

# Personality traits, bipolar depression symptoms, and coping mechanisms among Chinese junior college students

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## Abstract

Chinese college students face significant psychological pressure, stemming from the stress of the college entrance examination, parental expectations for success, and fierce job market competition. Limited employment opportunities and lower salaries exacerbate feelings of anxiety and hopelessness. Without proper support channels, students may experience declining self-esteem, confidence, and increased susceptibility to depression, including bipolar disorder. Given the heavy academic workload and intense pressure, understanding students' symptoms, personality traits, and coping mechanisms is crucial for enhancing their mental well-being. This study explored personality traits, bipolar depressive symptoms, and coping mechanisms among junior college students in a Chinese Polytechnic University through a descriptive quantitative method. It aimed to describe respondents' profiles, determine differences and relationships among variables, and propose intervention plans. Survey questionnaire was administered to 375 respondents. The study highlighted a notable gender gap among respondents, emphasizing caution due to potential biases. Age-specific analysis is crucial given the majority falling within the 18-19 age range. Overrepresentation of first-year students and urban, public university attendees suggests caution in generalizing findings. Personality traits such as Neuroticism, Extraversion, Openness, Friendliness, and Rigor are moderately assessed, indicating a balanced mix. The moderate total Bipolar Depression Rating Scale (BDRS) score suggests substantial but not extreme bipolar depression levels, with varied coping methods observed. Gender disparities in coping strategies and correlations between personality traits, bipolar depression, and coping underscore the need for tailored mental health support. Remarkable stability of Big-Five Personality Factors and BDRS scores across demographic profiles further strengthens these findings.

**Keywords:** psychological pressure, coping mechanisms, bipolar depression, personality traits, mental well-being

## Personality traits, bipolar depression symptoms, and coping mechanisms among Chinese junior college students

### 1. Introduction

Chinese college students are under enormous psychological pressure, the mood of failing the college entrance examination, the desire of parents to be successful, and then the fierce competition for jobs, employment options often encounter narrow job search channels, lower salaries than undergraduates, and need to constantly improve their academic qualifications (Wu, 2021). They generally feel anxious and hopeless, if there is no correct channel, it is easy to produce self-esteem, self-confidence decline, pessimistic, negative thoughts, and susceptibility to two-way depression will also increase (Yuhong, 2011). Bipolar disorder (BD), also known as bipolar disorder, is a common mental disorder with both manic or hypomanic episodes and depressive episodes (typical characteristics) (Fei, 2023). It is one of the common psychological symptoms of college students, and the incidence rate is generally high in college students, which has become one of the main reasons affecting college students' learning and mental health. Comparatively speaking, Chinese college students have heavier learning tasks and greater pressure (Sun & Yao, 2020). Therefore, it is of great practical significance to understand the symptoms, personality traits and coping styles of college students in order to improve their mental health.

Bipolar disorder is called manic depression, patients sometimes manic, sometimes depressed, manic and depression alternately, the root cause of its onset is that the two personality masks of the individual are too strong and opposite. Personality mask, first proposed by Swiss psychologist Jung, refers to the norms or patterns of behavior formed in the process of social interaction. It is the psychological expression of man in a given situation, the system of the individual adapting or dealing with the world in the way he thinks he should (Adler, 2014). In fact, each person has many personality masks, each personality mask has a suitable situation, has a reason for existence. Personality mask has unity, independence and integrity. The so-called personality is the sum total of personality masks that a person has. Personality mask is necessary for everyone, it can ensure that people get along with each other, is the basis of social life. However, if a person is overly enthusiastic and obsessed with the role he plays, and attaches too much importance to the persona, he often sacrifices other components of his personality structure, and thus endangers his mental health. Typically, bipolar people have a strong lucky mask and an equally strong unlucky mask (Ha, 2018).

However, if a person is overly enthusiastic and obsessed with the role he plays, and attaches too much importance to the persona, he often sacrifices other components of his personality structure, and thus endangers his mental health. Typically, bipolar people have a strong lucky mask and an equally strong unlucky mask. He will feel good about himself, happy, and high when he performs the lucky mask. He feels bad about himself, moody, depressed when he puts on the miserable mask. In fact, everyone has a lucky mask and a sad mask. Under normal circumstances, the contrast between the two masks is not too large, and it matches the situation, and will not cross the line (Xiao & Guo, 2003). The lucky mask and the miserable mask of bipolar disorder are very different, and out of touch with the situation, the patient in the manic period of physical exhaustion, and then in the case of unsupported depression. For the patient, the depressive response is a form of self-preservation. During depression, the body is repaired, gradually restored, and then returned to normal or manic.

