Exploring the Personality on Well-Being Among Depressive Patients.

ABSTRACT

The aim of the present work was to investigate the relationship between personality traits and well being among depressive patients. For this purpose, correlational research design were employed on a sample of 124 depressive patients (87 males and 37 females) between the age of 18 to 35 years. Personality traits were measured using NEO Five Factor Inventory, and well-being were measured using personal well being inventory. These tools are renowned for their reliability and validity in assessing personality traits, and PWI, respectively. The data was analysed using Pearson Correlation and t- test. Results demonstrated significant correlation between personality traits and well being..

Keywords: Personality, Big Five Personality Traits, well being,Depression

INTRODUCTION

Personality is defined as the characteristic set of behaviors, cognitions, and emotional patterns that evolve through the interaction of biological and environmental factors. While there is no universally accepted definition of personality, most theoretical frameworks emphasize motivation and psychological interactions with one's environment. Trait-based theories, such as those proposed by Raymond Cattell, define personality as a collection of traits that predict a person's behavior. In contrast, behavioral approaches define personality based on learned behaviors and habitual responses.

Personality can be assessed using a variety of tools, typically categorized into objective tests and projective measures. Common examples include the Big Five Inventory (BFI), Minnesota Multiphasic Personality Inventory (MMPI-2), Rorschach Inkblot Test, Neurotic Personality Questionnaire KON-2006, and Eysenck's Personality Questionnaire (EPQ-R). These tests are considered useful due to their established reliability and validity—two essential psychometric properties that support their accuracy.

Among various trait models, the Five-Factor Model (FFM)—also known as the Big Five model—is the most widely accepted. It statistically identifies five broad dimensions of personality: openness to experience, conscientiousness, extraversion, agreeableness, and neuroticism (Costa & McCrae, 1992; Goldberg, 1990). Each trait in the Big Five encompasses multiple lower-order facets, forming a hierarchical structure of personality (DeYoung, Quilty, & Peterson, 2007).

For example, the NEO Personality Inventory-Revised (NEO-PI-R) includes six facets per trait. Within extraversion, facets such as positive emotions (associated with temperamental positive affect) and assertiveness (linked to social dominance) are included (Costa & McCrae, 1992, 1995; Soto & John, 2017). This hierarchical model allows personality to be studied at varying levels of specificity.

Type D Personality and Depression

An emerging personality construct in health psychology is Type D personality, which stands for "distressed personality." It has gained attention as a psychological risk factor in depressive and cardiovascular patients, being associated with poorer health outcomes and increased emotional distress (Spindler, Kruse, Zwisler, & Pedersen, 2009). Type D consists of two stable traits: negative affectivity (a tendency to experience negative emotions such as anger, irritability, and depressiveness) and social inhibition (avoidance of social interaction due to fear of rejection or disapproval). Negative affectivity closely parallels the neuroticism dimension in the Big Five (Denollet, 1997, 2000, 2005).

Historical Roots of Personality and Mental Health

The association between personality and mental health is longstanding, tracing back to ancient Greek medicine. The four humors theory, attributed to Hippocrates and Galen, classified individuals into four temperament types—sanguine, phlegmatic, choleric, and melancholic—each linked to specific vulnerabilities to illness (Clark & Watson, 1999; Maher & Maher, 1994).

Later thinkers like Freud (1905/1953) theorized that mental illness stems from unresolved psychosexual conflicts, which shape enduring personality patterns. In contrast, Pavlov (1927) and his school retained the four-humor typology but explained it using neurological responses rather than bodily fluids.

Contemporary psychology has continued to explore this relationship using empirical tools. Research indicates that personality traits are not only predictive of psychopathology but may also result from it. This dual perspective is captured by two models:

- **The vulnerability model, which suggests that personality traits (e.g., high neuroticism) increase susceptibility to mental illness.**
- **The scar model, which posits that mental illness may cause long-term changes in personality (Ormel et al., 2013; Watson et al., 2006).**

Personality and Affective Disorders

The Big Five personality traits have been found to correlate strongly with affective disorders. Specifically, high neuroticism and low levels of extraversion, agreeableness, conscientiousness, and openness have been associated with greater risk for depression and anxiety (Bienvenu et al., 2004; Eisenberg et al., 2009; Karsten et al., 2012; Kotov et al., 2010). Research by Quilty et al. (2013) indicates that these traits can explain up to 36% of the variance in depression.

