patients. It will help them to formulate the treatment and management plan according to their personality types.

Conclusion

Subjective happiness negatively correlates to the internal locus of control, whereas positive correlates to the external locus of control during the general correlation. Separate correlational of conversion patients on the subjective happiness with an internal locus of control was negatively correlated, whereas an external locus of control was significantly positively correlated. This indicates that the conversion patient seeks external gratitude, warmth, care, and concern rather than relying on themselves for their happiness. An inverse relation was found with the healthy individuals showing that healthy individual seeks comfort satisfaction, confidence, and reassurance from themselves rather than relying on others. Graphical representation of the variable explains that conversion patients show significant values in introversion, sensing, feeling, and perceiving. This indicates that they are more living in themselves, feel pity for things, are too concerned, and always trust their perception. Whereas healthy individuals score high on extraversion, intuition, judging, and thinking. This indicates their reliance on skeptical rules and trusts in their innate abilities to lead a life. Personality preferences talk about the individual inner organization. It emphasizes that when working with the conversion patient in hospitals clinician works on their personality to improve their symptoms and train them to lead a happy life and seek help in their time of need.

Limitations

There are several limitations of the present study; first of all, there were other variables that could influence the subjective happiness among the conversion patient and healthy individual in the study, including medical histories, Religion, self-concept, and level of stress. The research was done on the specific comparison among the conversion patient and health individuals' other samples could be evaluated which could increase the response rate of a sample. Samples of conversion patients were obtained from the government hospital where the majority of patients came from lower to middle socioeconomic status people. Therefore, consideration of private hospitals could yield different results. Finally, the instrumentation used in the research was new, especially the Myer Briggs type indicator MBTI was a dichotomous scale with only two options which limits the responses.

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How to cite this article: Batool, Rubia, Amna Khan, Sayed Shahbal, and Ali Ibrahim Noshili et al. "Relationship among Locus of Control, Personality Type, and Subjective Happiness among Conversion Patients and Healthy individuals" *Clin Schizophr Relat Psychoses*. 16S (2022) Doi: 10.3371/CSRP.BRAK.061322