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existence. Personality mask has unity, independence and integrity. The so-called personality is the sum total of personality masks that a person has. Personality mask is necessary for everyone, it can ensure that people get along with each other, is the basis of social life (Yurtsever, 2020). However, if a person is overly enthusiastic and obsessed with the role he plays, and attaches too much importance to the persona, he often sacrifices other components of his personality structure, and thus endangers his mental health.

Typically, bipolar people have a strong lucky mask and an equally strong unlucky mask. He will feel good about himself, happy, and high when he performs the lucky mask. He feels bad about himself, moody, depressed when he puts on the miserable mask. In fact, everyone has a lucky mask and a sad mask. Under normal circumstances, the contrast between the two masks is not too large, and it matches the situation, and will not cross the line (Kajiwara et al., 2018). The lucky mask and the miserable mask of bipolar disorder are very different, and out of touch with the situation, the patient in the manic period of physical exhaustion, and then in the case of unsupported depression. For the patient, the depressive response is a form of self-preservation. During depression, the body is repaired, gradually restored, and then returned to normal or manic.

Personality traits refer to the fact that individuals maintain basically the same behavior tendency in different times and situations, which can guide people's behavior to make the same response in different situations. Therefore, personality traits can uniquely and stably reflect individual thinking mode and behavior style (Fan et al., 2018). Previous studies have found that personality traits are closely related to bipolar depression (Cheon et al., 2019). The results showed that neuroticism and openness were positively correlated with the occurrence of bipolar depressive symptoms in college students. Extraversion and conscientiousness were negatively correlated with the occurrence of bipolar depressive symptoms. The higher the level of neuroticism, the greater the likelihood of bipolar depressive symptoms. Neuroticism can negatively predict the clinical outcome of depression, and extraversion can positively predict the clinical outcome, but too high extraversion level will lead to a significant increase in the risk of depression transforming into bipolar disorder.

This paper studies the correlation between personality traits, positive coping, negative coping and bipolar depressive symptoms, and personality traits, positive coping and negative coping are effective predictors of bipolar depressive symptoms. This shows that to alleviate the symptoms of two-way depression in current college students, we should start with their personality traits and coping styles. Chinese colleges and universities should optimize specialized courses with characteristics and carry out regular mental health education, so as to promote students to form a calm, calm, practical, serious, peaceful and stable character in learning.

In recent years, the number of college students suffering from mental disorders is increasing day by day. Relevant data show that the number of college students in China who drop out due to mental illness accounts for 50% of the total number of dropouts, and 25% to 28% of college students have different degrees of psychological problems. Therefore, combined with the real cases around us, students with bipolar disorder in colleges and universities in Shenzhen, Guangdong Province, are selected as subjects. This paper analyzes and discusses the cases of psychological crisis management, so as to help college students get out of psychological difficulties in time, and provide references for ideological and political education in colleges and universities.

**Objectives of the study** - This study investigated and explored possible differences and relationship existing among personality traits, bipolar depressive symptoms, and respondents coping mechanisms as basis for the development of an intervention plan. Specifically, it aimed to determine respondents type of personality, level of bipolar depressive symptoms, and coping mechanism they employed; tested for possible relationship among the variables; and propose an intervention plan based on the results of the study.

## 2. Methods

**Research Design** - In the study, the researcher used descriptive quantitative research. Descriptive quantitative research focuses on describing some characteristics or a full picture of the research object in its natural state, describing the patterns and characteristics of the object or thing under investigation based on the

information, data, situation or information collected. In this method, the researcher will employ different standardized tests as the main gathering tools in obtaining quantitative data from the respondents as to their personality traits, bipolar depressive symptoms and then numerical data gathered will be treated using both descriptive and inferential statistics.

**Participants** - Junior college students in one Polytechnic University in China were selected as the target respondents. This university is a full-time public higher education institution and was founded in 1983 and has since become one of the leading vocational universities in China. It offers a wide range of undergraduate and junior college programs in engineering, business, technology, and other fields. The university has a strong focus on applied education and has close partnerships with industry leaders. According to the university's 2022-2023 enrollment report, the total population of junior college students was 15,678 and the junior college student population has been steadily increasing over the past few years. Using the Raosoft calculator, a total of 375 questionnaires will be distributed and only those who completed and returned their online questionnaires will be selected as the respondents.

