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## Social Relationship and Personality Traits as Correlates of Suicide Risk in Young Adults

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### Abstract

This study investigated social relationship and personality traits as correlates to suicide risk in young adults. Fifty (50) participants whose ages ranged from 19 to 30 years, selected from Federal Neuropsychiatric Hospital, Enugu State were sampled for the study. Suicide risk questionnaires, Big Five Inventory (BFI), Personality traits and social connectedness questionnaires were used for the study. The result showed that social relationship is negatively significantly correlated with suicidal risk, ( $r (50) = -.36, p < .05$ ). Of all the personality dimensions, only neuroticism showed a positive relationship with suicidal risk at significant level of ( $r (50) = .56, p < .01$ ). Other personality traits (dimensions) showed negative but not significant correlation with suicidal risk, extraversion ( $r (50) = -.185, p > .05$ ), agreeableness ( $r (50) = -.229, p > .05$ ), Conscientiousness ( $r (50) = -.187, p > .05$ ) and openness ( $r (50) = -.25, p > .05$ ). Based on the findings of the study the researcher recommended that family and peer support will bolster self efficacy in overcoming vulnerabilities to suicidal ideation and suicide during emerging adulthood.

**Keywords:** suicide risk, social relationship, personality traits

### Introduction

National statistics have shown a noticeable increase in the case of suicide across Nigeria. People continue to jump off the Lagos third Maniland Bridge into the lagoon or ingest 'simpler', a disinfectant and all purpose cleaner, turned into a popular and easily available poison, to commit suicide, in a country where suicide is erroneously associated with spiritual causes, is undoubtedly challenging. The recent deaths of Bimbo Ogbonna, Adetutu Adedokun and even a popular person in a telecommunication, chartered accountant with Globacom, committed suicide at her residence in Osapa London, Lekki, Lagos on Friday 27 May, 2022; have risked the question; why is suicide becoming more common in Nigeria?

In Nigeria, cases of suicide has increased exponentially among the populace on a daily basis, the number of people having suicidal thoughts especially the youths is increasing drastically (Kennebeck, Bonin, Brent, Blake and Bolomon, 2021). Some of these people have succeeded in executing it whereas some stopped at the mere thought of it (Gronvold, Aabland and Ekeberg, 2020). Estimating the number of people that have indulged in suicidal behaviour in Africa might be difficult due to poor statistics; then also suicide attempts, that is, non-fatal suicidal behaviour are much more frequent, and are estimated to be about 10-20 times more frequent than actual suicide. The estimated global annual prevalence of self reported suicide attempts is approximately 3 per 1,000 adults. About 2.5% of the population makes at least one suicide attempt during their life time (Borges, Nock, Haro & Hwang, 2010).

It is estimated that between 22% and 38% of adolescents have thought about suicide at some point in their lives (Borges and Bromet, 2008), which at some times lead to the actual suicide. This motivated the researcher to investigate the risk factors that leads to the suicidal behaviour. Therefore, the study investigated for the possible variable that can correlate for suicide risk in young adult, with a view to preventing future incident of suicidal behaviour. Such focusing on social relationships and personality traits.

Suicide is defined as an act of intentionally terminating one's own life (Shneidman, John & Sons 1985). According to WHO, estimates for the year 2020, approximately 1.53 million people will die from suicide and ten to 20 times more people will attempt suicide worldwide (WHO, 2020). These estimates represent an average of one death every 20 seconds and one attempt every one to two seconds. Suicide risks are characteristics of a person or his environment that increase the likelihood that he/she will die by suicide. These include – psychopathology, aggression, impulsivity, family conflict, social isolation, unemployment and physical illness (Borowsky et al, 2001).

Psychopathology which is also called abnormal psychology, the study of mental disorder and unusual or maladaptive behvaiour is associated with suicidal risk in adolescent/young adult with emotional and peer problems. (Judit & Balazs, 2005). According to Shaffer, Fisher,

Parides, Flory & Gould (1996), it is well known that about 90% of suicidal adolescents/young adults have at least one psychiatric disorder.

Aggression as a psychological trait has been related to suicidality in mood disorders. Straub et al, compared four groups of depressed women with suicidal ideation, violent suicide attempt, non-violent suicide attempt and depression without suicidality; they found that aggression scores, together with other psychophysiological features, differentiated between groups (Straub & Kristina, 1992). In their sample of psychiatric inpatients 51% with mood disorder (Mann et al, 1999) found higher rates of lifetime aggression in suicide attempters compared to non-suicidal patients (Mann, Brent, Covendo, Birmaher, Melham & Ellis, 1999). Impulsivity which refers to acting without enough thinking and conscious judgment is highlighted for its role in facilitating suicidal action among those with suicidal ideation (Mann et al 2015). Similarly, Bryan and Rudd (2006) stated that impulsivity may actually be a more significant indicator of suicide attempt than the presence of a specific suicide plan.

