RELATIONSHIP BETWEEN LONELINESS, FRUSTRATION AND MENTAL HEALTH OF UNIVERSITY UNDERGRADUATES

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ABSTRACT

The study investigated loneliness, frustration and mental health of young people in the during the COVID-19 pandemic era. A total of 211 students from the Faculty of Management and Social Sciences, Caritas University Amorji Nike, Enugu participated in the study. The participants are within the ages of 18 and 28 with a mean age of 22.42 and a standard deviation of 2.23. The participants were administered the following scales: Basic Psychological Needs Satisfaction and Frustration Scale; UCLA Loneliness Scale and Psychological Distress Scale. Based on the hierarchical multiple regression to test the hypotheses. The results revealed loneliness is a predictor of mental distress among young people (β=0.36, t= 5.27). It also contributed 10% in explaining the variance in mental distress (ΔR^2 = .10). The results were discussed and recommendations made.

Keywords: frustration, loneliness, life satisfaction, needs, well-being

INTRODUCTION

Student life is characterized as the intermediate stage from adolescence to adulthood. Students, while still possessing many of the adolescence features, are experiencing a process of moving away from the family environment. They usually live alone, away from the family home and begin to bond with their peers who often come from other places. They, therefore, are leaving behind a safe and controlled environment of the family and their surroundings and come into contact with different habits and perceptions. Unfortunately, the new coronavirus SARS-CoV-2 (COVID-19) pandemic which is unprecedented in recent history, with global impacts including high rates of mortality and morbidity, and loss of income and sustained social isolation for billions of people disrupted such life. The effect this crisis has on population mental health, both in the short- and long-term, is still being studied. There is minimal evidence about the acute phase mental health impacts of large-scale epidemics across communities. Existing work has focused on those individuals most directly affected by disease (e.g., infected individuals and their families, healthcare workers (Thomas, Peter, Ron, & Megan, 2017; Gardner & Moallef, 2015; James, Wardle, Steel, & Adams, 2019; Van Bortel, Basnayake, Wurie, Jambai, Koroma, Muana, & et al. 2016; Ricci-Cabello, Meneses-Echavez, Serrano-Ripoll, Fraile-Navarro, Fiol de Roque, Moreno, & et al., 2020; Wu, Fang, Guan, Fan, Kong, Yao, & et al., 2009) and examined mental health impacts across broader communities only after the acute phase has passed (Thomas et al., 2017).

In Nigeria the government announced her first lockdown on the 27 April, 2020 and with effect from May 4 to 17 spanning two weeks in major cities like Lagos and Abuja. This lockdown affected schools, work and other social activities that required physical interaction. Interventions such as home shielding, quarantine, and social distancing regarded the household as a principal social and resource unit, overlooking the importance of inter-household contact, i.e. everyday interaction with non-residential family members and friends (Willem et al., 2021). Historically, quarantine has been a successful measure adopted worldwide in infectious diseases outbreaks; however, it represents an unfavorable experience for the population. Movement restriction, separation from family or friends, limited freedom and fear of an uncertain future are all factors that may exacerbate negative psychological impact and mental health (Brooks, Webster, Smith,

Woodland, Wessely, & Greenberg, 2020). The threat posed by the COVID-19 and its associated mitigation measures severely curtailed people's inter-household and in-person contact (Qian and Hanser, 2021). Several studies assessed the psychological impact on the general public, and reviews confirm that well-being is lower with higher scores of depression, anxiety and stress compared to baseline measures (Rajkunmar, 2020), (Vindegaard and Benros, 2020).

Mental health refers to cognitive, behavioral, and emotional well-being. According to WHO (World Health Organisation), mental health is all about how people think, feel, and behave. It is a state of well-being in which an individual realizes his or her own abilities, can cope with normal stresses of life, can work productively, and is able to make a contribution to his or her community. Researchers suggest that children and young people's mental health could be disproportionally affected during the pandemic because of several reasons, such as increased pressure on families, decreased peer contact, decreased social activities and closure of schools, universities and support services, feelings of frustration and loneliness (Lee, 2020; Green, 2020). Frustration is a common emotional response to opposition, related to anger, annoyance and disappointment. Frustration arises from the perceived resistance to the fulfilment of an individual's goal or will and is likely to increase when a will or goal is denied. Has many young people have been stopped from going to school and pursue their goals due to the lockdown caused by the COVID-19, young people will definitely become frustrated.

