

EXTRAVERSION AND CONSCIENTIOUSNESS AS CORRELATES OF FALSE HOPE SYNDROME AMONG SECONDARY SCHOOL ADOLESCENTS IN RIVERS STATE, NIGERIA

Dr. Mrs. Rosemary, O. Ekechukwu

Department of Educational Psychology, Guidance & Counselling
Faculty of Education, University of Port Harcourt, NIGERIA
Email: mamatriplets01@yahoo.com

&

Dr. Golda Ekenedo

Department of Human Kinetics and Health Education
University of Port Harcourt, NIGERIA

ABSTRACT

The aim of the study was to investigate extraversion and conscientiousness as correlates of false Hope Syndrome among secondary school adolescents in Rivers State, Nigeria. The study adopted a correlational research design. Two instruments were utilized in the collection of data namely: Personality Inventory for Adolescents (PIA) and Adolescents False Hope Syndrome Inventory (AFHSI). A sample of 986 adolescents was drawn from 25,000 secondary school adolescent students using simple random sampling technique in a multi-stage sampling procedure. Pearson Product Moment Correlation and Z-test were employed in analyzing data. The findings of the study showed that Extraversion and Conscientiousness had significant positive relationship with false hope syndrome ($Z_{r\text{ cal}} = 22.69 > \text{crit } Z = 1.96$, & $Z_{r\text{ cal}} = 15.90 > Z \text{ crit} = 1.96$, $P = .05$ respectively). The study concluded that extraverted and conscientious adolescent students are likely to become victims of false hope syndrome.

Keywords: Extraversion, Conscientiousness, false hope syndrome, adolescents, Nigeria.

INTRODUCTION

Most current theories of emotion, do not include hope, as an emotion; at least not as a prototypic emotion. In previous times, especially during the medieval period, before the industrial revolution, when there were no benefits of scientific knowledge and technology to explain most natural phenomenon, hope was considered one of the fundamentals of emotions (Averil et.al., 1990). Hope was seen as an emotion and compared to two other emotions being love and anger.

Hope is the belief in a positive outcome related to events and circumstances in one's life. Syndrome is a set of symptoms occurring together or a condition characterized by a set of associated symptoms. Syndrome is a set of opinions; a way of behaving that is typical of a particular type of person, attitude or social problem (Hornby, 2005); or with adolescents as in this study.

False hope can be seen as the tendency to generate shallow hope that can change one's life or habit despite a track record of failure. It is a hope based entirely around a fantasy or an extremely unlikely outcome. False hope syndrome is abundant in issues involving health and education. Everyone wants good health, and success but often cannot have it and do not want to do things required to get good health, success or any other thing which is beneficial to life.

False hope syndrome refers to cases in which individual repeatedly try and fail to achieve a goal because they have unrealistic expectations about their likelihood of success (Polivy and Herman, 2002). Some sorts of self-change are feasible, but we must learn to distinguish between realistic and unrealistic self-change goals, between confidence and overconfidence. Overconfidence breeds false hope, which engenders inflated expectations of success and eventually the misery of defeat (Polivy and Herman, 2000) This is a serious problem of psychological health importance, because the frustration and depression that follow such condition is capable of causing serious mental health problems and in extreme cases, death.

Adolescence is a period in human growth and development that occurs after childhood and before adulthood, from ages ten to nineteen (Arnett, 2000). Adolescence is characterised by marked physiological changes, development of sexual feelings, efforts towards the construction of identity, and a procession from concrete to abstract thought (World Health Organisation, 2013). It is the period of transition from dependent childhood to independent adulthood. Adolescents are the most vulnerable to false hope syndrome because they want academic excellence, good shape, good health and fame, yet lack determination to pursue it or arrive at their dreams. Many adolescent girls who are fat feel unhappy about their shape and in a bid to lose weight do strenuous exercises and also eat too little so as to become slim, and become frustrated when they do not get the desired results. Many young and old people alike have unrealistic expectations about their ability to change their behavior in general not only due to New Year's resolution which produces the false hope syndrome. For instance, despite prevailing view that smoking is addictive, 60% of adolescents and 48% of adult smokers believe that they could smoke for a few years and then quit if they decided to, thus seeing quitting smoking as being easier than it actually is (Arnett, 2000). False hope syndrome among adolescents involves exaggerated feelings of control and over confidence about their ability to change their behavior successfully. When goals are set and there is no equal determination to back it up with consistent hard work, failure is the result and over time when the conditions persists, false hope syndrome will set in.

Personality on the other hand involves the overt and covert behavior of an individual (Tanner, 2009). Personality is the totality of what differentiates an individual from other people. Personality refers to our behavioural patterns, cognitions and emotions. Our personality would then be defined in terms of the impression we make on others, that is, what we appear to be (Schulz and Schultz, 2005).

