

A STUDY OF THE IMPACT OF PERSONALITY AND LONELINESS ON THE MENTAL HEALTH OF UNDERGRADUATES

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Abstract

This study investigated the role of personality and loneliness in the mental health of undergraduate students. It examined the hypotheses that personality does not have a significant relationship with mental health ($R^2 = .55$, $\beta = .23$, $t = -5.7$). It also examined the hypotheses that loneliness will not have a significant relationship with mental health. One hundred and eighty (180) undergraduate students participated in this study. The mental health inventory, the big five personality inventory and loneliness scale were used for data collection. The collected data were subjected to multiple regression analysis. The result showed that loneliness does not have a significant relationship with mental health ($\beta = 0.15$, $t = 0.19$). From the results and findings, the researcher observed that loneliness and personality do not predict mental health among undergraduate students. The implication of the findings indicates that clinicians should ensure they sharpen their skills in being able to identify the occurrence of loneliness as a psychological disorder in young adolescents since the disorder manifests early in life. Furthermore, efforts should be made by the mental health workers to sensitize the public in general and students' in particular to the need to go for psychological assessment or treatment when they feel they have challenges with mental health-related issues. The Nigerian Association of Clinical Psychologists should endeavor to forward a recommendation to the government to make funds available to tertiary institutions across the country to establish psychological servicing centers at all the branches of the commission across the 36 states of the federation, including the FCT. It is recommended that for enhanced psychological well-being to be achieved in the country there should be a concerted effort to take a closer look into the role of loneliness and personality on the mental health of the most productive force in the economy, which is the youth.

Key words: Personality, loneliness, mental health, undergraduate students.

Introduction

Background

Mental health is no doubt one of humanity's most precious gifts. With good mental health, one can initiate and achieve whatever goal he sets. WHO, (2022), defines mental health as a

state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contributes to the development of their community. Mental health describes the availability of positive well-being and the absence of psychopathological disorders (Lamers et al., 2012). It stands for the health of the mind, "The wholeness of the mind," which leads to the wholeness of the body or physical health. Accordingly, mental health is concerned with the health of one's mind and its functioning in the same way that physical health is concerned with the health of one's physical organs and their functioning. In a public health approach to mental health, WHO, (2008), sees mental health as that "which includes subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential, among others. Mental health is broader than a lack of mental disorders because it involves integration and adjustment ability. From the perspective of the field, mental health includes an individual's ability to enjoy life and procure a balance between life activities and efforts to achieve psychological resilience. WHO, (2003), suggests that in 12% of global diseases, 121 million people suffer from depression, 70 million from alcoholism, 24 million from schizophrenia, and 37 million experience dementia, making the burden of mental health increase by nearly 15% as of 2020. When individuals are able to meet their mental needs, live without physical pain, and do not feel tension, they live a more fulfilling life (Steinmo et al., 2014). Among university students, mental disorders have been found to play key roles. A combination of factors is often described as contributing to this trend, as presented by both the media and the research literature. These include: 15–25 is a natural age of onset of mental disorders (an age range where many young people are attending college or university); a developmental vulnerability to social pressures, including substance abuse; life stressors (e.g., moving out of home; transitioning from high school to college or university); and the college and university environment itself, which is often described as competitive and stressful (Kaur, 2007). Apart from the factors listed above, there are other individual factors that play crucial roles in influencing a person's mental health, e.g., personality.

Personality indicates one of the three main health-determining categories (WHO, 2016). Studies have explored the role of personality in maintaining, losing, and/or restoring individuals' mental health (Sadeghi et al., 2015). Personality depicts the sum total of all the ways of thinking, feeling, and acting that are typical of an individual and differentiates them from others (Lahey, 2009). It can be seen as individuals' behaviours (covert and overt) throughout their lives (Ezaka et al., 2021). Personality traits are considered dimensions of individual differences in tendencies to show consistent patterns of thoughts, feelings, and actions across events, developmental periods, and contexts (McCrea & Costa, 2003). Personality constructs have been investigated in relation to different dimensions of human relatedness, well-being, and mental health. These big five dimensions are agreeableness, Extraversion, openness, neuroticism, and conscientiousness (Carver & Schier, 2000). The extraversion traits include characteristics such as sociability, a high amount of emotional expressiveness, talkativeness, assertiveness, and excitability. While agreeableness includes attributes such as kindness, trust, altruism, and other pro-social behaviors, the dimension of openness features traits such as insight and imagination, and individuals high in this trait tend to have a broad range of interests. Neuroticism causes individuals to experience sadness, anxiety, emotional instability, and irritability. While Conscientiousness includes traits such as goal-directed behavior, high levels of thoughtfulness, good impulse control, organization, and being mindful of details (Phares, 1991). The study of personality is thus a constant interaction of organismic and environmental factors. A personality trait is a consistent and long-lasting tendency in behaviour. Factor analytic research revealed that these constructs (agreeableness,