Looking at Loneliness, it is defined by researchers as feeling lonely more than once a week (Cacioppo J.T et al, 2010). Research has shown that Loneliness is found throughout society, including among people in marriages along with other strong relationships and those with successful careers. Robert S. Weiss, 1973 categorized loneliness into two; Social loneliness and Emotional loneliness, he further explained that the two have to be looked at independently because the satisfaction for the need of emotional loneliness cannot act as a counter balance for social loneliness and vice versa. Apart from these two types of loneliness there are other types most notably "lockdown loneliness" which refers to loneliness as a result of social disconnection due to enforced social distancing and lockdowns during a pandemic or similar emergency situations. Young people rely on close friendships more than adults and are more likely to develop mental health problems (NIHR, 2021). They also state that a good mental health is not only the absence of psychological disorders or maladaptive behaviour. With this in mind the COVID-19 lockdown can be a factor that leads to poor mental health as a result of loneliness and frustration. Previous studies have demonstrated that the perceived mental stress may intensify feelings of loneliness (Aanes et al, 2010), (Doman, 2010). For instance, Yarcheski et al. (2011) reported a significant positive correlation between perceived mental stress and loneliness. Similarly, in a recent review, Brown et al. (2017) have also demonstrated positive associations between perceived mental stress and loneliness feelings.

Feinberg (2020) stated that stress in general whether daily hassles of acute, crisis driven stress typically leads to greater conflict and hostility in family relationships. If parents can support each other in these situations, the evidence from past research indicates that they will be able to be more patient and more supportive with their children, rather than becoming harsher and angrier.

Statement of the problem

The transition from adolescence to adulthood is a period of life during which individuals experience far-reaching changes in their social and economic roles in society, and undergo significant psychological and physical development (Hogan & Astone 1986).

The COVID-19 pandemic is a non-natural disaster that can have an impact on mental health and psychosocial conditions of everyone. According to WHO (2020), the emergence of a pandemic caused stress to various levels of society. A recent review of virus outbreaks and pandemics documented stressors such as infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma (Brooks et al, 2020).

Purpose of the study

The purpose of this study is focused on the following below:

Is there a significant relationship between loneliness and mental health during the COVID-19 pandemic?

Is there a significant relationship between frustration and mental health of young people during the COVID-19 pandemic lockdown?

Theoretical Review

Self-determination theory suggests that people are motivated to grow and change by three innate and universal psychological needs. This theory suggests that people are able to become self-determined when their needs for competence, connection, and autonomy are fulfilled. The concept of intrinsic motivation, or engaging in activities for the inherent rewards of the behavior itself, plays an important role in self-determination theory.

Self-determination theory grew out of the work of psychologists Edward Deci and Richard Ryan, who first introduced their ideas in their 1985 book *Self-Determination and Intrinsic Motivation in Human Behavior*. They developed a theory of motivation which suggested that people tend to be driven by a need to grow and gain fulfillment.

Two key assumptions of the theory:

The need for growth drives behavior. The first assumption of self-determination theory is that people are actively directed toward growth. Gaining mastery over challenges and taking in new experiences are essential for developing a cohesive sense of self.

Autonomous motivation is important. While people are often motivated to act by external rewards such as money, prizes, and acclaim (known as extrinsic motivation), self-determination theory focuses primarily on internal sources of motivation such as a need to gain knowledge or independence (known as intrinsic motivation).

According to self-determination theory, people need to feel the following in order to achieve psychological growth:

- *Autonomy: People need to feel in control of their own behaviors and goals. This sense of being able to take* direct action that will result in real change plays a major part in helping people feel self-determined.
- **Competence**: People need to gain mastery of tasks and learn different skills. When people feel that they have the skills needed for success, they are more likely to take actions that will help them achieve their goals.

- **Connection or relatedness**: People need to experience a sense of belonging and attachment to other people.

Imagine a person who fails to complete an important project at work. If this person is high in self-determination, they will admit their fault, believe that they can do something to fix the problem and take action to correct the mistake. If that same person was low in self-determination, they might instead look for other things that they can blame. They might make excuses, assign blame, or refuse to admit that their own role. Most importantly, perhaps, is that this person won't feel motivated to fix the mistake. Instead, they might feel helpless to control the situation and believe that nothing that they do will have any real effect

According to the Attachment Theory loneliness has always been part of human existence, it has a relatively short history as a subject of psychological investigation. As developed by the psychiatrist John Bowlby during the second half of the 20th century, attachment theory emphasizes the importance of a strong emotional bond between the infant and the caregiver; it stands as a forerunner to contemporary theories of loneliness. From that perspective, loneliness occurs when children with insecure attachment patterns behave in ways that result in their being rejected by their peers. Those rejections hinder their development of social skills and increase their distrust of other people, thereby fostering ongoing loneliness.