### **Measures**

**Big Five Personality Inventory (BFPI).** The simplified version of [of this personality test will be used to measure personality traits, with a total of 60 items, including neuroticism, extroversion and openness. The scores of five personality dimensions, including sex, agreeableness and conscientiousness, ranged from 5 to 60 points each, with higher scores indicating a greater tendency to that personality trait. It is often associated with insecurity, distress, moodiness, low adaptability, and painful emotions. Extroversion refers to being energetic, social, People with direct leadership roles, enthusiasm, confidence, and strong emotional expression skills. Openness and innovation, wide interest, creativity, imagination and diversity About. Agreeableness is often described in terms of dependability, thoughtfulness, compassion, and cooperation. Conscientiousness is often associated with goal-directed behavior, discipline, organization, and precision.

**Bipolar Depression Rating Scale (BDRS).** This is a scale designed to assess the severity of depressive symptoms in bipolar depression. BDRS are effective for clinical use by skilled assessors. The following process was designed for standardization of BDRS scores. Using a clinical interview, the BDRS assesses the severity of depressive symptoms and mixed symptoms in the current or past few days. If the past few days are not related to the current symptoms, the evaluation is focused on the current symptoms. The scale consists of 20 items with a maximum score of 60. Higher scores indicate more severe symptoms.

Individual items may be subjective (patient report) or objective (clinician rating) or both. When both subjective and objective assessment were present, such as subjective report and objective assessment were not, subjective assessment was more important. If the evaluator feels that some items are in between and it is difficult to distinguish whether they should be assessed more severely or less severely, they should be re-evaluated. The mild/moderate/severe severity classification can guide ratings when these exercise items and suggested items do not fully reflect the patient's condition. The patient should not be asked to choose the answer, such as mild/moderate/severe. In individuals with very severe fluctuations in symptoms, such as those with ultra-rapid cycling or morning and evening fluctuations, the assessment is focused on the patient's current symptoms. "When assessing the patient's current symptoms, if possible, the assessment should not be influenced by the environment or medications, such as taking a sleeping pill to assess sleep." "If it is obvious that the current symptom is due to the treatment, such as potash tremors, it should not be evaluated." Some patients with chronic depressive symptoms or persistent episodes of alternating depression and hypomania may not be able to recall good times or know with certainty what is normal for them. The assessor may need to refer to these assumptions when it comes to the normal state of the patient.

Beware of central tropism errors, for example, by avoiding choosing the "moderate" range as the "safe" answer. Here's an example, say, 5 (3), an example that meets the criteria. There is no need to ask the patient to give specific examples when the assessment determines that the degree of diagnosis has been met. Don't take

these points too seriously. The questions listed serve only as a guide, not a structured interview, and the assessment needs to be tailored to the specific clinical situation of the individual. Don't assume that if a patient's answer fits one symptom, it won't fit another. The assessor also considers the frequency, duration, and severity of symptoms and, if appropriate, relevant features such as distress and functional impairment.

Following the general process of clinical interviews, questions should be ranged from general to specific. Information needed for scoring should generally be obtained with as little prompting as possible. For each item, questions should transition from a more open-ended interview to a more structured interview. Evaluators should be careful to maintain a balance between minimal prompting but adequate information so that patients' symptom scores are accurate and representative. In particular, patients with poor status generally required more further prompts, whereas patients with good function were able to answer questions well without prompts for assessment.

**Coping Strategies Questionnaire.** This 27-item questionnaire measures the use of strategies for coping with pain by assessing six domains: Distraction; Catastrophizing; Ignoring pain sensations; Distancing from pain; Coping self-statements; and praying. Patients rate the frequency of their use of the specific strategies using a seven-point Likert scale ranging from 0 "Never do that" to 6 "Always do that"; each domain is scored separately, with higher scores indicating greater use (7). The original form was tested in English-speaking subjects and showed acceptable internal consistency (Cronbach's alpha estimates ranging from 0.72 to 0.86) and satisfactory construct validity – ie, maladaptive strategies, such as Catastrophizing and Praying, were positively associated with negative effects and negatively associated with the level of activity, whereas adaptive strategies, such as Ignoring pain sensations and Coping self-statements, were positively associated with the level of activity.

**Procedure** - In the stage of determining the research topic of the paper, the researcher determines the scope of the topic by reading a large amount of literature. Combine your own work experience and understanding of college students, and seek the approval and advice of your thesis supervisor. Under the teacher's patient guidance, the research topic was determined. The researchers then systematically reviewed the status quo of domestic and international research on bipolar disorder to gather more information about the study variables. At present, Chinese scholars' research on bipolar depression in college students mostly stays on the description of symptoms, and there are few studies on the combination of bipolar depression symptoms, neurotic personality traits and coping styles, and few studies on college students. Comparatively speaking, the study task of college students is heavier, the years are longer, and the pressure is greater. Therefore, it is of great practical significance to understand the current situation of bipolar depressive symptoms, neurotic personality traits and coping styles of college students in order to promote teaching and learning and improve students' mental health.