conscientiousness, neuroticism, extraversion, and openness to experience) cover the broad domain of personality to a large extent (Barrie & Mount, 1991). While some personality traits (extraversion and agreeableness) positively influence how one relates to others in society, other traits such as neuroticism and conscientiousness can subject an individual to poor social relationships.

Social connectivity is one of four areas of quality of life: physical health, psychological health, environmental health, and social health. When people can't get as much social connection as they want, it goes a long way toward affecting their general lives. According to Hawkey and Cacioppo, (2010), people tend to feel lonely when they are unable to get the social relationships they deserve. Feeling lonely has been identified as a predictor of health-related outcomes such as increased blood pressure, smoking, physical inactivity, and excessive alcohol consumption (Banks & Steptoe, 2011; DeWall & Pond, 2011; Vanhalst et al., 2012). Loneliness is the unpleasant experience that occurs when a person's network of social relationships is significantly deficient in either quality or quantity. This definition shares three points of agreement with the way most other scholars view loneliness. First, loneliness results from a deficiency in a person's social relationships. Loneliness occurs when there is a mismatch between a person's actual social relations and the person's needs or desires for social contact. Sometimes loneliness results from a shift in an individual's social needs rather than from a change in the actual level of social contact. Second, loneliness is a subjective experience; it is not synonymous with objective social isolation. People can be alone without being lonely, or lonely in a crowd. Third, the experience of loneliness is aversive. Although loneliness may be a spur to personal growth, the experience itself is unpleasant and distressing.

Loneliness is experienced by all human beings at some point in their lives. It is more likely to occur under circumstances such as prolonged absence from home or the loss of a significant other. Feelings of loneliness are like feelings of joy, hunger, and sorrow; they can be managed but never completely prevented (Rokach and Brock, 1998). Like all human experiences, loneliness is never finally known to social science, but it is open to observation, analysis, and reflective strategies. The literature on loneliness is mostly in psychology and sociology. Psychological studies highlight personality as a predisposing factor. In psychology, the need to belong is defined as the need to minimize the quantity and quality of interpersonal relationships. Conversely, Weiss (1973) conceives of loneliness as the absence of necessary relationships. Following this, Weiss & De Jong-Gierveld (1987), state that the lonely person faces an unpleasant or inadmissible lack of social relationships. If the need to belong is not satisfied, negative feelings are generated, including loneliness (Baumeister & Leary, 1991). A number of studies have documented that there is an association between loneliness and aggressive tendencies and that loneliness in males is associated with aggression toward women and a proclivity toward rape (Diamant & Windholz, 1981; Loucks, 1975; Sennat, 1980; Check et al., 1983).

Health is wealth, and good mental health is crucial to the optimal psychological wellbeing of students. However, when mental health is threatened by stressors in the environment, there is a shift from normal optimal functioning to abnormal functioning, which has serious implications for academic success and the student's wellbeing. Researchers have found that these factors, such as personality and level of social connectedness, affect the mental wellbeing of students, but the level at which these factors influence mental well-being is still unknown. Hence, this study attempts to answer the following question:

1. Will there be a relationship between personality type and the mental well-being of students?

2. Will there be a relationship between loneliness and the mental well-being of students?

Method

Participants

A total of 180 undergraduate students were drawn from the department of psychology at Enugu State University of Science and Technology. Participation was voluntary. The participants consisted of second year students in the Department of Psychology. The participants were males 100 (60%) and females 80 (40%). Their ages range from 19 to 29 years old, with a mean age of 24.6.