Impulsivity has been adopted as a risk factor or warning sign for suicide. The American Association of Suicidology (2013) includes impulsivity as both a chronic and an acute suicide risk factor.

Family conflict refers to struggle or disagreement between parents, parent and child and other members of a family. On-going family conflicts, abuse, violence, lack of family connectedness, and parents' mental health problems can pose suicide risk. (Yug & Shotao, 2018). Freudenstem, Zoher, Apter, Shoval, Weizman and Zalsman, (2011) reported that adolescents with severe suicidal behaviour tended to perceive their parents as less caring and more over protective compared to those with mild or no suicidal behaviour. Social isolation is a feeling of not belonging or not feeling connected to other people. This can be detrimentally powerful and one of the strongest factors of suicidal risk. Unemployment refers to a person who is not working currently, available for work and seeking work. (Lawrence, Martin & Mathias, 2016). Financial Crisis has brought enormous negative impact on the labour market since 2007 (Regler, 2012). Unemployment may promote the vulnerability for suicidal behaviour by adding to the impact of stressful life events and also by impacting the risk factor for suicide (Kposowa, 2001).

With respect to physical illness, a review by Whitlock (1986) demonstrated that more than one-third of people who die by suicide had a medical illness at the time of their death and numerous studies like; physical compared to mental diseases aggression for committing suicide, have documented a relation between the presence of physical illness and suicide. However, the majority of medical illness do not appear to actually increase risk for suicide, including rheumatoid arthritis, diabetes, and hypertension (Harris & Barracclough, 1997; Stenager & Stenager, 1992).

Social relationships is the quality of social interaction between persons – Social scientists have studied several distinct features of social connection offered by relationships (Smith and Christakis, 2008). Social isolation refers to the relative absence of social relationships. Social integration refers to overall level of involvement with informal social relationships, such as having a spouse, and with formal social relationships, such as those with religious institutions and volunteer organizations (Bediako & Friemd 2004). Quality of relationships includes positive aspects of relationships such as emotional support provided by significant others, and strand aspects of relationships, such as conflict and stress (Walen & Lachman, 2000).

The interest between personality traits and suicide has been increasing for the past few years (Brezo, Paris and Turecki, 2005). According to Brezo, Paris and Turecki (2005), personality traits are linked to suicidal behaviour because traits contribute to a diathesis for suicide behaviour, In the diathesis model, pathological behaviour is seen as the product of internal characteristics and external events (Brezo et al, 2005).

Internal characteristics constitute a vulnerability that can, in conjunction with precipitating external events, create a window of opportunity for the emergence of pathological behaviour. Personality traits reflect a propensity or disposition towards those cognitions, emotions, and behaviours which are consistent with the trait (Brezo et al, 2005). Since situations are also important, traits do not determine behaviour, but instead influence its baseline probability. The connection between personality traits and any actual, concrete behaviour is therefore indirect and probabilistic. Personality traits are determined by genes, environment, and the interaction between genes and environment (Brezo, Paris & Urecki, 2005).

Everybody has a unique personality and it plays important roles in human behaviour. That is

why it has been a well debated and researched topic in psychology. In modern psychology, Big Five model of personality is a very popular trait approach to personality. This model was propounded by Costa and McCrea (1992). This model assumes that there are five major factors which can successfully describe the whole personality of people. The factors are extraversion, neuroticism, agreeableness, openness to experience and conscientiousness. The Big Five Personality Traits, also known as the Five-Factor Model (FFM), and the OCEAN model, is taxonomy for personality traits. It is based on common language descriptors. When factor analysis (a statistical technique) is applied to personality survey data, some words used to describe aspects of personality are often applied to the same person, for example, someone described as conscientious is more likely to be described as "always prepared" rather than "messy".

Against this background, the present study aims at investigating whether social relationships and personality traits will correlate with suicide risk. To understand how an individual who is not isolated either by the family members, friends and neighbours will still face the risk to suicide, as well as the personality traits that are prone to suicide risk among young adults.

