influence of Self-Awareness and Psychological Distress on Treatment Adherence Among Patient Undergoing Psychotherapy in Neuropsychiatric Hospital, Aro, Abeokuta

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Chapter One

Introduction

1.1Background to the Study

Treatment adherence refers to the extent to which patients follow medical recommendations and stick to prescribed treatment plans. In the case of mental health, adherence encompasses not only the consistent intake of medication but also engagement in lifestyle modifications and other therapeutic interventions[1]. Treatment adherence in psychotherapy encompasses the extent to which clients actively engage in and follow through with the therapeutic processes recommended by their mental health professionals. This concept not only involves the regular attendance of scheduled therapy sessions but also includes several other crucial components such as completing assigned homework or practice exercises outside of therapy, applying coping strategies and techniques learned during sessions to real-life situations, and maintaining open and constructive communication with the therapist. Collaboration between the client and therapist is paramount, as it helps to ensure that treatment goals are clearly defined and pursued effectively.

The significance of treatment adherence in psychotherapy cannot be overstated, as it plays a vital role in determining the success of the therapeutic interventions. High levels of adherence are associated with more favourable outcomes, including improved management of symptoms related to various mental health disorders, enhanced emotional well-being, and an overall better quality of life for the individuals undergoing treatment. When clients are committed to the process, they are more likely to cultivate a deeper understanding of their challenges, develop effective coping mechanisms, and make meaningful progress toward

their personal goals. Moreover, treatment adherence contributes to the therapeutic alliance, which is the collaborative relationship between the client and therapist.

A strong therapeutic alliance can motivate clients to stay engaged in their treatment, fostering a sense of trust and safety where clients feel comfortable sharing their thoughts and experiences. In turn, effective communication and feedback during sessions can help therapists tailor their approaches to meet the unique needs of their clients, enhancing the overall therapeutic experience. Ultimately, fostering treatment adherence is crucial not only for the individual undergoing psychotherapy but also for the broader field of mental health. Increased adherence can lead to better data on the effectiveness of various therapeutic modalities, thus contributing to ongoing improvements in treatment practices and outcomes for future clients. For these reasons, mental health practitioners must emphasize the importance of adherence and develop strategies to encourage clients to stay committed to their therapeutic journeys.

Poor treatment adherence presents substantial challenges in effectively managing mental health conditions. When individuals do not follow their prescribed treatment plans, it can result in a worsening of symptoms, which often leads to more frequent and severe episodes of mental distress. This exacerbation of symptoms not only diminishes the quality of life for individuals but also increases the burden on healthcare systems, as it frequently necessitates more intensive and costly interventions, including inpatient care and emergency services. Consequently, the financial implications can be significant, straining both individual resources and broader healthcare budgets. On the other hand, high levels of adherence to treatment regimens are linked with more favourable treatment outcomes. When patients consistently follow their prescribed therapies, they tend to experience a noticeable reduction in symptoms, which can lead to a more stable mental state. Furthermore, sustained adherence

fosters long-term therapeutic gains, allowing individuals to maintain the benefits of their treatment over time. This can result in improved overall functioning, increased productivity, and a greater sense of well-being, ultimately contributing to enhanced quality of life. Therefore, promoting treatment adherence is crucial in the effective management of mental health disorders, as it plays a vital role in mitigating the negative consequences of non-adherence and facilitating better health outcomes for patients[2].

The significance of treatment adherence in psychotherapy lies in its pivotal role in fostering therapeutic alliance, which is characterized by trust, mutual respect, and collaboration between the therapist and the client. A strong therapeutic alliance serves as a foundation for effective psychotherapeutic work, facilitating open communication, exploration of emotions, and meaningful engagement in the therapeutic process. Adherent clients are more likely to establish and maintain a positive alliance with their therapist, leading to enhanced treatment outcomes and client satisfaction[1,2]. Despite its importance, treatment adherence in psychotherapy is subject to various factors that may influence clients' willingness and ability to engage in treatment. Individual-level factors, such as motivation, readiness for change, personality traits, psychological distress and self-awareness, play a crucial role in shaping adherence behaviours. Clients who are intrinsically motivated, have a strong sense of self-awareness, and perceive the benefits of therapy are more likely to adhere to treatment recommendations and actively participate in therapy sessions[1,2].

Self-awareness is the ability to perceive and understand the things that makes a person who he/she is as an individual, including *personality*[3,4]. It can be defined as a state of being conscious of one's thoughts, feelings, urges, beliefs, behaviours and attitudes, and knowing how these factors are shaped by the important aspects of one's developmental and social history[5,6]. Self-awareness tends to be either viewed as a general knowledge of one's

perceptions and experiences (cognitive understanding) or a more momentary condition of focusing on self (physiological and affective reactions)[3,5]. Perception might include an understanding of one's values system and relationship processes, whereas experiences involves moment-to-moment awareness of feelings and bodily sensations. Also, it is the knowledge of one's self in three basic areas: cognitive, physical, and emotional. Self-awareness is the ability to recognize one's feelings, behaviours, and characteristics. Being self-aware can help an individual to take better care of one's self, have deeper relationships, and live a more fulfilling life. Awareness of the various aspects of one's life is the first step to change and growth, which means self-awareness is a pathway to mental health awareness[7,8]. As the term suggests, self-awareness involves shifting one's attention away from what is happening around to what happens inwardly (in the mind). So instead of focusing on what other people do and the emphasis is placed on how you think and feel. It's a shift in focus from what's happening around you, to what's going on inside you[9].

Self-awareness is often regarded as the cornerstone of emotional intelligence and personal development and it encompasses an individual's ability to recognize their thoughts, emotions, and behaviours, and understand how such thoughts influence their actions and interactions with others[9]. This intrinsic understanding serves as a compass guiding one's decisions, relationships, and overall well-being. Also, research indicates that self-aware individuals tend to exhibit greater resilience, adaptability, and emotional regulation[10]. They are better equipped to manage stress, navigate challenges, and cultivate meaningful relationships. Moreover, self-awareness fosters a sense of authenticity and alignment with one's values, leading to increased satisfaction and fulfilment in various aspects of life[11]. Building self-awareness is a journey that requires commitment and practice. Mindfulness meditation as well as seeking feedback from others are effective techniques for fostering self-awareness.

Engaging in activities that encourage self-exploration and introspection, such as yoga or therapy, can also facilitate personal growth and insight into about the state of the mind per time.

Furthermore, self-awareness in psychotherapy entails clients gaining insight into their thoughts, emotions, behaviours, and underlying motivations. This heightened awareness allows individuals to explore their inner world, understand the roots of their distress or challenges, and develop more adaptive coping strategies. Therapists too, benefit from self-awareness, as it enhances their capacity for empathy, attunement, and therapeutic presence[12,13]. However, mentally challenged patients' needs to be self-aware of their health status, seek for psychotherapy and adhere to treatment in order to experience a good state of wellbeing so as to fit better in the society. Also, it has been hypothesised that increased self-awareness in line with treatment adherence seems to be a core component of why therapy works, at least anecdotally. This makes sense because self-awareness serves as a launching pad for understanding ourselves and our relationships better, taking better care of our mental health and wellbeing, and living a life that feels fulfilling and rewarding[4,11].

So, some of the simple ways of practising self-awareness is by regularly checking and asking oneself questions such as; what am I feeling in my body right now?, what thoughts are running through my mind?, what am I saying to myself?, what emotions are around?, what am I wanting to do or what am I doing as a consequence of how I think and feel?. Of course, it goes without saying that self-awareness and mental health awareness are not the sole ingredients for change and growth. There are many other factors needed for psychotherapy to be impactful in a patient, but self-awareness towards treatment adherence seems to be the essential first step on this important path. In the words of one of the great therapists, Carl Rogers, "the curious paradox is that when I accept myself just as I am, then I can change" [14,15].

Psychotherapy which is an approach for treating mental health issues, has to do with talking with a psychologist, psychiatrist or another mental health specialist. It is also known as talk therapy, mental health counselling, psychosocial therapy or therapy. Psychotherapy is considered as a collaborative treatment approach aimed at improving an individual's mental health and well-being. It involves conversations between a trained therapist and a client or patient, with the goal of exploring thoughts, emotions, behaviours, and interpersonal relationships to facilitate positive change and personal growth[13]. Psychotherapy encompasses a wide range of theoretical approaches and techniques, tailored to meet the unique needs of each client. The origins of psychotherapy can be traced back to the late 19th and early 20th centuries, with the ground-breaking work of pioneers such as Sigmund Freud, Carl Jung, and Alfred Adler[14,15]. Freud's psychoanalytic theory laid the foundation for many subsequent psychotherapeutic approaches, emphasizing the significance of unconscious processes, childhood experiences, and the dynamic interplay between the conscious and unconscious mind[14].

One of the fundamental principles of psychotherapy is the establishment of a therapeutic alliance between the therapist and the client. This alliance is characterized by trust, empathy, and collaboration, providing a safe and supportive environment for the client to explore their thoughts and feelings openly[16]. Through active listening, empathy, and non-judgmental acceptance, therapists help clients gain insight into their concerns, develop coping strategies, and make positive changes in their lives[15,16]. Psychotherapy can be conducted in individual, group, couples, or family settings, depending on the nature of the client's difficulties and preferences. Individual therapy allows for a one-on-one interaction between the therapist and the client, focusing on personal issues such as psychological distress (depression and anxiety), trauma, relationship problems, or self-esteem issues. Group therapy brings together multiple individuals facing similar challenges, providing opportunities for mutual support, feedback, and interpersonal learning. Couples therapy and family therapy involve working with couples or families to improve communication, resolve conflicts, and strengthen relationships[16]. Various theoretical orientations inform the practice of psychotherapy, each offering unique perspectives on human behaviour and therapeutic techniques. Psychodynamic therapy, rooted in Freudian psychoanalysis, explores unconscious conflicts and early childhood experiences to gain insight into current difficulties. Cognitive-behavioural therapy (CBT) focuses on identifying and challenging negative thought patterns and behaviours to promote positive change. Humanistic and existential therapies emphasise personal growth, self-awareness, and existential concerns such as meaning, freedom, and responsibility[8,14].

The effectiveness of psychotherapy has been extensively researched and documented across a wide range of mental health conditions. Studies have demonstrated its efficacy in alleviating symptoms, improving functioning, and enhancing overall

well-being[3,8,10]. Meta-analyses consistently show that psychotherapy produces significant and lasting improvements, often comparable to or even surpassing those achieved with medication alone[16,17]. Moreover, psychotherapy represents a versatile and evidence-based approach to promoting mental health and facilitating personal growth. Through collaborative dialogue, empathic understanding, and therapeutic interventions, individuals can explore their inner world, overcome challenges, and lead more fulfilling life[16]. As the understanding of human behaviour and psychological processes continues to evolve, psychotherapy remains a cornerstone of mental health care, offering hope and healing to countless individuals worldwide. Also, it is intriguing that psychotherapy offers advantages such as increased self-awareness, enhanced coping skills, and a deeper understanding of oneself and others[17,18].

Psychological distress which is characterised as anxiety and depression is a core feature of neurosis. However, anxiety and depression can be viewed as two different mental health conditions. Anxiety is considered as a panic disorder characterized by vague, subjective, non-specific sense of uneasiness, apprehension, tension, excessive nervousness, fears, a sense of impending doom, irrational avoidance of objects or situations, and attacks[19]. On the other hand, depression which is referred to as mood disorder is characterized by loss of interest or pleasure (anhedonia), guilt or low self-worth, disturbed sleep or appetite, low energy and poor concentration, insomnia or hypersomnia, and suicidal thoughts for at least two weeks[20]. However, both anxiety and depression could occur together in the form of mixed anxiety-depressive disorder (MADD) which defines patients who suffer from both anxiety and depressive symptoms of limited and equal intensity accompanied by some autonomic features such as digestive disorders, heart disease, obesity, substance use disorders and respiratory illnesses, just to mention a few. Anxiety may also occur as a symptom of clinical (major) depression. It is also possible to have depression that is triggered by an anxiety disorder, such as generalized anxiety disorder, panic disorder or separation anxiety disorder. Many people have a diagnosis of both an anxiety disorder and clinical depression. Symptoms of both conditions usually improve with psychological counselling (psychotherapy), medications,

such as antidepressants, or both. Lifestyle changes, such as improving sleep habits, increasing social support, using stress-reduction techniques or getting regular exercise, also may help. Though, anxiety and depression can also be mutually exclusive, that is, both conditions can exist independent of each other[21].

Moreover, it is worth of note that a person's nature which is referred to as the inborn biological makeup of the individual undoubtedly influences personality. Both nature and nurture (genetic and environmental) play a role in the development of a person's personality which in turn impacts his/her mental health[22,23]. Personality types/traits have numerous cascading effect on both mental and physical health. For instance, while most people experience anxiety from time to time, some people experience it more often and more intensely than others, same also for depression. More explicitly, personality trait reflects a person's characteristic patterns of thoughts, feelings, and behaviours. It also showcases an enduring pattern of perceiving, relating to and thinking about the environment and oneself, which could be exhibited in a wide range of personal and social context[23]. Studies have shown that personality predicts how an individual reacts to others, speaks, articulates, solve problems and is affected by stressful events in his/her environment[23,24].

In psychology, personality theorists have identified five personality traits which they called the big five personality traits via the help of factor analysis[25,26]. They posited that these five traits characterized the core of human personality. These traits are: extraversion, agreeableness, openness to experience, neuroticism, and conscientiousness[26]. Also, these five traits have been linked to various characters of individuals with personality disorders and mental health related issues. As documented in literature; extraversion was associated to social skills, having many friends, having enterprising vocational interests and participation in sporting activities[27]. Neuroticism was linked to low self-esteem, irrational beliefs and

pessimistic attitude. Among these personality traits neuroticism has been found to be significantly correlated with psychopathologies such as bipolar, depressive, and anxiety disorders[28]. It has been debated that a person's thinking, feelings and behaviour contribute a lot to his/her mental wellbeing. Furthermore, based on personality traits and genetic makeup some individuals are more susceptible to mental health issues than others[25]. Also, it has been reported that genetics (nature) and environment (nurture) plays a significant role in the development of mental disorders such as anxiety and depression. One of the strongest indicators or risk factors for anxiety and depressive disorders is a family history of these disorders, with a two-fold increased risk in patients' first-degree relatives[29]. In light of the serious impact of psychological distress and the increasing prevalence of these disorders, there is a need for treatment adherence by affected individuals.

1.2 Statement of the Problem

A majority of individuals in low- and middle-income countries usually belief that mental disorders are caused by metaphysical factors and so do not usually seek psychological help or treatment on time as compared with people in high income countries. This could be associated with a low rate of professional help-seeking behaviours or delayed help-seeking due to the level of self-awareness, psychological distress and personality traits which could serve as barriers to receiving timely and effective psychotherapy for persons with mental disorders. Mental disorders have become a serious problem worldwide resulting in psychological distress (depression and anxiety), with over 300 million (4.4%) and 264 million (3.6%) people experiencing depression and anxiety disorders, respectively[30]. It has been observed that mental disorders could cause a high rate of disability and mortality. This high rate of disability and mortality are also linked with the burden that arises from other diseases that are life threatening which could trigger psychological distress (depression and

anxiety), thus leading to a high cost of care and suicide being the most serious consequence. Professional help-seeking (e.g. from physicians, mental health professionals, clinical psychologist, therapist) is more effective in the prevention and management of psychological problems and protects individuals against suicide[21]. Currently, the outlook is not optimistic regarding treatment adherence which could be predicted by self-awareness, psychological distress and personality traits among individuals with mental disorders in low- and middle-income countries including Nigeria. In most of the high-income countries, approximately 1 in 10 persons had consulted professionals for their psychological problems[30]. Based on the theory of planned behaviour (TPB), it could be hypothesised that psychological distress, personality traits and self-awareness which is basically adjudged as knowledge which usually predicts attitude and can indirectly influence help-seeking behaviour via intention could serves as a predictor of treatment adherence[31,32].

Thus, improving treatment adherence via self-awareness is the first step in promoting further treatment adherence behaviours. Despite the recognized importance of self-awareness and psychological distress in influencing treatment adherence, limited research has specifically examined these factors within the context of neuropsychiatric hospitals in Abeokuta, Nigeria. It is also worthy to note that treatment adherence can be affected by an individual's social-demographic characteristics such as sex, age, educational level, marital status, occupation, as well as other factors such as mental health literacy, stigma due to mental problems, help-seeking intention, psychological distress (depression and anxiety), knowledge about the role of health professionals, and personality traits[33,34]. Thus, a comprehensive understanding of the interplay between self-awareness, psychological distress, personality traits and treatment adherence is essential for developing targeted interventions to improve adherence rates and enhance the effectiveness of mental health services in this setting. The findings that would be

obtained could serve as a potential measure for enhancing the quality and effectiveness of psychological treatment adherence, leading to improved outcomes for individuals seeking mental health support.

1.3 Aim and Objectives of the study

The general objective of this study is to assess the influence of Influence of self-awareness and psychological distress on treatment adherence among patients in neuropsychiatric hospital Abeokuta, Nigeria.

The specific objectives of this study are to:

1. determine the influence of personality traits on treatment adherence.
2. evaluate the role of self-awareness on treatment adherence.
3. assess the effect of psychological distress as a predictor of treatment adherence.
4. determine the possible role of selected socio-demographic variables as predictors of treatment adherence.

1.4 Research questions

1. How do different personality traits influence levels of treatment adherence among individuals seeking psychotherapy?
2. To what extent does self-awareness impact an individual's level of treatment adherence in the context of seeking mental health support?
3. To what extent will psychological distress predict treatment adherence among those seeking psychotherapy?
4. What is the predictive role of various socio-demographic variables, such as age, education level, and occupation, in determining levels of treatment adherence among individuals seeking mental health treatment?

1.5 Research Hypotheses

H1: personality traits (Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism) will significantly predict treatment adherence

H2: self-awareness will significantly predict treatment adherence.

H3: psychological distress will significantly predict treatment adherence.

H4: socio-demographic variables (socioeconomic status, cultural background, and education level, age, marital status) will significantly, jointly and independently predict treatment adherence.

1.6 Significance of the Study

Understanding the interplay between personality traits, self-awareness, psychological distress and treatment adherence in the context of psychotherapy has significant implications for the success of psychotherapeutic interventions. Thus, enhancing adherence rates requires a comprehensive understanding of these factors and the development of culturally appropriate interventions that address both individual and systemic barriers to care. Treatment adherence in psychotherapy is a multifaceted phenomenon influenced by individual, interpersonal, and contextual factors. Recognizing the significance of adherence in promoting psychotherapeutic alliance and achieving positive treatment outcomes, mental health professionals must address barriers to adherence and implement evidence-based strategies to enhance client engagement and retention in therapy. The process of optimizing psychotherapeutic interventions can be significantly enhanced through collaborative efforts involving not just therapists and clients, but also the broader healthcare systems within which these interactions occur. By fostering an environment where open communication and mutual understanding are prioritized,

practitioners can more effectively tailor treatments to fit the unique needs of each individual. This approach paves the way for promoting holistic healing and overall well-being, recognizing that mental health is deeply intertwined with various aspects of a person's life.

The research conducted in this sphere holds tremendous promise, as it has the potential to greatly inform and refine treatment planning. By analysing and synthesizing data derived from collaborative practices, mental health professionals can identify strategies that are most beneficial for diverse populations, thus improving psychotherapeutic outcomes. Moreover, this investigation will play a crucial role in advancing the ongoing development of personalized and targeted psychological interventions, which are increasingly vital in an era that values individualized care. In addition, the findings derived from this study will not only provide valuable insights but will also enrich the existing body of literature that explores the intricate relationships between personality traits, self-awareness, and psychological distress. These elements have been recognized as significant predictors of treatment adherence; understanding their roles can empower both therapists and clients to engage more fully in the therapeutic process.

Notably, the implications of this research extend far beyond the confines of therapy sessions. They have the potential to inform policy decisions within healthcare systems, enhance training programs for mental health professionals, and empower individuals in their personal healing journeys. By integrating these findings into practice, we can foster a more effective and compassionate approach to mental health care that recognizes the complexity of human experience and the importance of tailored support systems.

1.7 Scope of the study

This study is a comprehensive survey research aimed at exploring the intricate relationships between various psychological factors—specifically personality traits, self-awareness, and psychological distress—and their roles as predictors of treatment adherence among patients undergoing psychotherapy. To effectively gather relevant data, the study employed a combination of stratified and convenience sampling techniques. This methodological approach allowed them to target a diverse range of participants, ensuring that the sample accurately reflected the population of interest. Data collection took place at the Neuropsychiatric Hospital in Abeokuta, Nigeria, specifically focusing on patients who were either attending the psychology clinic or had been referred to other specialized units within the hospital. During the designated study period, individuals requiring psychotherapy were approached and invited to participate in the research. Participation was contingent upon providing informed consent, which underscores the ethical commitment of the researchers to respect and prioritize the autonomy and rights of the participants.

To assess the various constructs of interest, participants completed a well-structured questionnaire, administered by trained interviewers. This questionnaire encompassed several key areas, including demographic information, assessments of personality traits, measures of self-awareness, evaluations of psychological distress, and inquiries regarding treatment adherence. In essence, this study seeks not only to identify how individual differences in personality and levels of self-awareness may influence the ability and willingness of patients to adhere to treatment recommendations but also to understand how psychological distress impacts this dynamic. The findings from this research could provide valuable insights for clinicians and mental health professionals, guiding interventions that enhance treatment adherence and ultimately improve patient outcomes.

1.8 Limitation of the Study

The study's sample size of 122 limits the generalizability of findings, suggesting the need for larger studies to validate these results in diverse clinical populations. Additionally, the cross-sectional design does not allow for causal inferences; longitudinal studies are needed to observe how these factors interact over time to influence adherence. Lastly, reliance on self-reported adherence data may introduce bias; future studies could utilize objective adherence measures, such as medication tracking devices, to improve data accuracy.

1.9 Operational definition of terms

Treatment adherence: within the realm of psychotherapy stands as a pivotal component of effective mental healthcare, influencing not only the trajectory of patient outcomes but also the overall impact and efficacy of therapeutic interventions. It encompasses a broad spectrum of behaviours and attitudes that are crucial for fostering a conducive therapeutic environment and optimizing the benefits of treatment. In essence, treatment adherence in psychotherapy can be defined as the extent to which individuals actively comply with the various prescribed therapeutic interventions designed to aid their mental health journey.