Such findings underline the importance of integrating personality assessment in mental health evaluation and treatment planning. As the field progresses, the interplay between personality structure and psychopathology continues to be a critical area for psychological research and clinical application.

WELL-BEING

The World Health Organisation (WHO) states that “well-being exists in two dimensions, subjective

and objective. It comprises an individual‟s experience of their life as well as a comparison of life

circumstances with social norms and values”. Examples of life circumstance include health,

education, work, social relationships, built and natural environments, security, civic engagement and

governance, housing and work-life balance. Subjective experiences include a person‟s overall sense

of well-being, psychological functioning and affective states.

• Health is one of the top things people say matters to well-being

. • Both physical health and mental health can influence well-being. Recent acute health problems

affect well-being most but longer-term chronic ill health also has an effect on well-being .

• The relationship between health and well-being is not just one-way – health influences well-being

and well-being itself influences health. There are a number of correlations between well-being and

physical health outcomes, improved immune system response, higher pain tolerance, increased

longevity, cardiovascular health, slower disease progression and reproductive health.

• The effect of well-being on health is substantial (but variable) and comparable to other risk factors

more traditionally targeted by public health such as a healthy diet.

• Well-being and mental illness are correlated with depression and anxiety, which are associated

with low levels of well-being.

• Mental illness and well-being are independent dimensions; mental health is not simply the

opposite of mental illness. It is possible for someone to have a mental disorder and high levels of

well-being. It is also possible for someone to have low levels of well-being without having a mental

disorder. Most associations are only moderately altered by adjusting for severity of mental disorder.

• Good health is also correlated with higher life satisfaction.

• Well-being is a shared government objective. It can also provide a shared objective around which

to engage to deliver health benefits. For example, promoting physical activity has benefits for health

but it also has a benefit for wellbeing. In addition, strengthening social networks and time spent

socializing benefit well-being as well as improving mental health in particular.

Well-being and depression

People who have low levels of mental well-being do not automatically have(more symptoms of) a mental disorder (Keyes, 2002, 2005; Lamers et al.,2015). Nevertheless, alongside traditional treatments that focus on alleviatingm the burden of disease, there is growing support for enhancing long-term mental well-being in clinical practice (Duckworth et al., 2005; Forsman et al., 2015; Jeste et al., 2015; Kobau et al., 2011; Ry, 2014). Recent evidence has shown that higher well-being and flourishing mental health protects against the incidence of mental disorders such as anxiety and depression (Grant et al., 2013; Keyes et al., 2010; Lamers et al., 2015; Schotanus-Dijkstra et al., 2016a; Wood and Joseph, 2010) and reduces suicide risk (Keyes et al., 2012; Koivumaa-Honkanen et al., 2004). There is also compelling evidence that higher well-being increases longevity by several years in healthy populations and in some somatic illness populations (Chida and Steptoe, 2008; Diener and Chan, 2011; Keyes and Simoes, 2012; Lamers et al., 2012; Veenhoven, 2007). In addition, studies have found that lowor moderate well-being has substantial economic consequences due to productivity losses and healthcare costs (Hamar et al., 2015; Keyes, 2007; Keyes and Grzywacz, 2005). Importantly, the most beneficial effects on health, society and the economy have been found for those with flourishing as opposed to languishing mental health or moderate mental health (Keyes, 2005; Keyes and Simoes, 2012; Keyes et al., 2010; Keyes and Grzywacz, 2005). Interestingly, people with languishing mental health but without a major depression function only nominally better or even worse than people with a major depression without languishing mental health (Keyes, 2002, 2005, 2007). This finding indicates that enhancing well-being in people with low or moderate wellbeing is important and could also be an effective strategy for the prevention of anxiety and depression (Keyes et al., 2010; Schotanus-Dijkstra et al., 2016). Adolescents involving multiple transition processes especially when it reaches puberty, so based on the psychological well-being dimension, adolescents will easily emergy with a risk factor of psychological well-being (Sun et al., 2016). It is high-risk development stages (Chin et al. 2019; Rengasamy et al., 2013). According to Institute for Public Health (2017), depression is the second common mental health issue in Malaysian adolescents. Adolescence is one of the important development stages for everyone. Childhood poverty is constantly linked to a variety of negative outcomes, including biological stress dysregulation, psychological and physical diseases (Adler & Snibbe,2003).