First, the sharpest increase in the number of suicide deaths throughout the life span occurs between early adolescence and young adulthood (WHO, 2017). Secondly, suicide ranks higher as a cause of death during youth compared with other age groups. It is the second leading cause of death during childhood and adolescence, whereas it is the tenth leading cause of death among all age groups (CDC, 2017). Thirdly, many people who have ever considered or attempted suicide in their life first did so during their youth, as the life time age of onset for suicidal ideation and suicide attempt typically occurs before the mid 20s (Kessler, Borges and Walters, 1999). Finally, suicide death is preventable, with adolescence presenting a key prevention opportunity resulting in many more years of life, potentially saved. The above claim is a global estimate of suicide in Africa and specifically in Nigeria, the case is not different. The increase in the number of suicide reported in our higher institutions in Nigeria is alarming, and the evidence is limpid (Ojoye 2018; Ogbe, 2020). What are those risk factors that can lead to actual suicide? Can these risk factors be prevented, thereby forestalling suicide?

Some factors have been implicated in literature as possible reasons for suicide among young adults, such as access to guns, family members who completed suicide, history of hurting themselves on purpose, history of being neglected or abused, living in communities where there have been recent outbreaks of suicide in young people, romantic break up, among others. There might be other variables or factors that have been neglected which when carefully considered can give a clue to why youths commit suicide. This gap in literature is what this study sought to fill by focusing on social relationships and personality traits as correlates of suicide risk.

**Psychopathology/Mental Disorder:** Most studies agree that suicide is closely linked to mental disorders (Bridge, Goldstein & Brent, 2006; Pelkonen & Marttunen, 2003). About 90% of people who commit suicide have suffered from at least one mental disorder (Gould, 2001). Mental disorders are found to contribute between 47 and 74% of suicide risk. Affective disorder is the disorder most frequently found in this context (Pulmer et al, 2005). Criteria for depression were found in 50–65% of suicide cases, more often among females than males. Substance abuse, and more specifically alcohol misuse, is also strongly associated with suicide risk, especially in older adolescents and males. Among 30–40% of people who die by suicide had personality disorders, such as borderline or antisocial personality disorder (Bostwick et al, 2005).

**Personality Characteristics** – This is another risk factor for suicide particularly, aggression and Impulsivity.

Impulsivity, a prominent construct in most theories of personality is a concept ill defined maybe because it encompasses a broad range of behaviors that reflect impaired self-regulation (Evenden, 1999; Whiteside & Lynam, 2001). Some researches defined impulsivity in terms of its different components. Cyders and colleagues (2007) distinguished five facets of impulsivity: sensation seeking, lack of deliberation, lack of persistence, positive urgency, and negative urgency (the latter two meaning the tendency to act rashly in response to positive and negative affective states, respectively). While Patton and colleagues, (2005) defined impulsivity in terms of attentional, motor, and nonplanning impulsiveness and looked at impulsivity as a stable trait that can be evaluated using personality questionnaires, others

assessed behavioral impulsivity using measures such as the Immediate Memory Task (IMT) (Dougherty, Moeller, Harper, Scotter, Gurrell & Swann, 1998; Keilp, Sackein J.G, H.A. & Mann, 2005), or considered it as a state that can be assessed by taking individuals' subjective accounts of state impulsivity (Keilp, et al., 2003). A recent meta-analysis found a significant but rather small association between different measures across studies (Cyders & Coskupinar, 2011).

**Aggression:** The term aggression refers to a wide spectrum of behaviors. In the psychological and psychiatric literature, it is defined as any behavior intended to harm another person who is motivated to avoid being harmed (Baron & Richardson, 1994; Geen, 1998a, 1998b). Terms such as aggression and violence are used to describe destructive behavior, angry feelings, hostile fantasies and indirect attacks on objects (Gothelf, Apter & van Praag, 1997).

Although the literature uses terms such as aggression, violence, irritability, and anger interchangeably some theoreticians have attempted to specify differences and over-laps. Trait anger is the tendency to feel anger more intensely, more often and for a longer period of time than others (Deffenbacher, Oetting, Thwaites & Wallence, 1996). The definition of trait irritability includes being angrier, in general and taking offense to the slightest provocation as well as the propensity to be offensive in the use of aggressive behavior (Capara, 1982; Capara & Renzi, 1981; also see Bettencourt, Talley, Benjamin & Valentine, 2006); trait irritability and violence are conceptually related (Glasser, 1985) to trait aggressiveness (Caprara & Renzi, 1981) and the construct of trait anger overlaps with trait aggressiveness (Buss & Perry, 1992). Some authors have proposed a difference between two forms of aggression: reactive and proactive aggression. Reactive aggression (RA) is an aggressive response to a perceived threat or provocation, and as such it is emotionally charged, poorly controlled, and impulsive, whereas proactive aggression (PA) is defined as an unemotional, highly controlled, and premeditated behavior that anticipates a reward (Houston, Stanford, Villemarette-Pittman, Conklin & Helfritz, 2003; Kemps, Matthys, de Vries, & van Engeland, 2005; see also Conner, Swogger, & Houston, 2009).