Self-awareness: is a multifaceted concept that encompasses a broad understanding of one's own perceptions and experiences. It can be viewed from two primary dimensions: cognitive understanding and physiological or affective reactions. On one hand, cognitive understanding refers to the deeper comprehension of our thoughts, feelings, and behaviours, while on the other hand, physiological and affective reactions pertain to a more transient state of focusing on oneself in the present moment.

Psychotherapy: is considered as a collaborative treatment approach aimed at improving an individual's mental health and well-being. It involves conversations between a trained therapist and a client or patient, with the goal of exploring thoughts, emotions, behaviours, and interpersonal relationships to facilitate positive change and personal growth

Personality traits: reflects a person's characteristic patterns of thoughts, feelings, and behaviours. It also showcases an enduring pattern of perceiving, relating to and thinking about the environment and oneself, which could be exhibited in a wide range of personal and social context[21]. Personality traits have numerous cascading effect on both mental and physical health. The Big Five personality dimensions, also known as the Five-Factor Model (FFM), consist of five broad personality traits: Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism (often referred to as emotional stability).

Psychological distress: is a complex and multifaceted condition that is broadly defined as a state of emotional suffering. It is often characterized by a range of symptoms associated with anxiety and depression. This emotional suffering can manifest in various ways, profoundly impacting an individual's daily functioning and overall quality of life.

Endnotes

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Chapter Two

Literature Review

This aspect of the thesis gives an overview of each variable in the study, with relevance to their nature, as represented through literature. This literature review begins with a conceptual review of each variable, and then proceeds to present a theoretical backdrop which relates the variables. Subsequently, a review of relevant and similar research previously conducted is provided, followed by a conceptual framework guiding the present research, and a summary of the gaps in literature.

2.1 Conceptual Review

2.1.1 Treatment adherence

Treatment adherence in psychotherapy is an essential component of delivering effective mental healthcare, as it has a profound influence on patient outcomes and overall therapeutic success. This concept of treatment adherence refers to the extent to which individuals engage with and follow the prescribed therapeutic interventions and recommendations made by their mental health professionals. Adherence encompasses various aspects, including the regularity with which clients attend scheduled therapy sessions, their commitment to practicing therapeutic techniques outside of sessions, and their compliance with any homework assignments or behavioural changes suggested by their therapist[1]. When clients adhere to their treatment plans, they are more likely to experience positive outcomes, such as improved mental health, enhanced coping strategies, and decreased symptoms of psychological distress. Conversely, poor adherence can lead to suboptimal results, prolonged suffering, and even exacerbation of mental health conditions. This includes regularly attending therapy sessions, completing homework assignments, applying coping strategies learned in therapy, and actively working with the therapist to reach treatment goals. High adherence levels are linked to better treatment results, symptom improvement, and lasting therapeutic benefits over time[1,2].

2.1.2 Self-awareness

Self-awareness is a multifaceted concept that involves a profound understanding of one's own perceptions, thoughts, and experiences. It goes beyond simply recognizing what we think or feel; it requires an introspective examination of how these thoughts and feelings shape our behaviour and interactions with the world around us. This deep understanding includes cognitive comprehension, allowing individuals to analyse and interpret their own mental processes, beliefs, and attitudes. Moreover, self-awareness encompasses a momentary awareness of one’s physiological and emotional reactions. This entails not only recognizing

feelings as they arise but also paying attention to the physical sensations that accompany these emotions, such as changes in heartbeat, muscle tension, or other bodily responses. By being attuned to these reactions, individuals can gain insights into their emotional states and how these states influence their actions and decisions.

In general, self-awareness is an ongoing and dynamic journey that involves a deep exploration of the intricate and often complex aspects of our inner lives. This journey is not a one-time event but rather a continuous process that invites us to reflect on our thoughts, emotions, motivations, and behaviours. As we delve into this exploration, we inevitably cultivate greater emotional intelligence, which is the ability to recognize, understand, and manage our own emotions while also empathizing with the feelings of others. This heightened emotional awareness can lead to improved relationships, as we become more attuned to the needs and perspectives of those around us, allowing for more meaningful connections and more effective communication. Furthermore, self-awareness significantly enhances our decision-making abilities. When we are more in tune with our inner selves, we can make choices that are more aligned with our values and long-term goals. This conscious decision-making process enables us to approach challenges with clarity and confidence, positively influencing various aspects of our lives[3-4].

Self-awareness serves as a crucial foundation for personal growth and development. By fostering a deeper understanding of ourselves, we enable ourselves to evolve into more authentic beings. This authenticity allows us to embrace our strengths while acknowledging our weaknesses, resulting in a more balanced sense of self. We learn to navigate the complexities of life with a degree of self-acceptance that enhances our overall well-being. This multifaceted concept of self-awareness can be categorized into two prominent forms:

subjective and objective self-awareness. Subjective self-awareness is characterized by the examination and analysis of one's own behaviours and experiences from a first-person perspective. It involves introspection and reflection, where we often ask ourselves critical questions about our desires, motivations, and emotional reactions[3-4].

On the other hand, objective self-awareness entails evaluating oneself in comparison to societal norms and expectations. This form of self-awareness takes on a third-person perspective, allowing individuals to consider how they fit into the larger social context. It includes assessing how our actions and characteristics align with the standards and perceptions held by society, and it encourages us to reflect on our roles and responsibilities within our communities. It is worth of note that these two forms of self-awareness contribute to a more comprehensive understanding of oneself, guiding individuals on their journey toward personal mastery and fulfilment. By balancing both subjective and objective perspectives, we can achieve a holistic view of ourselves that empowers us to navigate life with greater insight, purpose, and resilience[4-5].

2.1.3 Psychological distress

Psychological distress is a comprehensive term that refers to a state of emotional suffering, which encompasses a variety of mental health issues, predominantly manifested through symptoms associated with anxiety and depression. Anxiety, one of the cornerstone components of this distress, is often experienced as a panic disorder and is characterized by a range of vague and subjective feelings that include uneasiness, apprehension, and tension. Individuals experiencing anxiety may report an overwhelming sense of excessive nervousness that can be triggered by everyday situations or events. This heightened state of anxiety can lead to irrational fears, which may cause individuals to avoid certain objects,

places, or situations altogether—a behaviour known as avoidance. In some cases, these feelings can escalate into panic attacks, which are sudden episodes of intense fear or discomfort that peak within minutes and can involve a range of physical symptoms, such as heart palpitations, shortness of breath, dizziness, and a feeling of impending doom.

Depression, in contrast, is recognized as a mood disorder that leaves individuals grappling with persistent feelings of sadness and hopelessness. This mood disorder is marked by a significant loss of interest or pleasure in activities that were once enjoyable, resulting in a diminished ability to experience joy. Accompanying these feelings are often deep-seated emotions of guilt and a challenging relationship with self-worth, where individuals may harshly judge themselves and feel inadequate. Furthermore, depression can manifest in physical ways, leading to disrupted sleep patterns—either insomnia or excessive sleeping—and changes in appetite, which may result in significant weight loss or gain. Those affected often experience extremely low energy levels, making even simple daily tasks feel overwhelming. Concentration can become a significant challenge, with individuals finding it difficult to focus on work, conversations, or any cognitive tasks. In more severe cases of depression, individuals may confront suicidal thoughts, underscoring the critical need for intervention and support. These symptoms of depression persist for at least two weeks, indicating a shift from transient feelings of sadness to a more serious and enduring state of emotional distress.

Both anxiety and depression contribute significantly to psychological distress, and understanding these symptoms is crucial for recognizing and addressing mental health challenges. Each condition not only affects individuals' emotional and cognitive functioning but can also have profound impacts on their overall well-being and quality of life.

Consequently, the importance of seeking appropriate help and support cannot be overstated, as early intervention can pave the way for recovery and healing[6-8].

Psychotherapy, which is commonly referred to as talk therapy or counselling, is a collaborative treatment approach that emphasizes the importance of communication between a trained therapist and an individual seeking help. This therapeutic process is designed to improve the individual's mental health and overall well-being by exploring thoughts, emotions, and behaviours through discussion and reflection. During psychotherapy sessions, individuals have the opportunity to express their feelings in a safe and supportive environment. The therapist actively listens, provides feedback, and helps the individual gain insight into their experiences. This collaboration not only fosters a deeper understanding of personal challenges but also empowers individuals to develop coping strategies, enhance emotional regulation, and improve interpersonal relationships.

Therapists utilize a variety of techniques and frameworks tailored to meet the unique needs of each individual. These may include cognitive-behavioural therapy (CBT), psychodynamic therapy, humanistic approaches, and many others. By addressing underlying issues and patterns, psychotherapy can facilitate personal growth and help individuals navigate life's difficulties, thereby promoting a healthier and more fulfilling life. Psychotherapy is a valuable resource for people seeking to address mental health concerns, improve their emotional resilience, and cultivate a greater sense of self-awareness and empowerment[9,11].

Psychotherapy is a broad field that includes a diverse array of theoretical approaches and techniques, all thoughtfully designed to cater to the unique mental health needs of each individual. This multifaceted profession recognizes that each person's experiences, challenges, and psychological landscape are distinct, and thus requires a personalized approach to treatment. One of the fundamental aspects of psychotherapy is the creation of a safe and

supportive environment where individuals can engage in open and honest conversations with a trained therapist. This interaction is crucial, as it allows clients to delve deep into their thoughts, emotions, and behaviours, as well as the dynamics of their interpersonal relationships. Through this exploration, individuals can gain a better understanding of their internal struggles and the underlying factors that contribute to their mental health challenges.

The primary goal of psychotherapy is to foster good mental health by facilitating positive behavioural changes and promoting personal growth. As clients engage in the therapeutic process, they often develop new coping strategies, enhance their emotional regulation, and cultivate healthier relationships. Over time, this process can lead to improved self-esteem, resilience, and overall well-being. Moreover, psychotherapy is not solely focused on alleviating psychological distress; it also involves the important work of personal development. Individuals may discover new insights about themselves, confront limiting beliefs, and work towards achieving their personal goals. In this way, psychotherapy serves as a vital tool for transformation, enabling people to lead fulfilling, meaningful lives. It is a comprehensive and dynamic process that encompasses a wide range of therapeutic modalities and conversations with skilled therapists. Its primary objective is to address the specific mental health needs of individuals, ultimately encouraging positive change and personal enrichment in their lives[12-14].

2.1.4 Personality traits

Personality traits are essential components that define who we are as individuals. They encompass the distinctive and characteristic patterns of thoughts, emotions, and behaviours that a person consistently demonstrates over time. These traits are not only stable but also vary across different situations, personal experiences, and social interactions. For instance, a person may exhibit a strong sense of empathy in social settings, yet display analytical

thinking in professional environments. The significance of personality traits extends far beyond mere identification; they profoundly influence various aspects of our lives. They shape our mental health by determining how we cope with stress, interact with others, and perceive ourselves[15,16]. For example, individuals with high levels of openness may embrace new experiences and ideas, while those with heightened conscientiousness might excel in organizing their tasks and responsibilities.

Moreover, personality traits are closely linked to physical health. Research has shown that traits such as resilience and optimism can lead to healthier lifestyle choices, reducing the risk of chronic diseases and promoting overall well-being. Conversely, traits like neuroticism may predispose individuals to anxiety and depression, which can have detrimental effects on both mental and physical health.

The Big Five personality dimensions, also known as the Five-Factor Model (FFM), encompass five distinct traits: Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism (which is often referred to in a positive light as emotional stability). These dimensions have garnered significant attention and undergone extensive research in the field of psychology, particularly concerning their impact on mental health outcomes and overall psychological well-being[15,16]. Overall, the interplay of these five personality dimensions significantly influences psychological well-being. By understanding the ways in which each dimension contributes to mental health, psychologists and mental health practitioners can better tailor interventions and support strategies to promote healthier functioning and enhance the quality of life for individuals across diverse populations. The Big Five model thus provides a comprehensive framework for exploring the complexities of human personality and its profound implications for mental health[15,16].

2.2 Theoretical Review

A thorough and comprehensive analysis of the existing body of literature concerning various studies focused on psychotherapy reveals several critical factors that can profoundly influence an individual's adherence to treatment. One of the most significant categories of these factors comprises socio-demographic characteristics, which constitute a broad range of elements including, but not limited to, age, gender, socioeconomic status, education level, and cultural background. Each of these characteristics plays a vital role in shaping an individual's unique experiences and perceptions of therapy. For instance, age can affect an individual's openness to therapy as younger clients might have different expectations and comfort levels compared to older clients, who may have varying life experiences and perspectives that can impact their treatment journey. Similarly, gender can influence how individuals express their emotional struggles and how comfortable they feel in seeking help, potentially affecting their adherence to treatment protocols.

Socioeconomic status is another pivotal factor, as it can determine access to mental health resources and influence the type of therapy available to an individual. Those from lower socioeconomic backgrounds might face barriers such as financial constraints, which can hinder their ability to attend sessions regularly or follow recommended treatment plans. Education level also plays a crucial role; individuals with higher levels of education might possess better understanding and insight into the therapeutic process, leading to higher adherence rates. Conversely, those with lower educational attainment may face challenges in grasping the complexities of therapy. Cultural background is another critical aspect to consider, as varying cultural beliefs and practices can significantly shape an individual's perception of mental health and therapy. Cultural stigma associated with seeking

psychological help may discourage individuals from engaging fully with treatment, thereby impacting their overall adherence. Likewise, cultural differences can affect the therapeutic alliance between the therapist and the client, influencing the effectiveness of the therapy and the likelihood of sticking with the treatment regimen.

Furthermore, self-awareness is a fundamental component in the context of treatment adherence, significantly influencing an individual's engagement in therapeutic processes. Individuals who exhibit a heightened level of self-awareness tend to have a clearer understanding of their emotional states, thoughts, and behaviours. This awareness allows them to recognize and acknowledge their psychological distress more readily. As a result, they are often better equipped to appreciate the importance and potential benefits of engaging in therapy. This understanding can foster a deeper commitment to the treatment process, leading to more consistent participation in sessions and a greater likelihood of implementing therapeutic strategies outside of the clinical setting.

On the other hand, individuals with lower levels of self-awareness may struggle to identify and articulate their emotional needs. They might find it difficult to connect the dots between their feelings and behaviours, which can lead to a sense of confusion regarding their mental health. This lack of insight often results in ambivalence toward seeking treatment, as they may not fully understand the therapeutic process or its relevance to their struggles. In some cases, this could manifest as outright resistance to treatment, where the individual may dismiss the need for therapy entirely, potentially hindering their journey toward healing and personal growth. Therefore, fostering self-awareness could be a key element in enhancing treatment adherence, ultimately leading to more positive therapeutic outcomes.

Personality traits are another vital domain that can affect how individuals respond to psychotherapy. Traits such as openness to experience, conscientiousness, and emotional stability may predispose individuals to be more receptive to change and more committed to following through with therapeutic recommendations. On the other hand, traits like neuroticism or high levels of perfectionism may contribute to increased anxiety or barriers to engagement, thereby hindering adherence. Furthermore, psychological distress—particularly in the forms of anxiety and depression—can have profound implications for treatment adherence. Individuals experiencing significant psychological distress may struggle to maintain regular attendance at therapy sessions or adhere to prescribed therapeutic interventions.

The interplay between a person's level of distress and their coping mechanisms can also influence how they perceive the therapy process, potentially leading to either enhanced motivation or avoidance behaviours. Understanding the theoretical foundation of how these various socio-demographic factors, levels of self-awareness, personality traits, and degrees of psychological distress interact to influence treatment adherence is essential for practitioners and researchers. It allows for a more nuanced perspective on how different clients may respond to psychotherapy, enabling therapists to tailor their approaches accordingly. By recognizing that these variables can elicit both positive and negative reactions to psychological treatment, professionals can develop strategies that enhance adherence and ultimately improve therapeutic outcomes. This reflects the importance of considering the individual context of clients as they navigate their therapeutic journeys, fostering a more effective and personalized approach to mental health care.

The National Council on Patient Information and Education (NCPIE) defines adherence as following a treatment plan developed in agreement between the patient and their healthcare professional(s). To avoid the paternalistic implications of the term "compliance," the World Health Organization (WHO) introduced "adherence," a term favoured in psychology and social sciences. Adherence emphasises that acceptance of professional recommendations is based on the patient's own decisions. While social scientists prefer "adherence," pharmacists often use "compliance," though both terms are used interchangeably[17]. Adherence encompasses compliance but highlights the importance of patient consent and the therapist's role in building a trusting relationship with the patient. The term "adherence" respects patient perspectives and recognizes that simply receiving medication is not highly effective. It requires patients to actively engage in developing a therapeutic relationship with their healthcare professional. Recent evidence indicates that adherence to medication is influenced by personality traits and beliefs about mental illness. A systematic review found that adherence to psychopharmacological treatment is linked to patient characteristics (sociodemographic and clinical variables), health beliefs, and psychological factors such as self-efficacy/ self-awareness and locus of control[17,18].

The self-awareness theory, a significant psychological framework, delves into the intricate processes through which individuals become cognizant of their own thoughts, feelings, and behaviours. This theory posits that self-awareness is not merely a passive state but rather an active and dynamic self-reflective process. It enables individuals to recognize and evaluate their internal states, leading to a deeper understanding of their own identities and how they relate to the world around them. By exploring the factors that contribute to self-awareness, the theory provides a robust theoretical foundation for comprehending the complexities of human consciousness. Individuals engage in self-reflection, often prompted by various

stimuli, such as social interactions, personal experiences, or emotional challenges. This reflective practice can lead to increased insight into one's motivations, desires, and emotional responses.

Moreover, the self-awareness theory highlights the distinction between various levels of self-awareness, ranging from basic awareness of one's physical presence to profound introspection regarding one's values and beliefs. This tiered understanding emphasizes that self-awareness is a multifaceted construct, intricately linked to personal growth, self-regulation, and interpersonal relationships. Basically, the self-awareness theory not only elucidates how individuals come to understand themselves but also underscores its importance in fostering emotional intelligence, improving decision-making, and enhancing overall psychological well-being. Through this lens, the theory serves as a crucial framework for researchers, educators, and practitioners seeking to promote self-awareness in various contexts, ultimately contributing to more effective personal and professional development. Self-awareness is centred on an individual's direction of attention inwardly, leading to an evaluation of actions and alignment with internal standards[3]. It has been emphasized that self-awareness can be triggered by external cues or internal reflection, influencing perceptions of self and behaviour. Also, studies have extended this theory, suggesting that self-awareness is evolving due to increased exposure to information obtained from the internet and social media[6].

The constant exposure to a curated self-representation may shape one's self-awareness differently than traditional offline experiences. Similarly, it has been argued that technological advancements have transformed self-awareness, affecting identity formation and introspection processes[5]. Furthermore, self-awareness theorist has proposed that heightened self-awareness contributes to greater emotional intelligence, facilitating better

management of emotions and ethical decision-making, including adherence to psychotherapy[5]. Thus, the present study on influence of self-awareness, and psychological distress on treatment adherence in the context of psychotherapy posits that these psychological constructs (self-awareness, psychological distress; anxiety, and depression, and personality traits) are not isolated entities but rather interconnected elements that could sharpen psychotherapeutics.

2.2.1 Medication Adherence Model

The Medication Adherence Model (MAM) was developed as a comprehensive framework designed to elucidate the intricate process of medication adherence, which is critical for effective healthcare outcomes. This model aims to provide a deeper understanding of the factors influencing whether individuals take their medications as prescribed, thereby optimizing therapeutic interventions. One of the primary goals of the MAM is to assist healthcare providers in assessing and evaluating the medication-taking behaviour of their patients. By employing this model, providers can identify specific barriers that may prevent patients from adhering to their medication regimens, such as side effects, forgetfulness, complex dosing schedules, or a lack of understanding regarding the importance of their treatment plans. Additionally, the MAM emphasizes the importance of considering various individual characteristics, including psychological factors, social support systems, and socioeconomic status, which can greatly affect a person's ability and motivation to adhere to their medication. This comprehensive approach allows healthcare providers to tailor their strategies to meet the unique needs of each patient, ultimately facilitating improved adherence and, consequently, better health outcomes. The MAM identifies two types of non-adherence: intentional decisions to skip medications and unintentional interruptions that prevent medication from being taken[18].

The model highlights three core concepts: (a) Purposeful Action, (b) Patterned Behaviour, and (c) Feedback. Purposeful Action involves patients making a deliberate decision to take medications based on their perceived need, effectiveness, and safety. Patterned Behaviour refers to the establishment of medication-taking habits through access, routines, and memory aids. Feedback includes the use of information, prompts, or events during the evaluation process, which influences patients' levels of Purposeful Action and Patterned Behaviour. The MAM outlines the dynamic process of starting and maintaining medication adherence from the perspective of patients. It integrates key elements from existing cognitive and self-regulatory models while adding a behavioural component. This structured approach helps healthcare providers assess and customize interventions to promote consistent treatment adherence[18].

2.2.2 Self-awareness theory

Self-awareness theory was originally formulated by psychologists Shelley Duval and Robert Wicklund in 1972[6]. This theory posits that when individuals become self-aware, they can evaluate themselves in relation to their own standards and social norms. This heightened self-awareness can lead to a greater understanding of one's thoughts, feelings, and behaviours. Furthermore, the theory suggests that when individuals focus on themselves, they tend to compare their actions to their personal values, which can evoke feelings of satisfaction or discomfort based on whether they are living up to those standards. The implications of self-awareness theory are significant, influencing areas such as motivation, emotional regulation, and social behaviour. It has also provided a framework for understanding various psychological phenomena, including the impact of self-perception on mental health and interpersonal relationships. Since its inception, the theory has been expanded and refined,

contributing to our comprehension of self-concept and identity within the field of psychology[6].

Basically, Shelley Duval and Robert Wicklund hypothesized that individuals can either focus on the external environment or the internal environment at any given moment. To test their hypothesis, they conducted several experiments and sought to prove that the performance of an individual would change if the person became more self-aware. They found that individuals who faced themselves in the mirror were more self-aware and would change their behaviour. They proved their theory right, and the self-awareness theory came to be. The self-awareness theory definition in regards to psychology consists of focusing an individual's attention on themselves. It is believed that self-awareness begins to develop at 18 months of age. Self-awareness is distinguished into two categories; subjective and objective. Subjective self-awareness is analysing the behaviours and experiences of oneself. This is a first-person perspective of the world around the individual. Objective self-awareness is analysing oneself and comparing to the standards and expectations of others and society as a whole. This is a third-person perspective of what the individual looks like to others and what their role is in the world. The individual will compare themselves to others and correct their behaviours as needed to align themselves with the moral code of society[6].

