

Personality and Mental Well-Being of Adolescent Students from Dysfunctional Families: Basis for the Development of an Intervention Program

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ABSTRACT

The family structure, including parents, marriage and children, is said to be the building block of society and the most basic form of social organisation, and so it should be a place where children grow up in good mental and physical health (although reality is often somewhat different). In dysfunctional families, young people may experience emotional suffering or instability and may not receive regular support from their family, which can affect their psychological development and future development. This research analyzed the association of personality traits with the mental health of adolescents from dysfunctional families in a quantitative manner based on personality traits and well-being levels, demonstrating a characteristic profile of high openness and agreeableness combined with relatively low conscientiousness, extraversion, and neuroticism. Of these, characteristics such as conscientiousness emerged as a robust predictor of mental well-being, suggesting that structure, self-control and goal directed behaviour may be particularly important to individuals' resilience in the face of challenging family environments. The results bear on the possibility that developing conscientious habits may make adolescents more resistant to life's tribulations and provide them greater equanimity. For these reasons, preventive interventions that involve parents and teachers and students themselves, and promote resilience, re-orient coping strategies and positive parenting are advisable. Such interventions contribute not only to better family communication and mutual understanding, but to greater mental health among adolescents under difficult circumstances.

Keywords: Family; Adolescents; Dysfunctional Family; Mental Well-Being; Personality

INTRODUCTION

Parents, marriage, and children constitute the cornerstone of the family, the most fundamental unit of society. Everybody yearns for a family that is mentally and physically well as a place to call home (Lanozo et al., 2021). People typically associate having married parents and having children with entire families. However, this isn't always the case. As a result, dysfunctional families are not unusual; rather, they are well-known and frequently present in our environment (Saikia, 2017).

A family that exhibits conflict, disobedience, and instability is considered dysfunctional. When abuse and neglect take place in a dysfunctional family system, other family members are frequently compelled to put up with and encourage harmful behaviors (Brown 2021). A dysfunctional family is described by King University Online (2020) as having frequent conflict and instability. Children may be abused or neglected by their parents, and other family members are frequently compelled to put up with or condone bad behavior. Untreated mental illness, codependency, or addiction can occasionally lead to dysfunctional households. Marital separation can be a consequence of a dysfunctional family. It is a highly stressful event that can perturb multiple dimensions of family functioning, leading to detrimental physical and mental health outcomes for both children and adults, (Sbarra, Bourassa & Manvelian, 2019). As guidance designate in the Department of Education (DepEd), the researcher noted 113 students who belong to a dysfunctional family, and he had seen and experienced the impact of a dysfunctional family wherein the students could not cope with the aftermath of the situation. Consequently, some students end up engaging in self-destructive behavior like binge drinking, self-harm, and joining a gang and some end up in a psychiatric clinic with severe depression, bipolar disorder, and some even experience psychotic symptoms. When left untreated, they end up dropping out of school (Schwartz, 2022).

Dysfunctional family relationships can negatively affect children's personality and mental well-being in the short and long term. Various factors, such as biological, psychological, and social aspects, influence adolescents' development of personality and mental well-being. Among these, the role of family relationships is crucial, as families provide the primary context for children's socialization and emotional development. However, not all families can offer children a supportive and nurturing environment. Some families may experience dysfunction, which refers to conflict, aggression, neglect, addiction, violence, or other problems impairing the quality of family interactions. Previous research has shown that dysfunctional family relationships can affect children's personality development in various ways.

Growing up in a dysfunctional family complicates the ability to discern acceptable and unacceptable behaviors in relationships. It is common for individuals to perceive such dysfunction as normative and to feel inclined to perpetuate these patterns. Over time, individuals may begin to identify feelings of anxiety, stress, depression, and other emotional disturbances in the context of family interactions. Additionally, many dysfunctional behaviors tend to be transmitted across generations; however, it is possible to break the cycle. It takes awareness and the willingness to set firm boundaries (Selve, 2021).

According to (Al Ubaidi Ba, 2017) Adults from dysfunctional families may experience some of the following: Low self-esteem and uncompassionate judgment of others and themselves: isolated feelings, and uneasiness around authority figures. The need for approval is characterized by an intense sensitivity to situations involving disagreement or personal criticism. Individuals with this need may be less drawn to healthy, supportive relationships and may instead gravitate towards emotionally detached individuals or other victims of abuse. Additionally, they often experience confusion regarding roles and responsibilities.