**Social Isolation:** Social isolation is arguably the strongest and most reliable predictor of suicidal ideation, attempts, and lethal suicidal behavior among samples varying in age,

nationality, and clinical severity (Conwell, 1997; Dervic, Brent, & Oquendo, 2008; Joiner & Van Orden, 2008; Trout, 1980). Numerous empirical studies (Appleby, Amos & Faragher, 1999) done to identify the characteristics of people aged under 35 who committed suicide, found a large number of highly significant social, interpersonal and clinical differences between suicides and controls.

Unemployment: Numerous studies (Abe, Shioiri, Nishimura, Nushida, Veni, Koyima, 2004) investigated the correlation between annual suicide rates in Mic prefecture, Japan from 1996-2002 and the annual unemployment rate in Japan from 1996-2002 among males. As their result was that annual suicide rates in total correlated with the unemployment rate in Japan, but the relation was not statistically significant. In addition, they found that annual suicide rates in total correlated significantly with the male unemployment rates. In another studies by Bastia and Kar (2009) where they studied psychological autopsy of suicidal hanging from cuttack, India focus on stressful life situations; their results proved that married females, unmarried males, dowry related stress, unemployment, prolonged illness, failure in examination, relationship and financial problems were associated more frequently with suicidal hanging.

Physical Illness: A review by Whitlock (1986) demonstrated that more than one-third of people who die by suicide had a medical illness at the time of their death and numerous studies have documented a relation between the presence of physical illness and suicide(Whitlock, 1986). However, the majority of medical illnesses do not appear to actually increase risk for suicide, including rheumatoid arthritis, diabetes, and hypertension (Harris & Barraclough, 1997; Stenager & Stenager, 1992). One disease with a particularly high risk for suicide is HIV/AIDS, which has been shown to confer approximately a seven-fold risk for suicide as compared to the general population (Conwell, 1994; Harris & Barraclough, 1997). Another illness that appears to confer suicide risk is brain cancer, which has a nine-fold increased risk for suicide as compared to the general population and a four-fold risk as compared to individuals with other forms of cancer (Harris & Barraclough, 1997). Finally, amyotrophic lateral sclerosis has an estimated sixfold increased risk (Fang, Valdimarsdóttir,

Fürst, Hultman, Fall & Sparén, 2008) and multiple sclerosis a two-fold risk (Harris & Barraclough, 1997).

**Family Factors:** One of the most important sources of support with addressing the many challenges of youth is the family context in which young people live or have grown up. Several risk factors concerning family structure and processes have been linked to suicide behavior in numerous studies (Brent & Mann 2006). It is estimated that in 50% of youth suicide cases, family factors are involved. One important factor is a history of mental disorders among direct family members themselves, especially depression and substance abuse (Portzky, Audenaert & van Heeringen, 2005). It is not clear whether these disorders directly influence the suicidal behavior of the child, or rather do so indirectly, through mental disorders evoked in the child as a result of this family context. Researchers also found an augmented presence of suicidal behavior among family members of young people who have committed suicide (Bridge, Goldstein & Brent 2006). There has been a lot of discussion about the mechanisms behind this finding. There may certainly be a kind of imitation behavior in the child, but adoption studies have reported a greater concordance of suicidal behavior with biological relatives than adoptive relatives, which points more toward a genetic explanation (Bondy, Buettner & Zill, 2006)

There were considerable theories and empirical reports. Three theories were reviewed, which are – General strain theory (GST), Learned helplessness theory and the Interpersonal theory.

**General strain theory (GST):** General strain theory (GST) is a sociology and criminology theory developed in 1992 by Agnew. Agnew (1992) believed that Merton (1938) theory was too vague in nature and did not account for criminal activity which did not involve financial gain. Yilmaz and Koca (2015) was of the view that GST was developed building upon the previous revisions of classical strain theory with a particular emphasis on such variables as stress, aggression, equity and justice, which were mostly used in psychology and sociology. The general idea of GST is that people who experience strain or stress become distressed or upset which is likely to lead them to commit crime/delinquency in order to cope. Emotion is one of the key principles of this theory that motivates crime. GST was developed to conceptualize the full range of sources in society where strain possibly comes from which Merton did not touch.

Therefore, Agnew (1992) introduced three types of strain, he stated that strain may result when others (1) prevent individual from achieving positively valued goals. (2) Removed positively valued stimuli from individuals, and (3) Present individual with negative stimuli.

