Relationships between the perceived quality of life and the personality styles measured with the The Millon Index of Personality Styles Revised (MIPS-R)

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Introduction

The aim of this exploratory study is to determine whether the personality styles measured with the Portuguese adaptation of Millon Index of Personality Styles Revised, MIPS-R[1] affect the perceived quality of life.

MIPS-R

The Millon Index of Personality Styles *Revised* is a 180-item, True/False inventory designed to measure personality styles of normally functioning adults between the ages of 18 and 65+. It is a theory-based inventory that comprises 12 pairs of scales and three validity indicators. The model of personality which gives support to the 12 bipolarities is grounded in biosocial and evolutionary theory. The scales are organized into three main areas: Motivating Styles, Thinking Styles and Behaving Styles. According to Millon (2004), it is the characterization and quantification of these three dimensions that allow us to capture personality in its relations with normality but also with psychopathology.

MOTIVATING STYLES:

3 pairs of scales assess what purposes and goals direct individual's behaviour:

1A Pleasure-Enhancing
1B Pain-Avoiding
2A Actively Modifying
2B Passively Accommodating
3A Self-Indulging
3B Other-Nurturing

THINKING STYLES:

4 pairs of scales pertain to describe cognitive processes:

4A Externally Focused
4B Internally Focused
5A Realistic-Sensing
5B Imaginative-Intuiting

} Give account of the sources employed to gather knowledge about life.

6A Thought-Guided
6B Feeling-Guided
7A Conservation-Seeking
7B Innovation-Seeking

} Give account of the the ways in which people evaluate and organize experiences, once apprehended.

BEHAVING STYLES:

5 pairs of scales represent different ways of interacting with others :

8A Asocial-Withdrawing
8B Gregarious-Outgoing
9A Anxious-Hesitating
9B Confident-Asserting
10A Unconventional-Dissenting
10B Dutiful-Conforming
11A Submissive-Yielding
11B Dominant-Controlling
12A Dissatisfied-Complaining
12B Cooperative-Agreeing

Method

Participants

This study was carried out with a sample of 43 college students, 36 females (age mean = 19.7; SD = 3.1) and 7 males (age mean = 27.4; SD = 11.4). The participants studied in Lisbon University: 58.8% were attending the first year of Psychology, 37.2% were attending the first year of Educational Sciences and 7% were doing other majors.

Procedure

The participants completed the Portuguese versions of the MIPS-R and the QOLI in the context of a major test adaptation project in which they had to complete these two tests along with other psychological tests. They volunteered to participate in individual sessions that took place in the Psychology College and were carried out by one of the authors of the present poster. Each session lasted about 1h30m.

