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PREDICTING ROLE OF FAMILY SUPPORT IN NEUROTICISM TRAIT AND DEPRESSIVE SYMPTOMS AMONG ALBINOS IN SOUTHEAST NIGERIA

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ABSTRACT

The study examined the moderating role of social support in neuroticism trait and depressive symptoms among albinism in southeast Nigeria. The study aimed to examine if family support will moderate the relationship between neuroticism and depressive symptoms among albinos in southeast Nigeria. Participants in the study were 109 albinos with mean age of 22.5 years and a standard deviation of 5.21 years. The instruments used in the study for data collection were depressive domain of symptoms checklist 90 (SCL-90), neuroticism domain of the Big Five personality inventory and family support scale. Statistics used for data analysis was linear regression enter method. The findings revealed that there was a positive moderation effect. It was concluded that family support is a positive moderator of the relationship between neuroticism trait and depressive symptoms among albinos. Thus it was recommended that families should support their albino members to enable them effectively manage their mental health.

Keywords: Family Support, Neuroticism, Depressive symptoms, Albinisms

INTRODUCTION

Often albinos appear quite different from other members of the society. As a result, they may not be treated so well in the society they find themselves. Sometimes albinos are segregated and as such receive lower little or no attention by other members of the society. These treatments end up making them feel unwanted, and gradually erode their mental health. As these feelings continue on daily basis, it might lead to withdrawal from public spaces such as low or no attendance in school or work activities. Withdrawal from such important activities could keep them permanently at home. In the homes, perhaps, if the albinos are unable to communicate with the members of the family. These members may see them as abnormal, therefore could be abusive with words and actions. Putting all these together may lead to poor mental health. Earlier studies examined mental health of albinos, however it appears that there was no study in the moderating role of family support in neuroticism and depressive symptoms among albinos in southeast Nigeria (Wang et al., 2025; Attawe et al 2025). On this rests the motivation for the study on moderating role of family support in neuroticism and depressive symptoms among albinos in southeast Nigeria.

Depression has been linked to numerous suicidal attempts and ideation, and it often leads to stigma, affecting both the individual and the surrounding environment. It represents a condition of resistance and pronounced sadness (Thapar et al., 2022 in Huang et al,2023). Several factors have been identified as influencing depression, including stress, anxiety, school

environment, low self-esteem, personality, family dynamics, socioeconomic status, unemployment, ethnicity, race, and neighborhood. Despite efforts made by earlier scholars it appears like individuals living with albinism in southeast Nigeria have been-under studied. This gap in knowledge underscores the motivation for this study, the moderating role of family support in neuroticism trait and perceived depressive symptoms among albinisms in southeast Nigeria.

Depression is characterized by persistent sadness, loss of interest or pleasure in previously enjoyed activities, changes in appetite and sleep, fatigue, feelings of worthlessness, and difficulty concentrating (Beck, 1967; APA, 2013). It affects how an individual feels, thinks, and behaves and can lead to a range of emotional and physical problems. Scholars hold that approximately 85% of individuals with depression can experience significant anxiety symptoms, and 90% of those with anxiety disorders simultaneously present depressive symptoms, (Tiller, 2013, in Xin, et al., 2023). Literature posits that depressive disorder, a prevalent mental health condition, impacts substantial portions of the global population, exceeding 300 million individuals and representing around 4.4% of the world's inhabitants (World Health Organization, 2017, in Cai et al., 2024). All individuals in all age groups may be affected by the effects of depression (Hai et al., 2024, in Cai et al., 2024). These effects may lead to diminished quality of life, increased medical comorbidities, and elevated mortality rates. Alarmingly, treatment rates for depressive disorders remains very low, with few individuals receiving adequate care (Lu et al., 2021, in Cai et al., 2024). According to Beck et al. (1979) depressive symptoms are negative views about the self, the world, and the future, a triad that contributes to low mood, hopelessness, and impaired functioning. These symptoms can be mild, moderate, or severe and are often measured using standardized clinical tools such as the Beck Depression Inventory (BDI).