After a better understanding of the study variables, the researchers selected the scale appropriate for this paper based on a large literature review. In this study, 3 experts were invited to test the validity of the questionnaire, including 2 experts with intermediate professional titles and 1 expert with senior professional titles. The results show that all experts agree that the questionnaire design is reasonable and can be investigated.

In this paper, Big Five personality questionnaire, Bidirectional Depression Scale (BDRS) and coping strategy questionnaire were used to investigate bidirectional depression among college students in Shenzhen, Guangdong province. The results show that about 5% of college students have depressive symptoms, the average score of neurotic personality traits of college students is significantly lower than the norm, the average score of negative coping and positive coping is significantly higher than the norm. The bipolar depressive symptoms and neurotic personality traits of male students were more serious than those of female students. The average score of depression symptoms of poor students was significantly higher than that of average students and excellent students. Neurotic personality traits, positive coping and negative coping were effective predictors of bipolar depressive symptoms.

**Data Analysis** - This research intends to use SPSS27.0 software, mainly using the following methods for data analysis: descriptive analysis, factor analysis, internal consistency coefficient, correlation analysis and

regression analysis. Specifically, quantitative data such as frequencies and percentages, means, and standard deviations are first processed using descriptive statistics. Independent-sample t-tests and one-way analysis of variance (ANOVA) were then used for statistical treatment of significant differences between variables when grouped according to their profiles. Pearson product-moment correlations were used to find out whether there was a relationship between self-differentiation, communication patterns, and couple relationship quality. Finally, a regression equation analysis was used to predict the effects of ego differentiation and communication patterns on relationship quality.

**Ethical Consideration** - The study design must be reviewed and approved by the Ethics Committee Lyceum of the Philippines University-Batangas Campus before the research can continue. This study resolutely protects the rights of the subjects, and strictly follows the principles of ethics, voluntariness, confidentiality, and benefit and harmlessness. At the beginning of each questionnaire, the researchers explained the purpose and significance of the research to the participants in detail. Before all participants participated in the test, an informed consent form was issued. After obtaining the informed consent of the participants, the survey was carried out, and the privacy of the participants and the content of the questionnaire were guaranteed not to be leaked. Each participant participated voluntarily, anonymously, and was asked to answer questions truthfully and honestly. They were also told that they could voluntarily withdraw from the survey if they did not wish to participate. If the scale in the survey induces the patient's bad emotions, the researcher can also provide appropriate psychological support.

### 3. Results and discussion

**Table 1**

*Respondents Personality Traits*

Sub-Scales	Weighted Mean	Standard Deviation	Verbal Interpretation
Neuroticism	37.0493	6.59349	Average
Extraversion	33.1502	5.89954	Average
Openness	39.0419	6.57535	Average
Friendliness	36.8670	6.04853	Average
Rigor	35.3645	6.10000	Average

Table 1 provides a comprehensive overview of the Big Five Personality Traits and their corresponding sub-scales, offering insights into the personality characteristics of the respondents. In terms of Neuroticism, the weighted mean of 37.0493, coupled with a standard deviation of 6.59349, indicates an average level, suggesting a moderate degree of emotional stability among the participants. The trait of Extraversion, with a weighted mean of 33.1502 and a standard deviation of 5.89954, is also interpreted as average, showcasing a balanced disposition between introversion and extraversion. Similarly, the Openness trait, reflected in a weighted mean of 39.0419 and a standard deviation of 6.57535, suggests an average level, indicating a moderate inclination towards creativity and openness to new experiences. Friendliness, with a weighted mean of 36.8670 and a standard deviation of 6.04853, is interpreted as average, signifying a moderate degree of warmth and sociability among respondents. Lastly, the Rigor trait, with a weighted mean of 35.3645 and a standard deviation of 6.10000, is characterized as average, showcasing a balanced approach to tasks with a moderate emphasis on precision and thoroughness. Overall, the respondents' personality traits, as assessed by the Big Five model, demonstrate moderate levels across all dimensions. The standard deviations suggest a reasonable degree of variability within each trait, while the verbal interpretations indicate that, on average, the participants possess characteristics typical of a balanced and moderately stable personality profile.