Attachment theory was the foundation for an influential psychological theory of loneliness developed by the sociologist Robert S. Weiss. Weiss identified six social needs that, if unmet, contribute to feelings of loneliness. Those needs are attachment, social integration, nurturance, reassurance of worth, sense of reliable alliance, and guidance in stressful situations. As would be predicted by attachment theory, Weiss maintained that friendships complement but do not substitute for a close, intimate relationship with a partner in staving off loneliness.

Another theoretical perspective, the behavioral approach, holds that loneliness is characterized by personality traits that are associated with, and possibly contribute to, harmful patterns of interpersonal interaction. For instance, loneliness is correlated with social anxiety, social inhibition (shyness), sadness, hostility, distrust, and low self-esteem, characteristics that hamper one's ability to interact in skillful and rewarding ways. Indeed, lonely individuals have been shown to have difficulty forming and maintaining meaningful relationships. They are also less likely to share information about themselves with their peers, and that helps to explain why they report a lack of intimacy with close friends.

The cognitive approach to loneliness is based on the fact that loneliness is characterized by distinct differences in perceptions and attributions. Lonely individuals tend to have a pessimistic general outlook: they are more negative than are individuals who are not lonely about the people, events, and circumstances in their lives, and they tend to blame themselves for not being able to achieve satisfactory social relationships. In addition, the cognitive approach largely takes account of the attachment and behavioral perspectives by explaining how (a) failure to meet the need for attachment, social integration, nurturance, and other social needs results in perceived relationship discrepancies that are experienced as loneliness, and (b) loneliness is perpetuated by way of a self-fulfilling prophecy in which poor social skills result in unsatisfactory personal relationships that in turn result in negative self-attributions that lead to further social isolation and relationship dissatisfaction.

Frustration–aggression hypothesis, otherwise known as the frustration–aggression–displacement theory, is a theory of aggression proposed by John Dollard, Neal Miller, Leonard

Doob, Orval Mowrer, and Robert Sears in 1939, and further developed by Neal Miller in 1941 and Leonard Berkowitz in 1969. The theory says that aggression is the result of blocking, or frustrating, a person's efforts to attain a goal.

When first formulated, the hypothesis stated that frustration always precedes aggression, and aggression is the sure consequence of frustration (Dollard et al, 1939) Two years later, however, Miller (Miller, Neal E; et al, 1941) and Sears (Sears & Robert, 1941) re-formulated the hypothesis to suggest that while frustration creates a need to respond, some form of aggression is one possible outcome. Therefore, the re-formulated hypothesis stated that while frustration prompts a behaviour that may or may not be aggressive, any aggressive behaviour is the result of frustration, making frustration not sufficient, but a necessary condition for aggression (Zillmann & Dolf, 1979).

The hypothesis attempts to explain why people scapegoat. It attempts to give an explanation as to the cause of violence. According to Dollard and colleagues, frustration is the "condition which exists when a goal-response suffers interference", while aggression is defined as "an act whose goal-response is injury to an organism (or an organism surrogate)". The theory says that frustration causes aggression, but when the source of the frustration cannot be challenged, the aggression gets displaced onto an innocent target. For example, if a man is disrespected and humiliated at his work, but cannot respond to this for fear of losing his job, he may go home and take his anger and frustration out on his family. This theory is also used to explain riots and revolutions, which both are believed to be caused by poorer and more deprived sections of society who may express their bottled-up frustration and anger through violence.

While some researchers criticized the hypothesis and proposed moderating factors between frustration and aggression (Pastrone & Nicholas, 1952) (Cohen & Arthur, 1955) several empirical studies were able to confirm it as is. In 1989, Berkowitz expanded on the hypothesis by suggesting that negative affect and personal attributions play a major role in whether frustration instigates aggressive behaviour (Berkowitz & Leonard, 1989).