2.2.3 The big five personality theory

The role of personality traits on mental health has attracted research attention in the last few decades and it determines an individual's level of psychological wellbeing and happiness[20]. Furthermore, personality is one of the major variables that contribute to psychological health; some personality dimension that promotes the vulnerability to mental illness while some minimized the likelihood of such vulnerability[19,21]. There are certain personality traits that are

more susceptible to certain psychological health conditions than some others and even when exposed to the same health threats, individual adolescents respond differently to the experience[21].

The Big Five personality dimensions, also known as the Five-Factor Model (FFM), consist of five broad personality traits: Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism (often referred to as emotional stability). These dimensions have been widely studied in relation to mental health, and research suggests that they can influence various aspects of psychological well-being. Research has demonstrated that the Big Five personality dimensions can significantly influence mental health outcomes, providing insights into potential vulnerabilities and strengths in an individual's psychological well-being. However, it's important to note that personality traits interact with other factors, such as genetics, environment, and life experiences, in shaping mental health outcomes. Research has also emphasized the interactive nature of these dimensions, as well as their impact on coping strategies, resilience, and adaptation to stressors[21,22]. It's important to note that the relationship between personality and mental health is complex, and individual differences play a significant role.

The Big Five personality traits have been introduced as parsimonious dimensions of non-pathological traits. Extensive research has explored the relationship between these dimensions and mental health outcomes.

Openness:

Individuals who score high in Openness, one of the five major personality traits in psychology, typically exhibit a range of characteristics that make them particularly creative, curious, and receptive to new experiences. This personality dimension is associated with a willingness to explore novel ideas, engage in imaginative thinking, and embrace the unfamiliar. Those who are high in Openness often find themselves drawn to artistic pursuits, innovative problem-solving, and diverse cultures, reflecting their intrinsic desire to learn and grow. Research in psychology has established a significant correlation between elevated levels of Openness and improved mental health outcomes.

Specifically, individuals who exhibit high Openness tend to experience lower levels of psychological distress, such as anxiety and depression. This is likely due to their adaptive coping mechanisms and their ability to seek out new experiences that promote personal growth and resilience. Moreover, these individuals often report greater overall well-being, showcasing a positive outlook on life and a tendency to view challenges as opportunities for growth rather than as threats. In addition to these benefits, individuals with high Openness are often more adaptable in the face of change, allowing them to navigate life's uncertainties with greater ease. Their inclusive mind-set enables deeper social connections and a greater appreciation for diversity, resulting in richer interpersonal relationships and a stronger support network. Overall, the personality trait of Openness not only enhances creativity and curiosity but also plays a crucial role in fostering mental health and well-being, highlighting its importance in both personal and social contexts[23,24].

Conscientiousness:

Conscientiousness is a personality trait characterized by a variety of attributes that contribute to an individual's ability to effectively manage their responsibilities and pursue their goals. Key characteristics of conscientiousness include a strong sense of organization, which involves keeping both physical and mental spaces orderly and structured. Additionally, individuals high in conscientiousness exhibit self-discipline, meaning they can resist distractions and maintain focus on tasks, even when faced with challenges or temptations that might deter others.

Furthermore, being responsible is a fundamental aspect of conscientiousness. This means that conscientious individuals tend to take accountability for their actions, fulfill obligations, and honor commitments, both in their personal and professional lives. Their goal-directed behavior enables them to set clear objectives and systematically work towards achieving them, often leading to successful outcomes.

Research studies have shown a significant correlation between higher levels of conscientiousness and reduced prevalence of mental health challenges, such as depression and anxiety. Specifically, individuals who are more conscientious may be better equipped to handle stressors and obstacles, employing effective coping strategies and maintaining a positive outlook. This ability to manage emotions and situations contributes to overall mental well-being, suggesting that conscientiousness plays a protective role in psychological health. In essence, cultivating conscientious traits not only enhances personal effectiveness but also fosters resilience against common mental health issues, promoting a balanced and fulfilling life[23,24].

Extraversion:

Extraversion is a personality trait that encompasses a wide range of characteristics, most notably being outgoing, sociable, and energetic. Individuals who score high on the extraversion scale are typically more willing to engage with others, seek out social interactions, and thrive in environments that involve teamwork and collaboration. Research in psychology has consistently shown that individuals with high levels of extraversion tend to experience greater life satisfaction and exhibit an overall positive affect. This connection contributes significantly to improved mental well-being, as extraverts often report lower levels of loneliness compared to their more introverted counterparts. Moreover, this positive social engagement is linked to higher levels of life satisfaction, reinforcing the idea that extraversion plays a vital role in enhancing one's quality of life. When one delve further into the characteristics of extraversion, it could be found that it is marked by assertive behaviour and a high degree of energy.

Extraverts are often invigorated by social gatherings and are more likely to take initiative in social situations, making them natural leaders in various contexts. In contrast, these sociable tendencies can also lead to behaviours associated with sensation seeking, which refers to the inclination to pursue novel and stimulating experiences. However, it is important to note that sensation-seeking behaviours have been identified in research as being correlated with psychopathology, suggesting that while extraversion generally has positive associations, it can sometimes overlap with more complex psychological issues.

Interestingly, studies have posited that individuals who score high on extraversion traits tend to exhibit lower levels of psychopathology. This suggests a protective factor associated with being extraverted, as these individuals may have better social support networks, are more adept at navigating social challenges, and find greater fulfilment in social interactions.

Conversely, individuals who lean towards lower levels of extraversion or are more introverted are found to be at a higher risk for developing psychological disorders. This alignment indicates that a lack of social engagement and the potential for increased feelings of isolation may contribute to a greater propensity for mental health struggles among introverts. Essentially, extraversion is a multifaceted personality trait with profound implications for individuals' mental well-being. While it is generally associated with positive outcomes such as higher life satisfaction and lower levels of loneliness, its relationship with sensation-seeking and psychopathology reveals the complexity of human behaviour and psychology. Understanding these dynamics highlights the importance of social interaction and support in fostering mental health, particularly for those with varying levels of extraversion[23-25].

Agreeableness:

Agreeableness is a personality trait that encapsulates a range of positive characteristics, including compassion, cooperativeness, and empathy. Those who score high in agreeableness typically demonstrate an inherent kindness and a strong desire to understand and support others. They often approach social interactions with a collaborative mind-set, striving to create harmonious relationships and foster a sense of community. Research has indicated that individuals high in agreeableness often experience more favourable mental health outcomes compared to those who score lower on this trait. For instance, such individuals are generally associated with lower levels of aggression, suggesting they are less likely to engage in confrontational behaviour or exhibit hostile reactions in various situations. This aspect of their personality contributes to their ability to maintain peaceful relationships and resolve conflicts more effectively.

Additionally, high agreeableness is linked to greater social support. Individuals who embody this trait are frequently surrounded by a network of friends and family who provide emotional, practical, and social assistance. Their empathetic nature allows them to forge deeper connections with others, further enhancing their social support systems. Furthermore, research has demonstrated that those who score high in agreeableness tend to experience lower levels of stress and conflict in their lives. By prioritizing cooperative interactions and empathetic understanding, they are often able to navigate social situations with greater ease, leading to a more balanced and less stressful lifestyle. These elements collectively highlight the importance of agreeableness, not only as a trait that enhances interpersonal relations but also as a significant contributor to overall mental well-being[23].

Neuroticism:

Neuroticism is a complex personality trait that encompasses a range of emotional and psychological characteristics. Individuals high in neuroticism often struggle with feelings of hopelessness, which can lead to a pervasive sense of despair about their circumstances or the future. This emotional instability manifests in various ways, including significant fluctuations in mood that can be both unpredictable and intense. For those who experience high levels of neuroticism, everyday situations may provoke feelings of sadness, anxiety, and nervousness, which can be overwhelming and distressing. Research has shown that neuroticism is closely linked to an increased risk of mental illnesses. Individuals with this trait are more likely to experience conditions such as depression and anxiety disorders. The negative emotions associated with neuroticism, such as worry, irritability, and fear, can interfere with daily functioning and overall well-being. This heightened sensitivity to stress can make it challenging for individuals to cope with life's challenges, leading to a cycle of negative thinking and emotional turmoil. Mainly, neuroticism is characterized by a tendency to feel

negative emotions and a lack of emotional stability. This trait may significantly impact mental health, leading to a higher likelihood of developing various mental health conditions and complicating one's ability to navigate the complexities of life.

Understanding neuroticism and its effects can offer valuable insights for individuals seeking to manage their emotional health and improve their overall quality of life as high levels of neuroticism is associated with various mental health issues, including higher levels of anxiety, depression, and emotional distress. Also, it has been reported that neuroticism encompasses traits related to emotional stability, such as anxiety, moodiness, and vulnerability to stress[24]. High levels of neuroticism have been consistently associated with increased risk for various mental health issues, including depression and anxiety disorders. People who score high on traits of neuroticism tends to experience higher level of impaired psychological health or psychopathology[23,24]. In other words, those who have low scores on this trait are more likely to have higher level of psychological health.

2.2.4 Self–Other Agreement on Personality Theory

Self–other agreement on five-factor model (FFM) personality traits (extraversion agreeableness, conscientiousness, neuroticism, and openness) is usually exhibit a moderate correlation[23,24]. The Self-Other Knowledge Asymmetry (SOKA) model postulates that the self is more knowledgeable about less observable traits (e.g., neuroticism), and that others are more knowledgeable about more observable (e.g., extraversion, conscientiousness) and evaluative (e.g., socially desirable; agreeableness) traits, because others can be more objective in evaluating and observing the target[23]. Self–other agreement on the FFM trait domains varies as a result of observability and evaluation, whereby agreement is generally higher on the more observable traits and lower on evaluative traits. Self–other agreement on

personality traits is often taken as validation evidence for informant-reports of personality traits. But agreement does not provide the answer to the question of which report is more "correct." Criterion validity studies can shed light on this question (e.g., which type of report best predicts an outcome?). A growing body of research indicates that informant-reports of personality are useful for predicting certain criteria at times even better than self-reports[15]. However, more studies comparing self- versus-informant reports in associations with objective outcomes are needed.

Personality and Life Outcomes

Studies indicate associations between personality and stressful life events (SLEs). One study of over 7,000 twins found that self-report neuroticism significantly predicted assault, divorce, and financial problems, and informant-reports of neuroticism predicted future marital problems and financial problems[23]. Neuroticism, conscientiousness, agreeableness, and the facet of impulsiveness have since been associated with SLEs in other large longitudinal studies[25]. All self-report facets of neuroticism (e.g., angry hostility, depressiveness) and informant-reports of agreeableness (uniquely) have predicted more stressful events[26].

Few studies have examined personality traits specifically in relation to everyday functioning. However, conscientiousness and neuroticism identify independent functioning and also relate to functional ability and self-reported physical functioning[16,19]. Personality has robust connections to interview-ratings of mental disorder. In meta-analyses of 175 studies, anxiety, depression, post-traumatic stress disorder (PTSD), and substance use disorders were associated with high neuroticism, low conscientiousness and often low extraversion[27,28]. However, the overwhelming majority of studies relied on self-reports of personality, only a few studies used informant-reports, and most were at the domain-level. Informant-reports of

personality have shown unique relationships with depression and predicted substance use uniquely from self-reports[27,29]. Few studies have examined personality and treatment utilization, and to our knowledge none have used informant-reports or examined mental or physical health treatment costs. In patients with mood, anxiety, or alcohol use disorder, self-reported traits related to neuroticism predicted increased mental health service utilization and treatment adherence[19,30].

2.2.5 Self-Reported Five-Factor Model

Self-reported FFM conscientiousness and openness domains have predicted number of therapy sessions over and above global functioning, depression, anxiety, and personality disorders[10,12]. Self-reported FFM personality traits have predicted psychotropic medication use and use of clinical services and mental health service utilization, sometimes over and above global functioning and Axis I psychopathology[30]. Self-reported personality has been associated with physical activity measured using body mounted accelerometers (devices that measure motion)[19]. At the facet level, self-reported Depressiveness and Impulsiveness from neuroticism, Activity from extraversion, Tender-Mindedness from agreeableness, and most facets from conscientiousness showed associations with physical activity[16,29].

Personality has also been linked to neuroticism and extraversion positively, agreeableness, and conscientiousness negatively, and openness more inconsistently[13,30]. Personality is linked to important health outcomes, but most prior studies have relied on self-reports, making it possible that shared-method variance explains the associations[31,32]. The study examined self- versus informant-reports of personality and multi-method outcomes. The findings suggest that informant-reports of personality provide better validity for objective health outcomes,

which has implications for understanding personality and its role in mental and physical health, including treatment adherence[31].

2.2.6 Health Belief Model

The Health Belief Model (HBM) is a psychological framework developed in the 1950s to understand and predict health-related behaviours by examining individuals' beliefs and perceptions about health threats and the effectiveness of preventive actions. The model posits that people's health-related behaviours are influenced by their perceptions of susceptibility to a health threat, the severity of the threat, the perceived benefits of taking action to reduce the threat, and the perceived barriers to taking action. Additionally, cues to action, such as media campaigns or advice from healthcare providers, can further influence behaviour change within the framework of the HBM[33].

Central to the HBM is the concept of perceived susceptibility, which refers to an individual's belief about their likelihood of experiencing a particular health problem. Perceived severity involves the individual's assessment of the seriousness of the health problem and its potential consequences. These two factors interact to determine the perceived threat of the health problem. If an individual believes they are susceptible to a severe health problem, they are more likely to perceive a greater threat and be motivated to take action to prevent it[33,34].

Moreover, the model proposes that individuals weigh the perceived benefits of adopting a recommended health behaviour against the perceived barriers to taking that action. Perceived benefits include beliefs about the effectiveness of the recommended behaviour in reducing the threat to health, while perceived barriers encompass factors such as cost, time, effort, and inconvenience associated with adopting the behaviour. If the perceived benefits outweigh the perceived barriers, individuals are more likely to engage in the recommended behaviour[33,35].

Cues to action serve as triggers that prompt individuals to take action to protect their health. These cues can come from various sources, including media campaigns, social influences, personal experiences, or advice from healthcare providers. Effective cues to action can increase individuals' motivation to engage in health-promoting behaviours and overcome perceived barriers[36].

The Health Belief Model has been widely used to guide health promotion and disease prevention efforts across various domains, including vaccination, cancer screening, smoking cessation, and adherence to medical treatments. By understanding individuals' beliefs and perceptions about health threats and preventive actions, interventions can be tailored to address specific barriers and motivations, thereby promoting behaviour change and improving public health outcomes[37].

The Health Belief Model stands as one of the pioneering and enduringly prominent social cognition frameworks. Originating in 1974 by Rosenstock, it serves as a psychological model aimed at understanding and fostering the adoption of health services. Building upon Rosenstock's foundation, Becker and his colleagues further developed the model during the 1970s and 1980s. Over time, revisions were made, extending as late as 1988, to accommodate emerging evidence within the health community regarding the significance of knowledge and perceptions in individual accountability. Initially tailored to forecast behavioural responses among acutely or chronically ill patients, the model has since found broader application in predicting various health behaviours. The Health Belief Model proposes that the combination of your perception of a personal threat and your confidence in the effectiveness of the recommended behaviour will determine the probability of engaging in that behaviour[33].

Health belief model and psychological health

Building upon the understanding that mental and psychological health is fundamentally subjective, the Health Belief Model (HBM) provides valuable insights into the intricate ways in which an individual's perceptions and beliefs can significantly shape their mental health status, manifesting either in a positive or negative light. The HBM posits that individuals' decisions regarding their health behaviours are influenced by a variety of personal beliefs. At the core of this model lies the idea that an individual's subjective assessment of the threat they face from their mental health condition plays a pivotal role in determining their response to that threat. This assessment encompasses not only the perceived severity of the condition but also the perceived susceptibility to it. For instance, an individual who acknowledges the seriousness of their mental health challenges and recognizes their own vulnerability to these issues is more likely to take proactive measures to address them.

Moreover, the HBM emphasizes the importance of an individual's belief in the effectiveness of various proposed health behaviours or interventions. If a person believes that certain actions—such as therapy, medication, lifestyle changes, or support groups—can effectively alleviate their mental health issues, they are more prone to engage in those behaviours. This interplay between perceived threat and perceived efficacy creates a predictive framework for understanding an individual's likelihood of adopting healthy behaviours. Thus, according to the Health Belief Model, when individuals strongly perceive both the potential dangers posed by their mental health conditions and the benefits of specific health actions, they are more empowered to take steps towards improving their mental well-being. Conversely, if they underestimate the severity of their conditions or harbour doubts about the effectiveness of the recommended actions, they may remain inactive, which could lead to a deterioration of their mental health.

Basically, the Health Belief Model elucidates the complex relationship between perception and health behaviour, highlighting the crucial role that beliefs play in influencing mental health outcomes. By fostering a better understanding of these dynamics, we can potentially enhance mental health interventions, helping individuals navigate their own perceptions to encourage positive health behaviours and improve their overall mental wellness[43]. In other words, the more an individual comprehends the severity of their mental health issue, the more inclined they are to adopt healthy behaviours while relinquishing negative ones[33,40]. This concept delves into an individual's beliefs about the mental health issue itself, as well as its broader ramifications on proper mental functioning. For example, an individual might not initially perceive insomnia as a serious health threat or medically significant. However, if they realize the potential financial impact on their savings due to extended absences from work, they may come to view insomnia as a serious condition. Greater understanding of the risks involved tends to lead individuals towards seeking wholeness, which may involve either traditional or clinical interventions[41,43].

2.3 Review of Empirical Studies

There have been numerous works done on personality traits and psychological well-being, one of such research assessed personality traits of individuals in relation to mental disorders[33]. They used four hundred and sixty-eight (468) college students as respondents and they made sure that 234 of them were at higher risk for alcoholism because of their family history. They made use of the NEO Five Factor Inventory, a measure of the "Big Five" personality traits of Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness to Experience, and also used the Diagnostic Interview Schedule III-R, they also interviewed them to assess their response. They found out that there was a link to all these variables[33]. Furthermore, the big five traits were found capable of influencing the seriousness of disorders. They found out

that neuroticism and extraversion scores were linked to a social phobia diagnosis than the personality trait agreeableness[30,31].

Numerous studies conducted by researchers have explored the relationship between personality traits and both subjective mental and physical health outcomes. Specifically, these investigations have focused on the personality trait of neuroticism, which is defined by a tendency to experience negative emotions more intensely and frequently than others. Individuals with high neuroticism scores often exhibit a range of negative feelings, including anxiety, sadness, and irritability. They are also more susceptible to stress, frequently feeling overwhelmed by challenging situations and difficulties in their daily lives.

This predisposition to experience negative emotions can significantly impact their overall well-being. For example, individuals high in neuroticism may struggle to cope with stressors, leading to increased levels of mental health issues such as depression and anxiety disorders. Additionally, their perception of physical health may also be adversely affected; they may report more frequent physical complaints and symptoms, often interpreting normal bodily sensations as signs of illness. Furthermore, the tendency to focus on negative emotions can create a vicious cycle, whereby individuals high in neuroticism not only face more stress but also have a harder time utilizing effective coping strategies. This can enhance feelings of helplessness and exacerbate psychological distress, ultimately influencing their overall health status. As a result, understanding the implications of neuroticism can provide valuable insights for developing interventions aimed at improving the mental and physical well-being of those who are particularly vulnerable to stress and negative emotional experiences[30,33]. In that regard these personality traits of individuals go a long way to determine not only the subjective health of the individual but also the physical and mental health too.

High activity levels, and a tendency to experience positive emotions has been evidenced to increase the subjective wellbeing of an individual and also their mental health and lower depression rates. There are several studies that investigates the relationship that exist between extraversion and global health and in recent years studies have begun to look into the conscientiousness trait[21]. It has also been reported that individuals who scored high on conscientiousness have greater chance of practicing health promoting behaviour[22]. Better mental wellbeing is noticed among individuals who score high on conscientiousness[21,22]. Researches are relatively scarce on the implications of openness and agreeableness health wise although there seem to exist a greater mental flexibility among individuals who score high on these traits[33].

The personality trait agreeableness, is strongly associated with the tendency of willingness to corporate and help with others. Mental health outcomes are further proven with studies that consistently suggest that the personality traits such as neuroticism has indirect effects on stress and direct effects on mental health[21]. Furthermore, it has been documented that there was an indirect link between neuroticism and poor mental health through the practice of unhealthy related practices[21]. Another study examines the relationship between social support, personality and mental health and they found out that there was little or no link between the variables[19]. Also, it was discovered that three of the five traits are associated with stressors that affected the caregivers. It is documented that there was a strong relationship between parenting styles and psychological health of individuals and that individuals who were raised in a strict parenting style exhibited more somatic problems, hostility and anger while females were reported to have high self-esteem[33]. Existing studies have also shown that neuroticism is one of the risk factors for mood and anxiety disorders[19,22].

However, with respect to treatment adherence, a study conducted to investigate the predictors of medication adherence among outpatients with schizophrenia in Nigeria, emphasizing the role of insight into illness and perceived social support as one of the factors influencing adherence behaviours[1]. Also, another study which examined the impact of stigma on treatment adherence among individuals with bipolar disorder in a Nigerian psychiatric hospital, revealed that stigma poses a detrimental effect on help-seeking behaviours and treatment engagement. In addition to individual-level factors, systemic barriers such as limited access to mental health services, medication stock-outs, and inadequate healthcare infrastructure also contribute to poor treatment adherence in resource-limited settings[2]. Addressing these structural challenges requires a multifaceted approach that involves collaboration between healthcare providers, policymakers, community leaders, and individuals with lived experience of mental illness.

2.3.1 Mental Health as a State of Wellbeing

Previous research has shown that mental disorder is a behavioural or mental pattern that causes significant distress or impairment of the wellbeing of an individual[5]. Specifically, the American Psychiatric Association (APA) redefined mental disorder in the diagnostic statistical manual version five (DSM-5) as "a syndrome characterized by clinically significant disruption in an individual's cognition, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. This disorder is usually associated with distress or impairment in important areas of a person's wellbeing. In accordance with diagnostic statistical manual version five (DSM-5), there are different categories of mental disorders or conditions based on specific criteria and behavioural features. Such features may be persistent, relapsing and remitting, or occur

as single or multiple episodes. Many mental disorders have been described, with signs and symptoms that vary widely between specific disorders[6].