Instruments

Mental Health Inventory (MH1-5)

The five-item Mental Health Inventory (MH1-5) sub-scale of the SF-36 version 2 health status questionnaire was used as the measure of mental health (Ware et al., 2000). The validity and reliability of the MHI-5 are well established and reflect the continuously distributed nature of mental health status in the population (Ware & Gandek, 1998; Ware et al., 2000). The MHI 5 used in the SF 36 version 2 comprises five questions relating to the past 4 weeks: 'Have you been very nervous?' 'Have you felt downhearted and depressed?' 'Have you been happy?' Each of the five questions has five response categories, which are scored from 1 to 5: 1-all of the time, 2-most of the time, 3-some of the time, 4-a little of the time, 5-none of the time. Thus, each respondent could achieve a total score within the range 5-25. For the third and fifth questions, the scoring was reversed so that lower scores indicated worse mental health status on a continuous scale. The Mental Health Inventory has a reported .93 Cronbach alpha rating whereas its abbreviated version has .82. This test is well-known and has been field-tested in extensive populations. To validate the scale for the Nigerian sample, a pilot study was conducted by the researchers, and a Cronbach's coefficient value of .49 was obtained.

UCLA Loneliness Scale Version Three (Russell, 1996)

The UCLA Loneliness Scale was developed to assess subjective feelings of loneliness or social isolation. Items for the original version of the scale were based on statements used by lonely individuals to describe feelings of loneliness (Russell et al., 1978). In Version 3 of the UCLA Loneliness Scale (Russell, 1996), the wording of the items and the response format have been simplified to facilitate administration of the measure to less educated populations, such as the elderly. Scores on the loneliness scale have been found to predict a wide variety of mental (i.e., depression) and physical (i.e., immune competence, nursing home admission, mortality) health outcomes in our research and the research of others. Items 1,5,6,9,10,15,16,19,20 be reversed fix., 1 = 4, 2 = 3, 3 = 2, 4 = 1), and the scores for each item are then summed together. Higher scores indicate greater degrees of loneliness. The measure was highly reliable, both in terms of internal consistency (coefficient a ranging from .89 to .94) and test-retest reliability over a 1-year period ($r = .73$). Convergent validity for the scale was indicated by significant correlations with other measures of loneliness. Construct validity was supported by significant relations with measures of the adequacy of the individual's interpersonal relationships, and by correlations between loneliness and measures of health and well-being. To validate the scale for the Nigerian sample, a pilot study was conducted by the researchers, and a Cronbach's coefficient value of .76 was obtained.

Big Five Personality Inventory (John et al., 1991)

The Big Five Personality Inventory is a 44-item psychological instrument that assesses personality from five-dimensional perspectives. The essence of the perspective is that the

personality perspective can be resolved into five broad dimensions that are distinct from one another. The five dimensions of the big five are: Extroversion, Agreeableness, Conscientiousness, Neuroticism, and Openness. The big five have a reliability coefficient of .80 and three-month test-retest reliability of .85 (John et al., 1991), and convergent validity of .75. Items on the big five are scored separately using direct scoring for all items. Subscales of the big five are scored separately, designated by letters A, B, C, D, and E. These domains are sub-grouped into facets, and the facets contain different numbers of items. The scale has a

Cronbach Alpha .80 and 3-month test-retest .85 as obtained by (Umeh, 2004). Costa and Mcrae, (1992) obtained a convergent validity coefficient of .75. While locally in Nigeria Umeh, (2004), using the University Maladjustment Scale (Klienmnuntz, 1961), obtained the following divergent validity: Extraversion .05, Agreeableness .13, Conscientiousness .11, Neuroticism .39, and Openness .24. In South-East Nigeria Udoh, (2011), conducted confirmatory factor analysis on the big five inventory, resulting in the confirmation of the five big factors in the scale.

Procedure

The participants were selected through the accidental random selection method in the department of psychology. The participants were approached before the start of their class, and after the researchers introduced themselves and explained the purpose of the study, the willing participants were issued with the consent form, which they filled out and returned. Then, after that, participants were issued with the questionnaires and asked to read the instructions before filling them out. It is stated clearly on the questionnaire that participation is voluntary and that failure to participate will not affect their grade in the course. When they were completed, the questionnaires were returned, and the researchers briefly debriefed them before they exited the class.

Design/statistics

A cross-sectional design was employed in this study. Multiple Regressions were used as the analytic tool.

Results

Table 1 Model Summary for personality types, Loneliness and Mental Health

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Model	R	R square	Adjusted R square	Std. error of estimate
1	.24	.55	.011	4.14

Result as shown in the table indicates that the association between mental health and all the independent variables 0.024 (R). Also, the entire independent variable accounted for 1% of the variation in mental health.