Subjective Well-Being

Poor subjective well-being (SWB)—defined as “the extent to which a person believes or feels his or her life is going well” (Diener et al. 2018, p. 1)—has been observed in various psychiatric disorders, such as depression (Baselmans et al. 2018), psychosis (Broyd et

al. 2016; van Dijk et al. 2019), and gambling disorder (Farrell 2018). Seligman (2018), the founder of positive psychology, has emphasized that reducing or eliminating negative impacts of psychopathology, for example, does not inevitably result in elevated well-being. Similarly, Keyes (2005) has proposed a complete state model of health. According to this model, health and illness are not extreme poles on one bipolar dimension but rather two unipolar dimensions that correlate. Thus, individuals can be classified as completely mentally ill (presence of mental illness and absence of mental health), languishing (absence of mental health), flourishing (presence of mental health), or completely mentally healthy (absence of mental illness and presence of mental health). Complete mental health is associated with a variety of favorable outcomes such as low helplessness and high goals, resilience, and intimacy

Methods

Objectives of the Study

1. **To examine the relationship between Big Five personality traits and psychological well-being among depressive patients.**

Hypotheses

There will be a significant correlation between certain Big Five personality traits and psychological well-being among depressive patients.

Participants

In the present study of 124 depressive patients (87 males and 37 females) sample will be selected from Jaunpur & its neighboring areas

124 depressive registered patients will be purposively selected from various hospitals of Jaunpur district(U.P.India).125 Non depressive patients will be randomly selected from general population of jaunpur district.

TOOLS

1-Beck Depression Scale(Beck,A.T,1976)

The BDI consist of 21 item self report questionnaire each item is designed to test the severity of a specific symptom

1-Item 1 to 14 consider psychological symptoms.

2-item 15 to 21 consider the more physical symptoms.

Each item is rated of 0 to 3 and a cumulative total gives an indication of severity of depression

RELIABILITY OF BDI-

Beck et al. the test retest can concordance was 0.93 which was significant p<.001. It has high coefficient alpha (.80)test is also high on split tests reliability(0.85)

Validity of BDI-

The BDI has concurrent validity in that it tends to agree with measure of depression. it is high on construct validity .It is able to differentiate depressed from non depressed people.

SCORING-

A score of 0-13would be considered minimal range
A score of 14-19 would indicate mild depression range
A score of 20-20 would indicate moderate depression range
A score of 29-63 would be consider severe depression range.

NEO-Five-Factor Inventory (NEO-FFI)

Big-Five model (Costa & McCrae, 1992), there are five domains of adult personality; Neuroticism, Extraversion, Openness to Experience, Agreeableness, and Conscientiousness. In the NEO-FFI there is a total of 60 items that ask the respondents to rank their agreement with the statement on a 5-point Likert scale (e.g. "When I"m under a great deal of stress, sometimes I feel like I"m going to pieces"). People scoring high on a scale are considered to have a significant degree of that trait. scale has been used widely for research and clinical purposes.

We did a cross-sectional study in a naturalistic setting. We approached the clinical sample group and gave a detailed description of our study.

Personal well being Index (PWI)-

The Personal Well-being Index (PWI) was developed by the International Well-being Group (2006). Responses to the eight scale items, each a separate domain of subjective well-being (subjective quality of life), are on an 11-point Likert scale, from 0 (completely dissatisfied) through 5 (neutral) to 10 (completely satisfied). Reponses are summed to reveal a valid and reliable measure of overall subjective well-being.

Data Analyses

Descriptive Analysis:

Table 1

Table 1 Showing the Means ,SDs , and t value obtained for Big five factors of personality and well being for depressive patients and non depressive people.

