



## FACTORS INFLUENCING MENTAL ILLNESS ON OLDER ADULTS

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**Abstract:** Mental illness among older adults has become a growing public health concern due to the increasing aging population worldwide. This paper examined the factors influencing mental illness among older adults, common mental health disorders experienced in later life and possible preventive and management strategies. Aging is often associated with challenges such as social isolation, loss of meaningful roles, bereavement, chronic illness, reduced mobility and cognitive decline, all of which may contribute to poor mental health outcomes. Evidence indicates that depression, anxiety disorders, dementia and psychosis are among the most common psychiatric conditions affecting older persons. Additional risk factors include poor nutrition, medication interactions, substance abuse, financial difficulties, loneliness, and lack of adequate family or community support. The paper also highlighted early warning signs such as persistent sadness, confusion, memory loss, withdrawal from social activities, sleep disturbances and unexplained fatigue. Findings revealed that mental illness in old age is often underdiagnosed or untreated because symptoms are wrongly considered a normal part of aging. Effective prevention and management require early detection, social support systems, healthy lifestyles, professional mental health services, and policies that prioritize the wellbeing of older adults. It was concluded that promoting mental health among the elderly is essential for improving their quality of life, independence and overall contribution to society.

**Keywords:** Mental illness, older adults, depression, anxiety, dementia, aging, wellbeing.

### INTRODUCTION

Old age is a worldwide phenomenon, generally accompanied by a number of problems that the aged have to face and get attuned to. There is a great body of evidence of a rise in morbidity, mortality, hospitalization and loss of functional status related to common mental disorders in the elderly patients. Overlap of depression and anxiety is very common in older adults, with up to almost half of the elderly patients reporting significant depressive and anxiety symptoms. As the number of aged in our population is increasing, many of their traditional life sustaining and fostering influences have been eroding. Changes in society seem to leave them no meaningful social role either within the family or in the community. Often, the elderly are socially isolated, and many exist within the confines of a nursing home or an institution,

where their main social links are only with other inmates and equally alienated old people. (Mossey & Shapiro, 1982)

Older adults, those aged 60 or above, make important contributions to society as family members, volunteers and as active participants in the workforce. While most have good mental health, many older adults are at risk of developing mental disorders, neurological disorders or substance use problems as well as other health conditions such as diabetes, hearing loss, and osteoarthritis. Furthermore, as people age, they are more likely to experience several conditions at the same time. Mental health problems are common among elderly people and may include isolation, affective and anxiety disorders, dementia, and psychosis, among others. Many seniors also suffer from sleep and behavioural disorders, cognitive

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deterioration or confusion states as a result of physical disorders or surgical intervention (WHO, 2019).

Research suggests that elderly people benefit from supportive social connections and close personal relationships but suffer as a result of disrupted personal ties and loneliness. Health-care providers, especially those in primary care, can play a central role in promoting mental health for seniors by working with mental health professionals, local governments, civil society organizations, families, and communities to provide comprehensive mental health care and supportive environments. In addition, older people should be encouraged to actively participate in their communities and in society at large, while policymakers should ensure that seniors' mental concerns are addressed in national health planning and policies (Pan American Health Organization, 2019). There are several clinical challenges involved in treating seniors with new or chronic mental illnesses. A loved one may develop one of these conditions as they age, or they may have received a diagnosis long ago and remained stable on the same psychiatric medication for decades. With age, however, a senior's treatment plan may need to be adjusted since the aging body processes these drugs differently, new health conditions develop and other medications are added to the mix (Masse et al., 1998). Furthermore, it can be especially challenging for doctors to distinguish the symptoms of new or worsening mental illnesses from medication interactions or conditions like dementia that affect cognitive function, mood and/or behavior. This is especially true for primary care physicians and psychiatrists who have not received specialized training and education in geriatrics.