Table 2: Table of coefficients for personality types, loneliness and mental health

Model	Unstandardized coefficient	Standardized coefficient	t	sig	95% confidence interval for B
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CONSTANT	(B)	STD.		5.7	.000	LOWER	UPPER
ITEM	22.74	ERROR 4.0	.02	.20	.85	BOUND	BOUND
ITEM	.12	.64	-.10	-1.4	.18	14.87	30.6
INTROVERSION	-.12	.09	.08	-1.0	.30	-1.1	1.4
AGREEABLENESS	.08	.08	-.05	-.56	.58	-2.8	.05
CONSCIENTIOUS	-.50	.09	-.12	-1.3	.29	-0.7	.23
NEUROTICISM	-.10	.08	.13	1.5	.13	-21	.12
OPENESS	.10	.07	.10	1.2	.24	-24	.53
LONELINESS	.06	.05	-.15	1.8	.06	.03	.23
	-.08	.04				-.04	.16
						-.16	.01

The regression coefficient for gender is 0.12 (B) 95% confidence interval (CI) = - 1.1 to 1.38. The presence of negative value in the CI indicates that the population regression coefficient is negative. The standardized regression Coefficient show that gender is not a strong predictor of mental health and that it is negatively and non-significantly related to mental health (Beta = 0.15, t = 0.19, ns).

The regression coefficient for age is -0.12 (B) (95% CI = - 0.28 to 0.05). The presence of negative value in the CI indicates that the population regression coefficient is negative. The standardized regression coefficient show that age is not a strong predictor of mental health and that it is negatively and non-significantly related to mental health (Beta = 0.15, t = 0.19, ns).

The regression coefficient for extroversion is -.08 (B) (95% CI = - 0.70 to 230). The presence of negative value in the CI indicates that the population regression coefficient is negative. The standardized regression coefficient show that extroversion is not a strong predictor of mental health and that it is negatively and non-significantly related to mental health (Beta = 0.08, t = -.10, ns).

The regression coefficient for agreeableness is - .50 (.B) (95% CI = - .21 to .12). The presence of negative value in the CI indicates that the population regression coefficient is negative. The standardized regression coefficient shows that agreeableness is not a strong predictor of mental health and that it is negatively and non-significantly related to mental health (Beta. = 0.50, t = -.56. ns).

The regression coefficient for conscientiousness is -0.90 (B) (95% CI = - 0.24 to 0.53). The presence of negative value in the CI indicates that the population regression coefficient is negative. The standardized regression coefficient show that conscientiousness is not a strong predictor of mental health and that it is negatively and non-significantly related to mental

health (Beta = 0.12, $t = -1.3$, ns).

The regression coefficient for neuroticism is .10 (B) (95% CI = - .03 to .23). The presence of negative value in the CI indicates that the population regression coefficient is negative. The standardized regression coefficient show that age is not a strong predictor of mental health and that it is negatively and non-significantly related to mental health (Beta = .13, $t = 1.5$, ns).

The regression coefficient for openness is -0.61 (B) (95% CI = - .41 to .16). The presence of negative value in the CI indicates that the population regression coefficient is negative. The standardized regression coefficient show that age is not a strong predictor of mental health and that it is negatively and non-significantly related to mental health (Beta = 0.93, $t = 1.18$, ns)

The regression coefficient for loneliness is - .08 (B) (95% CI = - .16 to 0.05). The presence of negative value in the CI indicates that the population regression coefficient is negative. The standardized regression coefficient show that age is not a strong predictor of mental health and that it is negatively and non-significantly related to mental health (Beta = -0.8, $t = -0.18$, ns).

Discussion

The study investigated the relationship between loneliness, personality, and mental health. It was discovered that loneliness does not have a significant relationship with mental health. Hence, the first hypothesis, which states that loneliness will not predict mental health, was accepted. This finding is not consistent with previous research on loneliness and mental health, which reported that loneliness, predicts mental health (Nordin et al., 2009). This finding can be explained within the context of early findings, in which researchers found a correlation between loneliness and mental health (Ozdemir, 2008). This implies that among the Nigerian sample, challenges of mental health cannot be attributed to loneliness. The reason for this deviation from earlier studies may be due to the fact that, from an indigenous point of view, predisposition to loneliness is a situation that rarely occurs as social support for individuals from significant people is not farfetched, hence the participants find it difficult to rate themselves highly on the items measuring loneliness.