Learned helplessness theory was proposed by Seligman (1967). The Learned Helplessness Theory is part of behavioural theory and has been observed in both humans and animals. The theory explains that when a person is repeatedly exposed to uncontrollable, stressful or even painful situations, after a while that person will stop trying to control the situation or stop trying to avoid the pain even if a clear opportunity to do so becomes available. At that point the person has learned to think and act in difficult situations and will not try to evade the situation, it is a mental state in which an organism is forced to bear aversive stimuli, or stimuli that are painful or otherwise unpleasant, becomes unable or unwilling to avoid subsequent encounters with those stimuli, even if they are “escapable”, presumably because it has learned that it cannot control the situation (Maier & Seligman, 1976).

While conducting experimental research on classical conditioning, Seligman inadvertently discovered that dogs that had received unavoidable electric shocks failed to take action in subsequent situations – even those in which escape or avoidance was in fact possible – whereas dogs that had not received the unavoidable shocks immediately took action in subsequent situations. The experiment was replicated with human subjects (using loud noise as opposed to electric shocks), yielding similar results. Seligman coined the term learned helplessness to describe the expectation that outcomes are uncontrollable.

The interpersonal theory of suicide was presented by Joiner (2005) and further expanded upon by Van Orden and colleagues (2010; 2016). A key concept of the interpersonal theory, and a development beyond previous theories of suicide, is its emphasis on providing an explanation for why the vast majority of individuals who think about suicide do not go on to make a suicide attempt. The theory also posits distinct pathways by which suicidal desire and both nonfatal and fatal suicidal behaviors develop. In this regard, the interpersonal theory is the first theory of suicide positioned within what would later be termed the ideation-to-action framework (Klonsky & May, 2014; Klonsky et al., 2016; Nock et al., 2016).

In the decade since the interpersonal theory was first posited, it has spurred scores of empirical inquiries into the etiologies of suicide ideation, attempts, and fatalities. Research testing the interpersonal theory has been conducted spanning diverse samples, such as psychiatric inpatients and outpatients (Monteith et al., 2013), prison inmates (Mandracchia & Smith, 2015), undergraduates (Hagan, Podlogar, Chu, & Joiner, 2015), sexual minorities (Silva et al., 2015), military service members (Bryan et al., 2010), physicians (Fink-Miller, 2015), firefighters (Chu, Buchman-Schmitt, Hom, Stanley, & Joiner, 2016), and older adults (Cukrowicz et al., 2013). Moreover, research on the theory has been conducted across samples derived from locations outside of the United States (U.S.), such as South Korea (Chu et al., 2016b) and Australia (Christiansen et al., 2014).

Gary, French, Story et al (1998), conducted a study on the relationship between suicide risk and sexual orientation. The purpose of the study was to investigate the relationship between sexual orientation and suicide risk in a population based sample of adolescents. Participants were selected from a cross-sectional, statewide survey of junior and senior public high school students. 336 students who described themselves as bisexual/homosexual were used to match 300 heterosexual respondents on three outcome measures: suicidal ideation, intent, and self-reported attempt logistic regression analysis were used to examine the association between sexual orientation and outcome measures with adjustment for demographic characteristics. Findings show that there is evidence of a strong associations between suicide risk and bisexuality or heterosexuality in male.

Vanderhorst et al (2005) investigated on social relationships as prediction of depression and suicidal ideation in older adults. Data was obtained from the National Library of Medicine Australia, 110 adults were used for the sample. Resources inventory, the sense of belonging instrument, the Zung Depression Inventory and suicide subscale of the General Health Questionnaire were administered. The aim of the study was to investigate the human relatedness variables of marital status, social support resources and sense of belonging as predictors of depression and suicidal ideation in adults. The result suggested that enhancing social support resource in adults could reduce depression and suicidal ideation.

You, Kimberly, et al (2005) conducted a study on disputed social connectedness as associated with suicidal thought and behaviours among individuals with substance use disorder (SUDs). Participants used for the study were 814, recruited from four residential substance-use treatment programs. They completed self-report measures of social as well as whether they had ever thought about or attempted suicide. Multivariate results indicates that interpersonal conflict and belongingness were significant predictors of aliestory of suicidal ideation, belongingness, perceived social support, and living alone were significant predictors of suicide attempts.

Velting (1999) studied the trait predictors of suicidal ideation within the taxonomic framework provided by the Five Factor model of personality in a sample of 185 young adults (aged 18-23 years). Factor-level multiple regression analyses revealed significant gender differences; namely, suicidal ideation was positively predicted by neuroticism in females and negatively predicted by conscientiousness in males. More detailed analyses revealed distinctive patterns of association between facets and ASIQ scores within factor domains. Suicidal ideation was positively predicted by the neuroticism facets, angry hostility and depression, and negatively predicted by the conscientiousness facet, self-discipline.