Mental health is an integral and essential component of health. The WHO constitution states: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." An important implication of this definition is that mental health is more than just the absence of mental disorders or disabilities. Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. Mental health is fundamental to our collective and

individual ability as humans to think, emote, interact with each other, earn a living and enjoy life. On this basis, the promotion, protection and restoration of mental health can be regarded as a vital concern of individuals, communities and 7societies throughout the world (Cohen and Wills, 1985).

Mental health refers to cognitive, behavioral, and emotional well-being. It is all about how people think, feel, and behave. People sometimes use the term "mental health" to mean the absence of a mental disorder.

Mental health can affect daily living, relationships, and physical health. However, this link also works in the other direction. Factors in people's lives, interpersonal connections, and physical factors can all contribute to mental health disruptions.

According to Iwundu (1995) defined mental health as a state of well-being of an individual. That is the health of individual and how he takes care of it. Mental health is referred to as the state of being sane or degree of insanity. Furthermore, mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community."

The WHO stress that mental health is "more than just the absence of mental disorders or disabilities." Peak mental health is about not only avoiding active conditions but also looking after ongoing wellness and happiness.

They also emphasize that preserving and restoring mental health is crucial on an individual basis, as well as throughout different communities and societies the world over.

A mental health condition is not the result of one particular event, Ward says. Rather, it is due to multiple interlinking causes, such as genetics or family history of mental illness, the environment, and an individual's lifestyle choices. Susceptibility increases for those who are exposed to things like prolonged stress from their job, home life or caretaking role, as well as exposure to emotional, physical or sexual trauma, or being a victim of crime. Biochemical processes, basic brain structure and nutrition also play a significant role in mental health outcomes.



### Early Signs and Symptoms of Elderly Mental Health Issues

Mental health disorders affect about 20% of older adults in the U.S., according to the Centers for Disease Control and Prevention (CDC). Unfortunately, nearly one in three of those seniors doesn't receive treatment because of shame or the fear that it will be dismissed as part of the aging process. With knowledge and watchfulness, you can assess your senior loved one's safety and well-being, and stay aware of their emotional and mental health to make sure they receive proper treatment. Mental illness isn't a natural part of aging. In fact, mental health disorders affect younger adults more often than the elderly, according to the National Institute of Mental Health. However, elders are less likely to seek help.

The most common psychiatric disorder among the elderly is severe cognitive impairment or dementia. About five million adults age 65 and older — approximately 10% of seniors have Alzheimer's disease, according to the Alzheimer's Association.

Depression and mood disorders affect up to 5% of seniors 65 and older, and up to 13.5% of older adults who receive home health care or are hospitalized, according to the CDC. Disturbingly, these issues often go undiagnosed and untreated.

Anxiety disorders often go along with depression. They include a range of issues, from hoarding syndrome and obsessive-compulsive disorder, to phobias and post-traumatic stress disorder. Nearly 8% of adults older than 65 have been diagnosed with an anxiety disorder at some point in their lives, says the CDC.

### Symptoms of mental illness in the elderly

It's important to keep a close eye while visiting your aging loved one in order to spot signs that they need help. As your loved one ages, it's natural for some changes to occur. Occasional forgetfulness is normal; however, persistent cognitive or memory loss can be potentially serious (Masse, 1998).

The same goes for extreme anxiety or long-term depression. Caregivers should keep an eye out for the following warning signs, which could indicate a mental health concern:

1. Changes in appearance or dress, or problems maintaining the home or yard
2. Confusion, disorientation, or other problems with concentration or decision-making
3. Decrease or increase in appetite; changes in weight
4. Depressed mood lasting longer than two weeks
5. Feelings of worthlessness, inappropriate guilt, helplessness; thoughts of suicide
6. Memory loss, especially recent or short-term memory problems
7. Physical problems that can't otherwise be explained: aches, constipation, etc.
8. Social withdrawal, or loss of interest in things that used to be enjoyable
9. Trouble handling finances or working with numbers
10. Unexplained fatigue, energy loss, or sleep changes

### Risk factors for mental health disorders in Elders

Older adults experience stress like all people, but even the normal emotional and physical stresses that go along with aging can be risk factors for mental illnesses. It's important to pay careful attention to your aging loved one's mental health, especially if they're living alone or aren't able to socialize as often as they once did.