The publication of Frustration and Aggression gave rise to criticism from several scientists, including animal behaviorists, psychologists, and psychiatrists (Berkowitz & Leonard, 1962). For example, Seward, who studied rat behaviour, suggested that aggression can also be caused by dominance struggles, which for him were different from frustration (Seward J.P, 1945). Durbin and Bowlby, by observing apes and children, placed reasons for breaking of a fight into three different categories. While one of the categories was frustration, the other two were classified as possession disputes and resentment of a stranger intrusion (Durbin & Bowlby, 1939). Addressing this criticism, Berkowitz suggested that the controversy around the frustration-aggression hypothesis has its roots in the lack of a common definition for frustration. He advocated that if frustration is defined as a reaction to a blocking of a drive or an interruption of some internal response sequence, those various reasons for aggression actually fall under the frustration umbrella (Berkowitz & Leonard, 1962).

Later research was focused more on refining the hypothesis, rather than on denying its correctness. In one of the earlier studies, following the publication of Dollard et al.'s book, Pastore argued that the hypothesis should distinguish between arbitrary and non-arbitrary situations, as non-arbitrary situations decrease the aggressiveness of response (Pastore & Nicholas, 1952). In this study, participants from a sample of 131 college students were presented with the verbal description of two types of situations, arbitrary and non-arbitrary. One of the arbitrary situation examples was being intentionally passed by the bus driver, while waiting at the correct bus stops.

A non-arbitrary situation was described in one of the examples as being passed by the bus, while it was specifically marked as heading for a garage. The study results suggested that arbitrariness of the situation is an important factor in eliciting aggressive behaviour in frustrating situations, with arbitrary situations inducing more aggression.

Building on Pastore's work, in his 1955 empirical study, Cohen confirmed that the arbitrariness of a situation affects the level of aggressiveness (Cohen & Arthur, 1955). However, the study also supported his hypothesis that two more factors need to be accounted for in the frustration-aggression hypothesis. Those factors are social norms and the relationship with the frustrating agent. In his study, 60 volunteer participants were rating 14 statements on the levels of predicted aggressiveness. Cohen found that people tend to respond less aggressively if the frustrating agent is an authority figure, rather than a friend and that people respond to frustration with less aggression if the socially accepted norms require to do so. Berkowitz addressed this criticism in his 1989 article and proposed that frustration, and ultimately aggression, is induced when individuals think they have been deliberately and wrongly kept from their goal (Berkowitz & Leonard, 1989).

Indeed, the hypothesis does not take into consideration the individuality of human beings. According to Dixon and Johnson, two people can respond differently to the same frustration stimuli. For instance, some could respond aggressively while driving on the highway after being cut off by another car, whereas others with a different temperament could not react to it. However, the theory assumes that if two different people receive the same frustration stimuli, they will react similarly or equally aggressively (Dixon & Johnson, 1980).

The Yale group's hypothesis does not explain why aggressive behaviour could be manifested in different social environments without previous provocation or feeling of frustration. However, according to Gross and Osterman, people may lose their sense of uniqueness in mass societal contexts because it tends to de-individuate them. For instance, individuals may behave aggressively when they are with their friends or in a big crowd (e.g. while watching a hockey game), but might not behave aggressively when they are by themselves (e.g. watching the game alone at home). When individuals are in a crowd, they are more likely to become desensitized of their own actions and less likely to take responsibility. This phenomenon is known as de-individuation (Snyder et al, 1980).

Empirical Review

In the study of Thomas, Peter, Ron and Megan (2017) investigated the relationship between loneliness and mental health in students. This study aimed to examine longitudinal relationships in students. 454 British undergraduate students completed measures of loneliness and mental health at four time points. The findings show that after controlling for demographics and baseline mental health, greater loneliness predicted greater anxiety, stress, depression and general mental health over time. There was no evidence that mental health problems increased loneliness over time. There was no relationship with alcohol problems. Baseline loneliness predicted greater eating disorder risk at follow-up and vice versa. This study is limited by a relatively small and heavily female sample. The implication is that Social and psychological interventions to reduce loneliness in university settings may improve mental health.

Loneliness has not until recently been a prominent focus in research on outcomes of mental illness. The aim of this study was to determine whether loneliness at baseline predicts poor outcomes at 4-month follow-up for individuals who have experienced mental health crises.

The outcomes in this study included overall symptom severity, affective symptoms, self-rated recovery and health-related quality of life. Our study reports a secondary analysis of data from a randomized controlled trial. The sample ($n = 399$) was taken from patients who received treatment from community crisis services. Respondents ($n = 310$) completed the follow-up measurement 4 months after baseline. Loneliness at baseline was assessed using an eight-item UCLA Loneliness Scale. The four mental health outcomes were measured at both baseline and follow-up. Two scales (or part thereof) assessed objective social isolation and neighbourhood social capital at baseline. Regression analyses were conducted to investigate longitudinal associations between loneliness at baseline and mental health outcomes at follow-up.