Singh and Pathak (2017), studied many risk factors including personality for suicidal ideation and act. The study was conducted to examines the effect of the big five factors of personality in suicidal ideation. 315 adolescents enrolled in some of the intermediate Colleges of Jaunpur (U.P), aging between 14 to 19 years. The analyses of data revealed that adolescents with higher level of extraversion, agreeableness, open to experience and conscientiousness are significantly less indulged in suicidal ideation in comparison to the adolescent scoring low on the above dimensions. The low level on the above factors indicates high risks for suicidal ideation. The higher level of neuroticism was found to be a major risk factor in inducing the feelings of suicidal ideation. The proposed hypothesis in this study was approved.

Brezo, Paris and Turecki, (2006) investigated relationships of personality traits with two SBs in a cohort ( $n = 1140$ ) of 21 to 24 years old adults, representative of the general population of

Quebec. Subjects were assessed using a series of structured diagnostic and personality traits questionnaires. Multivariate logistic regression analyses were employed to identify personality trait correlates of suicide attempts history and serious suicidal ideation in the context of other known risk factors, such as psychopathology and experiences of childhood sexual abuse.

### **Hypotheses**

- (i) Social relationships would significantly correlate with suicidal risk in young adults.
- (ii) Personality traits would significantly correlate with suicidal risk in young adults.

### **Participants**

The participants in the study were (50) fifty in-patient's young adults in Federal Neuro-psychiatric Hospital, Enugu State. They comprised of (26) twenty-six male patients and (24) twenty-four female patients. Their age ranges from 19 – 30, with a mean age of 23.94 and a standard deviation of 3.139. Data collected showed that three (3) patients were traditionists, two (2) were Muslims, thirteen were Anglican (Christian 1), ten (10) were Catholics (Christian 2), fourteen (14) were Pentecostals (Christian 3) and seven (7) were different religion not mentioned. Thirty-seven (37) patients were Igbos, three (3) patients were Hausa, three (3) were Yorubas, three (3) patients were Ijaws and four (4) were of different tribes not mentioned. In terms of education, no patient reports to have had only primary education.

### **Instruments**

Three instruments were used for the study namely: Suicide risk questionnaire, Big five inventory (BFI) questionnaire and Social connectedness

**Suicide Risk Questionnaire:** Is a psychological scale used to measure suicide risk, which was developed by Beck (1979). The scale is a 30 item questionnaire which is (15) items and Part II is a Depression Risk Questionnaire which is (15) items. All items are responded to using a 5-point likert scale format ranging from "disagree strongly" to agree strongly". The scale contains questions such as "My family would be better off without me (item 2) I won't be in your way much longer (item 7).

In a mixed sample of psychiatric outpatient and inpatient samples, (Reynolds, 1991b), the SRQ was averagely correlated (0.62) with the research ratings of suicidal ideation as measured by the suicide item of Hamilton Rating Scale for Depression. The coefficients of reliability provided by Reynolds 1991b and Osman et al 1999 are coefficient (Cronbach alpha 85) and a test – retest correlation over a month period.

**Big Five Personality Inventory (BFI):** This is a 44-items scale that measures people's personality. It was developed by John Donahue and Kentle (1991). This one of the psychological instruments, which assess personality from a five dimensional perspective. The essence of the perspective is that personality characteristics can be resolved into five broad dimensions which are distinct from one another. The researcher used the five dimensional perspective;

Extroversion – High energy and activity level, dominance, sociability, expressiveness and positive emotions

Agreeableness – Empathy, serving others, caring, trusting and forgiving

Conscientiousness – Self-discipline, achievement – striving, honesty, dutifulness, orderliness, cautiousness and self-efficacy

Neuroticism – poor emotional stability, feelings of doubt, anxiety, sadness, irritability and nervous tension.

All items are responded to using a 5 point likert scale format ranging from "disagree strongly" to "agree strongly". The scale contains questions such as 1 see myself as someone who is outgoing and sociable (item 2), who is helpful and unselfish with others (item 7).

BFI has mean convergent validity coefficient of .75 and .85 with Big Five instruments authored by Cotta and McCrae (1992) and Goldberg (1992) respectively. The divergent validity coefficient obtained by Umeh (2004) with University Maladjustment Scale (Klein Muntz, 1961) and Extraversion 0.6, Agreeableness .13, Consciousness .11, Neuroticism .39, Openness .24. The coefficient of reliability provided by John et al , (1991) are coefficient Cronbach Alpha .80 and a month rest retest .85.