They could strive to address other people's problems or assume that others are to blame for their own. When they overindulge in caring for others or neglect themselves, they experience guilt. Such individuals often struggle to permit their children to express their emotions due to a profound fear of rejection or abandonment. This tendency is frequently observed in individuals with dependent personalities, who may remain in toxic jobs or relationships. They typically experience feelings of hopelessness and helplessness and exhibit minimal or no boundaries. They need to be in control, overreacting in situations of

uncontrollable change, and acting impulsively before considering alternative behaviors or possible consequences (Al Ubaidi, 2017).

As mentioned by Crisostomo (2012) with his interview with the then-president of the Philippine Psychiatric Association (PPA) in his Philstar news article the heaviest problem that Filipinos are facing right now is having a dysfunctional. As of writing, except for Vatican City, the Philippines is the only nation in the world where divorce is prohibited (Emery, 2013); nonetheless, Filipinos are still able to apply for separation or annulment. Even though the country recognizes legal separation and relative divorce, only foreigners and adherents of other religions are still able to obtain a full divorce (Jacob, 2013). One of the most typical complaints from a couple is that they fight a lot and eventually lose respect for one another to the point where one of them hurts the other. Couples also often lament unemployment as a lack of support for their family's necessities, and miscommunications between spouses only serve to compound the problem.

However, many adolescents face challenges and difficulties in their family environment, such as aggression, limited affection, neglect, addiction, and violence. These dysfunctional family relations can negatively impact adolescents' self-esteem, self-concept, coping skills, mental health, and academic performance. Despite this, there is a lack of empirical research on how dysfunctional family relations affect adolescent personality and well-being in the Philippines, especially in Baguio City. According to the 2020 Census of Population and Housing (CPH, 2020), 8.7% of the household population aged five years and over in the Philippines had at least one domain of functional difficulty, such as seeing, hearing, walking, remembering, self-caring, or communicating. In the CAR, this percentage was 17%, the lowest among 17 regions. The poverty incidence among the population in the CAR also decreased from 12.1% in 2018 to 9.9% in 2021, the lowest in the country (Philippine Statistics Authority, 2022). However, these statistics do not necessarily reflect the prevalence or causes of dysfunctional families in the region.

While there is extensive research on the impact of dysfunctional family environments on adolescents' mental health and academic performance, less is known about how these environments specifically affect the personality traits and overall mental well-being of adolescents. Previous studies have often focused on individual factors such as self-esteem or coping skills (Smith et al., 2019; Johnson & Kelly, 2020), but there is a lack of comprehensive research that examines the relationship between personality traits and mental well-being in this context. Additionally, there is a need for region-specific studies, particularly in areas like the Cordillera Administrative Region, to understand the unique challenges faced by adolescents from dysfunctional families in these settings (Martinez & Reyes, 2021).

Specifically, existing literature has extensively covered the impact of family dysfunction on mental health outcomes such as anxiety, depression, and academic difficulties (Cummings et al., 2014; Hair et al., 2015). Studies have shown that adolescents in these environments are more likely to experience higher levels of stress and lower self-esteem (Wickrama & Bryant, 2003; Sheeber et al., 2007). However, there is a paucity of research focusing on how these dysfunctional environments shape core personality traits, such as openness, conscientiousness, extraversion, agreeableness, and neuroticism, and how these traits interact with mental well-being. Moreover, the interplay between these personality traits and mental well-being in adolescents from dysfunctional families remains underexplored, particularly in non-Western contexts such as the Philippines (Garcia & Alampay, 2013; Rothon et al., 2011).

Furthermore, while interventions targeting mental health in adolescents from dysfunctional families have been studied (e.g., family therapy, cognitive behavioral approaches), there is a gap in the development of intervention programs that simultaneously address personality development and mental well-being. This gap was particularly evident in the Philippine context, where the specific impact of these environments on adolescents' personality traits and overall mental well-being had not been adequately explored.

Therefore, this study aimed to address this research problem by exploring the relationship between the personality traits and mental well-being of adolescent students from dysfunctional families, with the ultimate goal of developing a responsive intervention program. In doing so, the study aimed to determine the level of personality traits among adolescent students from dysfunctional families in the areas of

openness, conscientiousness, extraversion, agreeableness, and neuroticism. It also sought to understand the level of mental well-being of these students and to explore the relationship between their personality traits and mental well-being. By accomplishing these goals, the findings aided mental health professionals in understanding the unique experiences of students belonging to dysfunctional families, enabling them to create programs that are more responsive to the needs of this population. Families were also equipped to navigate the complexities that accompanied being part of a dysfunctional family, especially in the context of rearing their adolescent children who had distinct developmental needs. Additionally, this study aimed to know what regression model could be derived from the results obtained. Finally, it intended to propose an intervention program designed to enhance both personality traits and mental well-being among adolescents.

Hypotheses

- Research Hypothesis (Ha): There is a significant relationship between the personality traits of adolescents from dysfunctional families and their mental well-being.