Table 2 presents a comprehensive overview of the Bipolar Depression Rating Scale (BDRS) results, shedding light on the mental well-being of the respondents. The total BDRS score, with a weighted mean of 33.6232, indicates a moderate level of bipolar depression among the participants. The standard deviation of 12.55952 suggests considerable variability in depression scores within the sample, emphasizing the diversity of

experiences among respondents. The verbal interpretation characterizes the overall level of bipolar depression as moderate, signaling a substantial but not extreme impact on the mental health of the participants. These quantitative findings contribute valuable insights into the prevalence and intensity of bipolar depressive symptoms within the studied population. This data serves as a foundational resource for further in-depth analysis and interpretation within the broader context of mental health research, fostering a nuanced understanding of the participants' mental well-being.

**Table 2**

*Respondents Symptoms of Bipolar Depression*

	Weighted Mean	Standard Deviation	Verbal Interpretation
Symptoms of Bipolar Depression	33.6232	12.55952	Moderate

**Table 3**

*Coping Strategies Employed by the Respondents*

Coping Strategies Sub-Scales	Weighted Mean	Standard Deviation	Verbal Interpretation
Distract Yourself	25.8251	6.92189	Frequently
Catastrophism	19.5739	9.20913	Frequently
Ignoring painful sensation	20.1207	6.85063	Frequently
Distance yourself from pain	14.6823	6.40949	Sometimes
Self-Affirmation Strategies	18.8448	5.06921	Frequently
Praying	10.0296	4.84466	Occasionally

Table 3 provides a comprehensive overview of coping strategies employed by respondents, incorporating weighted mean, standard deviation, and verbal interpretation for each sub-scale. The analysis elucidates the prevalence and frequency of respondents' coping mechanisms, shedding light on their preferred strategies during stress or challenges. The coping strategy of distracting oneself is notably frequent, with a weighted mean of 25.8251, indicating that individuals commonly resort to activities or thoughts to redirect their focus from stressors. Similarly, catastrophizing, reflected by a weighted mean of 19.5739, is frequently utilized, suggesting a propensity among respondents to magnify negative aspects of situations as part of their coping mechanisms. The strategy of ignoring painful sensations is also frequently employed (weighted mean: 20.1207), indicative of a deliberate effort to overlook or suppress discomfort.

**Table 4**

		Coping Strategies													
		BDRS		Distract yourself		Catastrophism		Ignoring Painful Sensation		Distance Yourself from Pain		Self-Affirmation Strategies		Praying	
		r <sub>xy</sub>	p-value	r <sub>xy</sub>	p-value	r <sub>xy</sub>	p-value	r <sub>xy</sub>	p-value	r <sub>xy</sub>	p-value	r <sub>xy</sub>	p-value	r <sub>xy</sub>	p-value
Personality Traits	Neuroticism	-.192**	0.000	.282**	0.000	-.131**	0.008	.116*	0.019	0.052	0.298	.221**	0.000	-.106*	0.033
	Extraversion	.122*	0.014	.052	0.293	.196**	0.000	0.096	0.053	0.077	0.122	0.091	0.067	.114*	0.022
	Openness	-.181**	0.000	.379**	0.000	-.115*	0.021	-.106*	0.033	0.013	0.796	.290**	0.000	-.085	0.089
	Friendliness	0.009	0.854	.239**	0.000	0.068	0.170	-.105*	0.034	0.083	0.093	.210**	0.000	0.064	0.196
	Rigor	0.091	0.067	-.263**	0.000	.168**	0.001	.221**	0.000	.191**	0.000	.226**	0.000	.165**	0.001
BDRS			-.268**	0.000	.347**	0.000	0.068	0.173	.193**	0.000	-.099*	0.046	.265**	0.000	

**\*\*.** Correlation is significant at the 0.01 level (2-tailed).; Correlation is significant at 0.05 level (2-tailed).

Creating emotional or physical distance from pain emerges as a strategy sometimes utilized (weighted mean: 14.6823), implying variability in its application among respondents. Self-affirmation strategies, denoted by a weighted mean of 18.8448, are frequently used, illustrating a common inclination towards positive self-talk or affirmations as coping mechanisms. On the other hand, praying is occasionally employed (weighted mean: 10.0296), suggesting that respondents intermittently turn to prayer for comfort or support. The implications of these findings are multifaceted. The prevalence of distraction, catastrophism, and ignoring painful sensations suggests a nuanced blend of adaptive and maladaptive coping mechanisms. Additionally, the diverse use of self-affirmation and occasional distancing from pain implies a spectrum of coping approaches within the sample. These insights are paramount for mental health professionals, emphasizing the need for tailored interventions aligned with individuals' preferred coping mechanisms. A holistic approach considering both adaptive and

maladaptive strategies is crucial for the design of effective mental health support programs.