### **Social Connectedness**

Social connectedness was 8 items scale that evaluate the participant level of belongingness and their feelings of bonding and connecting to the social world. It was developed by Lee and Robbins (1995). All items are responded to using a 6point likert scale formate from "strongly disagree to "strongly agree". The scale contains questions like "I feel disconnected from the world around me (item 1) I catch myself losing all sense of connectedness with society (item 6).

Social connectedness as evidenced by a mean convergent validity coefficient of item score equal to or greater than 3.5 (or slightly agree to strongly agree). Social connectedness as defined by self psychology theory (Kohut, 1984) reflects an independent sense of self. The coefficient of reliability of cronbach alpha was a high reliability (internal consistence) of Alpha > .92 and a month test-retest = .96.

### **Procedure**

The questionnaire was administered to the patients. The total number of the copies of the questionnaires distributed was fifty three (53) copies. Two copies were not properly filled, one copy got lost, while 50 copies were properly filled, returned and were used as the actual data in the study.

### **Design and Statistics**

The study was a survey study that adopted a correlational design, which is suitable in explaining the relationship between paired variables. Data was analyzed sign Pearson Product Moment Correlation Statistics.

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## Results

**Table 1: Pearson product moment correlation coefficients of variables of the study (N=50)**

	1	2	3	4	5	6	7
1. Suicide Risk	1						
2. Social Relationship	-.360*	1					
3. Extraversion	-.185	-.053	1				
4. Agreeableness	-.229	.063	.155	1			
5. Conscientiousness	-.187	-.138	-.072	.558**	1		
6. Neuroticism	.569**	-.267	-.334*	-.161	.040	1	
7. Openness	-.250	.011	.441**	.405**	.328*	-.206	1

Note: \*\*. Correlation is significant at the 0.01 level (1-tailed); \*. Correlation is significant at the 0.05 level (1-tailed).

The correlation result in Table 1 showed that social relationship is negatively significantly correlated with suicidal risk, ( $r(50) = .36$ ,  $p<.05$ ). This implies that increase in social relationship would yield decrease in suicidal risk. Of all the personality dimensions, only Neuroticism which showed a positive relationship with suicidal risk is significant, ( $r(50) = .569$ ,  $p<.01$ ) indicating that increase in trait of neuroticism gives rise to the increase in suicidal risk. Other personality traits (dimensions) showed negative but not significant correlation with suicidal risk, extraversion( $r(50) = -.185$ ,  $p>.05$ ), agreeableness( $r(50) = -.229$ ,  $p>.05$ ), conscientiousness( $r(50) = -.187$ ,  $p>.05$ ), and openness( $r(50) = -.250$ ,  $p>.05$ ).

## Summary of Findings

1. Social relationship showed a negative significant correlation with suicidal risk.
2. Neuroticism showed a positive significant relationship with suicidal risk.
3. Extraversion did not show a significant relationship with suicidal risk.
4. Agreeableness did not show a significant relationship with suicidal risk.
5. Conscientiousness did not show a significant relationship with suicidal risk.
6. Openness did not show a significant relationship with suicidal risk.

## Discussion

The present study examined social relationship and personality traits as correlates of suicide risk in young adults.

Hypothesis one stated that, social relationships would significantly correlate with suicidal risk in young adults. Following the results obtained, this hypothesis was rejected. This emphasizes the greater importance of social relation (family, friends and significant others) in protecting emerging adults from suicidal ideations or risks. This is because social relationship most especially family support perhaps represents a more enduring and consistent construct which perhaps are more fleeting and short lived in nature (Tabac et al; 2016). No matter how worse life conditions may be for an individual, the family remains the constant and persistent source of help. This notion is supported by an African proverb which asserts that there is no fool who is disowned by his family (How Africa n.d). This result is in corroboration with the findings of Purcell et al; 2012, M.Wang et al, 2013) which shows the importance of family connectedness and support in buffering the individual against suicidality. Shilubane et al, (2014) findings are inconsistent with the study as it shows that only the family support is significant in lowering suicidal ideation while friends and significant others supports were not.

As Shneidman, 1987, in his work Shneidman's cubic model of suicide agrees with the findings as his work proposes that an unmet need for "affiliation" is one of several needs that contributes to suicide when unmet. So also Joiner (2005), and Orden, Witter, et al, (2005) in their interpersonal theory of suicide, proposed that the need to belong and to carry supportive relationships is so powerful that, when thwarted, contributed to a desire for suicide. But in contrast Frydenberg and Lewis (1991) in their study showed that male adolescents sought less social support and had more negative help-seeking behaviours. The findings could be associated with social roles attributed to males such as being strong and independent.