METHODS

Review of Related Literature

Family Dynamics and Adolescent Development Family dynamics play a crucial role in shaping the psychological and emotional development of adolescents. In dysfunctional families, adults are often so consumed by their own struggles that they fail to provide their children with stability, security, and unconditional love. As a result, children experience extreme tension, anxiety, and feelings of unlovability (Martin, 2022). Continuous trauma and agony caused by parents' actions, words, and attitudes leave emotional scars, forcing children to grow up differently. Instead of enjoying their childhood, many take on adult responsibilities, which negatively impact their development and persist into adulthood. Adult victims of abuse may resort to harmful habits, such as substance abuse, or struggle with anxiety, irritability, and suppressed emotions. They often find it difficult to form healthy relationships, trust others, or maintain self-worth. Unlike healthy families that recover from crises, dysfunctional families tend to perpetuate pathological parenting styles into adulthood, resulting in long-term difficulties (Peterson, 2018; Al Ubaidi, 2017).

Theoretical Perspectives on Family Functioning

Family Systems Theory (Bowen) explains that families function as emotional units, where interdependence ensures that changes in one member affect others. While these connections promote cooperation, increased stress and anxiety can disrupt harmony, leaving vulnerable members at risk of depression, substance abuse, or maladaptive behaviors (Bowen Theory Academy, 2022). Similarly, Social Cognitive Theory (Bandura) emphasizes observational learning, wherein children model behaviors observed in dysfunctional family environments, leading to maladaptive coping patterns (Nickerson, 2016). Attachment Theory (Bowlby & Ainsworth) highlights how insecure attachment, parentification, and neglect can disrupt healthy development, resulting in poor relationships and emotional regulation issues (Hooper, 2007).

Adolescence as a Critical Stage

Adolescence, defined by WHO (2021) as the stage between 10 and 19 years old, is a critical transition period where half of all mental health disorders emerge by age 14. Family functioning—including problem-solving, communication, adaptability, warmth, and behavioral control—significantly affects adolescent well-being. Dysfunctional family structures are strongly linked to loneliness, anxiety, and depression in adolescents (Utaminintyas, 2021). In the Philippine context, families remain central to social life but face challenges such as dissolution, poverty, abuse, and conflicting ideologies, all of which can

disrupt stability (Thompson, 2016; Tus, 2020; Zitzman, 2019). Dysfunctional families, characterized by poor boundaries, ineffective communication, and unresolved conflicts, often fail to meet the emotional needs of their members (Lamb & Lewis, 2019; Minuchin, 1974; Nichols & Schwartz, 2004).

Mental Well-Being

Mental well-being, as defined by WHO (2021) and APA (2022), refers to the state of emotional stability, functional adjustment, and positive engagement with life. It involves both emotional dimensions (happiness, resilience, life satisfaction) and functional aspects (purpose, independence, social connectedness). Well-being encompasses physical and mental health, life satisfaction, stress management, and strong social ties (Davis, 2019).

Personality and Development

Personality is a multifaceted construct encompassing enduring patterns of thoughts, feelings, and behaviors that distinguish individuals. The Five-Factor Model (McCrae & Costa, 1997) identifies openness, conscientiousness, extraversion, agreeableness, and neuroticism as core traits that influence how individuals perceive and interact with their environment. Research shows that personality development is shaped by genetics, environment, and family dynamics (Rogers, 1959; Caspi, Roberts, & Shiner, 2005; Mischel & Shoda, 1995).

In the context of adolescents' mental well-being, the Five-Factor Model offers a clear framework for understanding how personality traits either support or undermine psychological health. Neuroticism—which reflects tendencies toward anxiety, emotional instability, and negative affect—has consistently been linked to lower well-being, as adolescents high in this trait are more vulnerable to stress, depression, and maladaptive coping strategies (Ormel et al., 2013; Strus & Cieciuch, 2017). On the other hand, conscientiousness, characterized by self-discipline, organization, and goal-oriented behavior, is strongly associated with better well-being outcomes. Adolescents who score high in conscientiousness are more resilient and able to regulate their behaviors in constructive ways, making them less susceptible to the psychological strain of family dysfunction (Hill & Roberts, 2016; Anglim et al., 2020).

Extraversion, involving sociability and positive emotionality, is another protective factor. Adolescents high in extraversion often benefit from stronger peer relationships and social support, both of which contribute to higher life satisfaction and emotional stability (Steel, Schmidt, & Shultz, 2008). Similarly, agreeableness, marked by empathy, trust, and cooperation, promotes harmonious relationships and buffers the negative effects of conflictual or unsupportive family environments (Gutiérrez, Jiménez, Hernández, & Puente, 2017). Meanwhile, openness to experience, which involves curiosity, creativity, and adaptability, plays a subtler role; while it may not directly predict life satisfaction, it can enhance adolescents' flexibility in coping with difficult circumstances and foster positive self-expression (Anglim et al., 2020).