Studies found that neuroticism, was positively correlated with social anxiety and perceived depression (Shahzadi, 2024). Others reported High neuroticism in young adulthood is either a true risk factor, or a marker of risk, for first-onset anxiety and depressive disorders, as is low extraversion for later agoraphobia. Results suggest large neuroticism "state" effects for panic disorder, agoraphobia, and Major Depressive Disorder, and a moderate "scar" effect from MDD. (Elizabeth et al., 2021). Enkhtuvshin et al., (2024) Results: Meta-analysis revealed a significant positive relationship between anxiety and neuroticism, with 26 studies supporting this association (OR = 3.213, 95% CI 2.352 to 4.391). The findings underscore the importance of considering personality traits, particularly neuroticism, in understanding psychological responses to major global crises such as the COVID-19 epidemic. Yang, et al., (2023) Neuroticism had the highest positive BEI value (0.32), Xian-Yang et al., (2025) Comparatively, extraversion exhibited a significant increasing protective effect against depression throughout adolescence, while neuroticism increasingly activated anxiety symptoms.

Scholars defined personality traits as "enduring patterns of thoughts, emotions, and behaviors that are relatively stable across time and situations and distinguish individuals from one another" (Roberts et al., 2007), enduring thoughts, emotions, and behaviors that are specific to an individual (Kiran, 2024), descriptions of people in terms of relatively stable patterns of behavior, thoughts, and feelings (McCrae & Costa, 2003, in Laura, 2014), and a dynamic organization inside the person of psychophysical systems that creates a person's characteristic patterns of behavior, thoughts, and feelings (Carver & Scheier, 2000), an individual's characteristic patterns of thoughts, emotions, and behaviors, together with psychological mechanisms hidden or not behind those patterns, (Fonda, 1997). Earlier, Allport's Trait Theory (1937) categorized traits into three levels: Cardinal traits: Dominant traits that shape a person's behavior (e.g., greed, altruism), Central traits: general characteristics found to some degree in every person (e.g., honesty, sociability). Secondary traits: Traits that appear in specific situations (e.g., anxiety in public speaking). Cattell's 16 Personality Factors (1946) used factor analysis to identify 16 source traits such as warmth, reasoning, emotional stability, dominance, liveliness. Eysenck's Three Dimensions of Personality (1967) proposed three major dimensions: Extraversion vs.

Introversion, Neuroticism vs. Stability, and Psychoticism (added later), The Big Five Personality Traits (1980s–1990s) also called the Five-Factor Model (FFM): openness to experience, conscientiousness, extraversion, agreeableness, and neuroticism. HEXACO Model which is a six-factor model expanding the Big Five: honesty-humility, emotionality, extraversion, agreeableness, conscientiousness, openness to experience. These traits have wide-ranging implications for an individual's behavior, mental health, academic and professional success, and interpersonal relationships. The benefits of personality traits are; academic and occupational success as conscientiousness, marked by self-discipline, organization, and goal orientation, is strongly associated with better academic and job performance. It predicts achievement across various settings due to its role in perseverance and time management (Poropat, 2009) authors found that openness to experience is linked with creativity, innovation, and adaptability—traits that contribute to success in dynamic environments and creative professions (McCrae & Costa, 1997). Mental and Physical Health as Extraversion and agreeableness are associated with greater life satisfaction and more supportive social networks, which buffer against stress and mental health issues (Roberts et al., 2007), and low neuroticism (i.e., emotional stability) is correlated with lower risk of anxiety and depression and better coping strategies in challenging situations (Lahey, 2009). Furthermore, the consequences of personality traits include, risk of mental health issues as high neuroticism is a consistent predictor of depression, mood and anxiety disorders. Individuals with this trait are more prone to experiencing negative emotions, rumination, and psychological distress (Kotov et al., 2010), and low conscientiousness is associated with risky behaviors, poor health habits, and a higher likelihood of substance abuse (Bogg & Roberts, 2004). Interpersonal and social impacts as low agreeableness can result in interpersonal conflict, difficulty in maintaining relationships, and reduced cooperation in group settings (Graziano & Eisenberg, 1997), and Extreme extraversion, while often beneficial socially, can lead to impulsivity or attention-seeking behavior in some contexts (Lucas & Diener, 2001). Some scholars have linked personality traits to family support (Gao et al., 2024). Plethora of scholars has defined family support as a part of social support, which includes emotional support (empathy, love, trust), instrumental support (tangible help or services), informational support (advice, guidance), and appraisal support (constructive feedback) (House, 1981), and the presence of care, attention, assistance, and encouragement from family members that contributes to an individual's physical and emotional well-being (Shah, 2017). Other literature defined family support as a system of resources and relationships that assist individuals in managing stress, improving their functioning, and adapting to life changes. It is especially significant during periods of physical illness, emotional stress, or life transitions (Green, 1991), and the perceived or actual instrumental and/or expressive provisions supplied by the family network to its members (McCubbin & Thompson, 1987). Therefore, family support refers to the emotional, psychological, financial, and practical assistance provided by family members that contributes to the well-being and functioning of individuals within the family unit. Family support is also closely linked to positive psychological outcomes. Research shows that strong family support enhances coping mechanisms, promotes mental health, and reduces the risk of depression and anxiety (Thoits, 2011). It also plays a critical role in child development, elder care, and managing chronic illnesses (Taylor, 2011). In essence, family support is both a protective factor and a resource that helps individuals navigate life's challenges, maintain a sense of belonging, and experience improved overall well-being. Family support encompasses the emotional, instrumental, informational, and social assistance that individuals receive from their family members. It plays a crucial role in promoting emotional stability, resilience, and overall well-being throughout the lifespan. When provided by family, these types of support foster stability, security, and resilience, especially in times of stress or crisis. Studies reveals that family support has significant benefits and consequences. The benefits of Family Support include, Family support acts as a buffer against psychological distress and contributes positively to mental health outcomes (Taylor, 2011). Social support, especially from family, is associated with lower morbidity and mortality rates (Uchino, 2004). Scholars posit that, parental support is a key predictor of academic success and emotional adjustment in youth (Malecki & Demaray,