Also the second hypothesis which states; that personality traits would significantly correlate with suicide risk in young adults was rejected. The finding showed that there was no significant correlations between openness to experience and agreeableness personality traits with suicide risk in young adults. This implies that individual with these personality traits has

no tendencies to suicidal risk; since such individual who is open to experience has tendency towards fantasy, creativity, feelings, thinking, ideas and thoughts, tends to be curious about their inner experiences and external world as a consequence of their behaviour. The agreeable personality is inclined towards sympathy, trust, cooperation and altrusision, cooperative and willingness to help others and have in mind that others will be helpful in future, as according to Ryder et al; 2005 in his work support the findings.

Extraversion and conscientiousness has no significant correlation with suicide risk in young adults; it means that conscientious individual tends to be persevering and responsible, has the ability to plan, organize and carry out cognitive tasks. They also show capability, self-orientation and competence, are purposeful, strong-willed, motivated, well organized and determined. But, neuroticism was found to have significant correlation with suicide risk in young adults. This implies that a neurotic personality has an emotional instability and manifestation of negative emotion ranging from anxiety, anger and depressed mood, are at the risk of depression thereby leading to suicidal ideation. This is in agreement with Ryder et al (2005) in his study on personality correlates of undergraduate's suicidal ideation which found that there was association between neuroticism and suicidal ideation. Kerby (2003) also found that low conscientiousness, low extraversion and high neuroticism participants predicted suicide ideation in male and female and that there is no differences between the two gender in suicide ideation, Heised et al (2006) also reported that there was relationship between suicide ideation and increased neuroticism and openness among older adults. Although in the work of Steunenberg, Beekman et al (2006), Tyssen et al (2004) disagrees with the findings as their found neuroticism personality as its negatively associated with the severity of depressive and anxiety symptoms which are the main properties that triggers suicide risk.

### **Implications of the findings**

With the way suicide has become the leading problem among youths and young adults, the results from the study has far reaching implications for the society and also for the clinician to become aware of the factors that would lead to this suicide risk, and thereby sensitize the general public on the personality traits that has lesser or no control over these risks factors

which help to restructure such individual behaviours through intervention programmes and will play a role in preventing the suicide risks as well as in prevention of mental health problems in the future.

### **Limitations**

This study was conducted at one psychiatric facilities in southern Nigeria where most of the participants were Christians.

The research was restricted to only one psychiatric hospital; results from similar investigations, in psychiatric in other regions of Nigeria may or may not confirm the present findings.

Finance was a major limitation of the study. Lack of fund restricted the researcher to conduct the researcher only in one hospital. The findings from other states hospitals in Nigeria may or may not confirm the present results.

### **Suggestion for Further Studies**

As suicide is the leading cause of death especially among the youths today, there is need for future studies to investigate on how family, peers/significant others can be strengthened given its importance in predicting lower suicidal ideation/risks factors that leads to suicide its self.

Studies should be widened beyond the scope of this study, thus this research should be replicated in other areas like schools, industries, public sectors, banks, and among adults. It is also advised that researchers should find a way of persuading students to make themselves available in research of this nature as the findings will help inculcating morals to the youths and society.

### **Recommendations**

Based on the findings of the study, the following recommendations were made.

There is need for family, peer and significant other support to persist through the period of emerging adulthood notwithstanding that this life stage is characterized by more independence in lifestyle, and autonomy in the making of enduring life choices.

Families and peer support will bolster self efficacy in overcoming vulnerabilities to suicidal ideation and eventual suicide during emerging adulthood.

It is also of importance for the assessment of factors leading to depression and suicide thinking/ideation to be carried out from secondary level of education to higher institution from time to time so as to educate them on the need to understand their personality traits and how it can be predisposed from these suicide risks leading factors.

Researchers in suicide and the related should not fail to make their findings open to the public through media or journals, as this will help to educate the public more on suicide and the related.

## Conclusion

This study investigated social relationship and personality traits as a correlates to suicide risk in young adults at Federal Neuro-psychiatric Hospital in Enugu State. The participants for the study were (50) fifty young adults diagnosed of depression. The instruments were used, which are suicide risk questionnaire, Big Five Inventory (BFI) personality traits and social connectedness questionnaires. All the hypotheses were rejected. These hypotheses were analyzed using Pearson's product moment correlation statistics.

In view of the outcome of this research which shows that social relationship and personality traits such as conscientiousness, agreeableness, openness to experience did not predict suicide risk in young adults except neuroticism which has a positive relationship with suicide risk. The researcher is of the view that clinicians before time identify factors that lead to suicide risk and utilize appropriate psychotherapy modalities to help depressive patients on the need for treatment compliance in other to motivate them and acquire adequate knowledge to manage their personalities.

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