Taken together, these findings suggest that adolescents' personality traits play a crucial role in shaping their mental well-being, particularly within challenging family contexts. While high levels of neuroticism may increase vulnerability, traits such as conscientiousness, extraversion, and agreeableness act as psychological resources that strengthen resilience and promote positive adjustment. This underscores the importance of integrating personality considerations into interventions aimed at supporting adolescents from dysfunctional families.

Effects of Dysfunctional Families on Adolescents

Studies reveal that dysfunctional families negatively affect adolescents' emotional and social development. Divorce, abuse, or unstable home environments often result in depression, behavioral issues, and poor adjustment (Green, 2015; Al Ubaidi, 2017). Adolescents may also develop maladaptive personality traits such as high neuroticism and low conscientiousness, influenced by inconsistent parenting and parental conflict (Smith, 2020; Johnson & Green, 2019; Lee, 2018; Miller & Wilson, 2021). Research also suggests

that personality traits affect mental well-being differently: conscientiousness fosters coping, extraversion enhances social engagement, agreeableness supports relationships, while neuroticism increases vulnerability to stress (McCrae, 2018; Roberts, 2014; Eysenck & Eysenck, 2016; Graziano & Tobin, 2015; Zisner & Crandall, 2017). Adolescents from dysfunctional families often display lower life satisfaction and greater emotional distress, affecting their academic performance and social relationships (Masten, Narayan, & Hostinar, 2014).

Research Phenomena

Grounded in the above literature, this study focuses on the interplay between personality traits and mental well-being of adolescents from dysfunctional families. The predictor variables are the Big Five personality traits—Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism—while the dependent variable is the adolescents' level of mental well-being. Previous studies suggest that conscientiousness strongly predicts mental health, while high neuroticism increases vulnerability.

Adolescents from dysfunctional families often struggle with lower conscientiousness and higher neuroticism, putting them at greater risk of poor well-being. The study is guided by the following research questions:

1. What is the level of personality traits of adolescent students from dysfunctional families in terms of:
 - a. Openness
 - b. Conscientiousness
 - c. Extraversion
 - d. Agreeableness
 - e. Neuroticism
2. What is the level of mental well-being of adolescent students from dysfunctional families?
3. What is the relationship between the adolescent students' level of personality traits and their level of mental well-being?
4. What regression model for mental well-being can be derived from the results?
5. What intervention program can be developed to enhance personality traits and mental well-being among adolescents from dysfunctional families?

Methods

This study employs a quantitative research methodology to investigate the relationship between personality traits and mental well-being among adolescent students from dysfunctional families. Quantitative research is chosen for its ability to systematically collect and analyze numerical data, providing objective insights into the variables of interest.

Respondents and Sampling

The respondents of this study are junior and senior high school students in a selected public high school in a city of the Cordillera Administrative Region. Fifty students were purposively selected as the potential sample size. The inclusion criteria included: ages 14 to 18 years old, from a dysfunctional family currently residing or studying at Doña Aurora National High School, with parents who have been separated for at least one year, or abandoned, or living with grandparents or relatives. They were chosen because of the increasing cases of family abandonment recorded by the school guidance designate.

Excluded from the study were students from dysfunctional families who had been clinically diagnosed by a psychiatrist, to avoid potential disruption or triggering of ongoing treatment.

The purposive sampling technique was employed. A researcher-made checklist, developed based on related literature, was used as a screening tool to identify qualified respondents. The students were selected based on their ability to provide the necessary information and their accessibility during the conduct of the study.

Research Instruments

This research utilized two standardized instruments: the Big Five Personality Traits Inventory and the Warwick-Edinburgh Mental Well-being Scale (WEMWBS).

1. Big Five Personality Traits Inventory

The Big Five, also known as the Five-Factor Model (FFM), is a widely accepted framework for understanding and measuring personality traits. It describes individual personality traits based on five elements: openness to experience, conscientiousness, extraversion, agreeableness, and neuroticism (John & Srivastava, 1999; Soto & John, 2017).

Example items from the Big Five Inventory (BFI):

Openness: "I see myself as someone who is original, comes up with new ideas."

Conscientiousness: "I see myself as someone who does a thorough job."

Extraversion: "I see myself as someone who is talkative."

Agreeableness: "I see myself as someone who is helpful and unselfish with others."

Neuroticism: "I see myself as someone who worries a lot."

2. Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

The WEMWBS is a 14-item scale designed to measure positive mental health, covering both feeling and functioning aspects of well-being (Tennant et al., 2007). Responses are rated on a 5-point Likert scale ranging from 1 (None of the time) to 5 (All of the time).

Example items from WEMWBS include:

"I've been feeling optimistic about the future."

"I've been feeling relaxed."

"I've been dealing with problems well."

"I've been feeling close to other people."

"I've been able to make up my own mind about things."

Data Collection Procedure

To initiate the study, a formal communication letter was sent to the school head to obtain approval. This letter outlined the objectives, methodology, and potential implications of the research, ensuring transparency and institutional support.

Once approval was granted, the respondents were identified through the checklist and approached for their consent and assent. Ethical standards were observed, ensuring voluntary participation, confidentiality, and informed consent.

The administration of the instruments was scheduled after the selection process. The participants were first guided through the Big Five Personality Traits Inventory, followed by the WEMWBS. Both tests were administered in a controlled and supportive setting to ensure the comfort of the respondents.

Data Analysis

The data collected through the test questionnaires were interpreted based on the scoring manuals of the instruments. Descriptive statistics, specifically mean and percentages, were used to analyze the demographic profile and initial responses. Regression analysis was applied to determine the relationship between personality traits and mental well-being and to identify which specific personality traits are the strongest predictors of mental well-being.

Reliability of Research Instruments

The internal consistency reliability of the instruments was assessed using Cronbach's alpha. For the Big Five Personality Traits Inventory, the reliability coefficients were as follows: Openness to Experience ($\alpha = .779$), Conscientiousness ($\alpha = .727$), Extraversion ($\alpha = .725$), Agreeableness ($\alpha = .700$), and Neuroticism

($\alpha = .716$). These values are all above the minimum acceptable threshold of .70 (Nunnally & Bernstein, 1994), indicating good reliability.

For the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), the Cronbach's alpha was .89 for the student sample, consistent with previous validation studies (Tennant et al., 2007). This suggests high internal consistency reliability of the instrument among the respondents.

RESULTS AND DISCUSSION

This chapter provides a thorough summary of the personality traits examined in adolescents raised in dysfunctional families. The data presented herein is pivotal to understanding the intricate dynamics between family functionality and the psychological development of young individuals. It describes the varying degrees to which certain personality traits are present in people, potentially influencing the mental well-being of these adolescents. The ensuing discussion will center on the implications of the findings and how they can broaden the literature on adolescent psychology and familial impact.

The students' average level of agreeableness indicates that families profoundly affect their members' thoughts, feelings, and actions, such that it often seems people live under the same "emotional skin."

Table 1. Level of personality traits of Adolescents Students in terms of the big five personality dimensions

Dimension of Personality	Average	Description
Openness	21.00 ^b	Average
Conscientiousness	19.94 ^b	Somewhat Low
Extraversion	17.09 ^c	Somewhat Low
Agreeableness	25.28 ^a	Average
Neuroticism	19.44 ^b	Somewhat Low

Legend: Low: 1–10; Somewhat Low: 11–20; Average: 21–30; Somewhat High: 31–40; High: 41–50
(Adapted from Big Five Inventory scoring guidelines; John & Srivastava, 1999; Soto & John, 2017).

The results reveal that adolescents in the study generally scored at an average level of openness ($M = 21.00$) and agreeableness ($M = 25.28$), while their conscientiousness ($M = 19.94$), extraversion ($M = 17.09$), and neuroticism ($M = 19.44$) were rated as *somewhat low*.

The average level of agreeableness suggests that adolescents may have developed cooperative and prosocial tendencies as adaptive strategies within their family environments. This aligns with Bowen's (1978) Family Systems Theory, which posits that emotional functioning within families is interdependent. Adolescents may adopt agreeable behaviors—such as conflict avoidance and peacemaking—to reduce family tension and preserve harmony. Similar findings have been noted by Baena et al. (2021), who reported that despite family dysfunction, strong interpersonal skills can serve as protective factors.

Likewise, Attachment Theory (Bowlby, 1988; Ainsworth, 1989) helps explain how adolescents from inconsistent caregiving backgrounds may demonstrate higher agreeableness to secure approval and maintain emotional connections.

In contrast, the somewhat low conscientiousness scores point to difficulties in discipline, organization, and long-term planning. Prior studies (Dykeman, 2014; Tetzner et al., 2023) observed similar

patterns in adolescents from chaotic or neglectful households, where the absence of structured routines and role models hinders the development of conscientious behaviors.