Many potential triggers exist for mental illness in the elderly, according to the World Health Organization and the Geriatric Mental Health Foundation. These include:

- Alcohol or substance abuse
- Dementia-causing illness (e.g., Alzheimer's disease)
- Illness or loss of a loved one
- Long-term illness (e.g., cancer or heart disease)
- Chronic pain
- Medication interactions
- Physical disability or loss of mobility
- Physical illnesses that can affect emotion, memory, and thought
- Poor diet or malnutrition

### COMMON ELDERLY MENTAL HEALTH DISORDERS

While there is a lot of focus on the mental health of younger people, it is equally important for elderly



individuals to get treatment, especially for depression, which can complicate the treatment of a number of medical conditions including stroke, diabetes, heart disease, and more (Johnson, 2004).

Here are some of the most common mental health illnesses experienced by older adults:

### 1. Dementia

Dementia is a clinical syndrome characterized by the development of multiple cognitive deficits that are severe enough to interfere with daily functioning, including social and professional functioning (WHO 2012). It involves progressive deterioration in memory, thinking, behaviour and the ability to perform everyday activities (WHO, 2010). This may lead to difficulty in problem solving, judgment, abstract thinking, geographical orientation, inability to carry out daily activities. Alzheimer's disease (AD) is the most common cause of dementia in the elderly, accounting for 60-70% of all demented cases (WHO and Alzheimer's Disease International, 2012).

Minor memory lapses like forgetting keys or forgetting names of not mean dementia. However, if one gets lost in familiar surroundings, fails to recognize his/her spouse, not remember older people, although it is not a normal part of ageing. Between 2% and 10% of all dementia cases start before the age 65. The number of people with dementia in 2011 around the world was estimated to be 35.6 million, and this number will grow quickly: numbers will double every 20 years, to 65.7 million in 2030 and 115.4 million in 2050, with the majority of these persons living in Low-Middle Income Countries (WHO and Alzheimer's Disease International, 2012). Dementia is the leading cause of dependency and disability among older persons, dementia profoundly affects the quality of life of people with dementia and their caregivers (WHO and Alzheimer's Disease International, 2012).

### Risk Factors Associated with Dementia

Old age and genetic predisposition have been well established as risk factors for dementia, various other acquired medical conditions can increase risk for it (Kaplan & Berkman, 2011). Approximately 60-80% of cases of dementia are attributed to a neuro-degenerative disease known as Alzheimer's (Cereda et al, 2013). A

number of other neuro-degenerative diseases such as Parkinson's and Huntington's disease also cause dementia. In these cases, the function or structure of neurons in the brain slowly begin to degrade or atrophy. Various other diseases and disorders that cause dementia may do so by directly damaging brain tissue. Vascular conditions such as stroke, and chronic vascular factors such as high blood pressure and elevated cholesterol have also been implicated in both the onset and acceleration of dementia (Qiu et al, 2007; DeCarli, 2004). In addition, viral infections such as syphilis, HIV, or Lyme disease; bacterial infections such as tuberculosis and meningitis demyelinating disorders such as multiple sclerosis, traumatic brain injuries, tumours and drug use can also cause dementia (Emre, 2008). Psychosocial factors such as poor social networks reluctance to engage in social networks, and poor physical activity, have also been associated with increased risk for onset of dementia (Qiu et al., 2007).

### Prevention and Management of Dementia

Prevention is traditionally divided into three levels: primary, secondary, and tertiary prevention Primary prevention aims to reduce the incidence of the disease by eliminating or treating specific risk factors which may decrease or delay the development of dementia. Such measures include a good control of blood pressure, both in adult and late life; and it is important for old people to participate mentally as well as socially in physically stimulating activities. Such active life may postpone the onset of dementia. Secondary prevention aims to reduce the prevalence of disease by shortening its duration, for example the identification of clinical or biological markers for Alzheimer Disease might lead to an early detection of subjects who are not yet demented but will develop dementia in a few years.