Psychosis and neurosis are two notable and common categories of mental disorders. Psychosis is a major personality disorder characterised by mental and emotional disruptions. It is a mental disorder that affect the mind and makes an individual to lose contact with reality. Possible symptoms of psychosis include delusions, hallucinations, talking incoherently and agitation. People with psychosis may experience disruptions in their thoughts and perceptions, causing them to see their world differently[7]. It is a common symptom in many medical and neurologic conditions. However, neurosis also called **psychoneurosis,** on the other hand is a mild mental disorder that causes a sense of distress and deficit in functioning. It is characterized by anxiety, depression, or other feelings of unhappiness or distress (psychological distress) that are out of proportion to the circumstances of a person's life. Neurosis may impair a person's functioning in virtually any area of life such as; relationships, or external affairs, is not severe enough to incapacitate the person. Affected patients generally do not suffer from the loss of the sense of reality seen in persons with psychosis[7].

According to the World Health Organization (WHO), mental health is considered as a state of wellbeing whereby an individual realizes his or her own abilities, can cope with the normal stresses of life, work productively and fruitfully, and is able to make meaningful contribution to his or her community[8]. It encompasses the ability of an individual to enjoy life and have a balance between life activities and efforts to achieve psychological resilience[9]. The WHO revealed that approximately 12% of global diseases were as a result of mental health problems and that by the year 2020 the burden of mental health problem will further increase

by nearly 15% and this will lead to a loss of disability adjusted life years to illness and young adults in developing countries seem to be the most prone[10,11]. Indeed, a number of researches had revealed some connections between loneliness, personality traits and mental health problems. These researchers observed that loneliness is associated with depressive symptoms, shyness, neuroticism and low self-esteem as well as agreeableness and conscientiousness[12]. Unfortunately, despite above findings, mental health has not received much attention as was necessary apparently due to lack of adequate knowledge and the misunderstanding of issues bothering on mental health including treatment adherence[11,12].

2.3.2 The role of personality traits in mental health

Personality, is defined as an individual's characteristic style of behaving, thinking, and feeling[13,14]. Although there has been much debate about the definition of personality, two major themes have pervaded nearly all efforts at domain of personality theorizing: human nature and individual differences. The way people think, feel and behave and their unique individuality have significant contribution in their mental health status as well as in their psychopathology. Some individuals are more prone to mental illness and psychopathology because of their characteristics and personality traits, whereas some others experience higher level of mental health because of their personality traits and characters[13]. Therefore, it seems that some individuals are more susceptible to mental illness, thereby threatening their mental health. Also, it has been documented in literature that both nature and nurture play a role in human personality and that successful adaptations to the environment could improve human health and wellbeing. This implies that there is a relationship and interaction between personality and environmental conditions[15].

Furthermore, it has been reported that selection processes, that is, one's propensity to create, shape or move into environments that match with one's trait disposition, are powerful determinants of a person's mental wellbeing[13]. It is therefore important to quantify to which degree or to what extent will certain environmental factors impact on the health and wellbeing of an individual based on the individual's personality trait. As such personality-centred interventions are to be put into perspective in trying to address or treat personality disorders using psychotherapy. However, personality traits are crucial for human health and wellbeing, they have not been considered a major target in preventive medicine[16]. This implies that, personality traits are mainly overlooked in health research and practise, although strong and convincing cases for their public health significance have been observed. Arguably, the concept of personality is not well known to other health professions such as those with biomedical orientation. One purported argument against the inclusion of personality is for instance the widely held misbelief that personality traits are mostly immutable. However, there is a compelling body of evidence that personality traits and metal health disorders can be treated effectively with psychotherapy[17].

2.3.3 Mood related disorders

Mood disorders are common mental disorders in Sub-Saharan African (SSA) that usually go undiagnosed and underreported. This subject was the theme of discussion at the International Brain Research Organization –Africa Regional Committee (IBRO-ARC) Advanced School on Depression and Mood Disorders in Sub-Saharan Africa, which took place at the University of Ilorin in the lead up to the bi-annual international meeting of the Society of Neuroscientists of Africa organised jointly with the Neuroscience Society of Nigeria. Although almost 10% of the overall disease burden in the SSA region can be traced to neuropsychiatric disorders[52]. Mood disorders are one of the most common and debilitating

mental illnesses. Generally, psychiatric mood disorders may be classified into various categories including; depression (extreme low emotional state), mania (extreme high emotional state), bipolar disorder I and II (alternating periods of depression and mania), and Anxiety (excessive worry, fear, and apprehension)[53,54].

Furthermore, psychological distress (anxiety and depression) is highly rampant in low- and middle-income countries including Nigeria[53]. A sizeable number of people in Nigeria do not have adequate knowledge regarding mental health disorders, talk more of being self-awareness that effective psychological treatment exists irrespective of the age and severity of the mental illnesses. Also, there are various misconceptions by Nigerians of the underlying causes of mental illnesses; such as drug and alcohol use, possession by evil spirits, traumatic event or shock, stress, and genetic inheritance. Only very few persons believe that biological factors or brain diseases are the underlying cause of the development of these disorders[53]. Besides, there is paucity of local authentic data regarding mental illness prevalence in the Nigerian community. As a result of lack of up to date data on the prevalence of depressive and anxiety disorders in Nigeria, the World Mental Health Survey excluded the nation at a particular point in time from its epidemiology reports[55]. All this eventually resulted in failure of gaining much attention at the local and international levels towards serious mental health issues which became more rampant, especially amidst the COVID-19 pandemic and still persists[9].

Nevertheless, there have been a consistent increase in the global prevalence of mental disorders since the coronavirus disease (COVID-19) pandemic. It has been estimated that 1 in every 8 persons, or 970 million people around the world is living with one mental disorder or the other, with anxiety and depressive disorders as the most common[8]. In 2020, the number of

people living with anxiety and depressive disorders rose significantly because of the COVID-19 pandemic. Initial estimates show a 26% and 28% increase respectively for anxiety and major depressive disorders in just one year[9]. Recently, it was reported that about 5%, which is approximately 280 million, persons globally live with depression and that the number is likely even higher as not everyone who has depression obtains an official diagnosis. Also, there is gender disparity among depression diagnoses, which indicates that women are depressed when compared with men.

It has been reported that depression is about 50% more common among women than among men. This could be due to both social and biological factors behind the higher prevalence of depression among women. Socially, women might be doing more emotional labour and caregiving in their families. This implies that the weight of many aspects of the family such as, household chores, childcare, elderly care, and other family schedules fall on women's shoulders. This creates a situation where women do not care for themselves physically or mentally due to lack of; adequate sleep, good nutrition, exercise and stress, which increasing the risk of depression. Also, depression is associated with a variety of chronic health conditions like Parkinson's disease, cancer, HIV-AIDs, diabetes and cardiovascular conditions[11]. However, depression is different from usual mood fluctuations and short-lived emotional responses to challenges in everyday life. During a depressive episode, a person experiences depressed mood (feelings of excessive guilt or low self-worth, hopelessness about the future, and thoughts about dying or suicide) or a loss of pleasure or interest in activities for most of the day, nearly every day, for at least two weeks, as stated in the DSM-5. Individuals with depression are at an increased risk of suicide[5].

Nonetheless, approximately 301 million people worldwide have been reported to be living with an anxiety disorder[8]. This disorder is characterised by excessive fear, worry and related behavioural disturbances. Symptoms are severe enough to result in significant distress and impairment in normal functioning of suffers. There are several different kinds of anxiety disorders, such as: generalised anxiety disorder (characterised by excessive worry), panic disorder (characterised by panic attacks), social anxiety disorder (characterised by excessive fear and worry in social situations), separation anxiety disorder (characterised by excessive fear or anxiety about separation from those individuals to whom the person has a deep emotional bond), and others. The prevalence of anxiety symptoms and disorders among young adults has been shown to be higher than the general population.

According to the information obtained from world data, the global prevalence of anxiety disorders in general population ranges between 2.5% and 7%. Certain factors have been implicated to be possibly responsible for higher prevalence of anxiety symptoms in any given population. Some of these factors could include harsh economy, presence of a life threaten disease as well as some forms of mental instability[8,9]. It has also been observed that many people experience, abuse, bully, stigma, discrimination and violations of their fundamental human rights, which could in turn subject them to mental health issues such as anxiety and depression. Though, while effective psychotherapy options exist, most people with mental disorders do not have enough insight (self-awareness) about their mental wellbeing let alone seek for effective care and this could be due to the personality traits of the individual which in turn predicts the level of adherence to treatment.

2.3.4 A brief overview on Anxiety

Anxiety, a common and pervasive mental health condition, is characterized by excessive worry, fear, and heightened physiological arousal. Within the context of psychotherapy, the integration of self-awareness becomes a crucial element in understanding and addressing the complexities of anxiety disorders. Anxiety disorders encompass a spectrum of conditions, including generalized anxiety disorder (GAD), panic disorder, social anxiety disorder, and specific phobias[9]. Anxiety can significantly impair daily functioning, leading to avoidance behaviours, social isolation, and physical health complications. Recognizing the multidimensional nature of anxiety is essential for tailoring effective therapeutic interventions. Anxiety disorders are prevalent globally, impacting an estimated 264 million people, according to the World Health Organization[8]. These disorders, including generalized anxiety disorder, panic disorder, social anxiety disorder, and specific phobias, contribute significantly to the global burden of diseases.

The prevalence of anxiety varies across regions, influenced by cultural, social, and economic factors. Anxiety often coexists with other mental health conditions and affects individuals of all ages, with onset typically occurring in childhood, adolescence, or early adulthood. Women are generally more likely to experience anxiety disorders than men. Disparities in access to mental health treatment contribute to variations in the prevalence and impact of anxiety globally[25,52]. For the most current and specific data, it is recommended to consult recent reports from reputable global health organizations.

2.3.5 The Role of Self-Awareness in Anxiety

Self-awareness, which can be defined as the conscious and intentional understanding of one's thoughts, feelings, and behaviours, plays a pivotal role in not only comprehending but also effectively managing anxiety. For many individuals struggling with anxiety, their experiences are often marred by automatic, negative, and distorted thought processes. These thought

patterns can create a pervasive sense of heightened threat, causing a cascade of emotional and physical responses that further exacerbate their anxiety. By cultivating self-awareness, individuals are empowered to pause and reflect on their internal experiences. This conscious reflection enables them to identify specific thought patterns that no longer serve them, providing an opportunity to challenge these maladaptive beliefs head-on. Instead of being reflexively driven by fear or worry, individuals can learn to question the validity of their thoughts and the assumptions that underlie them.

Moreover, self-awareness encourages a deeper exploration of the emotional triggers that fuel anxiety. It invites individuals to examine not only what they think and feel but also why they think and feel that way. This exploration can uncover core beliefs and past experiences that may be influencing their current state of mind. For example, a person might recognize that their fear of certain social situations stems from a belief that they are not worthy of being accepted or that they will be judged harshly by others. As individuals engage in this process of self-discovery, they may find that they can gradually reframe their thoughts, replacing distorted beliefs with more balanced and realistic perspectives. This shift not only alleviates anxiety but also contributes to a greater sense of emotional regulation and resilience. Ultimately, developing self-awareness is a transformative journey that equips individuals with the tools necessary to navigate the complexities of anxiety and cultivate a more balanced and fulfilling life. By understanding the interplay between their thoughts, feelings, and behaviours, individuals can take proactive steps towards healing and empowerment in the face of anxiety[3,4].

2.3.6 Psychotherapeutic Approaches to Anxiety and treatment adherence

Cognitive-Behavioural Therapy (CBT) is a widely acknowledged and evidence-based therapeutic approach that has gained considerable recognition for its effectiveness in treating

various forms of anxiety. This method focuses on the intricate interplay between our thoughts, emotions, and behaviours, providing essential tools for individuals to understand and manage their mental health challenges. A central tenet of CBT is the significant role of self-awareness, which empowers individuals to identify and examine their cognitive distortions and irrational beliefs. Self-awareness involves recognizing one's thoughts and feelings and understanding how these internal processes influence behaviour and emotional responses. By fostering this awareness, individuals can begin to pinpoint specific negative thought patterns — such as catastrophizing or black-and-white thinking — that may contribute to their anxiety.

In CBT, therapists guide clients through the process of not only identifying these cognitive distortions but also challenging and modifying them. This is achieved by encouraging individuals to evaluate the evidence supporting their thoughts, consider alternative viewpoints, and engage in more balanced and rational thinking. Through this rigorous process, individuals learn to replace irrational beliefs with more logical and constructive thoughts, ultimately leading to healthier emotional responses and behaviours. Furthermore, CBT employs various techniques and strategies, such as cognitive restructuring, exposure therapy, and mindfulness practices, to help clients practice and reinforce these new thought patterns. The overall goal is to provide individuals with the skills and resources necessary to manage their anxiety more effectively and improve their overall well-being. In essence, CBT is not just about alleviating symptoms of anxiety; it is also about equipping individuals with lifelong skills that foster resilience and promote mental health[56].

Exposure therapies, which are integral to Cognitive Behavioural Therapy (CBT), play a vital role in enhancing self-awareness and promoting adherence to treatment protocols. These therapies utilize a systematic approach that involves gradually exposing individuals to situations or stimuli that they fear or find anxiety-provoking. By engaging in this gradual

exposure, individuals are encouraged to face their fears in a controlled and supportive environment. This process not only aids them in confronting their anxieties but also provides the opportunity to critically re-evaluate their anxious responses. Over time, as they become more familiar with these feared situations, they can learn to manage their anxiety more effectively, leading to a reduction in avoidance behaviour and an increased sense of resilience.

In addition to exposure therapies, mindfulness-based interventions such as Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) also contribute significantly to enhancing self-awareness among individuals dealing with anxiety. These interventions promote a heightened state of non-judgmental awareness regarding one's thoughts, feelings, and bodily sensations in the present moment. Through practices such as meditation, breathing exercises, and mindful observation, participants learn to cultivate a sense of mindfulness that allows them to step back from their internal experiences. This observation fosters a crucial detachment from anxious thoughts, empowering individuals to view these thoughts as mere mental events rather than absolute truths.

By nurturing this mindful awareness, individuals are better equipped to respond to stressors in a more adaptive manner. Instead of reacting impulsively to anxious thoughts or feelings, they gain the ability to pause, reflect, and choose responses that are more constructive and grounded in reality. This shift not only helps in reducing the intensity of anxiety but also enhances overall emotional regulation and resilience. Ultimately, the combination of exposure therapies and mindfulness-based interventions provides a holistic approach that equips individuals with valuable tools to manage anxiety, fostering both self-awareness and adaptive coping mechanisms in the face of life's challenges[56,57].

2.3.7 The Therapeutic Relationship and Self-Exploration

The therapeutic relationship plays a pivotal role in promoting treatment adherence in the context of anxiety treatment. A trusting and empathic therapeutic alliance creates a safe space for clients to explore and express their anxious thoughts and emotions. The therapist's role includes guiding clients in self-reflection and helping them gain insight into the underlying causes of their anxiety[58]. Anxiety, with its diverse manifestations, requires a nuanced and personalized approach within the realm of psychotherapy. Fostering treatment adherence via self-awareness emerges as a central strategy in helping individuals with anxiety understand and navigate their internal experiences. By developing insight into cognitive patterns, beliefs, and emotional responses, individuals can work towards adapting healthier coping mechanisms and achieving a more balanced emotional state via adherence to psychotherapy[3,4].

2.3.8 A brief overview on Depression

Depression is a pervasive and complex mental health disorder that affects millions of individuals across the globe, making it one of the most common mental health conditions. It is characterized by persistent feelings of sadness and hopelessness that can overshadow a person’s daily experiences. In addition to emotional turmoil, individuals struggling with depression may also experience a profound lack of interest or pleasure in activities that once brought them joy. This symptom, known as anhedonia, can create a significant barrier to engaging in hobbies, social events, and even basic daily tasks, further contributing to feelings of isolation and despair. Understanding and addressing depression requires a comprehensive and multifaceted approach. It is essential to recognize that this disorder does not exist in a vacuum but rather interacts with various aspects of a person's life. The role of self-awareness within the context of psychotherapy is particularly crucial, as it empowers individuals to

explore and understand their thoughts, feelings, and behaviours in a safe and supportive environment. Through self-reflection and insight, therapy can help individuals identify triggers and patterns that may exacerbate their depressive symptoms, leading to more effective coping strategies and interventions.

The impact of depression extends far beyond emotional distress. It also significantly affects cognitive processes, leading to difficulties in concentration, memory, and decision-making. These cognitive impairments can hinder an individual's ability to perform at work or to engage fully in family life, resulting in an erosion of self-esteem and an increase in feelings of inadequacy. Additionally, depression can have serious physiological consequences, manifesting as changes in appetite, sleep disturbances, and chronic pain. These physical symptoms can further complicate the course of the illness and may require integrated treatment approaches that address both mental and physical health. Socially, the implications of depression can be equally daunting. Individuals may withdraw from friends, family, and social networks, creating a vicious cycle of isolation that exacerbates their condition. Relationships can become strained due to the emotional distance that depression creates, leading to feelings of misunderstanding and frustration among loved ones. This isolation can hinder an individual’s recovery and make it more challenging to seek help.

Given the profound effects of depression on daily functioning, it is critical to approach its treatment with sensitivity and a sense of urgency. Early intervention, coupled with ongoing support, can greatly improve outcomes for those affected. Mental health professionals often employ various therapeutic modalities, including cognitive-behavioural therapy (CBT), mindfulness-based approaches, and medication management, to tailor treatment to the individual’s unique needs. Essentially, depression is a complex and multifaceted disorder that

requires a thoughtful and comprehensive approach to treatment. By fostering self-awareness through psychotherapy and addressing the emotional, cognitive, physiological, and social dimensions of the condition, individuals can embark on a path toward healing and regain control over their lives. Understanding depression in its entirety is the first step towards breaking the cycle of despair and moving towards a brighter, more hopeful future[8,11].

Recognizing the interplay of these factors is essential for tailoring therapeutic strategies that address the unique experiences of individuals with depression. Depression is a widespread mental health condition, affecting over 264 million people globally, according to the World Health Organization[8]. It comes in various forms, including major depressive disorder and bipolar disorder, and can impact individuals of all ages, with a higher prevalence in women. Depression is a leading contributor to the global burden of disease, significantly affecting quality of life and functioning. The condition often coexists with other mental health issues and poses a significant risk for suicide. Disparities in access to mental health treatment, coupled with stigma and limited awareness, contribute to variations in the prevalence and impact of depression worldwide[11].

2.3.9 The Importance of Self-Awareness in Depression

Self-awareness, which can be defined as the conscious understanding and acknowledgment of one's own thoughts, feelings, and behaviours, plays a crucial role in effective psychotherapeutic interventions for individuals struggling with depression. This essential aspect of mental health facilitates a deeper exploration of personal experiences, allowing individuals to delve into the underlying causes of their depressive symptoms. Through enhancing self-awareness, individuals can identify and dissect negative thought patterns,

recognizing how these detrimental beliefs and mental scripts contribute to their emotional distress.

Furthermore, self-awareness promotes a greater understanding of how past experiences, including traumas and significant life events, shape one's current emotional responses and overall mental state. By fostering this awareness, individuals can begin to connect the dots between their past and present, ultimately leading to a more comprehensive understanding of their emotional landscape. The development of self-awareness serves as a vital foundation for fostering insight into one's psychological processes. As individuals become more attuned to their internal experiences, they are better equipped to initiate the process of change in their lives. This newfound insight not only empowers individuals to challenge and reframe negative thought patterns but also enables them to adopt healthier coping mechanisms and behaviours. Nonetheless, self-awareness is not merely a beneficial trait but a fundamental element in the journey towards mental health recovery. It equips individuals with the tools necessary to engage in meaningful self-reflection, paving the way for personal growth, healing, and long-lasting change in the context of therapeutic interventions targeting depression[55].

2.3.10 Psychotherapeutic Approaches to Depression and Treatment Adherence

Several psychotherapeutic modalities emphasize the cultivation of adherence to psychotherapy in the treatment of depression. Cognitive-Behavioural Therapy (CBT), for example, focuses on identifying and challenging maladaptive thought patterns, helping individuals recognize and reframe negative cognitions that contribute to depressive symptoms[56]. Mindfulness-Based Cognitive Therapy (MBCT) integrates mindfulness practices with cognitive therapy, promoting awareness of thoughts and feelings without judgment, thereby preventing relapse. Psychodynamic and psychoanalytic approaches also

emphasize self-awareness through exploration of unconscious conflicts and early life experiences[56,57]. These approaches aim to uncover unresolved issues that may contribute to depressive symptoms, fostering a deeper understanding of the self and in turn could promote adherence to psychotherapy.

2.3.11 Therapeutic Alliance and Self-Exploration

The therapeutic alliance, characterised by trust, empathy, and collaboration between therapist and client, plays a pivotal role in fostering adherence in the context of psychotherapy for depression. A supportive and non-judgmental therapeutic relationship encourages clients to explore and share their inner experiences, facilitating the identification of underlying emotional patterns and contributing factors to depression. Depression is a complex and multifaceted mental health condition that requires a nuanced understanding and tailored interventions[58]. Within the realm of psychotherapy, promoting treatment adherence emerges as a central tenet in helping individuals with depression navigate and overcome their challenges. By fostering insight into thoughts, emotions, and behaviours, therapeutic approaches centred on adherence to psychotherapy empowers individuals to initiate meaningful change and cultivate resilience in the face of depressive symptoms[53,54].

2.4 Theoretical Framework

The central hypothesis associated with the present study posits that there exists a significant interplay between an individual's levels of self-awareness and their specific personality traits, which may collectively predispose them to experience heightened levels of psychological distress. This psychological distress can manifest in various forms, particularly as symptoms of anxiety and depression. Such emotional challenges can, in turn, exert a considerable

influence on an individual's ability to engage with and adhere to psychotherapeutic interventions.

In other words, individuals who exhibit lower levels of self-awareness or possess certain personality traits that may render them more vulnerable to psychological distress might find it more challenging to commit to and follow through with therapy. This raises important questions about the predictors of adherence to psychotherapy, particularly in understanding how self-awareness and personality traits not only impact the experience of psychological distress but also the willingness and capacity to engage with therapeutic processes effectively.

Furthermore, the relationship between these variables suggests that enhancing self-awareness and addressing personality traits that contribute to psychological distress could be crucial factors in improving treatment engagement and adherence. It emphasizes the need for therapists to consider these aspects during the treatment planning process, as greater awareness of a patient's psychological landscape might lead to more tailored and effective therapeutic approaches.