Five personality types have been identified namely: extroversion, conscientiousness, neuroticism, openness and agreeableness (Costa and McCrae,). This write up will consider extroversion and conscientiousness as correlates of false hope syndrome among adolescents. Extroverts are sociable, like parties, have several friends, need to have people to talk to, do not like reading or studying by themselves. They crave excitement take chances, often stick their necks out, act on the spur of the moment and are generally impulsive (Uzoeshi, 2005). The tendency for extroverted adolescents to impress friends, take chances and the fact that they are impulsive could place them at greater risk of falling prey to false hope syndrome. They may impulsively set unachievable targets in their bid to impress friends. This is especially applicable to issues such as maintaining a certain body image, eating healthy foods and quitting smoking.

On the other hand, conscientious persons are careful, reliable, hard working and organized individual. They are usually self-disciplined, optimistic and achievement oriented in terms of planning for future goals (Uzoeshi, 2005). Adolescents with this personality type appear to be

in control of their future goals, and more likely to set achievable goals and pursue them successfully. Nevertheless, the fact that they are adolescents who in spite of their personality type are adventurous still may make them prone to false hope syndrome. In this situation, their optimistic and achievement oriented nature might make them to persist in pursuing a goal even in the face of failure.

Statement of the Problem

False hope syndrome has been noticed to be a source of problem among adolescents. When unrealistic goals are set and there is no corresponding determination and hard work to achieve the set goals, adolescents are put-off, depressed and frustrated. In order to continue in their pursuit for success, they develop coping skills in form of false hope syndrome, hope and wish to make it make them continue, even in the face of failure. Adolescents usually have the tendency of setting unrealistic goals for themselves because of their characteristic nature of having a false impression of their self image and capabilities as well as their adventurous nature. Extroverted adolescents seem to be more likely to be adventurous, hence, embarking on tasks that will put them in the spotlight without having the self efficacy needed to achieve such task. On another hand, conscientious adolescents who are goal-directed may not be able to do an adequate assessment of the requirements for achieving such goals leading to successive failures at achieving a set goal that may be actually unrealistic for them.

Although previous studies found that extraversion correlated more with optimism than with hope (Alarcon et. al., 2013); both constructs (optimism and hope) are also seen to be overlapping (Anderson et.al., 2001). The current study decided to look at extrovert and conscientious personality as correlates of false hope syndrome among adolescents.

Purpose of the Study

The main purpose of this study is to investigate extraversion and conscientiousness as correlates of false hope syndrome among adolescents. Specifically, the study was designed to:

- (i) Investigate the relationship between extraversion and false hope syndrome among adolescents.
- (ii) Investigate the relationship between conscientiousness and false hope syndrome among adolescents.

Research Hypotheses

The following null hypotheses were tested at .05 alpha level.

- i) There is no significant relationship between extraversion and false hope syndrome among adolescents.
- ii) There is no significant relationship between conscientiousness and false hope syndrome among adolescents.

METHODS

Research Design

The design of this study was correlational intended to find out the relationship that exists between extraversion and conscientiousness personality type and false hope syndrome among adolescents.

Population for the study

The population consisted of twenty-five thousand (25,000) students schooling in two hundred and forty-five (245) public senior secondary schools in the 23 local government areas of Rivers State.

Sample and Sampling Technique

The sample for the study was 986 adolescents in public senior secondary schools in Rivers State. The sample size was drawn using a multi-stage sampling procedure which involved the selection of two schools from each of the three senatorial zones in the state in the first stage using simple random sampling technique. The second stage involved the selection of one classroom each from the three senior secondary levels (SSS1, SSS2 & SSS3) in each of the selected schools again using simple random sampling technique. All the students in the selected classrooms were included in the study.

Instrumentation

Self-structured and validated Personality Inventory for Adolescent (PIA) containing 20 items (10 each on extraversion and conscientiousness) was used to collect data on adolescent students' personality type, while another self-structured instrument named Adolescents False Hope Syndrome Inventory (AFHSI) containing 10 items was used to collect data on secondary school students' false hope syndrome. The instruments PIA and AFHSI contained items designed to elicit information on respondent personality types and false hope syndrome respectively. Both instruments were responded to on a Likert-type four scale of Strongly Agree (SA) = 4; Agree (A) = 3; Disagree (D) = 2, and Strongly Disagree (D) = 1. Both instruments were subjected to reliability testing using the test-retest method. Pearson Product Moment Correlation Coefficient was used to analyze the result and a reliability index of .69 and .73 respectively were obtained for PIA and AFHSI. The instruments were, therefore, regarded as reliable and used for the study.

Data Analysis

Data collected were analysed using the Statistical Package for Social Sciences (SPSS) version 10.0. The hypotheses postulated for the study were tested with z-test statistics at 0.05 alpha level.