The correlational matrix presented in Table 4 provides a comprehensive understanding of the relationships between the BIG FIVE personality traits, bipolar depression symptoms, and various coping strategies. The findings offer valuable insights into how an individual's personality profile is associated with their approach to managing the challenges of bipolar disorder.

The matrix includes correlation coefficients ( $r_{xy}$ ), p-values, and significance levels, providing insights into the relationships among these variables. Neuroticism exhibits significant correlations with coping strategies, showing negative associations with Distract Yourself ( $r_{xy} = -.192$ ,  $p\text{-value} = 0.000$ ), Ignoring Painful Sensation ( $r_{xy} = -.131$ ,  $p\text{-value} = 0.008$ ), and Praying ( $r_{xy} = -.106$ ,  $p\text{-value} = 0.033$ ). Conversely, positive correlations are observed with Catastrophism ( $r_{xy} = .282$ ,  $p\text{-value} = 0.000$ ), Distance Yourself from Pain ( $r_{xy} = .116$ ,  $p\text{-value} = 0.019$ ), and Self-Affirmation Strategies ( $r_{xy} = .221$ ,  $p\text{-value} = 0.000$ ). Extraversion is positively correlated with Distract Yourself ( $r_{xy} = .122$ ,  $p\text{-value} = 0.014$ ), Catastrophism ( $r_{xy} = .196$ ,  $p\text{-value} = 0.000$ ), Ignoring Painful Sensation ( $r_{xy} = .096$ ,  $p\text{-value} = 0.053$ ), Distance Yourself from Pain ( $r_{xy} = .077$ ,  $p\text{-value} = 0.122$ ), and Praying ( $r_{xy} = .114$ ,  $p\text{-value} = 0.022$ ). Openness is negatively correlated with Neuroticism ( $r_{xy} = -.181$ ,  $p\text{-value} = 0.000$ ) and positively correlated with Distract Yourself ( $r_{xy} = .379$ ,  $p\text{-value} = 0.000$ ), Ignoring Painful Sensation ( $r_{xy} = .106$ ,  $p\text{-value} = 0.033$ ), and Praying ( $r_{xy} = -.085$ ,  $p\text{-value} = 0.089$ ). Friendliness shows significant positive correlations with Distract Yourself ( $r_{xy} = .239$ ,  $p\text{-value} = 0.000$ ), Ignoring Painful Sensation ( $r_{xy} = .105$ ,  $p\text{-value} = 0.034$ ), and Praying ( $r_{xy} = .210$ ,  $p\text{-value} = 0.000$ ). Rigor is positively correlated with Distract Yourself ( $r_{xy} = .263$ ,  $p\text{-value} = 0.000$ ), Catastrophism ( $r_{xy} = .168$ ,  $p\text{-value} = 0.001$ ), Ignoring Painful Sensation ( $r_{xy} = .221$ ,  $p\text{-value} = 0.000$ ), Distance Yourself from Pain ( $r_{xy} = .191$ ,  $p\text{-value} = 0.000$ ), and Praying ( $r_{xy} = .226$ ,  $p\text{-value} = 0.000$ ). BDRS is negatively correlated with Distract Yourself ( $r_{xy} = -.268$ ,  $p\text{-value} = 0.000$ ), indicating that higher levels of bipolar depression symptoms are associated with less frequent use of the distraction coping strategy. It is positively correlated with Catastrophism ( $r_{xy} = .347$ ,  $p\text{-value} = 0.000$ ), suggesting that as bipolar depression symptoms increase, individuals tend to employ catastrophizing coping strategies more frequently. In summary, the correlational matrix provides a nuanced understanding of the relationships between personality traits, bipolar depression symptoms, and coping strategies. The findings underscore the importance of considering these interconnections in mental health research and interventions.