Ultimately, this study aims to illuminate the complex dynamics between self-awareness, personality traits, psychological distress, and the adherence to psychotherapy, contributing valuable insights for both the theoretical framework surrounding psychotherapy and its practical applications in clinical settings, which can be modelled as shown Figure 2.1.

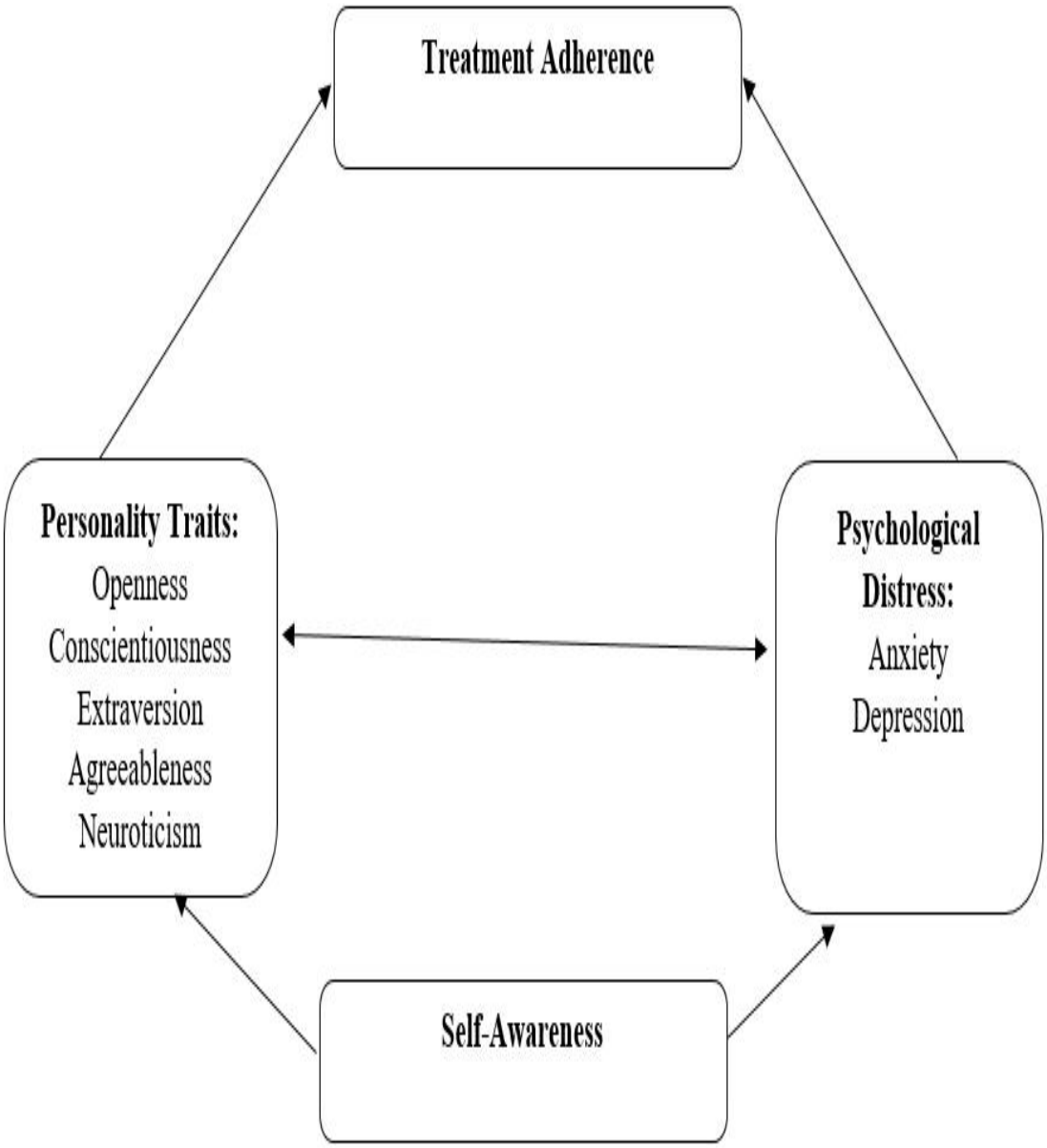
Treatment Adherence
Personality Traits:
Openness
Conscientiousness
Extraversion
Agreeableness
Neuroticism
Psychological Distress:
Anxiety
Depression
Self-Awareness

Figure 2.1: A Model of the probable relationship between personality tracts, psychological distress and self-awareness as predictors of treatment adherence.

The figure 2.1, depicts personality traits, psychological distress and self-awareness as factors predicting adherence to psychotherapy. The research seeks to examine how personality traits (openness to experience, conscientiousness, extraversion, agreeableness, and neuroticism) significantly predict treatment adherence, along with exploring how psychological distress and self-awareness may also forecast adherence to psychotherapy.

2.5 Summary and Appraisal of Literature Review

There has been a growing interest in understanding the intricate interplay between self-awareness, personality traits, psychological distress (anxiety and depression), and their impact on adherence to psychotherapy. Personality traits, defined as enduring patterns of thoughts, feelings, and behaviours, have been identified as crucial factors influencing an individual's response to psychological interventions[20,21]. Psychological distress, on the other hand, represent common mental health challenges that often coexist with various personality profiles and may affect the therapeutic process[52]. Research has suggested that certain personality traits may either facilitate or hinder self-awareness development during psychotherapeutic interventions, hence affecting treatment adherence[4]. Moreover, psychological distress can significantly impact an individual's capacity for introspection and self-reflection, potentially influencing the outcomes of psychotherapeutic interventions which can be assessed based on the level of the patient's adherence. Despite the existing literature on the separate influences of self-awareness, personality traits, and psychological (anxiety and depression) on treatment adherence, there is a dearth of comprehensive studies investigating how these factors collectively predict treatment adherence within the context of psychotherapy.

By investigating the multifaceted and intricate relationship that exists between self-awareness, various personality traits, psychological distress, and adherence to psychotherapy, this study sets out to explore the nuanced interactions among these interconnected variables. It seeks to analyse how these factors collectively influence the extent to which individuals commit to and engage with their psychological treatment programs. Self-awareness, which refers to an individual's ability to recognize and understand their own thoughts, emotions, and behaviours, is a crucial factor that may significantly impact one's willingness to adhere to therapeutic practices. Similarly, personality traits—characteristics that shape how individuals think, feel, and behave—can play a vital role in determining one's level of engagement with psychotherapy. These traits can either facilitate or hinder the therapeutic process depending on their nature and expression. Moreover, psychological distress, which encompasses a wide range of emotional suffering and mental health challenges, may directly affect the level of adherence to treatment protocols. Understanding how these varying levels of distress influence an individual's commitment to therapy is essential for enhancing therapeutic outcomes.

Ultimately, this investigation aims not only to elucidate the specific ways in which these variables interact but also to advance the overall understanding of the diverse factors that contribute to the efficacy of psychotherapy. By clarifying the connections between self-awareness, personality, psychological distress, and adherence rates, this study aspires to provide valuable insights that could inform therapeutic practices and techniques. Such insights could help practitioners tailor their approaches to better meet the needs of clients, thereby improving adherence and, in turn, the effectiveness of psychotherapeutic interventions. By drawing on established psychological theories and empirical evidence, this

current study seeks to illuminate the nuanced interconnections that influence therapeutic outcomes, providing insights for clinicians and researchers alike. The findings from this research will guide clinicians in identifying patients who may benefit from specific therapeutic approaches, ultimately enhancing the precision and effectiveness of psychological treatments.

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Chapter Three

Methodology

3.1 Research Design

The research utilized a descriptive cross-sectional study design, which is a methodological approach that involves collecting data at a single point in time to analyse and describe a phenomenon. In this particular study, an interviewer-administered questionnaire was the primary data collection tool. This method allows for direct interaction between the interviewer and the participants, facilitating clarifications and ensuring a better understanding of the questions, which can lead to more accurate responses. The focus of this investigation was to explore the interplay between several key variables: personality traits, self-awareness, and psychological distress. Researchers aimed to understand how these factors might serve as

predictors of individuals' support for treatment adherence. Treatment adherence refers to the extent to which patients follow the prescribed regimen of their healthcare providers.

By analysing the relationship between personality traits—characteristics such as openness, conscientiousness, extraversion, agreeableness, and neuroticism—and how these traits influence an individual's approach to and support for adhering to treatment plans, the study sought to reveal valuable insights. Similarly, self-awareness, or the capacity of individuals to introspect and understand their own thoughts, feelings, and motivations, was examined for its potential impact on treatment support. Additionally, the study considered psychological distress, which encompasses emotional suffering or discomfort that may arise from various mental health issues. By integrating these three dimensions, the researchers hoped to shed light on how they collectively contribute to a patient's likelihood of engaging with and adhering to treatment recommendations provided by healthcare professionals. Basically, this study was designed to elucidate the multifaceted relationships between individual psychological characteristics and the vital issue of treatment adherence, thereby contributing to the broader understanding of factors that influence health outcomes in clinical settings.

3.2 Population of study

The study meticulously focused on a diverse group of patients, ranging in age from 18 to 80 years, who were either residents of the local community or visitors from abroad. These individuals were attending the Neuropsychiatric Hospital, Aro, in Abeokuta during the specified timeframe of the study. To participate, potential subjects needed to meet a set of predefined inclusion criteria, which were intentionally designed to ensure that the research captured a sample that was both relevant and representative of the broader patient population engaged in psychotherapy at the facility. By allowing for the inclusion of patients across a significant age spectrum—specifically, individuals aged 18 to 80, the study facilitated a

comprehensive exploration of how factors such as self-awareness and psychological distress might vary with age. This age range reflects the rich diversity of the patient population. It enables researchers to gather insights on how different life stages and experiences influence psychological well-being and the therapeutic process.

Furthermore, to ensure the reliability and relevance of the study's findings, it was determined that participants must have completed at least one session of psychotherapy prior to enrolment. This criterion was crucial, as it meant that all individuals involved had a minimum level of engagement with the treatment process, thus allowing for the assessment of treatment adherence to be both measurable and meaningful. By ensuring that participants were not only familiar with psychotherapy but had also actively participated in it, the study was positioned to generate insights that could genuinely reflect the experiences and needs of patients undergoing psychological treatment.

In addition to the recruitment criteria, it was essential to prioritize ethical considerations throughout the study. Obtaining informed consent from all participants was therefore a critical step. This process ensured that each individual had a clear understanding of the study's objectives, what their participation would entail, and any potential risks or benefits associated with involvement. By emphasizing the importance of informed consent, the study upheld ethical standards in research, safeguarding the rights and well-being of all participants. The data collection phase of the study was undertaken over a concentrated period of six weeks. During this time, various methods were likely employed to gather relevant data, such as interviews, questionnaires, or observational assessments, all of which contributed to enriching the understanding of the interplay between self-awareness and psychological distress among the participants. Ultimately, this focused and inclusive approach aimed not

only to enhance the quality of the research but also to provide valuable insights that could inform future therapeutic practices and interventions within the neuropsychiatric field.

3.3 Sample Size and Sampling Techniques

To determine the minimum sample size required for estimating a proportion in a finite population, Cochran's formula was used. This statistical method is particularly useful for researchers and analysts who seek to ensure that their sample accurately reflects the characteristics of the entire population they are studying.

The first step in applying Cochran's formula is to specify the desired level of confidence and the margin of error that is acceptable for the study. The confidence level indicates how certain the researchers want to be about their estimates, while the margin of error reflects the range within which the true population parameter is expected to lie[1].

Cochran's formula is formulated as follows:

$n = (z^2pq) \div d^2$

n = the minimum sample size

z = 1.96 at 95% confidence interval obtained from statistical table of normal distribution.

P = 9%, i.e., prevalence of non adherence[2].

q =1.0-p =1- 0.09 = 0.91

d = degree of accuracy desired (0.05)

$n = (1.96^2 \times 0.09 \times 0.91) \div 0.05^2$

n = 126

The sample size for this study is 126, however, due to some incomplete/unusable questionnaires, only 122 participants were included in the final analysis.

3.3.2 Sampling Technique

The purposive sampling technique was employed for this research study to ensure that participants were selected based on specific characteristics that align with the objectives of the investigation. In this context, the study focused on patients who met clearly defined inclusion criteria. These criteria required that participants be individuals in need of psychological treatment, which may encompass a wide range of therapeutic interventions aimed at addressing mental health issues. Furthermore, the age range for eligible participants was specified to be between 18 to 80 years, ensuring a diverse sample that includes both younger and older adults.

Additionally, it was essential for participants to provide informed consent before taking part in the study. This means that each individual was fully informed about the nature of the research, any potential risks involved, and the overall purpose of the study. The process of obtaining informed consent reinforces ethical standards in research and safeguards the rights of the participants. By focusing on these criteria, the study aimed to gather meaningful data from a selected group of individuals who can provide relevant insights into the effectiveness of psychological treatments across different age groups.

3.4 Description of the Research Instruments

The research instrument adopted for this study was the questionnaire and the following scales were used to measure the constructs; the Ten Item Personality Inventory, Hospital anxiety and depression scale, Self-awareness scale, Treatment acceptability/adherence scale

3.4.1 The ten-item personality inventory (TIPI):

The TIPI was used to assess personality of the respondents[3]. The TIPI is a very short measure of the Big Five personality traits (openness, conscientiousness, extraversion, agreeableness, and emotional stability). Each personality dimension is measured by two items[4,5]. All items are rated on a 7-point Likert-type scale ranging from 1 (*Strongly disagree*) to 7 (*Strongly agree*). In general, the TIPI has acceptable psychometric properties for measuring the Big Five personality traits. The Cronbach's alpha coefficients of the TIPI has been found to range from 0.40 to 0.73[6]. The central benefit of the TIPI is that it extends the scope of studies in which the Big Five can be measured. The availability of this extremely short set of Big-Five markers widens the potential application of the Big Five to assess situations where brevity is of high priority. The TIPI is particularly appropriate within the Big-Five framework when focus on personality research is now free to shift from the psychometric and structural properties of the Big Five to focus on relations between the Big-Five dimensions and other constructs or outcomes/variables, whereas the early structural studies needed to devote extensive resources to assessing the Big Five, newer studies can afford to use shorter measures[6]. This TIPI scale has also been used previously in Nigeria, which further confirms that it possesses good and reliable psychometric properties[7].

3.4.2 The hospital anxiety and depression scale (HADS):

The HADS was used to assess psychological distress (anxiety and depression) state of the respondents[8]. The HADS is a self-report rating scale of 14 items on a 4-point Likert scale (range 0–3). It is designed to measure anxiety and depression (7 items for each subscale). The total score is the sum of the 14 items, and for each subscale the score is the sum of the respective seven items (ranging from 0–21). It is a brief, clinically useful measure of anxiety and depressive symptoms found to have very good reliability and two related, but distinctive, factors[8,9]. Based on the item-scale correlation coefficients obtained from a previous study[10],

the Cronbach's alpha values reflecting the internal consistency reliability were 0.890 for the anxiety scale (HADS-A) and 0.856 for the depressive scale (HADS-D). Also, the correlation coefficient between HADS-A and HADS-D scores was found to be, r = 0.878, respectively[10]. Furthermore, another previous study which was conducted in Nigeria also validated the psychometric properties of the HADS[9].

3.4.3 The self-awareness scale:

The scale was used to measure patients' self-awareness scale (SAS) is a sub-scale adapted from the emotional intelligence scale which measure self-awareness[11]. The subscale consists of eleven items on a 5-points scale as follows; 1 – underdeveloped, 2 – needs improvement, 3 – adequate, 4 – good, and 5- excellent. A previous study conducted, which utilised the scale for emotional intelligence (SEI) established its psychometric properties[12]. It was reported that the psychometric property of the SEI ranged from Cronbach alpha; 0.58 to 0.92. Thus, the SEI is considered a reliable tool for the assessment of emotional intelligence with the SAS as a sub-scale of the SEI[12]. Besides, a study conducted in Nigeria which also evaluated self-awareness, confirms that it has good psychometric properties[13].

3.4.4 The treatment acceptability/adherence scale (TAAS):

The TAAS consists of 10 items rated on a seven-point Likert-type scale that extends from 1 (*Disagree Strongly)* to 7 (*Agree Strongly) will be used to assess patients' level of adherence to psychotherapy (psychological treatment)[14].* Total scores would be obtained by summing across all items after negatively worded items (3, 4, 5, 7, 8 and 10) have been reverse-scored. Scores may range from 10 to 70, with higher scores indicating greater adherence to psychotherapy (psychological treatment). It was reported that the internal consistency of the TAAS obtained from previous study was Cronbach alpha; 0.88, which confirms that it has a

good psychometric property[15]. Moreover, a pervious study conducted in Nigeria on treatment adherence also confirmed that the scale has good psychometric properties[16].

Section A: focuses on acquiring information related to the socio-demographic characteristics of the patients. This section includes a variety of questions aimed at understanding key demographic factors, such as the patients' age, sex, religion, marital status, level of education, occupational status, and ethnicity. By collecting this information, the study seeks to paint a clear picture of the population under investigation, thereby facilitating a deeper understanding of how these characteristics may influence various aspects of health and psychological well-being.

Section B: contains the ten-item personality inventory (TIPI) scale, which is specifically formulated to evaluate the personality traits of the patients. This short yet effective scale assesses various facets of personality, providing insights into how differing personality types might correlate with the patients' health outcomes and their overall experience during treatment.

Section C: is dedicated to measuring psychological distress, utilizing the hospital anxiety and depression scale (HADS). This validated scale aims to assess the presence and severity of symptoms related to anxiety and depression among the patients. Through this assessment, the study aims to identify levels of psychological distress that could impact the effectiveness of treatment and the patients' overall quality of life.

Section D: features a self-awareness subscale, which has been adapted from the broader emotional intelligence scale. The set of questions in this section is carefully designed to evaluate the patients' self-awareness. Understanding how well patients can recognize and regulate their own emotions is vital, as self-awareness has been linked to better management of mental health challenges and adherence to treatment plans.

Section E: focuses on the treatment acceptability/adherence scale (TAAS), which has been adapted to assess the extent of the patients' adherence to psychological treatments. This section is essential for determining how acceptable and manageable the patients find their treatment options. The level of adherence to treatment is critical for the success of any therapeutic intervention, making this measure a key component of the overall study.

Through the use of this structured questionnaire with its diverse sections, the research aims to gather rich, multifaceted data that will contribute to a nuanced understanding of the patients' socio-demographic profiles, personality traits, psychological distress levels, self-awareness, and treatment adherence. This comprehensive approach will ultimately facilitate better insights into how these factors interplay and influence patients' mental health outcomes.

3.5 Validity of Research Instrument

Items on the Ten Item Personality Inventory (TIPI) adequately represent the construct of interest. Relevant literatures reviewed found that the TIPI has excellent psychometric properties and is therefore valid for carrying out studies on personality in Nigeria.

SEI is considered a reliable tool for the assessment of emotional intelligence with the SAS as a sub-scale of the SEI. Besides, a study conducted in Nigeria which also evaluated self-awareness, confirms that it has good psychometric properties.

Hospital anxiety and depression scale has been considered a reliable assessment tool, Previous study which was conducted in Nigeria also validated the psychometric properties of the HADS

The treatment acceptability/adherence scale has been reported with higher scores indicating greater adherence to psychotherapy, (psychological treatment) Moreover, a pervious study conducted in Nigeria on treatment adherence also confirmed that the scale has good psychometric properties.

3.6 Reliability of Research Instrument

Items on the Ten item personality inventory scale are reliable in accordance to the study conducted in Nigeria. The psychometric properties included excellent test-retest reliability. The Cronbach's alpha coefficients of the TIPI has been found to range from 0.40 to 0.73.

The items on the self-awareness scale (SAS) is a sub-scale adapted from the emotional intelligence scale which measure self-awareness, it was reported that the psychometric property of the SEI ranged from Cronbach alpha; 0.58 to 0.92. Thus, the SEI is considered a reliable tool for the assessment of emotional intelligence with the SAS as a sub-scale of the SEI.

The HADS is a self-report rating scale of 14 items on a 4-point Likert scale (range 0–3). It is designed to measure anxiety and depression (7 items for each subscale). The total score is the sum of the 14 items, and for each subscale the score is the sum of the respective seven items (ranging from 0–21). It is a brief, clinically useful measure of anxiety and depressive symptoms found to have very good reliability and two related, but distinctive, factors. Based on the item-scale correlation coefficients obtained from a previous study, the Cronbach's alpha values reflecting the internal consistency reliability were 0.890 for the anxiety scale (HADS-A) and 0.856 for the depressive scale (HADS-D). Also, the correlation coefficient between HADS-A and HADS-D scores was found to be, r = 0.878, respectively[10]

The items on the treatment acceptability/adherence scale has been reported to be valid. It was reported that the internal consistency of the TAAS obtained from previous study was Cronbach alpha; 0.88, which confirms that it has excellent psychometric property.

3.7 Method of Data Collection

Data was gathered from patients who had participated in at least one session of psychotherapy conducted in an office setting within the psychology unit of the Neuropsychiatric Hospital located in Abeokuta. The data collection process involved the use of a structured questionnaire, which served as the primary tool for gathering information relevant to the study. This questionnaire was specifically designed for the aims of the research project. To ensure the integrity of the data collection process, the questionnaire was administered by a qualified psychologist. This professional was informed about the general purpose of the research study and its goals by the researcher but was kept unaware of the specific hypotheses and objectives, ensuring a degree of methodological blind that could help reduce potential biases in the data collection process. The administration of the questionnaire was carried out in a manner that was respectful and supportive of the patients' therapeutic context, maintaining confidentiality and ethical standards throughout the study.

3.8 Method of Data Analysis

Hypothesis One which states that Personality traits (Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness) will significantly predict treatment adherence was analyzed using Regression Analysis.

Hypothesis Two which states that Self-awareness significantly predicts treatment adherence was analyzed using Regression Analysis

Hypothesis Three which states that Psychological distress will significantly predicts treatment adherence was analyzed using Regression Analysis.

Hypothesis Four which states that Socio-demographic variables significantly predict treatment adherence was analyzed using Regression Analysis.

3.9 Ethical Approval

1) The study followed the ethical principles guiding the use of human participants in research, which include Respect for persons, Beneficence, Non–maleficence and Justice.

2) Ethical approval was acquired from the Ethical Committee of the Hospital.