Tertiary prevention aims to reduce the impact of complications of long-term disease and disability, and consists of measures aimed at:

- a. Evaluating care provided to demented subjects at different stage of the disease and to compare different care strategies in terms of specific individual and family outcomes;



- b. Minimizing suffering and maximizing potential years of useful life.

Though no cure is available, much can be done for people with dementia and their caregivers. Management includes care of patient rather than disease. Social and family support is main treatment.

## 2. Depression in the Elderly

Depression is the most prevalent mental health problem among older adults. It is associated with distress and suffering and can lead to impairments in physical, mental, and social functioning. The presence of depressive disorders often affects the course and complicates the treatment of other chronic diseases. Although the rate of older adults with depressive symptoms tends to increase with age, depression is not a normal part of growing older (Geriatric Mental Health Foundation, 2013; Kinanee, 2018).

There are symptoms which are more typical in older people; they often do not actually complain of low mood but become anxious, fearful, and lacking in confidence. Anxiety is a warning sign for depression in the elderly. Older people may also express their low mood through complaints about physical symptoms - especially pain. Confusion and forgetfulness are other common symptoms of depression in old age. Social factors often underlie depression in older persons, especially losses, difficulties in socialization which lead to isolation, and sometimes even boredom after retirement (Baldwin et al., 2002; Blazer, 2003). The risk of suicide is very high among older men in almost all cultures (WHO, 2013). In many researches, the definition of late life depression is used for the first time at (the age of 60 or later (Graham et al., 2003; deMendoncia et al., 2012). The results of the studies performed indicates that the depression seen for the first time in elderliness differs from the depression appearing in early ages in terms of clinical presentation, aetiology, response to treatment and prognosis (Geriatric Mental Health Foundation, 2013). It is still not certain whether these differences are a result of physiological changes depending on the age or if late life depression is a different type of disorder.

The risk factors for late life depression as seen in the elderly, was determined to be related to advancing of age, being a female, living alone, divorce, low education level, functionality disorder, comorbid physical illness, low level cognitive dysfunction, cigarette and alcohol use. In the majority of cases, depression in older persons is a treatable condition. As with younger people, treatment consists of a combination of antidepressant drugs and supportive counseling or other forms of psychotherapy. It is also important to rule out physical causes of depression and avoid other treatments able to cause depression (Baldwin et al., 2002).

## 3. Anxiety Disorders

Like depression, anxiety is a very common mood disorder among the elderly. In fact, these two problems often appear in tandem. Statistics from the CDC show that nearly half of older adults with anxiety also experience depression.

Anxiety in seniors is thought to be underdiagnosed because older adults tend to emphasize physical problems and downplay psychiatric symptoms. Women in this age group are more likely to be diagnosed with an anxiety disorder than men.

### Risk Factors for Anxiety Disorders in Old Age

Anxiety in the elderly is linked to a number of risk factors, including but not limited to:

- General feelings of poor health
- Sleeping problems
- COPD, certain cardiovascular diseases, diabetes, thyroid disease, and related chronic conditions
- Side effects caused by certain medications
- The abuse/misuse of alcohol, street drugs, or prescription drugs
- Physical impairments limiting daily functioning
- Stressful events like the death of a spouse, serious medical condition, or other life-altering event
- Traumatic or difficult childhood
- Perseveration on physical symptoms

There are several different types of anxiety disorders, with the most common being generalized anxiety disorder and phobias. Here is a list of anxiety disorders you may observe:



**Generalized Anxiety Disorder:** The effects of generalized anxiety include persistent worry or fear, which can get progressively worse with time.

These symptoms eventually interfere with socialization, job performance, and day-to-day activities. Seniors with anxiety tend to become more withdrawn and reclusive.