Loneliness at baseline was associated with all four mental health outcomes at 4-month follow-up, adjusting for psychosocial, socio-demographic and clinical characteristics. A one-point higher loneliness score was associated with 0.74-point (95% CI 0.45, 1.02) and 0.34-point (95% CI 0.21, 0.47) increase in overall symptom severity score and affective symptoms score respectively, and with 1.08-point (95% CI -1.45, −0.71) and 1.27-point (95% CI -1.79, −0.75) decrease in self-rated recovery score and health-related quality of life score respectively. Loneliness was a better predictor of clinical outcomes than objective social isolation and social capital, even though the associations with clinical outcomes were reduced and no longer statistically significant following adjustment for their baseline values. A significant association with quality of life persisted after adjustment for its baseline score. Greater loneliness at baseline predicted poorer health-related quality of life at follow-up. There were cross-sectional associations between loneliness and clinical outcomes, but their longitudinal relationship cannot be confirmed. Further research is needed to clearly establish their underpinning pathways. Reducing loneliness may be a promising target to improve recovery for mental health community crisis service users.

Jackson and Cochran (1991) in their research on relationships between loneliness and psychological symptoms has generally shown significant positive associations across a wide spectrum of psychopathologies. In their study, they examined associations between psychological symptoms, assessed by the Symptom Check List-90 (SCL-90; Derogatis, Lipman, & Covi, 1973) and loneliness, as measured by the UCLA-R Loneliness Scale (Russell, Peplau, & Cutrona, 1980), in college students. Using partial correlations to control for the confounding influence of generalized distress, relationships between loneliness and individual dimensions of distress were examined. Results indicate a significant association between loneliness and interpersonal sensitivity (low self-esteem) and depression.

The global outbreak of COVID-19 has brought changes in adolescents' daily routines, restrictions to in-person interactions, and serious concerns about the situation. The purpose of this study was to explore COVID-19-related concerns, daily routines, and online peer activities during the confinement period according to sex and age groups. Additionally, the relationship of these factors and optimism along with adolescents' frustration was examined. Participants included 1246 Spanish students aged 16–25 years old (M = 19.57; SD = 2.53; 70.8% girls). The results indicated that the top concern was their studies. COVID-19-related concerns, daily routines, and online peer activities varied by sex and age. Findings also revealed moderate to high levels of frustration, which were associated with adolescents' main concerns, online peer activities, maintaining routines, and optimism. The results are discussed in light of their implications in designing support programs and resources to reduce the psychological impact of COVID-19 on adolescent mental health (Munoz-Fernandez & Rodriguez-Meirinhos, 2021).

As a result of the emergence of coronavirus disease 2019 (COVID-19) outbreak caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection in the Chinese city

of Wuhan, a situation of socio-economic crisis and profound psychological distress rapidly occurred worldwide. Various psychological problems and important consequences in terms of mental health including stress, anxiety, depression, frustration, uncertainty during COVID-19 outbreak emerged progressively. This work aimed to comprehensively review the current literature about the impact of COVID-19 infection on the mental health in the general population. The psychological impact of quarantine related to COVID-19 infection has been additionally documented together with the most relevant psychological reactions in the general population related to COVID-19 outbreak. The role of risk and protective factors against the potential to develop psychiatric disorders in vulnerable individuals has been addressed as well. The main implications of the present findings have been discussed (Serafini et al, 2020).

Travasso, Rajaraman and Heymann (2014) study of factors affecting mental health amongst low-income working mothers in Bangalore, India. Through a primarily qualitative approach, we studied the relationship between work, caring for family, spousal support, stress relief strategies and mental health amongst forty-eight low-income working mothers residing in urban slums across Bangalore, India. Participants were construction workers, domestic workers, factory workers and fruit and vegetable street vendors. Qualitative data analysis themes included state of mental health, factors that affected mental health positively or negatively, manifestations and consequences of stress and depression, and stress mitigators. Results showed evidence of extreme depression, including suicidal ideation and attempted suicide. Women who have an alcoholic and/or abusive husband, experience intimate partner violence, are raising children with special needs, and lack adequate support for child care appear to be more susceptible to severe and prolonged periods of depression and suicide attempts. Factors that pointed towards reduced anxiety and depression were social support from family, friends and colleagues and fulfilment from work. This qualitative study raises concerns that low-income working mothers in urban areas in India are at high risk for depression, and identifies common factors that create and mitigate stress in this population group. We discuss implications of the findings for supporting the mental health of urban working women in the Indian context. The development of the national mental health policy in India and its subsequent implementation should draw on existing research documenting factors associated with negative mental health amongst specific population groups in order to ensure greater impact.