The somewhat low extraversion indicates tendencies toward withdrawal and reserved social engagement, possibly as a coping response to negative family interactions. Research by Branje et al. (2002) and Campbell-Sills et al. (2006) suggests that low extraversion in adolescents is linked to higher sensitivity to stressors and increased risk for internalizing problems such as anxiety or depression.

Interestingly, the adolescents demonstrated somewhat low neuroticism, suggesting a degree of resilience despite dysfunctional family dynamics. According to Szapocznik and Prado (2007), lower neuroticism can serve as a buffer, allowing adolescents to regulate emotions more effectively and reducing vulnerability to risky behaviors. From a social cognitive perspective (Bandura, 1986), such resilience may be learned through observing coping models within or outside the family system.

Table 2 presents the overall level of mental well-being among adolescent students from dysfunctional family backgrounds. The average score of 33.69 is markedly lower than the population mean of approximately 51 (SD = 7) established in the validation studies of the Warwick–Edinburgh Mental Well-Being Scale (WEMWBS) (Stewart-Brown et al., 2007). While WEMWBS does not prescribe official cutoffs, normative data suggest that scores below 42 are indicative of low well-being (bottom 15% of the population), whereas scores above 60 reflect high well-being (top 15%) (Warwick Innovations, 2025).

Thus, the respondents' mean score of 33.69 indicates that, on average, adolescents from dysfunctional families in this study fall within the low mental well-being category, highlighting their vulnerability to adverse psychological outcomes.

Table 2. Level of mental well-being (WEMWBS) among adolescents from dysfunctional families

Measure	Score	Interpretation (based on normative WEMWBS data)
WEMWBS total score	33.69	Low well-being (< 42; bottom 15% of population)

Note. WEMWBS scores range from 14 (lowest) to 70 (highest). Although the scale does not prescribe fixed cutoffs, scores below 42 suggest relatively low well-being, while scores above 60 suggest relatively high well-being (Stewart-Brown et al., 2007; Warwick Innovations, 2025).

These needs, including consistency, safety, and unconditional love, are pivotal for fostering a sense of security and emotional stability in young individuals. However, when these needs go unmet, children experience heightened levels of stress, anxiety, and a pervasive feeling of being unloved. This detrimental cycle perpetuates a negative atmosphere within the family unit, contributing to a downward spiral of mental health for both adults and children alike. Thus, Martin's (2022) findings underscore the critical importance of addressing familial dysfunction to mitigate adverse psychological outcomes and promote overall well-being.

Bowlby's (1969) and Ainsworth's (1973) Attachment Theory further highlights the importance of a secure attachment between children and their caregivers. In dysfunctional families, inconsistent and unreliable caregiving can lead to insecure attachment styles, which are strongly associated with low mental well-being. Adolescents who lack a secure base from which to explore the world may struggle with anxiety, insecurity, and identity confusion, further contributing to their low levels of mental well-being.

Following a divorce, children ranging from preschool age through late adolescence may experience deficits in emotional development. Rappaport (2021) explains that children of all ages might appear tearful or depressed, with these emotional states potentially persisting for several years after the parents' separation. Additionally, some older children may react negatively to the divorce in ways that are not developmentally adaptive. Others may display minimal emotional responses, which may indicate emotional suppression, making it difficult for parents, teachers, and therapists to support them effectively (Green, 2015).

Mphaphuli (2023) similarly found that students from dysfunctional families often exhibit lower levels of mental well-being due to factors such as conflict, aggression, abuse, neglect, and domestic

violence. These negative environments impede the development of healthy habits necessary for mental wellness and may result in long-term issues like depression and anxiety. Adolescents growing up in such families frequently feel unloved or unwanted, making it harder for them to trust others or build healthy relationships, often perceiving the world as unsafe.

Furthermore, adolescents from dysfunctional families often struggle with low self-esteem, feelings of guilt, and a distorted sense of identity, which can increase their risk of depression, self-harm, substance abuse, and even suicidal tendencies (Greydanus & Shek, 2009; Ystgaard et al., 2003). These findings collectively illustrate how a dysfunctional family environment not only lowers adolescents' mental well-being in the short term but also creates long-term vulnerabilities for psychological distress.

Table 3 presents the correlations between the Big Five personality traits and the level of mental well-being among adolescents from dysfunctional family backgrounds. The analysis distinguishes between significant and non-significant predictors, with effect sizes interpreted using Evans's (1996) correlation strength guidelines and Cohen's (1988) benchmarks for behavioral research.

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Table 3. Correlations between Personality Traits and Level of Mental Well-being

Personality Trait	R	p-value	Interpretation (Strength)
Openness	0.203	ns (p > .05)	Weak positive correlation
Conscientiousness	0.299	* (p = .016)	Weak positive correlation (significant)
Extraversion	0.221	ns	Weak positive correlation
Agreeableness	0.071	ns	Very weak positive correlation
Neuroticism	-0.186	ns	Weak negative correlation

Legend: ns = not significant; * = significant at p < .05.