Results

Based on the participants' overall life satisfaction score, three groups were defined: (1) LOW/VERY LOW QUALITY OF LIFE, (2) AVERAGE QUALITY OF LIFE, (3) HIGH QUALITY OF LIFE. Low and Very Low quality of life respondents were gathered in just one group because each group had few members.
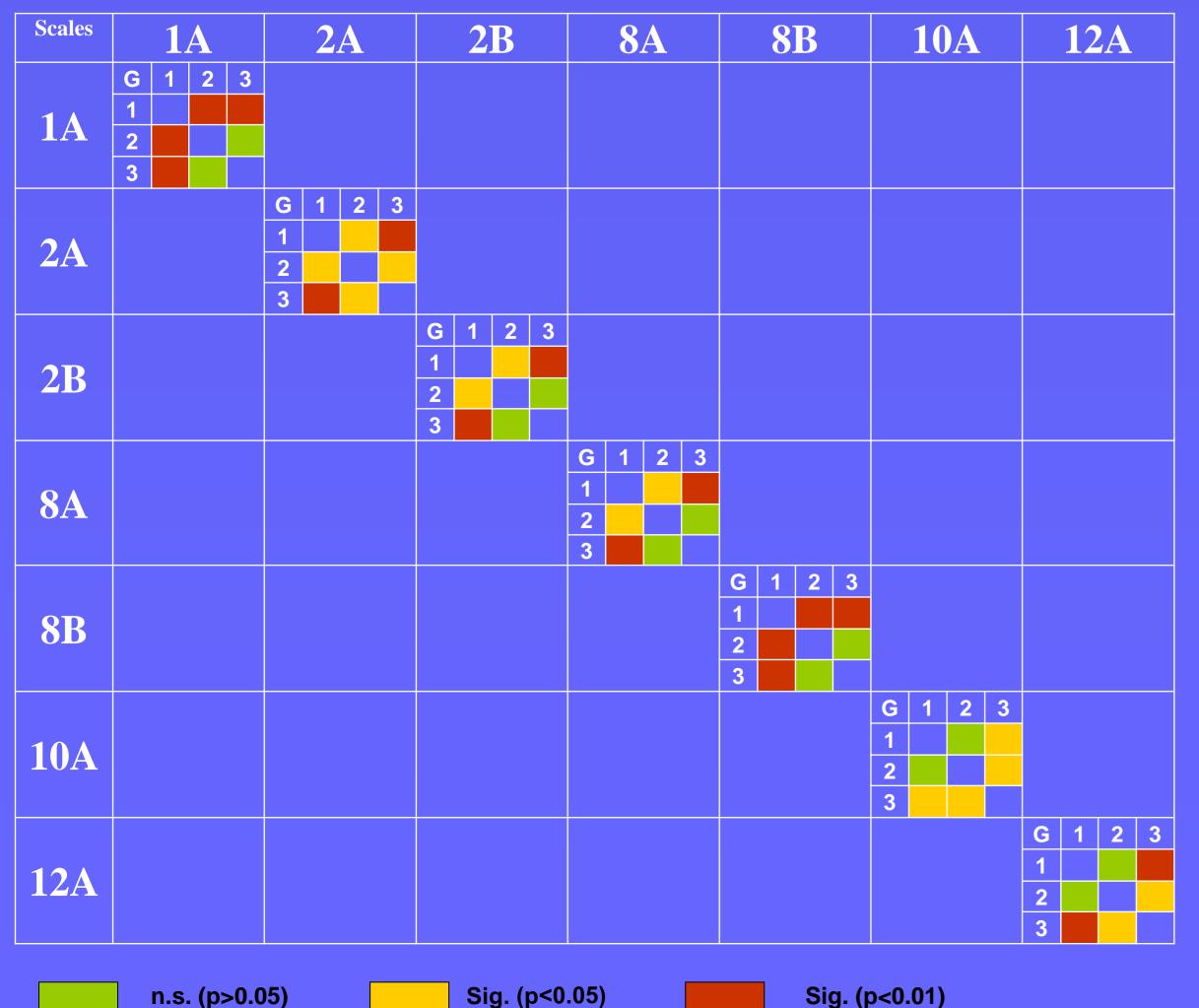
Discriminant Factor Analysis (DFA) was used to identify the MIPS-R styles that most differentiate/discriminate these groups. Since group 1 has few members (n_1=7) the probabilities of misclassification were estimated by the apparent correct classification rates, that is, these probabilities were estimated by the correct classification rate in the base sample and it's well known that this method of estimation is too optimistic.

Table 1: Discriminant Factor Analysis results of the different quality of life groups.

Step nº	Variables	Global Correct Classification Rate	Correct Classification Rate per group			Means per group		
			1	2	3	1	2	3
1	3B - Other-Nurturing	49%	0%	52%	73%	37.1	36.8	39.4
2	1A - Pleasure-Enhancing	58%	57%	48%	73%	13.1	24.2	27.3
3	10A-Unconventional/Dissenting	58%	57%	48%	82%	25.9	21.2	15.6
4	1B - Pain-Avoiding	65%	86%	52%	82%	28.6	19.0	15.4
5	7B - Innovation-Seeking	70%	86%	60%	82%	28.6	28.4	26.7
6	7A - Conservation-Seeking	72%	86%	60%	91%	28.7	36.9	43.1
7	6A - Thought-Guided	72%	71%	64%	91%	12.3	15.2	14.2
8	2A - Actively Modifying	72%	100%	60%	82%	20.0	30.4	35.7
9	4A - Externally Focused	77%	100%	68%	82%	25.1	30.1	33.7
10	8A - Asocial/Withdrawing	74%	100%	68%	73%	24.0	15.3	11.6
11	3A - Self-Indulging	81%	100%	76%	82%	15.4	18.5	18.6

The Kruskal-Wallis Test was used to compare each style in the groups. Significant differences were observed in scales 1A (p=.006), 2A (p=.002), 2B (p=.027), 8A (p=.036), 8B (p=.012), 10A (p=.041) and 12A (p=.019).

Multiple pairwise comparisons were used to compare these styles in the groups.

Table 2 shows multiple comparisons in each style.

Scales	1A	2A	2B	8A	8B	10A	12A

n.s. (p>0.05)   Sig. (p<0.05)   Sig. (p<0.01)

QOLI

Life satisfaction refers to a person's subjective evaluation of the degree to which his/her most important needs, goals and wishes have been fulfilled. The perceived gap between what a person has and what he/she wishes to have in valued areas of life determines a person satisfaction or dissatisfaction.

A person's overall life satisfaction is the sum of satisfactions in the areas of life that he/she appraises. Life satisfaction depends as well of the importance that a person attributes to the area of life which is being evaluated. Satisfaction in highly valued areas of life influences more strongly the overall life satisfaction than a similar level of satisfaction in areas deemed as less important to the person. Life satisfaction was measured with the Portuguese version of the Quality of Life Inventory, QOLI (Fagulha, Duarte & Miranda, 2000). The QOLI is based on quality of life theory and provides an overall life satisfaction score as well as reveals areas of satisfaction and dissatisfaction in 16 areas of life such as love, work and health. In this study only the overall life satisfaction score was analysed. There are four overall quality of life classifications: High, Average, Low and Very Low.