Abdul-Kazem, Moazami-Goodarzi and Zarra-Nezhad, M. (2009) conducted a study aimed at investigating the simple and multiple relationships between role ambiguity, role conflict, role overload and mental health considering the moderating role of type A personality and sense of coherence. To this end correlation and regression analysis is utilized. Research sample includes 196 personnel working in Ahvaz Pipe-production factory during year 2007. Research results revealed that there is a significant relation between role ambiguity and mental health deficiency, but no one was found between role conflict and role overload and mental health deficiency; nevertheless, higher correlation level between role stressors and mental Health deficiency in low-level sense of coherence in comparison with high-level sense of coherence personnel was found. Also, a higher multiple correlations between role stressors and MH deficiency in personnel having further type A personality in comparison with personnel having not as much of mentioned group's type A personality was observed.

Hypotheses

1. Loneliness will significantly predict mental health of young people.
2. Frustration will significantly predict mental health of young people.

METHOD

Participants

A total of 211 undergraduate students (112 females) from the population of undergraduate students in the faculty of Management and Social Sciences, Caritas University Amorji-Nike, Enugu, participated in the study. The following participants were drawn from the departments; Economics (30), Political Science (15), Sociology (8), Psychology (30), International Relations and Personnel Management (20), Accountancy (20), Banking and Finance (8), Marketing (10), English (15), Mass communication (25), Public Administration (15) and Business Administration (15). Their age ranged between 18 and 28 years with a mean age of 22.42 and a standard deviation of 2.23. The participants for the study were selected using convenient sampling technique (this is because the inclusion criteria for participating in the study are those who are willing to participate in the study).

Instruments

Frustration

Frustration was measured using the 18-item version by Longo, Gunz, Curtis and Farsides (2014) culled from the original instrument, Basic Psychological Needs Satisfaction and Frustration Scale (BPNSFS) which was validated in four different cultures and languages by Chen et al., (2015).The scale is composed of 18 items grouped in six factors measuring satisfaction and frustration of each one the basic psychological needs, proposed by the self-determination theory; satisfaction/frustration of the need for autonomy, competence and relatedness. For the autonomy dimension, 6 items measure feelings with respect to the possibility to freely choose and assume the choice (for example: "I feel I'm given a lot of freedom in deciding how I do things"). For the competence dimension, 6 items evaluate the ability to develop activities and achieve goals with success (for example: "I feel I am good at the things I do"). The relatedness dimension is composed of 6 items measuring the relationship with others and the sense of belonging (for example: "I feel the people, I interact with really care about me"). The scale's composite reliability coefficient is .81. In a pilot study, the researcher obtained a reliability coefficient of .79 for the scale.

Loneliness

Loneliness was measured using the UCLA Loneliness Scale by Russell, Peplau and Ferguson, (1978). It is a 20-item scale designed to measure one's subjective feelings of loneliness as well as feelings of social isolation. Participants rate each item as either O ("I often feel this way"), S ("I sometimes feel this way"), R ("I rarely feel this way"), N ("I never feel this way"). Sample items include: "I feel left out" "I am unhappy doing so many things alone" "I have nobody to talk to" and "I feel as if nobody really understands me". The reliability coefficient is 0.71. In a pilot study, the researcher obtained a reliability coefficient of .79 for the scale.

Mental health

This was measured using Psychological Distress Scale by Kessler, Andrews, Colpe, Hiripi, Mroczek, Normand, Walters and Zaslavsky (2002). It is a 10-item measure of one's over all mental

health. The numbers attached to the participants' 10 responses are added up and the total score is the score on the Kessler Psychological Distress Scale (K10). Scores will range from 10 to 50. Sample items include: "during the last 30 days, about how often did you feel tired out for no good reason?" and "during the last 30 days, about how often did you feel so nervous that nothing could calm you down?" The reliability coefficient is .74. In a pilot study, the researcher obtained a reliability coefficient of .79 for the scale.