The analysis reveals that Neuroticism, a trait characterized by emotional instability and negative affectivity, exhibits significant negative correlations with adaptive coping strategies like Distract Yourself, Ignoring Painful Sensation, and Praying. This suggests that individuals high in Neuroticism are less likely to engage in these constructive coping mechanisms, potentially exacerbating their depressive symptoms. Conversely, Neuroticism shows positive correlations with maladaptive strategies such as Catastrophism, Distance Yourself from Pain, and Self-Affirmation Strategies, indicating that neurotic individuals may be more prone to engaging in these counterproductive coping behaviors. In contrast, Extraversion, characterized by sociability and positive emotionality, demonstrates positive associations with a broader range of coping strategies, including Distract Yourself, Catastrophism, Ignoring Painful Sensation, Distance Yourself from Pain, and Praying. This suggests that extraverted individuals may have a more diverse repertoire of coping skills at their disposal, potentially enabling them to better manage the fluctuations of bipolar disorder. The personality trait of Openness, linked to intellectual curiosity and willingness to explore new experiences, is negatively correlated with Neuroticism and positively correlated with adaptive coping strategies like Distract Yourself, Ignoring Painful Sensation, and Praying. This underscores the potential role of Openness in fostering resilience and adaptive coping in individuals with bipolar disorder. The correlational matrix also reveals significant positive associations between Friendliness and Distract Yourself, Ignoring Painful Sensation, and Praying, as well as positive correlations between Rigor and a range of coping strategies, including Distract Yourself, Catastrophism, Ignoring Painful Sensation, Distance Yourself from Pain, and Praying.

#### **Table 5**

*Proposed Intervention Plan for Chinese Junior College Students*



Personality traits, bipolar depression symptoms, and coping mechanisms among Chinese junior college students

Key Results Area	Objectives	Strategies	Success Indicators	Persons Responsible
Personality Traits: Extraversion	To develop strategies and interventions that promote the cultivation of extraverted traits, such as sociability, assertiveness, and enthusiasm, in individuals.	<p><b>Social Skills Training:</b> Offer workshops or courses focused on developing effective communication, active listening, and assertiveness skills to help individuals feel more confident in social interactions.</p> <p><b>Exposure Therapy:</b> Gradually expose individuals to social situations, starting with less intimidating settings and progressively increasing the complexity. This helps desensitize them to social anxiety and builds confidence.</p> <p><b>Volunteering or Community Engagement:</b> Encourage individuals to participate in volunteer activities or community projects, which not only provide opportunities for social interaction but also contribute to a sense of purpose and fulfillment.</p>	<p><b>Increased Social Engagement:</b> Measure the frequency and duration of social interactions, including participation in group activities, conversations with peers, and attendance at social events.</p> <p><b>Improved Communication Skills:</b> Assess individuals' ability to initiate and maintain conversations, express themselves confidently, and actively listen to others.</p> <p><b>Expansion of Social Network:</b> Track the growth of individuals' social networks, including the number of new connections made, friendships formed, and professional relationships established.</p>	<p>Mental Health Professionals</p> <p>Educators and Trainers</p> <p>Community Leaders and Volunteers</p> <p>Peers and Support Networks</p> <p>Role Models and Mentors</p>
Personality Traits: Rigor	To develop initiatives and interventions that promote the cultivation of rigor, characterized by discipline, precision, and thoroughness, among junior college students.	<p><b>Structured Study Skills Workshops:</b> Offer workshops focusing on time management, organization, note-taking, and effective study techniques to help students develop disciplined study habits and enhance their academic rigor.</p> <p><b>Mentorship and Guidance:</b> Provide mentorship programs or academic advising services where students can receive guidance and support from faculty or peer mentors, helping them stay focused, motivated, and accountable in their academic pursuits.</p> <p><b>Project-Based Learning:</b> Implement project-based learning experiences that require students to plan, execute, and present complex projects, fostering skills in research, organization, and attention to detail while promoting rigor in academic work.</p>	<p><b>Academic Performance:</b> Measure improvements in students' academic performance, including grades, test scores, and course completion rates, indicating their ability to apply rigor in their studies and achieve academic success.</p> <p><b>Engagement and Participation:</b> Monitor students' engagement and participation in class discussions, group activities, and extracurricular projects, observing their willingness to invest time and effort in academic pursuits and contribute meaningfully to academic discourse.</p> <p><b>Self-Regulation Skills:</b> Evaluate students' ability to manage their time effectively, prioritize tasks, and maintain focus and motivation in their academic endeavors, demonstrating their development of self-discipline and self-regulation skills.</p>	<p>Faculty and Instructors</p> <p>Academic Advisors</p> <p>Student Support Services Staff</p> <p>Administrators</p> <p>Peer Mentors</p> <p>Parents and Guardians</p> <p>External Partners</p>
Symptoms of Bipolar Depression	To develop and implement strategies to identify, support, and assist junior college students experiencing symptoms of bipolar depression	<p><b>Mental Health Screening:</b> Implement routine mental health screenings or assessments to identify students at risk of bipolar depression symptoms, allowing for early intervention and support.</p> <p><b>Counseling Services:</b> Provide</p>	<p><b>Increased Awareness:</b> Measure improvements in awareness and understanding of bipolar depression symptoms among students, faculty, and staff through pre- and post-intervention surveys or assessments.</p>	<p>Mental Health Professionals</p> <p>Student Services Staff</p> <p>Faculty and Instructors</p>