RESULTS AND DISCUSSION

Results

Hypothesis One: There is no significant relationship between extroversion and false hope syndrome.

Table 1: Relationship between extraversion and false hope syndrome

Variable	N	r-val	\bar{x}	Zr-cal	Z-cri	P -	Result	Decision
Extroversion (XI)			64.7					
False hope syndrome	986	0.48		22.69	1.96	.05	Significant	Not accepted
			8.24					

The table above shows a correlation coefficient (r-value) of 0.48. The result is that there is a positive relationship between extroversion and false hope syndrome. More so, the table shows a calculated Zr value of 22.69 and the critical Z value of 1.96, $P = .05$. Since the calculated Z-value (22.69) is greater than the critical Z-value (1.96), the null hypothesis is not accepted. There is therefore a significant relationship between extroversion and false hope syndrome.

Hypothesis two: There is no significant relationship between conscientiousness and false hope syndrome among adolescents.

Table 2: Relationship between conscientiousness and false hope syndrome

Variable	N	r-val	\bar{x}	Zr-cal	Z-cri	P -	Result	Decision
Conscientiousness (X2)			58.82					
False hope syndrome	986	0.45		15.90	1.96	.05	Significant	Rejected
			8.24					

The table above indicates a correlation coefficient (r-value) of 0.45. The result is that there is a positive relationship between conscientiousness and false hope syndrome. Furthermore, the table shows the Zr calculated to be 15.90 and the Z critical of 1.96, $P = .05$ for a two tailed test. Since the calculated Z-value (15.90) is greater than the Z-critical (1.96), the null hypothesis is rejected implying that there is a significant relationship between conscientiousness and false hope syndrome.

DISCUSSION OF FINDINGS

The result from table 1 on the relationship between extroversion and false hope syndrome among adolescents shows a positive relationship. On the application of Z-test, r-value of 0.48 was obtained and it was deemed statistically significant at $P = .05$. The positive relationship between extroversion and false hope syndrome implies that as scores on extroversion increase, scores on false hope syndrome also increase. This means that adolescents whose scores are high on extroversion also earned high scores on false hope syndrome, while those whose scores on extroversion are low had a corresponding low score on false hope syndrome. This finding is not surprising. Perhaps this could be attributed to the sociability of the extroverted adolescents and their tendency to seek simulation (Schulz and Schultz, 2005).

A study found that those who scored high in extroversion enjoyed higher status and prominence among their peers than those who scored low in extroversion (Anderson et.al., 2001). Seeking higher status and prominence among peers can make them fall prey to false hope syndrome. Finally, the study found a statistically significant relationship between extroversion and false hope syndrome, the magnitude of relationship as well as percentage of prediction of one variable from another were very weak.

On the Relationship between conscientiousness and false hope syndrome, r-value of 0.45 was obtained and was found to be statistically significant at $P = .05$. This implied that as scores of conscientiousness increase, scores of false hope syndrome increase which is contrary to a previous finding where those who earned high scores on conscientiousness had low scores on false hope syndrome (Corner and Abraham, 2001). This could explain their vulnerability to

false hope syndrome. In line with the present finding, a research conducted in the workplace, found that people who scored high in conscientiousness were more likely than those with low scores to set high goals and achieve them, to initiate desirable work behaviours and to receive high performance ratings.

It was also found that people high in conscientiousness tend to be reliable, responsible, efficient and dependable, and usually earn better grades in school than people low on conscientiousness (Goldberg, 1990). This may make them have a very high opinion of themselves and may fall into the temptation of believing that they can achieve anything so long as they set their mind to it. The degree of relationship (r) between conscientiousness and false hope syndrome was found to be 0.45, which the degree of lack of association was found to be 0.80. Finally, the study found a statistically significant relation between conscientiousness and false hope syndrome, the magnitude of relationship as well as percentage of one variable from another were very weak.

CONCLUSION

From the finding of this work, the researchers concluded that extraverted and conscientious adolescent secondary school students in Rivers State, Nigeria are prone to developing false hope syndrome. This calls for a review of the status of guidance and counseling and the introduction of health counselling in our secondary schools.

RECOMMENDATIONS

In the light of the foregoing, the following recommendations were made:

1. Extroverts and conscientious adolescents need to be guided to set realistic and achievable goals for themselves so as to avoid falling victim to false hope syndrome and the attendant reduced self-esteem.
2. Qualified guidance counselors and health counselors should be posted to all our secondary schools so that adolescents of this level of education should be assisted to identify their strengths and weaknesses and thereby become able to set goals that are within their limits.
3. Adolescents should be taught to develop coping skills, to enable them recover from the consequences of false hope syndrome without losing their self esteem in the process.

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