	CATEGORY	N	Mean	Std. Deviation	t	Df	Sig.
NEUROTICISM	DEPRESSIVE	125	42.3145	5.17852	11.000	247	.000
	NON DEPRESSIVE	124	33.7520	6.97891		226.910	.000
EXTRAVERSION	DEPRESSIVE	125	42.6080	4.64358	4.914	247	.000
	NON DEPRESSIVE	124	46.0968	6.42457		223.878	.000
OPENNESS	DEPRESSIVE	125	40.8960	3.30402	3.932	247	.000
	NON DEPRESSIVE	124	43.3468	6.12876		188.963	.000
AGREEABLENESS	DEPRESSIVE	125	38.9200	5.06824	9.721	247	.000
	NON DEPRESSIVE	124	45.6371	5.81327		241.963	.000
CONSCIENTIOUSNESS	DEPRESSIVE	125	42.6800	3.53690	9.879	247	.000
	NON DEPRESSIVE	124	47.8065	4.58821		231.098	.000
WELL-BEING	DEPRESSIVE	125	55.6371	3.30829	18.306	247	.000
	NON DEPRESSIVE	124	65.4720	5.00461		213.041	.000

The descriptive statistics presented for both non-depressive and depressive patients using the NEO-Five-Factor Inventory (NEO-FFI) reveal insightful trends and variations in personality traits among these groups. As reported in table 4.06 mean score of "neuroticism" is 33.7520 (SD=5.17852) for non depressive group and 42.3145(SD=6.97891) for the depressive and t value is (t=11.00,p<.01) . Extraversion mean score is depressive, 42.6080 (SD =4.64358) and non depressive mean score is 46.0968 (SD=6.42457) (t= 4..91,p<.01). openness mean score is depressive 40.8960 (SD =3.30402) and non depressive mean score is 43.34 (SD=6.12) (t=3.93,p<.01). In personality dimension "agreeableness" mean score is depressive 38.9200 (SD =1.10) and non depressive mean score is 45.6371 (SD=5.81327) (t=9.72,p<.01). Another personality dimension "conscientiousness" mean score is depressive 42.6800(SD =3.53) and non

depressive mean scor is 47.8065 (SD=4.58) ,(t=9.87,p<.01). Mean value of well being in depressive group is (M=55.6371;SD=3.30829) and for non depressive group mean score is (M=65.47;SD=5.00) and t value is (t=18.306,p<.01).

TABLE 2

Result and Intrpretation

Table 1 Correlation between personality trait and well-being of Depressive patients.

Variable	NEU	EXT	OPEN	AGR	CON	WB
NEU	1	0.014	–.321**	0.13	0.041	–.219*
EXT		1	.268**	.611**	.384**	–.091
OPEN			1	0.149	.350**	.251**
AGR				1	.382**	.336**
CON					1	.268**
WB						1

Interpretation of Results

The present study examined the interrelationships among personality traits and their association with psychological well-being. The correlation analysis presented in Table 1 reveals significant patterns that align with theoretical expectations and prior empirical findings.

Neuroticism was found to have a **significant negative relationship** with openness to experience and well-being. The negative correlation between neuroticism and well-being ($r = –.219$, $p < .05$) suggests that individuals high in neuroticism—characterized by emotional instability, anxiety, and moodiness—tend to experience lower psychological well-being. This is consistent with previous research indicating that neuroticism is a strong predictor of mental health difficulties, particularly depression and anxiety (Kotov et al., 2010; Quilty et al., 2013).

Extraversion showed **positive and significant correlations** with openness ($r = .268$, $p < .01$), agreeableness ($r = .611$, $p < .01$), and conscientiousness ($r = .384$, $p < .01$), reflecting a trait pattern often observed in well-adjusted, socially active individuals. However, extraversion was not significantly related to well-being in this sample. This might indicate that while extraversion fosters interpersonal connectivity and social engagement, it may not independently predict well-being unless coupled with other adaptive traits or coping mechanisms.

Openness to experience was positively associated with conscientiousness ($r = .350$, $p < .01$) and well-being ($r = .251$, $p < .01$). This suggests that individuals who are intellectually curious and open to new experiences are also more disciplined and likely to engage in activities that enhance well-being. The association may reflect a broader psychological flexibility and resourcefulness in handling stress and novelty.

Agreeableness also demonstrated **significant positive correlations** with conscientiousness ($r = .382$, $p < .01$) and well-being ($r = .336$, $p < .01$). Agreeable individuals, who are cooperative, empathetic, and warm, may benefit from strong social support networks and fewer interpersonal conflicts, both of which contribute to higher subjective well-being.

Conscientiousness, which involves organization, goal-directed behavior, and reliability, showed a significant positive relationship with well-being ($r = .268$, $p < .01$). This finding supports the idea that conscientious individuals are better at managing time, setting and achieving goals, and engaging in health-promoting behaviors, all of which are conducive to sustained well-being.