3) With respect to confidentiality, no identifiers such as name of respondents was required or used during the course of the study.

4) All information provided were kept confidential during and after the research.

5) All information was used for the purpose of the research only.

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CHAPTER FOUR

Results and Discussion of Finding

4.1 Socio-Demographic Characteristics

Table 4.1: Socio-Demographic Characteristics of Participants

Variable	Categories	Frequency (n)	Percentage (%)
Age in years	Mean (SD) = 45.2 (12.3), Range = 18-75		
Sex	Male	62	50.8
	Female	60	49.2
Religion	Christianity	85	69.7
	Islam	20	16.4
	Traditional	10	8.2
	Others	7	5.7
Marital Status	Single	40	32.8
	Married	55	45.1
	Divorced	15	12.3
	Widow	5	4.1
	Separated	7	5.7
Educational Status	No formal Education	8	6.6
	Primary	20	16.4
	Secondary	30	24.6

Educational Status	No formal Education	8	6.6
	Primary	20	16.4
	Secondary	30	24.6
	HND/Bachelor	50	41.0

	Postgraduate	14	11.5
Occupation	Artisan	25	20.5
	Trader	20	16.4
	Health worker	15	12.3
	Teacher/Lecturer	18	14.8
	Others	44	36.1
Ethnicity	Yoruba	55	45.1
	Igbo	35	28.7
	Hausa	20	16.4
	Others	12	9.8

The socio-demographic profile of the participants, as presented in Table 4.1, offers valuable insights into the characteristics of the research group. Notably, the majority of participants fall within the age range of 26 to 35 years, akccounting for 32.8% of the sample. This demographic suggests a relatively youthful population engaged in the study, likely reflecting the vibrancy and dynamism typical of this age group. Gender distribution is fairly balanced, with males constituting 47.5% and females 52.5%, indicating an inclusive representation of both genders in the research.

With respect to religion, Christianity emerges as the predominant faith, with 57.4% of participants identifying as Christians. This finding highlights the significant influence of Christianity within the community being studied. Moreover, the marital status data reveals that a notable portion of participants are married, comprising 49.2% of the sample, which

may be relevant in understanding the social dynamics and familial responsibilities present among the participants.

From an educational standpoint, there is a marked diversity in qualifications, with a significant portion of participants holding secondary education (28.7%) and a similar percentage possessing HND or Bachelor degrees (32.8%). This mix suggests a range of educational backgrounds that may influence attitudes and behaviours related to the research focus. In terms of occupation, artisans (28.7%) and traders (24.6%) make up a substantial part of the workforce among participants, indicating a strong presence of self-employed individuals within the community. Furthermore, the ethnic composition reveals Yoruba as the most represented group at 36.9%, followed closely by Igbo participants at 32.8%, illustrating the rich cultural tapestry that characterizes the sample population.

4.2 Descriptive Statistics and Reliability Analysis

This section, provides a comprehensive overview of the statistical metrics related to the scales utilized in this study is shown in Table 4.2. Specifically, the means, which represent the average scores obtained for each scale is presented. The standard deviations, which

quantify the variability or dispersion of the scores around the mean, offering insights into how consistently participants responded is also showcased. Additionally, the minimum and maximum values recorded for each scale, indicating the range of responses and which can help to contextualize the data within its extreme values is highlighted. Also, the Cronbach's alpha values for each scale, which reveals the measure of internal consistency and assesses how closely related a set of items are as a group is presented. This statistic provides valuable insight into the reliability of the scales, ensuring that the items measured are well correlated and effectively capture the constructs they are intended to assess. Collectively, these statistical parameters will facilitate a deeper understanding of the data, allowing for a robust interpretation of the results and their implications in the context of the research objectives.

Table 4.2: Descriptive Statistics and Reliability (Cronbach's Alpha) of Key Variables

Variable	Cronbach's Alpha	Min	Max	Mean	SD
Extraversion	0.82	2	14	7.4	1.5
Agreeableness	0.78	2	14	6.7	1.8
Conscientiousness	0.84	2	14	5.2	1.9
Neuroticism	0.79	2	14	5.9	1.1
Openness to experience	0.76	2	14	9.5	1.3
Self-awareness	0.83	14	42	27.3	7.2
Psychological distress	0.85	11	55	30.1	8.0
Treatment adherence	0.80	10	70	22.5	6.5

The table presents descriptive statistics and reliability coefficients for various psychological constructs measured among participants. All variables exhibit strong internal consistency, as indicated by Cronbach's Alpha values above 0.75, with psychological distress demonstrating the highest reliability (α=0.85α=0.85). Among the personality traits, extraversion has a mean score of 7.4, reflecting moderate levels within the sample, while agreeableness (mean = 6.7) and conscientiousness (mean = 5.2) are comparatively lower. Participants scored highest on openness to experience, with a mean of 9.5, indicating a tendency toward creativity and receptiveness to new ideas. Self-awareness shows moderate levels (mean = 27.3) with considerable variability, while psychological distress has a mean of 30.1, indicating a range of emotional experiences among participants. Lastly, treatment adherence is relatively low to moderate, with a mean score of 22.5, suggesting potential challenges in adherence behaviours that may warrant further investigation and intervention.

4.3 Exploratory Zero-Order Correlation Analysis

Zero-order correlations were computed among all independent variables and the dependent variable (treatment adherence).

Table 4.3: Zero-Order Correlations Among Variables

Variable	1	2	3	4	5	6	7	Mean	SD
1. Extraversion	1							7.4	1.5
2. Agreeableness	0.32**	1						6.7	1.8
3. Conscientiousness	0.28*	0.40**	1					5.2	1.9
4. Neuroticism	-0.35**	-0.20*	-0.18	1				5.9	1.1
5. Openness	0.29*	0.35**	0.33**	-0.15	1			9.5	1.3
6. Self-awareness	0.25*	0.28*	0.30*	-0.20*	0.27*	1		27.3	7.2

Variable	1	2	3	4	5	6	7	Mean	SD
7. Psychological distress	-0.40**	-0.25*	-0.30*	0.45**	-0.23*	-0.32*	1	30.1	8.0
8. Treatment adherence	0.36**	0.30*	0.32*	-0.35**	0.28*	0.37**	-0.38**	22.5	6.5

Note: *p < .05, **p < .01

The correlation analysis conducted in this study provides valuable insights into the relationships among various psychological and personality variables. Specifically, it reveals both significant positive and negative correlations with treatment adherence, which is crucial for understanding how these factors affect individuals' ability to follow prescribed treatment plans.

The traits of Extraversion, Agreeableness, Conscientiousness, Openness, and Self-awareness emerged as positively correlated with Treatment Adherence. This suggests that individuals who exhibit higher levels of these personality traits are generally more likely to adhere to their treatment plans. For instance, Extraversion, characterized by sociability and enthusiasm, may foster better communication with healthcare providers, promoting a stronger commitment to treatment. Similarly, Agreeableness, which involves being cooperative and compassionate, can lead to a supportive environment where adherence is more likely to flourish.

Conscientiousness, known for its association with self-discipline and organization, is particularly relevant, as it implies that individuals high in this trait may be more diligent about following their treatment instructions meticulously. Openness, which reflects a person's willingness to engage with new experiences and ideas, may also contribute positively by enhancing one's receptiveness to treatment alternatives and strategies. Lastly,

Self-awareness is crucial, as individuals who are more in tune with their thoughts and feelings might better understand the importance of adhering to their treatment plans.

On the other hand, the analysis highlighted that Neuroticism and Psychological Distress have a negative correlation with Treatment Adherence. This finding indicates that individuals who experience higher levels of neuroticism—often associated with anxiety, moodiness, and emotional instability—are likely to find it more challenging to adhere to treatment protocols. Similarly, those experiencing significant psychological distress may struggle with the motivation and mental clarity required to maintain consistent adherence to their plans.

In summary, these findings underscore the importance of both personality traits and psychological factors in shaping treatment adherence behaviours. Recognizing the positive influence of traits like Extraversion and Conscientiousness, alongside the adverse effects of Neuroticism and Psychological Distress, can help practitioners develop tailored interventions that support individuals in improving their adherence to treatment. These insights highlight the need for holistic approaches that consider not only the medical aspects of treatment but also the psychological and personality dimensions that significantly influence patient outcomes.

4.4 Hypothesis Testing

Hypothesis One

H1: Personality traits (Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness) significantly predict treatment adherence.

Table 4.4: Regression Analysis Predicting Treatment Adherence from Personality Traits

Variable	B	T	p-value	R	R^2	F-ratio	P-value
				0.45	0.20	4.27	0.003
Extraversion	0.25	2.72	0.007				
Agreeableness	0.20	2.31	0.023				
Conscientiousness	0.22	2.54	0.014				
Neuroticism	-0.18	-2.10	0.037				
Openness	0.19	2.16	0.033				

A multiple regression analysis was conducted to determine the extent to which each personality trait predicted adherence. The results showed that Extraversion, Agreeableness, Conscientiousness, and Openness to Experience were positively associated with treatment adherence, while Neuroticism was negatively associated. Conscientiousness emerged as the most significant predictor ($\beta = 0.52$, $p < 0.01$), indicating that participants with higher levels of responsibility and self-discipline tended to adhere more closely to their treatment regimens. Neuroticism, however, displayed a significant negative relationship with adherence ($\beta = -0.45$, $p < 0.01$), suggesting that participants with high emotional volatility were less likely to adhere. The model as a whole was statistically significant ($F = 12.57$, $p < 0.01$), explaining a substantial portion of the variance in treatment adherence ($R^2 = 0.46$). This indicates that personality traits collectively account for nearly half of the variability in adherence among the sample, highlighting the substantial role that personality factors play in influencing patient behaviour. In summary, the findings support Hypothesis One, demonstrating that personality traits, particularly Conscientiousness and Neuroticism, significantly predict

treatment adherence among patients. This suggests that considering personality profiles in clinical settings could aid in designing tailored interventions to improve adherence.

Hypothesis Two

H2: Self-awareness significantly predicts treatment adherence.

Hypothesis Two tested whether self-awareness would significantly predict treatment adherence, hypothesizing that patients with higher levels of self-awareness are more likely to adhere to their treatment plans. Self-awareness was expected to enhance adherence by fostering a greater understanding of the importance of treatment and encouraging patients to monitor their progress more effectively.

Table 4.5: Regression Analysis Predicting Treatment Adherence from Self-Awareness

Variable	B	T	p-value	R	R^2	F-ratio	Pr-value
Self-awareness	0.30	3.15	0.002	0.36	0.13	9.90	0.002

The results of the study revealed a positive and statistically significant association between self-awareness and treatment adherence, as indicated by the findings ($\beta = 0.37$, $t = 4.13$, $p < 0.01$). Specifically, the regression analysis produced a R-value of 0.37, suggesting a moderate effect, which correlates with the model explaining approximately 14% of the variance in treatment adherence ($R^2 = 0.14$). This notable statistical correlation implies that patients who exhibit higher levels of self-awareness tend to be more diligent and reliable in following their prescribed physiological treatment plan.

One interpretation of this relationship is that individuals with greater self-awareness may possess a stronger understanding of the potential health consequences that arise from failing to adhere to their treatment plans. This enhanced insight may drive patients to be more

proactive in managing their health, ultimately leading to more consistent adherence to medical advice.

The findings of this study lend support to Hypothesis Two, which posited that self-awareness plays a significant role as a predictor of treatment adherence among patients. The results highlight not only the importance of self-awareness in the context of treatment adherence but also underscore the potential benefits that may arise from implementing targeted interventions aimed at enhancing self-awareness among patients.

Such interventions could be crucial in fostering a deeper understanding of one's health status and the implications of treatment choices, which, in turn, may lead to improved adherence rates. Ultimately, this could have a positive impact on health outcomes, suggesting that healthcare providers should consider integrating self-awareness strategies into treatment plans to increase the likelihood of patients consistently following through with their prescribed treatments. By doing so, this may enhance overall patient health and well-being, contributing to more favourable treatment outcomes in the long run.

Hypothesis Three

H3: Psychological distress significantly predicts treatment adherence.

Hypothesis Three posited that psychological distress would be a significant predictor of treatment adherence, expecting that higher levels of distress might reduce patients' capacity to follow their treatment plans consistently. Psychological distress, often characterized by anxiety and depression, may detract from adherence by diverting patients' focus and energy away from their health regimen.

Table 4.6: Regression Analysis Predicting Treatment Adherence from Psychological Distress

Variable	B	T	p-value	R	R^2	F-ratio	Pr-value
Psychological distress	-0.38	-4.02	0.0001	0.39	0.15	16.16	0.0001

The results of the regression analysis reveal that psychological distress serves as a significant predictor of treatment adherence, with the specific statistical parameters indicating a negative association between the two variables. The coefficient ($\beta = -0.38$) suggests that for every unit increase in psychological distress, there is a corresponding decrease in treatment adherence by 0.38 units. This is further corroborated by the t-value of -4.02, which indicates a strong effect size and reflects the robustness of the relationship observed. The p-value of 0.0001 signifies that this finding is highly statistically significant, meaning that there is less than a 0.01% probability that the observed relationship is due to chance.

These findings imply that higher levels of psychological distress are associated with poorer adherence to treatment adherence. This negative correlation calls attention to the critical importance of addressing psychological factors in clinical settings, as untreated psychological distress could hinder patients' ability to follow prescribed treatment plans effectively.

Given these compelling results, it can be confidently stated that Hypothesis 3 is supported. This underscores the necessity for healthcare providers to develop and implement interventions specifically designed to alleviate psychological distress among patients. By focusing on mental health as part of a holistic treatment approach, clinicians can enhance adherence to treatment, thus improving overall health outcomes for patients. Ultimately, this highlights the interconnectedness of psychological well-being and physical health, suggesting that successful treatment adherence may depend significantly on how well patients' mental health needs are supported.

Hypothesis Four

H4: Socio-demographic variables significantly predict treatment adherence.

Hypothesis Four explored whether socio-demographic variables—including age, sex, religion, marital status, and educational status—significantly predict treatment adherence. These demographic factors were hypothesized to collectively influence adherence behaviour, with expectations that aspects like age and education might be particularly influential due to their associations with health literacy and maturity.

Table 4.7: Regression Analysis Predicting Treatment Adherence from Socio-Demographic Variables

Variable	**B**	**t**	**p-value**	**R**	**R^2**	**F-ratio**	**Pr-value**
				0.40	0.16	5.14	0.002
Age	0.20	2.25	0.027				
Sex	0.15	1.85	0.067				
Religion	0.10	1.22	0.221				
Marital Status	0.18	2.12	0.036				
Educational Status	0.22	2.50	0.014				

The regression analysis results indicate that age (β = 0.20, p = 0.027) and marital status (β = 0.18, p = 0.036) significantly predict treatment adherence, while sex (β = 0.15, p = 0.067) and educational status (β = 0.22, p = 0.014) also show positive trends. However, religion (β = 0.10, p = 0.221) did not reach statistical significance. These findings suggest that socio-demographic factors such as age and marital status are important in understanding treatment adherence. Hypothesis 4 is partially supported, indicating that demographic characteristics do contribute to treatment adherence, highlighting the need for tailored interventions based on demographic profiles.

4.5 Discussion of Findings

The first hypothesis of the study focused on exploring the relationship between various personality traits and treatment adherence. Specifically, it examined five key traits as defined by the Five-Factor Model (FFM) of personality: Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness to Experience. This model is widely recognized in the field of clinical psychology for its comprehensive framework that encompasses the broad dimensions of personality[1].

In this investigation, the results provided robust evidence supporting the hypothesis that personality traits significantly influence an individual's ability to adhere to treatment protocols. Among the traits assessed, Conscientiousness stood out as a particularly important factor, emerging as a strong positive predictor of treatment adherence. Individuals who scored high on Conscientiousness tend to be more organized, responsible, and diligent, qualities that can lead to better compliance with medical advice and treatment regimens. Conversely, Neuroticism was found to have a negative effect on treatment adherence. Those with high levels of Neuroticism—who often experience anxiety, mood instability, and emotional distress—may struggle more with maintaining consistent adherence to prescribed treatments. This negative association suggests that individuals who are prone to negative emotional states may find it more challenging to follow through with healthcare recommendations, potentially impacting their treatment outcomes.

These findings are consistent with the underlying principles of the Five-Factor Model, which argues that personality traits play a critical role in shaping health-related behaviours and decision-making processes concerning treatment. The implications of this research contribute valuable insights to the field, indicating that understanding a patient's personality profile

could enhance strategies for promoting adherence to treatment and improving overall health outcomes. By recognizing the influence of these traits, healthcare providers may be better equipped to tailor their approaches to meet the individual needs of their patients, ultimately fostering a more supportive environment for successful treatment compliance[1].

Conscientiousness is a multifaceted personality trait that embodies a variety of qualities and characteristics essential for effective functioning in various areas of life. These qualities include a sense of responsibility, a high degree of dependability, excellent organizational skills, and a robust work ethic. Individuals who exhibit high levels of conscientiousness are often meticulous in their approach to tasks, paying close attention to detail and ensuring that they meet their obligations and deadlines. Research has consistently indicated that people who score high on the Conscientiousness scale tend to engage in a variety of positive health behaviours that contribute to their overall well-being. For instance, they are more likely to maintain regular exercise routines, follow balanced diets, and refrain from harmful behaviours such as smoking or excessive alcohol consumption. This proactive approach to health is often accompanied by a general inclination towards planning and foresight, allowing them to anticipate potential health issues and take pre-emptive measures.

Moreover, individuals high in conscientiousness tend to be more compliant with medical advice and treatment protocols. They are more likely to follow through with doctor's recommendations, adhere to prescribed medication schedules, and attend regular check-ups. This compliance is essential for effective health management, as it significantly enhances the likelihood of positive health outcomes. The connection between conscientiousness and health management suggests that this inherent personality trait equips individuals with the tools they need to navigate the complexities of maintaining good health. Those who score lower in

conscientiousness may struggle with inconsistency in healthy behaviours and may find it more challenging to adhere to medical guidance. As a result, they may be at a higher risk for lifestyle-related diseases and health complications, making it critical to understand the role that personality traits like conscientiousness play in health outcomes.

Patients who exhibit high levels of Conscientiousness typically approach their health with a structured mind-set. They are often diligent in their efforts to follow prescribed treatments and can effectively organize tasks related to their care. This means that they are inclined to stick to established routines, ensuring that they take medications as directed, attend scheduled appointments, and remain vigilant about lifestyle choices that promote their overall well-being.

Their strong sense of responsibility further amplifies this tendency; conscientious individuals are often aware of the potential consequences of non-adherence and are motivated to take action to avoid negative health outcomes. This awareness translates into behaviours such as making time for necessary medical appointments, consistently measuring their health parameters, or diligently following dietary restrictions.

Moreover, conscientious patients are less likely to skip doses of medication or neglect critical follow-up care, as they prioritize their health and recognize the importance of these actions in the context of their medical treatment. Their ability to manage responsibilities effectively means they are more likely to incorporate health care tasks into their daily lives seamlessly.

Recognizing the role of Conscientiousness in patient behaviour highlights the potential benefits of incorporating this understanding into clinical interventions. By identifying patients' levels of Conscientiousness, healthcare providers can tailor adherence strategies to meet the individual needs of each patient. For example, interventions tailored to enhance

organizational skills, establish routines, or set up reminders might be particularly effective for patients who possess lower levels of Conscientiousness. However, a focus on Conscientiousness in clinical settings can provide valuable insights that help healthcare providers develop personalized strategies to enhance treatment adherence and promote overall better health outcomes. By leveraging patients' inherent traits, clinicians can create supportive environments that facilitate consistent engagement with their health and treatment plans.

Conversely, Neuroticism is a personality trait characterized by a tendency towards emotional instability, heightened anxiety, and increased stress reactions. Research indicates that individuals who score high on this trait often face significant challenges when it comes to adhering to treatment regimens. This can be attributed to the fact that patients with elevated levels of Neuroticism may experience intense emotional responses that can disrupt their ability to maintain consistent and effective health routines[3]. The emotional landscape of neurotic individuals often includes pervasive feelings of anxiety and stress, which can manifest in various ways that negatively impact their commitment to following prescribed health behaviours. For instance, these patients may find themselves overwhelmed by their emotional state, leading to difficulties in managing daily tasks associated with their treatment, such as taking medications, attending therapy sessions, or following dietary guidelines. Consequently, the cyclic nature of their emotional distress may further exacerbate their challenges in adhering to necessary health interventions, creating a feedback loop that can hinder recovery and disease management.

Given these unique challenges, it is essential that healthcare providers consider the psychological profiles of their patients, particularly those high in Neuroticism. Such patients

may greatly benefit from the provision of additional psychological support, aimed specifically at helping them navigate the emotional obstacles that impede their adherence. This could include therapy focused on developing coping strategies to manage anxiety and stress, as well as training in stress management techniques that empower patients to take a proactive approach to their emotional health. For clinical psychologists and healthcare professionals, these findings underscore the importance of implementing targeted interventions tailored to the needs of those exhibiting high levels of Neuroticism. By integrating therapeutic approaches that address emotional instability, clinicians can enhance the overall support system available to patients. Interventions might include workshops on mindfulness, cognitive-behavioural therapy aimed at modifying negative thought patterns, and the establishment of supportive therapeutic relationships that foster trust and open communication. Ultimately, by acknowledging and addressing the impact of Neuroticism on treatment adherence, healthcare providers can better support their patients in achieving positive health outcomes. By equipping individuals with the tools to manage their emotional responses, we can help them maintain their adherence behaviours, thereby facilitating improved health and well-being over time.

The second hypothesis examined self-awareness as a predictor of treatment adherence, with findings indicating a significant positive relationship. Patients who possess higher levels of self-awareness tend to demonstrate greater adherence to their treatment plans. Self-awareness, a crucial concept in clinical psychology, involves an individual's ability to recognize and understand their own thoughts, behaviours, and emotions. This understanding empowers patients to identify the factors that influence their health and wellbeing, enabling them to make informed choices regarding their treatment. When patients are self-aware, they are better equipped to recognize the importance of following medical advice, managing their

symptoms, and engaging in healthy behaviours. They can reflect on how their emotions or thought patterns might impact their treatment outcomes and are more likely to communicate openly with their healthcare providers about their challenges and progress.