The study also found a non-significant relationship between gender and mental health. This finding is not consistent with earlier findings in which gender was found to predict mental health. (Shirazi, 2012). This implies that the sex of an individual is not a predictor of one's mental health, especially among undergraduate students. Furthermore, the study does not find a significant relationship between age and mental health. This is consistent with earlier studies, in which age was not a predictor of mental health. (Barry, 1984) This also shows that the chronological age of an individual will not predict the individual's predisposition towards mental health.

Also, the Big Five personality was found not to predict mental health. For example, extroversion does not have a statistically significant relationship with mental health. This shows that one's ability to be an extrovert or socially outgoing does not have a significant effect on one's mental health among undergraduate students. In the same vein, agreeableness was not found to predict mental health. This study does not support earlier findings in which agreeableness was found to predict mental health (Shirazi, 2012). This shows that an individual's tendency to be likeable does not predict his or her mental health among students.

Furthermore, conscientiousness was not found to predict mental health. This result does not support earlier findings in which conscientiousness was found to predict mental health (Shirazi, 2012). Hence, in this study, conscientiousness does not predict mental health among students. Also, neuroticism was not statistically significant for mental health. Again, this finding does not support earlier studies in which neuroticism was found to predict mental health (Wang et al., 2009). This implies that in this African sample, neuroticism is not a predictor of mental health among students.

Finally, there was no statistically significant difference between openness and mental health. This also does not support earlier findings in which openness predicted mental health (Wang et al., 2009; Shirazi, 2012). This also implies that openness is not a predictor of mental health among university undergraduate students. The reason for this result may be the respondent's restlessness while filling out the questionnaire since most of them are either waiting for a class or just finished a class and need to attend to other issues they deem important. Hence, their response patterns do not reflect an understanding of the items on the scale measuring the big five personality.

Implications of the study

This result has some serious implications for clinicians, parents, guardians, and the government at all levels. Clinicians should ensure they hone their skill in being able to identify the occurrence of loneliness as a psychological disorder in young adolescents since the disorder manifests early in life. Furthermore, efforts should be made by the Nigerian Clinical Psychologists Association to sensitize the public in general and students in particular through awareness of the need to go for psychological assessment when they feel they have challenges with mental health-related issues. The Nigerian Association of Clinical Psychologists should endeavor to forward a recommendation to the government to make funds available to tertiary institutions across the country to establish psychological servicing centers at all the branches of the commission across the 36 states of the federation, including the FCT. These therapies will go a long way in helping trolls manage mental health issues that they are exposed to on a daily basis while ensuring that the fees charged for these sessions are not too high so as not to discourage them from coming for the therapy sessions.

Also, the study has huge implications for parents and guardians. Parents and guardians should endeavor to enhance their understanding of how their child's personality type affects their mental health. This will prevent them from making random guesses on the reasons behind the maladaptive behaviors of their wards. This they can do effectively by taking an active interest in the development of the child so as not to allow the undesirable personality to be reinforced through the principle of conditioning. It also involves inviting or visiting clinical and social psychologists on a regular basis to better get them acquainted with the psychological theories and principles that govern children's behavior.

Limitations of the Study

The research has shown that loneliness does not have a significant relationship with mental health and that there is a non-significant relationship between gender and mental health. However, the result should be viewed within the context of the limitations posed by the method and sample size. This study focused solely on undergraduate students, thereby excluding graduate and postgraduate students.

Suggestions for future studies

A selection of participants that cuts across socio-economic and cultural boundaries should be used. This will ensure the generalization of the study. Indigenous researchers should endeavor to replicate this study, bearing in mind the cultural relativism of the study area. This may further explain the discrepancy in results

Conclusion

This study investigated the effects of loneliness and personality on mental health. Factors such as loneliness and personality have been shown not to predict mental health among undergraduate students in Enugu State. The theoretical framework for the study was built around theories of mental health, loneliness, and personality, and empirical studies were cited to form the basis for the current study. From the results and findings, the researcher observed that loneliness and the Big Five personality inventory do not predict mental health among undergraduate students. The implications of the findings were discussed, and each of the big five personality traits, such as extroversion, openness, neuroticism, conscientiousness, and agreeableness, was shown not to have a significant relationship with mental health. In the recommendation of the study, it was proposed that for Enhanced psychological well-being to be achieved in the country, there should be a concerted effort to take a closer look into the role of loneliness and personality on the mental health of the most productive force in the economy, which is the youth.

Compliance with Ethical Standards: The entire participant filled out a consent form to declare their free will and interest in participating.

Conflict of interest: All authors declare that they have no conflicts of interest.

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