Taken together, the results of this study underscore the complex and meaningful relationships between personality and well-being. **High neuroticism may act as a vulnerability factor**, whereas **traits such as openness, agreeableness, and conscientiousness appear to act as resilience factors**, enhancing individuals' psychological well-being. These findings highlight the importance of considering personality profiles in psychological assessments and interventions aimed at promoting mental health.

Conclusion

The present study aimed to examine the relationship between personality traits and psychological well-being. The findings revealed that personality plays a significant role in influencing individuals' well-being. Specifically, neuroticism was found to be negatively associated with well-being, indicating that individuals who are emotionally unstable, anxious, and prone to negative emotions are more likely to experience poor psychological health. In contrast, openness to experience, agreeableness, and conscientiousness were positively associated with well-being, suggesting that traits such as intellectual curiosity, social harmony, and personal discipline contribute to higher levels of psychological well-being.

These results align with existing literature, reinforcing the understanding that personality is a stable yet influential factor in psychological functioning. The study highlights that individuals with adaptive personality traits are better equipped to handle stress, maintain emotional balance, and lead fulfilling lives.

Overall, the findings suggest that interventions aimed at enhancing well-being could benefit from incorporating personality assessments and focusing on developing adaptive traits and coping strategies. By recognizing the role of personality in mental health, psychological services can adopt more personalized, preventive, and holistic approaches to well-being enhancement.

REFERENCES

References

- Adler, N. E., & Snibbe, A. C. (2003). The role of psychosocial processes in explaining the gradient between socioeconomic status and health. *Current Directions in Psychological Science*, *12*(4), 119–123. https://doi.org/10.1111/1467-8721.01245
- Baselmans, B. M. L., van de Weijer, M. P., Abdellaoui, A., Vinkers, C. H., & Bartels, M. (2018). A genetic perspective on the relationship between eudaimonic- and hedonic well-being. *Scientific Reports*, *8*(1), 14610. https://doi.org/10.1038/s41598-018-32951-0
- **Bienvenu, O. J., Samuels, J. F., Costa, P. T., Reti, I. M., Krain, A. L., Nestadt, G., & Eaton, W. W. (2004). Anxiety and depressive disorders and the five-factor model of personality: A higher- and lower-order personality trait investigation in a community sample. *Depression and Anxiety*, 20(2), 92–97.**
- Broyd, A., van Hell, H. H., Bevan, L., et al. (2016). Acute and chronic effects of cannabinoids on human cognition—A systematic review. *Biological Psychiatry*, *79*(7), 557–567. https://doi.org/10.1016/j.biopsych.2015.12.002
- Chida, Y., & Steptoe, A. (2008). Positive psychological well-being and mortality: A quantitative review of prospective observational studies. *Psychosomatic Medicine*, *70*(7), 741–756. https://doi.org/10.1097/PSY.0b013e31818105ba
- Chin, Y. S., Mohd Nasir, M. T., Khouw, I., & Zalilah, M. S. (2019). Body image and its associations with weight status among Malaysian adolescents. *Asia Pacific Journal of Clinical Nutrition*, *18*(1), 15–20.
- **Clark, L. A. (2005). Temperament as a unifying basis for personality and psychopathology. *Journal of Abnormal Psychology*, 114(4), 505–521.**
- **Clark, L. A., & Watson, D. (1999). Temperament: A new paradigm for trait psychology. In L. A. Pervin & O. P. John (Eds.), *Handbook of personality: Theory and research* (2nd ed., pp. 399–423). Guilford Press.**
- **Costa, P. T., & McCrae, R. R. (1992). *Revised NEO Personality Inventory (NEO-PI-R) and NEO Five-Factor Inventory (NEO-FFI) manual*. Psychological Assessment Resources.**
- **Costa, P. T., & McCrae, R. R. (1995). Domains and facets: Hierarchical personality assessment using the revised NEO Personality Inventory. *Journal of Personality Assessment*, 64(1), 21–50.**
- **Denollet, J. (1997). Personality and coronary heart disease: The Type-D scale-16 (DS16). *Annals of Behavioral Medicine*, 19(1), 21–29.**
- **Denollet, J. (2000). Type D personality. A potential risk factor refined. *Journal of Psychosomatic Research*, 49(4), 255–266.**