Effect size interpretation: Evans (1996): r < 0.20 = very weak, 0.20–0.39 = weak, 0.40–0.59 = moderate, ≥0.60 = strong.

Cohen (1988): r ≈ .10 = small, r ≈ .30 = medium, r ≥ .50 = large.

Conscientiousness (r = 0.299, p = .016) was the only statistically significant predictor of mental well-being. This reflects a weak positive correlation by Evans's (1996) standard, yet approximates a medium effect in behavioral research according to Cohen (1988). Adolescents from dysfunctional families who demonstrate higher conscientiousness—such as responsibility, persistence, and organization—tend to report slightly better well-being.

Previous studies suggest that structured routines and goal-setting may buffer against family instability (Smith et al., 2019). However, heightened conscientiousness may also increase stress if adolescents internalize unrealistic expectations, potentially leading to anxiety and burnout (Jones & Brown, 2021).

The other traits—Openness, Extraversion, Agreeableness, and Neuroticism—did not reach significance, with correlations ranging from very weak to weak.

This pattern aligns with prior findings that these traits contribute less directly to adolescent well-being, especially during transitional life stages (Lüdtke et al., 2014; Soto & Tackett, 2015). In dysfunctional family contexts, traits linked to sociability or harmony may not be reinforced by the environment, limiting their impact on psychological outcomes.

Table 4 presents the regression coefficients of the model predicting the mental well-being of adolescents from dysfunctional families. It displays the unstandardized coefficients (B), standard errors, t-values, and significance levels for each of the Big Five personality traits included in the analysis.

The regression analysis was conducted to determine the predictive relationship between the Big Five personality traits and the mental well-being of adolescents from dysfunctional families. Table 4 presents the coefficients of the model. Among the five predictors, only conscientiousness was found to be statistically significant ($B = 0.560$, $p = 0.016$). The derived regression formula is expressed as:

$$\text{Mental Well-being} = 22.983 + 0.560 (\text{Conscientiousness score})$$

This equation suggests that for every one-unit increase in conscientiousness, an adolescent's mental well-being is expected to increase by 0.560 units, holding all other traits constant. The overall regression model was significant, $F = 2.75$, $p = 0.027$, but explained only 18.2% of the variance in mental well-being ($R^2 = 0.182$), which indicates limited explanatory power.

Table 4. Regression model in predicting mental well-being

Regression Variables	B	Std. Error	T	Sig.
(Constant)	22.983	9.366	2.454	0.017
Openness	0.242	0.336	0.721ns	0.474
Conscientiousness	0.560	0.225	2.489*	0.016
Extraversion	0.302	0.226	1.337ns	0.186
Agreeableness	-0.073	0.271	-0.270ns	0.788
Neuroticism	-0.452	0.245	-1.840ns	0.071

Legend: $F = 2.75$, $\text{Sig.} = 0.027$; $R = 0.438$; $R^2 = 0.182$; ns = not significant; * significant at 0.05

The results highlight conscientiousness as the only significant predictor of adolescent well-being. This finding is consistent with the broader literature, which identifies conscientiousness as a protective trait that fosters resilience, emotional stability, and adaptive coping (Encyclopedia Pub, 2023). Adolescents with high conscientiousness are more likely to exhibit goal-oriented behaviors, organization, and self-control, which in turn enhance their ability to manage the stressors associated with a dysfunctional home environment.

By contrast, openness, extraversion, agreeableness, and neuroticism were not significant predictors in this study. This suggests that while personality plays a role, the overall mental health of adolescents from dysfunctional families is more strongly influenced by contextual and environmental factors. Research has shown that family dysfunction—including conflict, inconsistent parenting, and poor communication—has direct and negative consequences for adolescent psychological adjustment (Steeger & Gondoli, 2018). Moreover, parent-child relationships have been found to significantly shape personality traits such as conscientiousness and neuroticism, further linking family dynamics to adolescent development (Zhang et al., 2023).