### Symptoms and Signs of Generalized Anxiety Disorders in Elders

Elderly individuals with generalized anxiety may experience the following symptoms:

- Excessive, uncontrollable worry/anxiety
- Edginess, nervousness, or restlessness
- Chronic fatigue or tiring out easily
- Become irritable or agitated
- Poor quality of sleep or difficulty falling/staying asleep
- Tense muscles

In addition to generalized anxiety disorder, seniors can be diagnosed with the following related disorders including:

**Phobia:** An extreme, paralyzing fear of something that usually poses no threat, phobias can cause individuals to avoid certain things or situations due to irrational fears. Examples can include fear of social situations, flying, germs, driving, etc.

**Panic disorder:** This disorder is characterized by periods of sudden, intense fear that can be accompanied by heart palpitations or pounding, rapid heartbeat, shaking, sweating, difficulty breathing, or experiencing feelings of doom.

### Symptoms of Panic Disorder

- Sudden, repeated bouts of intense fear
- Feeling powerless or out of control
- Persistent worry about the “next” attack
- Avoiding situations where past panic attacks have occurred

**Social Anxiety Disorder:** This social phobia causes individuals to fear being in certain social situations where they feel they might be judged, embarrassed, offensive to others, or rejected.

### Social Phobia Symptoms

- Extreme anxiousness about being with others
- Difficulty talking to others in social situations
- Self-consciousness in social settings
- Fear of being judged, humiliated, or rejected
- Fear of offending others
- Worrying about attending social events long before they take place
- Avoiding social situations
- Difficulty with friendships
- Feeling queasy around other people
- Sweating, blushing or shaking around others

**Post-Traumatic Stress Disorder:** PTSD is a disorder that usually manifests following a traumatic event that threatens a person’s safety or survival, greatly impacting his or her quality of life.

### Symptoms of PTSD

- Emotional numbness
- Flashbacks to the event
- Nightmares
- Depression
- Irritability
- Easily distracted or startled
- Anger

**Obsessive-Compulsive Disorder:** Those who suffer from OCD experience uncontrollable recurring thoughts (obsessions) or rituals (compulsions). Examples of rituals include washing hands, checking if appliances are on or off, counting, or other behaviors typically done to quell obsessive thoughts (e.g. washing hands repeatedly to remove germs and avoid getting sick).

### Treatments for Anxiety Disorders

A variety of techniques, supports, and treatments, including medication, psychotherapy, or a combination of both, are available to address various anxiety disorders in seniors. If you suspect someone you care for has symptoms of an anxiety disorder, get in touch with their care team as soon as possible.

### 4. Eating Disorders

Eating disorders like bulimia and anorexia nervosa are becoming increasingly prevalent among the elderly.



Underlying behavioral or psychological issues that cause and exacerbate eating disorders can go undetected for quite a while before an eating disorder can be identified and treated, making it especially dangerous.

#### **Factors Affecting Eating Disorders in the Elderly**

- Changes in taste and smell (often due to medications)
- Persistent, untreated psychological issues from youth
- Memory/cognitive impairment
- Loss of a loved one
- Attention-seeking behavior
- Depression
- Other physical ailments
- Eating Disorders — Signs
- Unexplained weight fluctuations (especially weight loss)
- Anemia and muscle weakness/wasting
- Increase in falls
- Memory deficits
- Cognitive decline
- Depression
- Loss of appetite
- Slow healing
- Chronic dizziness
- Unopened or uneaten food in the fridge or cupboards
- Decrease in food intake or rejection of meals
- Use of laxatives (for purging)

Because elderly individuals face many unique challenges like loose dentures, digestive issues, medications, or other health problems that affect appetite and eating, it's important not to make assumptions as to whether he or she has an eating disorder.

Instead, alert the senior's family and care team to make sure they get the care needed for proper diagnosis and treatment.

#### **MENTAL HEALTH CARE AND TREATMENT**

In the context of national efforts to develop and implement mental health policy, it is vital to not only protect and

promote the mental well-being of its citizens, but also address the needs of persons with defined mental disorders. Knowledge of what to do about the escalating burden of mental disorders has improved substantially over the past decade. There is a growing body of evidence demonstrating both the efficacy and cost-effectiveness of key interventions for priority mental disorders in countries at different levels of economic development. Examples of interventions that are cost-effective, feasible, and affordable include:

- treatment of depression with psychological treatment and, for moderate to severe cases, antidepressant medicines;
- treatment of psychosis with antipsychotic medicines and psychosocial support;
- taxation of alcoholic beverages and restriction of their availability and marketing.