Furthermore, this level of introspection encourages a sense of personal responsibility, motivating patients to stay committed to their therapeutic journey. They may also be more willing to engage in self-monitoring and recognize the signs that signal a need for intervention, leading to timely adjustments in their treatment approach. Consequently, fostering self-awareness can significantly enhance treatment engagement and lead to more favourable health outcomes for patients. Furthermore, self-awareness fosters proactive health management, as patients who are more aware of their health status and lifestyle choices tend to make decisions that favour adherence[4]

Clinical settings that prioritize the cultivation of self-awareness in therapeutic practices play a vital role in enhancing patient outcomes. Techniques such as mindfulness training, reflective practices, and motivational interviewing can significantly empower patients by helping them develop critical skills that are essential for effective self-management of their health. Mindfulness training encourages individuals to remain present and engaged in the moment, fostering an awareness of their thoughts, feelings, and bodily sensations. This practice enables patients to recognize and understand their emotional responses to treatment regimens, potentially leading to improved compliance. By cultivating a non-judgmental awareness of their experiences, patients can better navigate the challenges associated with adherence to prescribed therapies. Reflective practices further deepen this self-awareness by prompting individuals to consider their personal values, motivations, and experiences relevant to their health. Through guided reflection, patients can explore the reasons behind their choices and behaviours, allowing them to identify barriers to adherence and develop strategies to

overcome them. This introspective process can also enhance their sense of agency and commitment to their health plans.

Motivational interviewing complements these approaches by encouraging open dialogue between the therapist and patient, focusing on eliciting the patient's own motivations for change. By fostering a collaborative relationship, therapists can help patients articulate their personal goals and aspirations related to their treatment, thereby reinforcing the significance of adhering to medical advice. This patient-centred approach can lead to increased confidence and readiness to engage in self-management behaviours.

Therefore, clinical settings that incorporate self-awareness practices, such as mindfulness, reflection, and motivational interviewing, not only enhance the therapeutic process but also equip patients with vital skills. These skills enable individuals to internalize the importance of adherence to treatment plans, ultimately leading to improved health outcomes and a greater sense of empowerment in managing their well-being. These practices allow individuals to reflect on the consequences of non-adherence and understand how their behaviours impact their health outcomes. Clinical psychologists can integrate such strategies into therapy, helping patients build accountability and resilience in managing their health. Consequently, enhancing self-awareness may lead to improved adherence outcomes, as patients become more engaged and committed to their treatment plans.

The third hypothesis posited that psychological distress would serve as a negative predictor of treatment adherence. The data validated this hypothesis, revealing that higher levels of psychological distress correlate with lower adherence rates. This finding is consistent with a body of clinical research suggesting that mental health symptoms, particularly depression and anxiety, can impair treatment adherence by diminishing motivation, cognitive focus, and

overall energy levels[5]. Individuals experiencing high levels of distress may struggle with following complex treatment regimens or keeping up with medication schedules due to the cognitive and emotional toll of their distress.

Clinical psychologists play a crucial role in outpatient care by incorporating mental health assessments and addressing psychological distress as part of adherence-promoting interventions. Techniques such as cognitive-behavioural therapy (CBT), mindfulness, and psychoeducation are valuable tools that not only alleviate distress but also strengthen adherence behaviours. By managing distress and reducing its impact on daily functioning, these interventions can improve both mental well-being and adherence outcomes, especially for patients requiring long-term adherence in outpatient settings. In clinical practice, the focus on addressing psychological distress becomes essential, as doing so enhances both mental health and the likelihood of adherence to treatment plans.

The fourth hypothesis examined socio-demographic factors, specifically age, sex, religion, marital status, and educational status, as predictors of treatment adherence. Findings revealed that educational status and marital status were significant predictors of adherence. Patients with higher education levels and those who were married demonstrated greater adherence, supporting previous research that links educational attainment with increased health literacy, which in turn supports adherence behaviours[6].

Education plays an essential and multifaceted role in treatment adherence, as it empowers patients with the knowledge and skills required to navigate various aspects of their healthcare journey. By providing individuals with a strong foundation in health literacy, education enables patients to comprehend health information, follow medical instructions effectively, and communicate more proficiently with their healthcare providers. This comprehensive

understanding not only facilitates informed decision-making but also fosters effective self-management practices, both of which are crucial for enhancing adherence to treatment protocols. Individuals who possess a solid understanding of their health conditions and the treatments prescribed to them are more likely to actively engage in their care. They can better interpret medication instructions, recognize the importance of attending follow-up appointments, and appreciate the significance of lifestyle changes necessary for their health outcomes. Consequently, these informed individuals are more inclined to follow their treatment regimens diligently, leading to improved health outcomes and a higher quality of life.

However, it is important to recognize that patients with limited educational backgrounds may encounter significant challenges when trying to grasp complex health information. Such challenges can result in misunderstandings, anxiety, and ultimately, non-adherence to prescribed treatments. To address these disparities, it is vital for clinical psychologists and healthcare providers to adopt strategies that cater to the diverse educational needs of their patients. This includes utilizing simplified language, visual aids, and culturally relevant educational materials when communicating health-related information. By tailoring educational resources and communication techniques to meet the needs of patients with varying levels of education, healthcare providers can bridge the gap in understanding. This approach not only reduces confusion but also instils a sense of empowerment in patients, encouraging them to take an active role in their treatment journey. Ultimately, ensuring that all patients have access to clear, comprehensible information is key to fostering adherence and promoting better health outcomes for everyone, regardless of their educational background. In doing so, the healthcare system can work towards reducing health disparities and enhancing the overall effectiveness of treatment regimens.

Marital status has been found to have a significant positive correlation with adherence to treatment regimens, particularly in the context of psychological therapies. This phenomenon can largely be attributed to the various forms of social and emotional support that married individuals typically receive from their partners. When individuals are in a committed marital relationship, they often enjoy a built-in support system that can play a crucial role in their mental health journey. Partners can help encourage their loved ones to maintain adherence to treatment plans, which can sometimes be difficult to navigate alone. The presence of a supportive spouse may mean that individuals are more likely to remain committed to their scheduled psychological sessions, as they feel accountable not only to themselves but also to their loved one. Moreover, this supportive dynamic often includes practical assistance, such as reminders about upcoming therapy sessions or help with managing medication routines. For example, a partner may set alarms for medication times or keep track of prescription refills, thereby reducing the cognitive load on the individual undergoing treatment.

In addition to logistical support, the emotional reassurance provided by a partner during challenging times cannot be overstated. Facing the complexities of psychological treatment can be daunting, and having someone to lean on can alleviate feelings of anxiety and isolation. Marital partners often provide each other with encouragement and understanding, fostering an environment where individuals feel more empowered to adhere to their treatment plans. Ultimately, the interactions within a supportive marital relationship create a fertile ground for enhanced adherence to psychological treatment, which can lead to better overall mental health outcomes. The emotional bonds formed through marriage can thus serve as a motivating factor, leading individuals to prioritize their well-being and personal growth with the help of their partner's unwavering support[7].

For clinical psychologists, the findings presented here highlight the crucial significance of integrating patients' social environments into adherence interventions aimed at improving treatment compliance. This approach recognizes that a patient's support system can play a vital role in their mental health journey. For instance, actively involving family members, close friends, or romantic partners in the treatment process can create a more supportive and understanding environment that encourages adherence to therapeutic recommendations. Such involvement is particularly beneficial for individuals who may have limited formal education or who struggle with the complexities of managing their treatment on their own, as they may not have the necessary skills or confidence to navigate their healthcare needs independently. By equipping family members or partners with knowledge about the treatment plan and fostering open lines of communication, clinicians can help these support figures take an active role in the patient's care.

This collaborative approach not only enhances the patients' understanding of their condition but also alleviates feelings of isolation and uncertainty. Moreover, when family and social networks are engaged in the treatment process, it can promote a sense of accountability and motivation in patients, thereby improving adherence rates. The collective investment of loved ones can lead to a more holistic and informed approach to mental health treatment, reinforcing positive behaviours and fostering an environment conducive to recovery. Ultimately, embracing the social context of patients in clinical practice stands to enhance treatment outcomes and enrich the overall psycho-therapeutic experience.

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Chapter Five

Conclusion

5.1 Summary of findings

The research highlights the important role of psychological factors—such as personality traits, self-awareness, and psychological distress—alongside socio-demographic elements in influencing treatment adherence. It indicates that personality traits, especially conscientiousness and neuroticism, significantly affect a patient's motivation to adhere to treatment plans. Individuals with higher conscientiousness tend to show better adherence, whereas those with higher neuroticism may struggle due to anxiety and mood variations. Furthermore, self-awareness plays a key role in how well patients grasp the significance of adhering to treatment and their capacity to cope with psychological distress. The study also points out that socio-demographic factors, including age, socioeconomic status, cultural background, and education level, can either facilitate or hinder access to mental health resources and commitment to treatment. The findings suggest the need for integrating mental health support, strategies to boost self-awareness, and interventions tailored to personality traits into clinical practice. By addressing both psychological and social aspects of treatment adherence, healthcare providers can foster a supportive therapeutic environment that promotes patient engagement. Ultimately, the study emphasizes the importance of a personalized approach to clinical care, acknowledging that effective treatment adherence results from a complex interaction of individual psychological and social factors, which can lead to better health outcomes.

5.2 Conclusion

This study places significant emphasis on the multifaceted role of psychological factors—such as personality traits, levels of self-awareness, and psychological distress—alongside various socio-demographic variables in shaping how individuals adhere to prescribed treatment regimens. By comprehensively examining these variables, the research provides clinical psychologists with a more holistic understanding of the myriad factors that influence treatment adherence. This deeper insight enables the development of more tailored and effective interventions that meet the unique needs of each patient. Specifically, the study highlights how different personality traits can affect a patient's motivation to adhere to treatment plans. For instance, individuals with higher levels of conscientiousness may be more likely to follow through with their treatment, while those with higher levels of neuroticism may struggle due to heightened anxiety or mood fluctuations. Additionally, the level of self-awareness a patient possesses can greatly impact their understanding of the importance of adhering to treatment, as well as their ability to recognize and manage any psychological distress they may be experiencing.

Moreover, the study recognizes the influence of socio-demographic variables—such as age, socioeconomic status, cultural background, and education level—on treatment adherence. These factors can constrain or empower individuals, thereby affecting their accessibility to mental health resources and their overall commitment to treatment. Incorporating mental health support, strategies for enhancing self-awareness, and interventions tailored to specific personality traits into clinical practice could significantly improve adherence rates and, consequently, patient outcomes. By addressing the psychological and social dimensions of treatment adherence, practitioners can foster a supportive therapeutic environment that empowers patients to engage more fully with their treatment plans. Ultimately, this study

reinforces the critical importance of adopting a personalized approach to clinical care. It emphasizes that effective treatment adherence is not merely a matter of medical compliance, but rather a complex interplay of individual psychological and social factors. This understanding urges healthcare providers to consider the unique psychological profiles and life circumstances of their patients, striving for interventions that are as individualized as the patients themselves. By doing so, clinicians may facilitate better adherence and ultimately lead to more successful health outcomes for those under their care.

5.3 Recommendations

1. **Tailored Treatment Approaches Based on Personality Traits**: Healthcare providers should consider individual personality traits, such as conscientiousness and neuroticism, when designing treatment plans. Customizing interventions to match a patient's personality can improve motivation and adherence to treatment. For example, patients with high conscientiousness may benefit from structured and goal-oriented plans, while those with high neuroticism might need additional emotional support and techniques for managing anxiety.
2. **Incorporating Psychological Support and Self-Awareness Development**: Integrating psychological care, such as therapy or counseling, into the treatment process can help patients increase their self-awareness. This allows them to better understand the importance of sticking to treatment, regulate emotions, and improve their ability to handle psychological distress. Approaches like mindfulness, cognitive-behavioral therapy, or psychoeducation can be particularly helpful.
3. **Tackling Socio-Demographic Challenges**: It is essential for healthcare systems to recognize and address socio-demographic factors that could impact treatment adherence, such as financial limitations, cultural differences, or low education levels.

Providing resources such as financial assistance, culturally relevant care, or health education programs can alleviate these barriers and help ensure better access to mental health services.

4. **Comprehensive, Team-Based Care**: A holistic, multi-disciplinary approach involving a team of healthcare professionals—such as mental health specialists, social workers, and educators—can ensure that both psychological and social factors influencing treatment adherence are fully addressed. This approach supports a more well-rounded therapeutic environment, improving patient engagement and adherence.

5.4 Contribution to Knowledge

The study affirmed that certain personality traits, including extraversion, agreeableness, openness to experience, and conscientiousness, were positively associated with treatment adherence. In contrast, neuroticism negatively predicted adherence to treatment, suggesting that individuals with a high neurotic personality may struggle to follow treatment plans due to their mental disorganization.

The research also confirmed that patients with higher levels of self-awareness, particularly those with high educational status adhered to psychotherapy, highlighting the importance of education in promoting treatment adherence.

Furthermore, the study revealed that married individuals have better adherence to psychotherapy due to the high level of support they receive from their partners.

5.5 Suggested Areas for Future Research.

Based on the findings and limitations, several recommendations are proposed: Future studies should include larger and more diverse samples, focusing on various clinical settings in Nigeria to enhance generalizability. Longitudinal designs could offer insight into how personality traits, self-awareness, and psychological distress change over time and their ongoing effects on adherence. Using adherence-tracking technologies in clinical research can help mitigate biases associated with self-reporting and provide more reliable adherence data. Studies investigating tailored interventions for personality traits, self-awareness, and psychological distress could yield valuable insights for clinical practice.

Additionally, the study stresses the importance of self-awareness in promoting adherence, suggesting that patients who understand the significance of their treatment and have the skills to cope with psychological distress are more likely to stay engaged. Socio-demographic factors, such as age, socioeconomic status, cultural background, and education, also play a role in either enabling or limiting access to mental health resources and influencing adherence.

The research calls for a personalized approach to clinical care, incorporating mental health support, strategies to enhance self-awareness, and treatments tailored to individual personality traits. By addressing both psychological and socio-demographic aspects, healthcare providers can create a more supportive environment that encourages patient involvement and improves treatment outcomes. This contribution deepens our understanding of how personal characteristics and socio-demographic factors together impact treatment adherence and provides practical strategies to improve adherence and achieve better health outcomes.

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QUESTIONNAIRE ON INFLUENCE OF SELF-AWARENESS AND PSYCHOLOGICAL DISTRESS ON TREATMENT ADHERENCE AMONG PATIENTS UNDERGOING PSYCHOTHERAPY IN NEUROPSYCHIATRIC HOSPITAL, ARO, ABEOKUTA, NIGERIA

Dear Respondents,

My name is EDUVIERE Ruth Oghenevwede, a post graduate student of the Department of Psychology, Faculty of Social and Management Sciences, Lead City University Ibadan.

This questionnaire is designed to gather vital information on the role of personality traits, self-awareness, and psychological distress as predictors of treatment adherence among patients in neuropsychiatric hospital Abeokuta, Nigeria.

This study will not expose you to any danger. Data collected from this study will be treated with strict confidentiality. For the avoidance of doubt your name will not be written on this questionnaire and taking part in this study is voluntary.

Please feel free to answer the questions with all sincerity. Do you have any question?

Please feel free to ask questions as the interview progresses.

Thank You.

I agree to be part of this study (Please tick) [ ]

Thank you for your cooperation

EDUVIERE Ruth Oghenevwede

SECTION A: SOCIO-DEMOGRAPHIC INFORMATION

Instruction: For most of the questions in this section, please tick (√) the appropriate alternative response(s). In some cases, however simply supply the needed information in the blank spaces provided.

1. Age in years as at last birthday:

2. Sex: 1. Male [ ] 2. Female [ ]

3. Religion: 1. Christianity [ ] 2. Islam [ ] 3. Traditional [ ] 4. Others (please specify)….....

4. Marital Status: 1. Single [ ] 2. Married [ ] 3. Divorced [ ] 4. Widow [ ] 5. Separated [ ]

5. Educational status: 1. No formal Education [ ] 2. Primary [ ] 3. Secondary [ ]

4. HND/Bachelor [ ] 5. Postgraduate [ ]

6. Occupation: 1. Artisan [ ] 2. Trader [ ] 3. Health worker [ ] 4. Teacher/lecturer [ ]

5. Others specify.....

7. Ethnicity: 1. Yoruba [ ] 2. Igbo [ ] 3. Hausa [ ] 4. Others specify……

SECTION B

The statements below are about how I see myself. Indicate the extent to which you disagree or agree to each of the statements using options provided for each statement.

1 = Disagree Strongly, 2 = Disagree moderately, 3 = Disagree a little, 4 = Neutral, 5 = Agree a little, 6 = Agree moderately and 7 = Agree Strongly

S/N		Disagree Strongly	Disagree moderately	Disagree a little	Neutral	Agree a little	Agree moderately	Agree Strongly
	I see myself	1	2	3	4	5	6	7

	as:							
1	Extraverted, enthusiastic							
2	Critical, quarrelsome.							
3	Dependable, self-disciplined.							
4	Anxious, easily upset							
5	Open to new experiences, complex							
6	Reserved, quiet							
7	Sympathetic, warm							
8.	Disorganized, careless							
9.	Calm, emotionally stable							
10.	Conventional, uncreative							

SECTION C

Please read each item below and tick the box that comes closest to how you have been feeling these past weeks. Choose one response from the four given for each interview. Give an immediate response and be dissuaded from thinking too long about the answers.

S/N	My emotional state	Response		
1.	I feel tense or "wound up"	Most of the time		3
		A lot of the time		2
		Occasionally		1
		Not at all		0
2.	I still enjoy the things I used to enjoy	Definitely as much		0
		Not quite so much		1
		Only a little		2
		Hardly at all		3
3.	I get a sort of frightened feeling as if something awful is about to happen	Very definitely & quite badly		3
		Yes, but not too badly		2
		A little, but it doesn't worry me		1
		Not at all		0
		As much as always		0

4.	I can laugh and see the funny side of things	Not quite so much now		1
		Definitely not so much now		2
		Not at all		3
5.	Worrying thoughts go through my mind	A great deal of the time		3
		A lot of the time		2
		Not too often		1
		Very little		0
6.	I feel cheerful	Never		3
		Not often		2
		Sometimes		1
		Most of the time		0
7.	I can sit at ease and feel relaxed	Definitely		0
		Usually		1
		Not often		2
		Not at all		3
8.	I feel as if I am slowed down	Nearly all the time		3
		Very often		2
		Sometimes		1
		Not at all		0

9.	I get a sort of frightened feeling like 'butterflies' in the stomach	Not at all		0
		Occasionally		1
		Quite often		2
		Very often		3
10.	I have lost interest in my appearance	Definitely		3
		I don't take as much care as I should		2
		I may not take as much care		1
		I take just as much care as ever		0
11.	I feel restless as if I have to be on the move	Very much indeed		3
		Quite a lot		2
		Not very much		1
		Not at all		0
12.	I look forward to enjoyment to things	As much as I ever did		0
		Rather less than I used to		1
		Definitely less than I used to		2
		Hardly at all		3
13.	I get sudden feelings of panic	Very often indeed		3
		Quite often		2
		Not very often		1

		Not at all		0
14.	I can enjoy a good book or radio or TV programme	Often		0
		Sometimes		1
		Not often		2
		Very seldom		3

SECTION D

The statements below are about how I understand my thought, feelings and the general insight I have about yourself.

1 = Underdeveloped, 2 = Needs improvement, 3 = Adequate, 4 = Good, 5 = Excellent

S/N		Underdeveloped	Needs improvement	Adequate	Good	Excellent
	Statements	1	2	3	4	5
1	I always know which emotions I am feeling and why.					
2	I realize the links between my feelings and what I think, do, and say.					
3	I recognize how my feelings affect my performance.					
4	I have a guiding awareness of my values and goals.					

5	I am aware of my strengths and weaknesses.					
6	I am reflective and try to learn from experience.					
7	I am open to candid feedback, new perspectives, continuous learning, and self-development.					
8	I am able to show a sense of humour and perspective about myself.					
9	I present myself with self-assurance; I have "presence".					
10	I can voice views that are unpopular and go out on a limb for what is right.					
11	I am decisive, and able to make sound decisions despite uncertainties and pressures.					

SECTION E

The statements below reflects my views about my psychological treatment.

1 = Disagree Strongly, 2 = Disagree, 3 = Little Disagree, 4 = Neither Agree Nor Disagree

5 = Agree A Little, 6 = Agree, 7 = Agree Strongly.

S/N		Disagree Strongly	Disagree	Little Disagree	Neither Agree Nor Disagree	Agree A Little	Agree	Agree Strongly
	Statements	1	2	3	4	5	6	7
1	I will be able to complete this psychological treatment.							
2	I will be able to adhere to the requirements of this psychological treatment							
3	I find this psychological treatment exhausting							
4	It will be							

	distressing to me to participate in this psychological treatment.							
5	Overall, I find this psychological treatment unpleasant							
6	This psychological treatment will provide effective ways to help me cope with my fear/anxiety							
7	I would prefer to try another type of psychological treatment instead of this one							
8	I would prefer to							

	receive medication for my fear/anxiety instead of this psychological treatment							
9	I would recommend this psychological treatment to a friend with a similar problem (i.e., fear/anxiety)							
10	I will likely drop out of this psychological treatment.							

ABALA ÀKỌ́KỌ́: Àlàyé nípa àwùjọ àti ìdílé

Ìtọ́nisọ́nà: Fun púpọ̀ ninu àwọn ìbéèrè ní apá yìí, jọwọ ṣe àmì (√) sí ìbáṣepọ̀ tó yẹ. Ní àwọn ìgbà mìíràn, ṣùgbọ́n, fi ìmọ̀ tí a nílò sílẹ̀ ní àwọn àyè àìmọ̀ tí a ṣe àtúnṣe.

1. Ọjọ-ori ni ọdún bíi ọjọ́-ibi tó kọjá:

2. ìbè ọkùnrin àti obìnrin: 1. Ọkùnrin Ọkùnrin [ ] 2. Ọkùnrin [ ]

3. Ẹ̀sìn: 1. Kristiẹni [ ] 2. Ìsìlámù [ ] 3. Ìbílẹ̀ [ ] 4. Òmíràn (jòwọ́ ṣe àkọsílẹ̀) …….....