Procedures

The participants were sampled from the population of undergraduate students in the Faculty of Management and Social Sciences, Caritas University Enugu. A total of 220 copies of the instruments were distributed within a period of one week to the target population. The researcher administered the instruments in their classrooms immediately after lectures. Only females who were present in the class and were willing to participate served as samples for the study. The instruments were administered to the participants and were collected immediately. There is no time limit in responding to the items of the instruments. Hence, 215 copies of each of the instruments administered were collected while 211 copies that were correctly filled were scored and used for analysis.

Design and statistics

Correlational design was adopted for the study. Hence, hierarchical regression statistics was applied to analyze the data in order to test the formulated hypotheses.

RESULTS

Table 1: Descriptive Statistics showing the Age of the participants

	N	Range	Minimum	Maximum	Mean	Std. Deviation	Variance
AGE	211	10.00	18.00	28.00	22.4265	2.23991	5.017
Valid N (listwise)	211						

MALE   99   FEMALE 112

Table 2: Summary of Hierarchical Multiple Regression Analysis for Variables Predicting Psychological Distress

	Step 1		Step 2		Step 3	
	β	t	β	t	β	t
Gender	.24	3.44*				
Age	.08	1.20				
Dating Relationship	.17	2.42*				
Ethnic Group	.05	.69				
Living with Parents	.06	.59				
Parent Attached	.06	.93				
Number of Siblings	.10	1.5				
Birth Position	-.	2.15*				
Parents Living Together	-.07	-.65				
Social Media	-.23	-3.5*				
Loneliness			.36	5.27*		
Frustration					.00	.03
R	.40		.51		.51	
R^2	.16		.26		.26	
ΔR^2	.16		.10		.00	
F	3.86(10,200)		27.78(1,199)		.00(1,198)	

Note $^*p<.05;^{**}p<.01$

Results of the hierarchical multiple regression for the test of the first factors of mental health (psychological distress) index is shown in the Tables above. The variables were entered in stepwise models. The demographic variable (gender) in the Step 1 of the regression analysis, significantly predicted psychological distress, gender, β = .24, t = 3.44, $p<.05$. On the other hand the demographic variable age did not significantly predict psychological distress (β = .08, t = 1.20, $p>.05$); Dating relationship significantly predicted psychological distress (β = .17, t = 2.42, $p<.05$); Ethnic group did not significantly predict psychological distress (β = .05, t = .69, $p>.05$); Living with parents did not significantly predict psychological distress (β = .06, t = .59, $p>.05$; Parents attached did not significantly predict psychological distress (β = .06, t = .93, $p>.05$); Number of siblings did not significantly predict psychological distress (β = .10, t = 1.50, $p>.05$); Birth position significantly predicted psychological distress (β = -.14, t = -2.15, $p<.05$); Parents living together did not significantly predict psychological distress (β = -.07, t = -.65, $p>.05$); Social Media significantly predicted psychological distress (β = -.23, t = -3.50, $p<.05$). Hence, the demographic variables (gender, age, dating relationship, ethnic group, living with parents, parents attached, number of siblings, birth position, parents living together, social media)) serves as control variables in the study and that is why they are keyed in step 1

In step 2, loneliness; it was a significant predictor of psychological distress, β = .36, t = 5.27, at P < .01. The contribution of loneliness in explaining the variance in psychological distress was 10%, (ΔR^2 = .10). Therefore, loneliness is a significant predictor of psychological distress.

In step 3, frustration was entered; it was not significant predictor of psychological distress. (β = .00, t = .03, P>.05). The contribution of frustration in explaining the variance in psychological distress was 00% (ΔR^2 = .00). Therefore, frustration is not a significant predictor of psychological distress.

DISCUSSION

The aim of his study was to ascertain the influence of loneliness and frustration on mental wellbeing of young people especially during the COVID-19 pandemic. The COVID-19 pandemic has affected people's well-being through diverse paths. Two major paths are rooted in the deep and continuous financial crisis and the ongoing restrictions on people's social lives. Although the pandemic poses a low threat to the physical health of young people, it affects their lives in many

other ways, exposing them to multiple mental stressors. The social and work lives of young people have been extremely damaged in the wake of the COVID-19 outbreak. Many of them live alone especially students who find themselves in confined environment like Caritas University and have not been able to visit their family members, including their parents, or meet their friends. Entertainment venues, such as clubs, bars, and movie theaters, closed down. Post-secondary education institutes were also closed, then transitioned to online learning, and extremely high rates of young people in these age groups lost their jobs. In sum, the cessation of all leisure and social activities has put young people at high risk for loneliness and its adverse consequences.