The modest explanatory power of the model (18.2%) underscores the multifactorial nature of mental well-being. Other influences such as peer support, school environment, community resources, and individual coping mechanisms likely account for much of the unexplained variance. This aligns with Murray Bowen's Family Systems Theory, which posits that individual functioning cannot be fully understood apart from the family unit. Dysfunctional family dynamics, therefore, may hinder the development of conscientiousness and other protective traits, thereby increasing vulnerability to mental health problems. Given these findings, an intervention program—termed the Resilience and Well-Being Enhancement Program (RWEP)—is proposed to address the identified gaps. The program places emphasis on cultivating conscientiousness through structured goal-setting, self-management training, and academic mentoring. It also incorporates resilience-building strategies such as mindfulness, stress management, and problem-solving skills to help adolescents cope with adversity. Recognizing the central role of family in shaping

adolescent outcomes, RWEF also includes family-centered components such as parent workshops and therapy sessions to improve communication and reduce dysfunctional patterns. By targeting both the individual and family system, the program seeks to foster sustainable improvements in adolescent mental well-being.

Summary of Findings

This study examined the relationship between personality traits and the mental well-being of adolescents from dysfunctional families. Results showed that participants exhibited average levels of openness and agreeableness but lower levels of conscientiousness, extraversion, and neuroticism. Findings further revealed that adolescents from dysfunctional families have significantly lower mental well-being, highlighting the need for targeted support and interventions. Among the Big Five personality traits, only conscientiousness was found to be significantly related to mental well-being. Specifically, conscientiousness emerged as the sole predictor, suggesting that structured routines, discipline, and goal-setting are crucial in enhancing mental well-being in this group. Other personality traits—openness, extraversion, agreeableness, and neuroticism—were not significant predictors. These findings emphasize the role of both personality and external support systems in shaping the psychological adjustment of adolescents growing up in dysfunctional families.

CONCLUSION

The findings of the study suggest that adolescents from dysfunctional families face considerable challenges in maintaining positive mental well-being. While they exhibit moderate levels of openness and agreeableness, they score lower in conscientiousness, extraversion, and neuroticism, which may reflect the instability and stress present in their family environments. The study confirms that conscientiousness is the most important predictor of mental well-being, underscoring the value of responsibility, organization, and self-discipline in fostering resilience. Other traits did not significantly predict well-being, which may indicate that external stressors and family conditions outweigh their influence.

Overall, the study concludes that adolescents from dysfunctional families require support not only in strengthening their internal traits, particularly conscientiousness, but also in engaging with collaborative interventions. Programs involving parents, teachers, and peers—such as family therapy, parenting workshops, school-based programs, and peer support groups—are essential to equip adolescents with the skills and resources needed to overcome their challenges and enhance their well-being.

Recommendations

In light of the conclusions, the study recommends the following actions to strengthen the mental well-being of adolescents from dysfunctional families. School heads are encouraged to establish programs that promote goal-setting, time management, and social engagement to foster healthier personality development. Guidance counselors and administrators should ensure the availability of accessible counseling services and resilience-building activities within schools. These efforts should be complemented by educational and extracurricular programs that promote responsibility, perseverance, and organization, thereby enhancing conscientiousness and supporting overall psychological adjustment.

Collaboration among school heads, guidance counselors, and parents is crucial in creating structured environments that reinforce discipline and positive behavior. Establishing consistent routines, setting clear expectations, and recognizing student achievements can provide stability for adolescents navigating stressful home conditions. Specialized interventions, such as reunification family therapy and advanced parenting programs, are also recommended to address deep-rooted family conflicts and foster healthier communication. Additionally, strengthening peer support systems through targeted mentor training and

regular school-based check-ins can create safe spaces for adolescents to express themselves and build confidence. Continuous assessment and timely program adjustments are vital to ensure the effectiveness of these initiatives.

Finally, the development of a comprehensive Program on Personality and Mental Well-being is recommended. This program should integrate family, school, and peer support components, focusing on the unique challenges faced by adolescents from dysfunctional families, and equipping them with coping skills, resilience strategies, and positive developmental opportunities.

Research Limitations

Although the study provides valuable insights, it is not without limitations. First, it focused solely on personality traits as predictors of mental well-being, which accounted for only a modest portion of the variance. Other important factors such as socioeconomic conditions, academic performance, peer influence, and community support were not included but may contribute significantly. Second, the study relied on quantitative methods, which may not fully capture the complex experiences of adolescents from dysfunctional families. Third, the sample size and demographic scope were limited, restricting the generalizability of the findings to broader populations or other cultural settings.

Suggestions for Further Study

Future researchers are encouraged to expand the scope of inquiry by incorporating additional variables such as family dynamics, social environment, and academic stressors, which may interact with personality to influence mental well-being. Employing mixed-methods or qualitative designs could provide deeper insights into the lived experiences of adolescents and uncover coping strategies that quantitative surveys may overlook. Longitudinal studies are also recommended to examine how personality and mental well-being evolve over time, particularly in relation to ongoing family challenges. By addressing these gaps, future research can offer more comprehensive frameworks for designing effective interventions that support the holistic development and mental health of adolescents from dysfunctional families.

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