- **Denollet, J. (2005). DS14: Standard assessment of negative affectivity, social inhibition, and Type D personality. *Psychosomatic Medicine*, 67(1), 89–97.**
- **DeYoung, C. G., Quilty, L. C., & Peterson, J. B. (2007). Between facets and domains: 10 aspects of the Big Five. *Journal of Personality and Social Psychology*, 93(5), 880–896.**
- Diener, E., & Chan, M. Y. (2011). Happy people live longer: Subjective well-being contributes to health and longevity. *Applied Psychology: Health and Well-Being*, *3*(1), 1–43. https://doi.org/10.1111/j.1758-0854.2010.01045.x
- Diener, E., Oishi, S., & Tay, L. (2018). Advances in subjective well-being research. *Nature Human Behaviour*, *2*(4), 253–260. https://doi.org/10.1038/s41562-018-0307-6
- Duckworth, A. L., Steen, T. A., & Seligman, M. E. P. (2005). Positive psychology in clinical practice. *Annual Review of Clinical Psychology*, *1*, 629–651. https://doi.org/10.1146/annurev.clinpsy.1.102803.144154
- **Eisenberg, D., Gollust, S. E., Golberstein, E., & Hefner, J. L. (2009). Prevalence and correlates of depression, anxiety, and suicidality among university students. *American Journal of Orthopsychiatry*, 79(4), 534–542.**
- Farrell, L. (2018). Gambling, well-being and self-control. *Journal of Economic Psychology*, *65*, 17–28.
- **Goldberg, L. R. (1990). An alternative "description of personality": The Big-Five factor structure. *Journal of Personality and Social Psychology*, 59(6), 1216–1229.**
- Grant, F., Guille, C., Sen, S., & Anthony, C. (2013). Well-being and the risk of depression under stress. *PLoS ONE*, *8*(7), e67395. https://doi.org/10.1371/journal.pone.0067395
- Hamar, B., Coberley, C., Pope, J. E., Rula, E. Y., & Larkin, S. (2015). Well-being improvement in a mid-sized employer: Changes in well-being, productivity, health risk, and perceived employer support after implementation of a well-being improvement strategy. *Journal of Occupational and Environmental Medicine*, *57*(4), 367–373.
- Huppert, F. A. (2009). Psychological well-being: Evidence regarding its causes and consequences. *Applied Psychology: Health and Well-Being*, *1*(2), 137–164.
- Institute for Public Health. (2017). *National Health and Morbidity Survey (NHMS) 2017: Adolescent Health Survey*. Ministry of Health, Malaysia.
- Jeste, D. V., Palmer, B. W., Rettew, D. C., & Boardman, S. (2015). Positive psychiatry: Its time has come. *The Journal of Clinical Psychiatry*, *76*(6), 675–683.
- **Karsten, J., Hartman, C. A., Smit, J. H., Zitman, F. G., Beekman, A. T. F., Cuijpers, P., & van der Meer, K. (2012). Psychiatric history and personality in adults with subthreshold depression and anxiety. *Journal of Affective Disorders*, 136(3), 563–568.**
- Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior*, *43*(2), 207–222.
- Keyes, C. L. M. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology*, *73*(3), 539–548.
- Keyes, C. L. M., & Grzywacz, J. G. (2005). Health as a complete state: The added value in work performance and healthcare costs. *Journal of Occupational and Environmental Medicine*, *47*(5), 523–532.
- Keyes, C. L. M., & Simoes, E. J. (2012). To flourish or not: Positive mental health and all-cause mortality. *American Journal of Public Health*, *102*(11), 2164–2172.