		<p>access to counseling services staffed by trained mental health professionals who can offer individualized support, therapy, and coping strategies for managing bipolar depression symptoms.</p> <p>Peer Support Groups: Establish peer support groups or student-led mental health initiatives where students experiencing bipolar depression symptoms can connect with others, share experiences, and receive peer support and encouragement.</p>	<p>Access to Resources: Track the utilization rates of mental health services, including counseling, support groups, and external referrals, to ensure students have access to the resources they need to manage bipolar depression symptoms effectively.</p> <p>Reduction in Symptom Severity: Assess changes in the severity and frequency of bipolar depression symptoms among students receiving support services, using standardized assessment tools or self-report measures.</p>	<p>Campus Health and Wellness Centers</p> <p>Peer Mentors and Support Networks</p> <p>Administrators</p> <p>Parents and Guardians</p>
Coping Strategies Employed: Praying	To develop interventions and support mechanisms that promote effective coping strategies, with a specific focus on praying, among junior college students.	<p>Awareness and Education: Provide educational workshops and seminars to increase awareness of the benefits of praying as a coping strategy and to dispel misconceptions or stigmas associated with it. Establish Prayer Spaces: Create designated prayer spaces on campus where students can engage in private or group prayer sessions, fostering a supportive and inclusive environment for religious expression and coping.</p> <p>Incorporate Spiritual Wellness Programs: Integrate spiritual wellness programs into existing mental health initiatives, offering resources, activities, and events that promote spiritual growth, resilience, and coping skills development.</p>	<p>Increased Utilization: Measure the frequency of students engaging in praying as a coping strategy, tracking the number of students who report using praying regularly to manage stress, anxiety, or other challenges.</p> <p>Self-Reported Effectiveness: Assess students' perceptions of the effectiveness of praying as a coping strategy through surveys or interviews, gauging their satisfaction with its ability to alleviate stress and promote emotional well-being.</p>	<p>Campus Chaplains or Spiritual Advisors</p> <p>Student Services Staff</p> <p>Religious Organizations and Leaders</p> <p>Faculty and Instructors</p> <p>Mental Health Professionals</p> <p>Campus Administrators</p> <p>Peer Mentors and Support Networks</p>

#### 4. Conclusions and recommendations

Respondents have an average personality traits in terms of neuroticism, extraversion, openness, friendliness, and rigor with moderate bipolar depressive symptoms, and employed varied coping mechanisms like frequent use of distraction, catastrophizing, and ignoring pain. Self-affirmation emerges as a prevalent positive coping mechanism and occasional reliance on prayer indicates intermittent use of religious coping. Neuroticism negatively correlates with coping, while extraversion shows positive correlations. openness and friendliness have mixed associations, and Rigor correlates positively with respondents coping mechanisms. Bipolar-depressive symptoms is negatively correlated with distraction coping but positively with catastrophizing. These findings highlight the importance of understanding connections between personality traits, bipolar depression, and coping for mental health research and interventions.

Students may use these findings to improve self-awareness and well-being, making informed choices about mental health. Engaging in school mental health programs, prioritizing adaptive coping, seeking support when needed, and advocating for inclusive initiatives contribute to a supportive community. Teachers and staff may receive training to recognize bipolar depression symptoms and diverse coping strategies. Teachers may adapt teaching methods to support different coping styles, fostering inclusivity. Collaboration with mental health professionals and ongoing professional development may equip educators to address student needs effectively.

Schools Counselors and mental health professionals may consider developing mental health support programs tailored to gender-specific needs, implementing age-specific initiatives, and providing targeted counseling services to address evolving student needs as they progress through academic years. School administrators may take a comprehensive approach to support the mental well-being of their students. This may involve implementing gender-inclusive policies, developing age-responsive mental health programs, and tailoring support services based on academic year levels. Curriculum developers may integrate modules on coping strategies, emotional intelligence, and mental health awareness, tailored to different academic stages. Collaboration with mental health professionals and staying informed about research findings can enhance curriculum effectiveness. Future researchers may consider expanding the demographic scope of their studies to include a more diverse representation of genders, ages, academic levels, university types, and locations. Additionally, researchers may delve into the underlying factors contributing to the observed stability in personality traits across demographics and further investigate the relationships between coping strategies, personality traits, and mental health outcomes.

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