4. Ipo ìbáṣepọ̀ ti ìgbéyàwó: 1. Èmi kò tíì ní ìyàwó tàbí ọkọ [ ] 2. Mo ti ṣe ìgbéyàwó [ ] 3. Èmi kò sí pẹ̀lú ọkọ tàbí aya mi mọ́ [ ] 4. Ọkọ tàbí aya mi ti ṣàì ṣe. [ ] 5. Èmi kò gbé pẹ̀lú ọkọ tàbí aya mi mọ́ [ ]

5. ipò ẹ̀kọ́: 1. Èmi kò lọ sí ilé-ẹ̀kọ́ [ ] 2. ilé-ẹ̀kọ́ alako bẹ̀rẹ̀ [ ] 3. ilé-ẹ̀kọ́ gírámà [ ] 4. ilé-ẹ̀kọ́ gíga yunifásítì tàbí pólítekìnìkì [ ] 5. **lé-ẹ̀kọ́ ìmọ̀ràn tó lẹ́yìn ẹ̀kọ́ gíga** [ ]

6. irú iṣẹ́: 1. oní iṣẹ́ ọwọ́ [ ] 2. oníṣòwò [ ] 3. oní iṣẹ́ ìlera [ ] 4. olùkọ́ tàbí olùkọ́ gíga [ ] 5. irú iṣẹ́ mìíràn (Jọ̀wọ́, sọ ìtọ́kasí) .....

7. ẹ̀ya: 1. Yorùbá [ ] 2. Ìgbò [ ] 3. Hàùsà [ ] 4. irúfé ẹ̀ya míràn (Jọ̀wọ́, sọ ìtọ́kasí) ……

ABALA KÉJÌ.

Àwọn oro nípa bí mo ṣe rí ara mi. Tóka si ìwọn kan tó bá jẹ́ pé o fọwọ́si tàbí faramọ́ ni inu gbogbo àwọn àpèjúwe tó wà, nípa lílo àwọn àṣàyàn tó wà fún gbogbo ìbéèrè won yìí.

1 = mi ò gba bẹ́ẹ́ o dá mi lo jú dara dara, 2 = mi ò gba bẹ́ẹ́ o dá mi lo jú, 3 = mi ò gba bẹ́ẹ́ o dá mi lo di e, 4 = mi ò mọ̀, 5 = mò gba bẹ́ẹ́ o dá mi lo di e, 6 = mò gba bẹ́ẹ́ o dá mi lo jú, ati 7 = mò gba bẹ́ẹ́ o dá mi lo jú dara dara

S/N		**mi ò gba bẹ́ẹ́ o dá mi lo jú dara dara**	**mi ò gba bẹ́ẹ́ o dá mi lo jú**	**mi ò gba bẹ́ẹ́ o dá mi lo di e**	**mi ò mọ̀**	**mò gba bẹ́ẹ́ o dá mi lo di e**	**mò gba bẹ́ẹ́ o dá mi lo jú**	**mò gba bẹ́ẹ́ o dá mi lo jú dara dara**
	Mo ri ara mi gẹ́gẹ́ bí eni;	**1**	**2**	**3**	**4**	**5**	**6**	**7**
1	to je alábàásè tàbí tó ní ìfẹ́ pelu ìmọ̀lára.							
2	to ní ìkọ́ni tàbí to							

	ní ife ìjà.							
3	to se gbẹ́kẹ̀ lé, tàbí kọ́ ra ní ijànù.							
4	to ní ìṣòro ọpọlọ tàbí to n tẹ̀tẹ̀ ní ìbànújẹ okan.							
5	to sí sí àwọn ìrírí tuntun tàbí ti a ko le sa pèjúwẹ̀.							
6	tó ṣòro láti ṣàfihàn ìmọ̀lára rẹ̀ tàbí to ni ìrèlè							
S/N		**mi ò gba bẹ́ẹ́ o dá mi lo jú dara dara**	**mi ò gba bẹ́ẹ́ o dá mi lo jú**	**mi ò gba bẹ́ẹ́ o dá mi lo di e**	**mi ò mọ̀**	**mò gba bẹ́ẹ́ o dá mi lo di e**	**mò gba bẹ́ẹ́ o dá mi lo jú**	**mò gba bẹ́ẹ́ o dá mi lo jú dara dara**
	Mo ri ara mi gẹ́gẹ́ bí eni;	**1**	**2**	**3**	**4**	**5**	**6**	**7**
7	tó le kẹ́dùn tàbí tó ní ìtẹ́wọ́gbà.							
8.	ti ko ní ètó isè tàbí ti ko ní àkàsí.							
9.	to ní ìfarabalè tàbí tó ní ìbámu ọkàn.							

10.	to ní ìlànà tàbí ti ko ní ìmọ̀ràn							

ABALA KẸ̀TA

Jọ̀wọ́, kà ìlànà kọọkan ní isalẹ, kí o sì ṣàṣàyàn àpótí tí ó súnmọ́ bí o ṣe ń rí ní ọ̀sẹ̀ tó kọjá yìí. Yan ìdáhùn kan nínú mẹrin tí a fi ṣáájú fún ọkọ̀ọ̀kan nínú ìfọrọwánilẹ́nuwò kọọkan. Fúnni ní ìdáhùn lẹ́ṣẹ̀kẹ́ṣẹ̀, kí o sì má ṣe ro pẹ́ jù láti fúnni ní ìdáhùn náà.

S/N	Ipo okan mi	Ìdáhùn		
1.	Mo ń ní ìmọ́lára ìdàámú tàbí ìbànújẹ.	Nígbà púpọ̀		3
		Ọ̀pọ̀ ìgbà		2
		Nígbà míì		1
		Rárá		0
2.	Mo ṣi ń gbádùn àwọn ohun tí mo máa ń gbádùn.	Dájúdájú o tó bẹ́ẹ̀		0
		Kò tó bẹ́ẹ̀		1
		Díẹ̀ nikan		2
		Kò rí bẹ́ẹ̀ o		3
		Dájúdájú gan-an, pelu ìṣòro púpọ̀		3

3.	Mo ní ìmọ̀lára ìbànújẹ́ bíi pé nkan burúkú fe sele.	Bẹ́ẹ̀ni, ṣùgbọ́n kì í ṣe pé tó burú jù		2
		Díẹ̀, ṣùgbọ́n kò ba mi le rù		1
		Rárá		0
4.	Mo lè ṛ́ẹ̀rìn-ín, mo sì lè rí àbọ̀ ẹ̀kúnrẹ́ẹ́ ìfẹ́ ẹ.	Bi gbogbo igba		0
		Kò pé tó bẹ́ẹ̀ ní báyìí		1
		Rárá, kò re bẹ́ẹ̀ mọ́ ní báyìí		2
		Rárá		3
5.	Àwọn ìrònú tí ń fa ìbànújẹ́ lọ kọjá ni ọkàn mi.	Ní ọ̀ọ̀pọ̀ ìgbà		3
		Nígbà míì		2
		Kì í ṣe ní gbogbo igba		1
		Díẹ̀ ni		0
6.	Mo ní inú-dídùn	Mi ò ní		3
		Kì í ṣe ní ìgbà gbogbo		2
		Nígbà míì		1
		Nígbà púpọ̀		0
7.	Mo lè jókòó ní àlàáfíà àti ní ìsinmi ọkàn.	Dájúdájú		0
		Nígbà míì		1
		nígbà ẹ̀ẹ̀kan		2
		Rárá		3

8.	Mo ní ìmọ̀lára bíi pé won dá mi dúró.	Ní ọ̀pkọ̀lopo ìgbà		3
		Nígbà púpọ̀		2
		Nígbà míì		1
		Rárá		0
9.	Mo ní ìmọ̀lára ìbànújẹ́ tó dà bíi 'labalaba' nínú ikun mi.	Rárá		0
		Nígbà míì		1
		Nígbà púpọ̀		2
		Ní ọ̀pkọ̀lopo ìgbà		3
10.	Mo ti padanu ìfẹ́ sí iri si ìfarahàn mi.	Dájúdájú		3
		Mi ò kin se itoju ara bí o ti yẹ kí n ṣe		2
		Mo le ma se itoju ara to		1
		Mo se itoju ara bí o ti yẹ kí n ṣe		0
11.	Mo ní ìdàámú bíi pé mo ní láti ma ń rìn kiri	Gidi gan-an		3
		Ní Ìgbà Púpọ̀		2
		Kò pọ̀ tó		1
		Rárá		0
12.	Mo ń retí ìdárayá nínú àwọn nǹkan	Bí mo ṣe ṣe bẹ́ẹ̀ ní gbogbo ìgbà		0
		Kàkà bẹ́ẹ̀, díẹ̀ ju bí mo ṣe ń ṣe lọ́.		1
		Dájú pé díẹ̀ ju bí mo ṣe ṣe lọ́.		2
		Rárá ní o		3

13.	Mo ní ìmọ̀lára ìdàámú lẹ́sẹ̀kẹsẹ̀.	Nígbà púpọ̀ gan-an		3
		Nígbà míì		2
		Kò pọ̀ tó		1
		Rárá		0
14.	Mo lè ní ìfẹ́ sí ìwé tó dára tàbí ètò rádíò tàbí tẹlifíṣọ̀n.	Ní ìgbà púpọ̀		0
		Nígbà míì		1
		Kò pọ̀ tó		2
		Kò pọ̀ ra ra		3

ABALA KẸẸRIN

Awọn gbolohun tó wà ní isalẹ jẹ́ nípa bí mo ṣe loye àwọn ìrònú mi, ìmọ̀lára mi àti ìmọ̀ gẹ́gẹ́ bí mo ṣe ní nípa ara mi.

1 = kò ní ìdàgbàsókè, 2 = Nílò ìdàgbàsókè, 3 = O tó bẹ́ẹ̀, 4 = O dára, 5 = O dára púpọ̀

S/N		kò ní ìdàgbàsókè	Nílò ìdàgbàsókè	O tó bẹ́ẹ̀	O dára	O dára púpọ̀
	Gbolohun	1	2	3	4	5
1	Mo máa mọ̀ nígbà gbogbo ìmọ̀ràn tí mo ń ní àti ìdí tí ó fi rí bẹ́ẹ̀.					
2	Mo mọ ìbáṣepọ̀ tó wà láàrín ìmọ̀lára mi àti					

	ohun tí mo rò, ṣe, àti ṣọ.					
3	Mo mọ bí ìmọ̀lára mi ṣe ní ipa lórí ìṣe mi.					
4	Mo ní ìmọ̀ tó ń tọ́ mi nípa àwọn ìye mi àti àwọn ìdí mi.					
5	Mo mọ̀ àwọn agbára àti aláìlera mi.					
6	Mo ń ṣe àyẹ̀wò àti gbìmọ̀ láti kọ́ ẹ̀kọ́ látàrí ìrírí.					
7	Mo ṣí sí ìmọ̀ràn tó dájú, àmòrán tuntun, ẹ̀kọ́ tó ń lọ nìṣó, àti ìdàgbàsókè ara mi.					
8	Mo lè fi ẹ̀rín àti ìmọ̀ràn hàn nípa ara mi.					
9	Mo ń fi ìgbọ́kànlé hàn nípa ara mi; mo ní 'ìfarahàn'.					
10	Mo lè sọ̀rọ̀ nípa àwọn ìmòye tó lè jẹ́ pé kò wọpọ̀ àti pé mo lè ṣe					

	àpẹẹrẹ fún ohun tó tọ́.					
11	Mo jẹ́ ẹni tó ní ìpinnu tó dájú, àti pé mo lè ṣe ìpinnu tó péye bí ó ti ṣe kún fún àìlera àti ìpèjúmó.					

ABALA KARÙN-ÚN

Àwọn gbolohun tó wà ní isalẹ yìí ń ṣe àfihàn èrò mi nípa ìtọ́jú okan mi.

1 = mi ò gba bẹ́ẹ́ o dá mi lo jú dara dara, 2 = mi ò gba bẹ́ẹ́ o dá mi lo jú, 3 = mi ò gba bẹ́ẹ́ o dá mi lo di e, 4 = mi ò mọ̀, 5 = mò gba bẹ́ẹ́ o dá mi lo di e, 6 = mò gba bẹ́ẹ́ o dá mi lo jú, ati 7 = mò gba bẹ́ẹ́ o dá mi lo jú dara dara.

S/N		mi ò gba bẹ́ẹ́ o dá mi lo jú dara dara	mi ò gba bẹ́ẹ́ o dá mi lo jú	mi ò gba bẹ́ẹ́ o dá mi lo di e	mi ò mọ̀	mò gba bẹ́ẹ́ o dá mi lo di e	mò gba bẹ́ẹ́ o dá mi lo jú	mò gba bẹ́ẹ́ o dá mi lo jú dara dara
	Gbolohun	**1**	**2**	**3**	**4**	**5**	**6**	**7**
1	Èmi yóò lè parí eto ìtọ́jú okan yìí.							
2	Èmi yóò lè tẹ̀lé àwọn àkóso ìtọ́jú okan yìí.							
3	Mo rí ìtọ́jú okan yìí gẹ́gẹ́ bíi pé ó							

	ń su mi.							
4	Yóò jẹ́ owun ìdàámú fún mi láti kópa nínú ìtọ́jú okan yìí.							
5	Ní gbogbogbo, mo rí ìtọ́jú okan yìí gẹ́gẹ́ bíi pé kò dùn fún mi.							
6	Ìtọ́jú okan yìí yóò fún mi ní àwọn ọ̀nà tó ṣeé ṣe láti ràn mí lọwọ́ láti ṣe àfiyèsí ìbànújẹ́ tabi ẹ̀rù mi.							
7	Mo fẹ́ràn láti ṣe ìdánwò ìtọ́jú okan mìíràn dipo yìí							
8	Mo fẹ́ràn láti gba ìwòsàn fún ìbànújẹ́ tabi ẹ̀rù mi dipo ìtọ́jú okan yìí.							
9	Èmi yóò ṣàkóso ìtọ́jú okan yìí fún ọ̀rẹ́ mi tó ní ìṣòro tó dàbíẹ̀ (gẹ́gẹ́ bíi ìbànújẹ́ tabi ẹ̀rù).							
10	Ó ṣeé ṣe kí dékùn ìtọ́jú okan							

	yìí.							

INFORMED CONSENT FORM

NEUROPSYCHIATRIC HOSPITAL, PMB 2002, ARO, ABEOKUTA, OGUN STATE.

INFORMED CONSENT.

1. TITLE OF THE RESEARCH: Influence of self-awareness and psychological distress on treatment adherence among patients undergoing psychotherapy in neuropsychiatric hospital, Aro, Abeokuta, Nigeria

2. SPONSOR OF THE RESEARCH: None, as the research is self-sponsored.

3. PURPOSE OF THE RESEARCH: The purpose of this research is to fulfill Academic prerequisite.

4. REQUIREMENT FOR EACH PARTICIPANT: Each participant must be a patient undergoing treatment at the Neuropsychiatric Hospital, Aro, Abeokuta. The age range of patients to be recruited in the study is between the age of 18 – 80 years. Also, participant must also have at least a primary education.

5. NUMBER OF PARTICIPANTS THAT WILL BE INVOLVED IN THE RESEARCH: 126 participants.

6. EXPECTED DURATION OF RESEARCH: The data collection will last for a period of six weeks

7. RISK INVOLVED: There are no specific risks associated with the study, but participants may decline to answer any or all questions and may terminate his or her participation in the study.

8. COST TO THE PARTICIPANT: There is no financial implication, but it will cost the participant a little part of their time.

9.BENEFITS: This research has the potential to inform treatment planning, improve psychotherapeutic outcomes, and contribute to the ongoing development of personalized and targeted psychological interventions. This will also benefit the researcher in terms of having publications online, having more knowledge when it comes to psychotherapeutic interventions and also attaining a higher degree, in the sense that, it is one of the requirements for the researcher earn a postgraduate degree (M.Sc., in Clinical Psychology).

10. CONFIDENTIALITY: All information gotten from participant will be treated with utmost confidentiality, as no tiniest information from the participant will be leaked out by any means.

11. VOLUNTARINESS: Participating in this study is voluntarily, not forceful nor under duress.

12. CONSEQUENCES UPON WITHDRAWAL FROM PARTICIPATING IN THE RESEARCH: No consequence for refusing or withdrawing from the research, if participants

decide to withdraw from the study, they can withdraw from participating in the research without any form of coercion.

13. DUE INDUCEMENT: No due inducement.

14. MODALITY OF PROVIDING TREATMENT AND ACTIONS TO BE TAKEN IN CASE OF INJURY OR ADVERSE EFFECTS: For this study, the participants are not engaging in any physical exercise so there is no tendency for any participant to sustain injury.

15. WHAT HAPPENS TO RESEARCH PARTICIPANT WHEN RESEARCH IS OVER: They will not suffer any harm from this research and they will have more understanding about their mental state. Also, the findings of the study will be communicated to the community, participants, the hospital's clinical psychologists and administrators as well as other relevant mental health management stakeholders through the HREC by providing a summary of research findings.

16.STATEMENT ABOUT WHETHER SHARING THE BENEFITS WILL INCLUDE OR EXCLUDE THE PARTICIPANT: Whether the participants participate in the research or decide to withdraw, the participant and their relatives will benefit from the research outcome.

17.CONSEQUENCES OF PARTICIPANT'S DECISION TO WITHDRAW FROM THE RESEARCH AND PROCEDURE FOR ORDERLY WITHDRAWAL: There are no consequences for withdrawal of participation by the participants. The participants have the right to withdraw at any point in the course of the interview without any procedure.

18. WHAT HAPPENS TO RESEARCH PARTICIPANTS AND COMMUNITIES WHEN THE STUDY IS OVER?

Research participants and communities are not in any way endangered by the research. The findings of the study will be communicated to the principal officers of the facility and extended to the participants. The study will also be published in accessible journals which will ensure that the insights gained are available to a broader audience within the healthcare community in Nigeria.

19. ANY APPARENT OR POTENTIAL CONFLICT OF INTEREST: None.

20. STATEMENT OF THE PERSON GIVING CONSENT: I have read the description of the research and I have had it translated to the language I understand, I have also discussed with the researcher to my satisfaction and I understand that my participation is voluntary. I know enough about the purpose, method, risk and benefits involved in this research study to judge that I want to take part in it. I understand that I may freely stop being part of this study whenever I feel like. I have received a copy of the consent form and additional information sheet to keep for myself.

21. PARTICIPANTS CONSENT:

Date:

Signature:

RESEARCHERS CONTACT; IN CASE OF ANY QUESTION

Name:

Email:

Phone number:

NEUROPSYCHIATRIC HOSPITAL, ARO.
RESEARCH ETHICS COMMITTEE
P.M.B. 2002, ABEOKUTA, OGUN STATE, NIGERIA.

Ref No. NPHA/276/VOL.VI/218 **Date:** 19th September, 2024

REGISTRATION NUMBER: NHREC/FNPH-HREC/29/08/2023

NOTICE OF FULL APPROVAL AFTER FULL COMMITTEE REVIEW

RE: INFLUENCE OF SELF-AWARENESS AND PSYCHOLOGICAL DISTRESS ON TREATMENT ADHERENCE AMONG PATIENTS IN NEUROPSYCHIATRIC HOSPITAL, ARO, ABEOKUTA, OGUN STATE

NPHA Ethics Committee Assigned Number	**PRO14/24**
Name of Principal Investigator	**Eduviere Ruth Oghenevwede**
Address of Principal Investigator	Department of psychology. Lead City University, Ibadan, Oyo State.
Date of Receipt of Valid Application:	**7th June, 2024**

Date of meeting final determination on approval was made 19th September, 2024

This is to inform you that research described in the submitted protocol, the consent forms and other participant information materials have been reviewed and given full approval by the Neuropsychiatric Hospital, Aro, Abeokuta, Health Research Ethic Committee (NPHA HREC)

This approval dates from **19th September, 2024– 18th September, 2025** if there is delay in starting the research, please inform the NPHA Health Research Ethics Committee so that the dates of approval can be adjusted accordingly. Note that no participant accrual or activity related to this research may be conducted outside of these dates. All informed consent forms used in this study must carry the NPHA HREC assigned number and duration of NPHA HREC approval of the study. It is expected that you submit your annual report as well as an annual request for the project renewal to the NPHA HREC early in order to obtain renewal of your approval to avoid disruption of your research.

The National Code of Health Research Ethics requires you to comply with all institutional guidelines, rules and regulations and with the tenets of the code including ensuring that all adverse events are reported promptly to NPHA HREC. No changes are permitted in the research without prior approval by NPHA HREC except in circumstance in the Code. The NPHA HREC reserves the right to conduct compliance visit to your research site without pervious notification.

You are to submit a copy of your report to the committee for vetting before any peer review examination defense upon completion of your research.

Dr S. M. Amosu
Chairman, NPHA HREC

Bio data

A. Personal Data

Full Name: Ruth Oghenevwede EDUVIERE

Address: No. 4, Ivie road, Abraka, Delta State.

Email: ruthvwedepysche@gmail.com

Phone No: 08145382308

Date of Birth: May15, 1995

Place of Birth: Ekiti State

Nationality: Nigerian

Next of Kin: Eduviere Anthony Taghogho

B. Educational Background

Educational Institutions Attended with Dates and Qualifications

- M.Sc. Clinical Psychology (In View)
  Lead City University, Ibadan, Oyo State
- B.Sc Psychology (2019)
  Ekiti State University, Ekiti State
- S.S.C.E (2015)
  Olive Royal Academy

C. Working Experience with Dates

Position: Serving Corp Member (NYSC) Sept, 2021 – Aug, 2022.
Department of Psychology, Faculty of Social Sciences, Delta State University, Abraka.

Position: Intern Oct 2023- Mar 2024
Department of clinical psychology, University College Hospital (UCH); Ibadan, Oyo State.

Position: Vocalist Feb 2023 till date

Volunteered as a Music Therapist at the Music for Brain and Mental Health Initiative (MiHi):

D. Awards and Fellowship

Nill

E. Membership of Academic/Professional Bodies

Nill

F. Publications

- Influence of self-awareness and Treatment Adherence among Patient Undergoing Psychotherapy in Neuropsychiatric Hospital, Abeokuta. (In View)

G. Referees

Dr. Chiyem Lucky Nwanzu
Senior Lecturer (Ag. H.O.D),
Department of Psychology,
Faculty of Social Sciences,
Delta State University, Abraka.
Nwanzulc@delsu.edu.ng.

Mr Isaac Babasola

Clinical psychologist,

08032067770

Signature **Date**

The University Compliance Certification

This is to certify that this thesis written by Ruth Oghenevwede EDUVIERE with the matric number LCU/PG/003941 in the Department of Psychology, Faculty of Management and Social Sciences, Lead City University, Ibadan and is in full compliance with the approved University format and style.

_____ _____

Signature **Date**