HIGH SCORERS on the QOLI
Are happy and very successful in getting their basic needs met, achieving their goals in the majority of areas of life they value. They are free from psychological distress and own important psychological resources.

AVERAGE SCORERS on the QOLI
Are well-functioning adults in their ability to achieve satisfaction in valued areas of life. They have important psychological resources and are generally fulfilled rather than frustrated with their lives.

LOW SCORERS on the QOLI
Are generally unhappy and quite unsuccessful in getting what they want out of life. However, they are able to achieve satisfaction in some areas of life. They are at risk for developing medical and psychological problems, such as depressions, anxiety disorders, alcohol and drug abuse, somatoform disorders and so on.

VERY LOW scorers on the QOLI
Are extremely unhappy and unfulfilled. They are generally unsuccessful in getting what they want most out of life. As their most important needs, goals and wishes are not being met, they are vulnerable to negative feelings and psychological disturbance. Although it is rare for members of the general population to score in this range, people who seek mental health treatment frequently score in the Very Low or Low range.

Discussion

DFA

Scale 3B is the one that best differentiates the three groups. It refers to a tendency to meet the needs of others, being dependable and protective. Group 3 has higher means in this scale and in scale 1A. Group 1 members are the ones that are less capable of improving their lives and enjoying themselves (1A). They also focus more on the problems of life than the other groups do (1B). Group 1 has the highest mean in the third style that best differentiates the groups (10A). It seems that acting out in an independent and nonconforming manner doesn't contribute to a great life satisfaction. Other scales that promote group differentiation are 7B and 7A. Group 1 members don't like following routines and prefer to take risks (7B). Group 3 members are more careful, conservative and traditional (7A). Frish (1994) states that high quality of life scorers have good reality testing, that is to say that they are able to set challenging but attainable goals. Perhaps is this characteristic that makes them happier and more fulfilled than those who prefer being audacious, unpredictable and perhaps, sometimes, reckless (Group 1). Group 1 members seem to be less able to base decisions on objective judgements rather than on subjective emotions (6A), are less capable of taking charge of their lives, making things happen rather than wait for them to occur (2A) and don't draw much upon friends for encouragement and comfort (4A). They are also more passive and indifferent to others (8A) and less able to fulfil their needs and wishes (3A). Frisch (1994) refers that one of the reasons why high quality of life respondents are resilient to psychological stress is because they are able to develop rewarding relationships. They have a social and an environmental support net. The DFA results point out to the importance of being dependable and depending on other people for life satisfaction.

Kruskal-Wallis Test and Multiple Comparisons

Group 1 differs from the other two (p=0.01) in 1A. They seem to be considerably less capable of enjoying themselves and facing the ups and downs of their lives. The three groups differ in scale 2A. Comparing with Groups 2 and 1, Group 3 members are more actively modifiers (p=0.05 and p=0.01, respectively). In the same way, Group 2 members try to modify their environment to suit their needs and wishes more than Group 1 (p=0.05). Group 1 differs from Group 3 (p=0.01) and from Group 2 (p=0.05) in 2B. They accommodate to circumstances created by others, doing little to achieve the outcomes they desire. This group also differs from the other two (p=0.01 and p=0.05, respectively) in 8A scale. It was mentioned previously that Group 1 members are quiet, passive and social uninvolved. As it would be expected this group differs from the other two (p=0.01) in scale 8B. Group 3 differs from the other two (p=0.05) in scale 10A. Its members prefer to follow traditional standards, acting out in a cooperative manner, respecting authority and being more self-controlled. They are also less dissatisfied, demanding and moody (12A) than Group 2 (p=0.05) and Group 1 (p=0.01) members.

Conclusions

In view of these results and in spite of having a small sample that doesn't represent general population, it is possible to identify some traits that seem to be related to LIFE SATISFACTION, namely the motivation to be dependable and protective towards others; the initiative to take charge of life, arranging events to suit needs, goals and wishes and the optimism in facing the future. Moreover, it seems that acting out in a traditional, conforming way contributes more to life satisfaction than being independent and nonconforming.

People with LOWER LIFE SATISFACTION don't depend much on other people for support and encouragement, intensify the problems of life and lack initiative to meet their goals, needs and desires.

MIPS-R findings are in accordance with Frisch's (1994) quality of life model and seem to point out to a relation between low/very low quality of life and depressive mood.

This exploratory study contributed to a better understanding of what can be assessed through the MIPS-R and it was another step in the establishment of the external validity of the Portuguese version of the test.

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