A range of effective measures also exists for the prevention of suicide, prevention and treatment of mental disorders in children, prevention and treatment of dementia, and treatment of substance-use disorders. The mental health Gap Action Programme (mhGAP) has produced evidence based guidance for non-specialists to enable them to better identify and manage a range of priority mental health conditions.

#### **Institutional Care**

Thus, the need for institutional care cannot be underestimated. Institutionalisation is a last resort in cases of severe dependencies, and more and more families are becoming increasingly insufficient to care for a progressively more ill geriatric population. It is happening and will continue to happen as a result of economic, social and cultural issues as well as health care burden. In fact, the conclusion from studies suggests that being elderly and not having a social support set-up are key predictors of institutionalisation rather than health-related and socioeconomic variables.

However, the knowledge of psychiatric problems at the institutional level requires to be tackled with utmost care. Multidisciplinary approach with mental health profession as an important element in the intervention of the psychopathological problem is the need of the hour.



Institutionalisation is here to stay in our society. We need to improvise the needs, merits and an interventional perspective beyond psychopathology. The issue is not just prevention of a problem, but also promotion of general health, and mental health is an essential aspect of care of the aged. Hence, perspective on quality of life, subjective well-being and emotional support are key concerns for the elderly in the modern era, irrespective of scientific advances in medical care.

### CONCLUSION

Thus, old age brings with itself lots of problems. With the increase in the elderly population, health status of the elderly has gained lots of importance. However, neither institutional nor community care has provided an adequate solution to the problems of old age. Though community care is preferred over institutionalisation, lack of funding acts as a major hindrance. Hence, the need of the hour is to integrate the services provided by institutions as well as community to improve the quality of life of the elderly population. More research is needed to develop acceptable models of care to meet the facilities for long-term care, and that includes institutionalization (Bisschop a' aL, 2004).

We still need to learn about efficient models of formal care systems in traditional societies and their cost effectivity, and then decide about informal care system with same perspective, as cultural adaptation is essential for the elderly to feel good and be healthy. Growth in the elderly population means a direct increase in age-related diseases such as dementia and poor mental health outcomes such as depression, anxiety, suicide and serious constraints on the quality of life among elderly individuals. Due to the demographic transition, rapid industrialisation and urbanisation, culture and disintegration of joint or extended family structures into nuclear ones, the susceptibility of the older population has increased. They have become exposed not only to their physical disabilities but also to social, economic and emotional alienation and isolation. An associated social change with industrialisation has led to changes in the routine of the elderly, resulting in reduced social participation, loss of dignity and self-respect (Black et al., 1997). Eventually, it

weakens the social and family support of an individual resulting in declining mental health.

With the breakdown in the traditional joint family structure, where both young and old were absorbed with mutual harmony, Indian family structure is steadily undergoing the process of disintegration and nuclearisation. In addition, the elderly are not given the same respect, attention and care they used to get earlier. The above change may be due to limited assets and growth of 'individualism' in modern life. Thus, all these aspects lead to isolation of the elderly from family and social life. Even though elders feel capable of working and contributing to family resources, there are no outlets to absorb them.

### RECOMMENDATIONS

Mental health promotion involves actions that improve psychological well-being. This may involve creating an environment that supports mental health.

An environment that respects and protects basic civil, political, socio-economic and cultural rights is fundamental to mental health. Without the security and freedom provided by these rights, it is difficult to maintain a high level of mental health.

National mental health policies should be concerned both with mental disorders and, with broader issues that promote mental health. Mental health promotion should be mainstreamed into governmental and nongovernmental policies and programmes. In addition to the health sector, it is essential to involve the education, labour, justice, transport, environment, housing, and welfare sectors.

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