Given the far-reaching implications of loneliness for the health and mental health of individuals, including its effect on substance abuse in the wake of the pandemic, and the clear evidence of the centrality of loneliness in mental health disparities during the pandemic, exploring the factors that pose risks as well as those that might protect people from loneliness in the context of the pandemic is essential. In line with recent COVID-19 studies suggesting the high vulnerability of young adults to loneliness, half of the participants in this study reported that they felt lonelier now than they did before the novel coronavirus outbreak. This finding can be attributed to the likelihood that those who had had more intense activity and interactions within their social networks prior to the pandemic (i.e., young adults, in accordance with this life phase) experienced greater disruptions in their social life and a greater increase in loneliness.

The first hypothesis which stated that loneliness will significantly predict mental health was confirmed. Loneliness was a significant predictor of psychological distress, (β = .36, t = 5.27, at P < .01). The contribution of loneliness in explaining the variance in psychological distress was 10%, (ΔR^2 = .10). Therefore, loneliness is a significant predictor of psychological distress. Loneliness seems to be a better predictor of clinical outcomes and quality of life.

Hypothesis 2 which stated that frustration will significantly predict mental health was not confirmed. The result in table 1 showed that it was not significant predictor of psychological distress. (β = .00, t = .03, P>.05). The contribution of frustration in explaining the variance in psychological distress was 00% (ΔR^2 = .00). Therefore, frustration is not a significant predictor of psychological distress.

Implications of the study

Mental and physical health are interconnected. Social isolation's adverse health consequences range from sleeplessness to reduced immune function. Loneliness is associated with higher anxiety, depression, and suicide rates. This makes it very necessary to ensure the management of loneliness among young people especially those in the higher institutions. It is easier to assume that they are socially engaged because of the environment they find themselves, however, recent happenings of undergraduates committing suicide have shown that even in the midst of a crowded environment an individual can be lonely and vulnerable. Further implications of the study show that birth order is a very significant predictor of mental health. Firstborns were more prone to exhibit mental illness due to pressure associated with being first. Such pressure include the need to achieve; the need to maintain family name and legacy; the pressure to be a good model to the younger siblings and a lot others. Addiction to social media also predicted wellbeing. Participants who have set the social media world as a standard for their living always suffer unnecessary pressure which most times are phantom and nor realistic. The pressure to compete and be like others overwhelm these young people in the higher institutions

Limitation of the study

During the course of carrying out this research, some challenges were encountered, they include; getting the participants to comply by filling the appropriate answers on the questionnaire. Also,

finance posed as a challenge especially in printing materials such as questionnaire necessary for the completion of this work.

Recommendations

1) The research sample was made up of university students. It would be interesting to look at a general segment of the population to assess their degree of loneliness and whether it impacted their live choices.

2) Follow-up studies should assess the relationship between mental health and loneliness in various populations. For example, junior and senior high school students could be surveyed and interviewed to look at the progress of loneliness and how it impacts their decision making/career choices.

3) While not addressed in this study, future research could look at the impact of growing up in an urban versus a rural environment on perceptions of loneliness.

4) One could study the interaction among the variables of loneliness, purpose of life, and career choice.

5) Future quantitative and qualitative research studies could address issues such as the impact of loneliness and its relationship to other aspects of social and mental health in depth.

6) The information gained from this study could inform university administrators of the issues facing a significant number of students. Administrators need to address these issues, and implement programs/services that promote a sense of belonging and acceptance for all students.

7) Those working with children and youth need to be aware of patterns of loneliness and how it impacts individuals at different ages and stages. Too often, loneliness is ignored or mistaken for a life style choice. Professional need to be aware and work with these children and youth to ensure they develop positively, both socially and mentally.

8) Child and youth care workers must be mindful of the behaviour of those in their care. They need to support those who choose to be alone and assist and support those who are lonely.

Summary/ Conclusion

The findings of this study are summarized as follows; Loneliness significantly predicted mental health among undergraduates. In other words, the more lonely young people become, the more they will experience psychological distress. Interestingly, frustration did not significantly predict mental health. *Frustration* is the hollow *state of mind* which occurs when a goal *response* is blocked. It is a common emotional response to opposition, related to anger, annoyance and disappointment. As an expression of a*nger* it is a normal, healthy *response* to a threat and may be used for a constructive purpose which might not always lead to psychological distress rather intrinsic motivation to achieve and overcome. Based on the outcome of this study the researcher hereby concludes that loneliness is a predictor of mental health among undergraduate students of Caritas University, Enugu.

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