- Keyes, C. L. M., Dhingra, S. S., & Simoes, E. J. (2010). Change in level of positive mental health as a predictor of future risk of mental illness. *American Journal of Public Health*, *100*(12), 2366–2371.
- Kobau, R., Seligman, M. E. P., Peterson, C., et al. (2011). Mental health promotion in public health: Perspectives and strategies from positive psychology. *American Journal of Public Health*, *101*(8), e1–e9.
- **Kotov, R., Gamez, W., Schmidt, F., & Watson, D. (2010). Linking "big" personality traits to anxiety, depressive, and substance use disorders: A meta-analysis. *Psychological Bulletin*, 136(5), 768–821.**
- **Krueger, R. F., & Tackett, J. L. (2006). Personality and psychopathology: Working toward the bigger picture. *Journal of Personality Disorders*, 20(2), 109–118.**
- Lamers, S. M. A., Westerhof, G. J., Bohlmeijer, E. T., et al. (2012). Mental health and well-being in the Netherlands: A comparison with the WHO definition. *Social Indicators Research*, *113*(3), 1053–1068.
- Lamers, S. M. A., Westerhof, G. J., Glas, C. A. W., & Bohlmeijer, E. T. (2015). The bidirectional relation between positive mental health and psychopathology in a longitudinal representative panel study. *Journal of Positive Psychology*, *10*(6), 553–560.
- **Maher, B. A., & Maher, W. B. (1994). Personality and psychopathology: A historical perspective. *Journal of Abnormal Psychology*, 103(1), 6–16.**
- **Ormel, J., Jeronimus, B. F., Kotov, R., Riese, H., Bos, E. H., Hankin, B., & Oldehinkel, A. J. (2013). Neuroticism and common mental disorders: Meaning and utility of a complex relationship. *Clinical Psychology Review*, 33(5), 686–697.**
- **Pavlov, I. P. (1927). *Conditioned Reflexes*. Oxford University Press.**
- **Quilty, L. C., De Fruyt, F., Rolland, J. P., Kennedy, S. H., Rouillon, F., & Bagby, R. M. (2013). Dimensional personality traits and treatment outcome in major depressive disorder. *Journal of Affective Disorders*, 144(1–2), 187–190.**
- Rengasamy, M., et al. (2013). Risk factors for depression in adolescents: The role of family and peer environment. *Journal of Affective Disorders*, *150*(2), 104–112.
- Ryff, C. D. (2014). Psychological well-being revisited: Advances in the science and practice of eudaimonia. *Psychotherapy and Psychosomatics*, *83*(1), 10–28.
- Schotanus-Dijkstra, M., Drossaert, C. H. C., Pieterse, M. E., et al. (2016). An early intervention to promote well-being and flourishing and reduce anxiety and depression: A randomized controlled trial. *Internet Interventions*, *4*, 13–20.
- Seligman, M. E. P. (2018). *The hope circuit: A psychologist's journey from helplessness to optimism*. PublicAffairs.
- **Soto, C. J., & John, O. P. (2017). The next Big Five Inventory (BFI-2): Developing and assessing a hierarchical model with 15 facets to enhance bandwidth, fidelity, and predictive power. *Journal of Personality and Social Psychology*, 113(1), 117–143.**
- **Spindler, H., Kruse, C., Zwisler, A. D., & Pedersen, P. U. (2009). Type D personality as a predictor of poor health and impaired quality of life in patients with cardiac disease. *European Journal of Cardiovascular Nursing*, 8(2), 87–94.**

- Sun, R. C. F., Hui, E. K. P., & Watkins, D. (2016). Adolescents' perception of well-being: A qualitative study in Hong Kong. *The International Journal of Adolescence and Youth*, *21*(2), 196–206.
- van Dijk, S., Schotanus-Dijkstra, M., Drossaert, C., Pieterse, M. E., & Bohlmeijer, E. T. (2019). Distinguishing features of flourishing, languishing, and moderately mentally healthy people. *Clinical Psychology & Psychotherapy*, *26*(2), 254–265.
- Veenhoven, R. (2007). Healthy happiness: Effects of happiness on physical health and the consequences for preventive health care. *Journal of Happiness Studies*, *9*(3), 449–469.
- **Watson, D., & Clark, L. A. (1994). The temperament and trait models. In S. H. M. van Goozen, N. E. Van de Poll, & J. A. Sergeant (Eds.),** ***Emotions: Essays on emotion theory*** **(pp. 33–54). Lawrence Erlbaum.**
- **Watson, D., Gamez, W., & Simms, L. J. (2006). Basic dimensions of temperament and their relation to anxiety and depression: A symptom-based perspective.** ***Journal of Research in Personality*****, 39(1), 46–66.**
- Wood, A. M., & Joseph, S. (2010). The absence of positive psychological (eudemonic) well-being as a risk factor for depression: A ten-year cohort study. *Journal of Affective Disorders*, *122*(3), 213–217.
- World Health Organization. (2013). *Mental health action plan 2013–2020*. https://www.who.int/publications/i/item/9789241506021