2006), and family support mitigates the effects of stressful life events and contributes to psychological resilience (Thoits, 2011). The consequences of Lack of Family Support or, low perceived family support is a significant risk factor for emotional distress and psychiatric disorders (Lahey & Orehek, 2011), social isolation and lack of family ties have been linked to increased mortality (Holt-Lunstad et al., 2010). Family dysfunction is correlated with higher incidences of conduct disorders and school failure (Masten & Coatsworth, 1998).

In summary, depression has become a public health concern among individuals of all population groups and the albinism group may not be exempted. In this regard, demand urgent and timely attention. Meanwhile the role of neuroticism personality trait on an albinism perceived depressive symptoms as moderated by family support hopefully will hopefully close a gap in knowledge with respect to depressive symptoms among albinisms in southeast Nigeria.

Statement Of the Problem

Earlier studies examine personality traits, (Crenguta Mihaela macovei et al, 2023, Kiran Shahzadi, 2024, Gaia Leuzzi et al., 2024, Elizabeth J. Prince et al., 2022), neuroticism, (Regzeedmaa et al, 2024), personality traits, (Sorderlund, 2021, Tianqi Yang, et al., 2023), big five personality traits, (Han Cai, et al., 2024, Strohmaier, et al., 2024), personality perspective, (Wang, et al., 2025), and personality traits, (Attawe, et al., 2025), on depressive symptoms. Unfortunately, studies have yet to examine the effects of neuroticism personality traits on perceived depressive symptoms among individuals with albinism. Similarly, earlier research examined other aspects of family support among other populations, (Fitzpatrick, et al., 2024), family communication, (Huang et al., 2023), family cohesion, (JNabayinda, et al., 2022), family harmony, (Windawati, et al., 2020), family functioning, (Ramesh & Ling, 2022), and family environment, (Rayan, et al., 2022) on depressive symptoms. It appears that scholars are yet to examine the effects of family support on perceived depressive symptoms among individuals living with albinism. Also, it appears that scholars are yet to examine the moderating role of family support in neuroticism personality trait and perceived depressive symptoms among albinisms in southeast Nigeria. To the best of the researchers' knowledge, it seems that no study has been conducted on the topic. This is the motivation for this study.

Research Questions

Based on the above expressed concern, the following research questions guide this study

- i. Will family support positively and significantly have an interaction effect in the existing relationship between neuroticism personality trait and perceived depressive symptoms among albinos in southeast Nigeria?

Purpose of the Study

Specifically, the main objectives of the study are to;

- i. Find out if family support will positively and significantly have an interaction effect in the existing relationship between neuroticism personality traits and depressive symptoms among albinos in southeast Nigeria.

Theoretical Framework

The Diathesis-Stress Model posits that mental disorders result from the interaction between an individual's underlying vulnerability (diathesis) and external life stressors. These vulnerabilities may be biological, psychological, or personality-based. Stress, in this context, refers to external pressures or adverse life events that can trigger the onset or exacerbation of perceived depressive symptoms. Importantly, protective factors such as strong family support or effective coping mechanisms can buffer the negative effects of stress. This model effectively explains how neuroticism personality trait may influence an individual's susceptibility to stress, leading to depressive symptoms, and how supportive family support can moderate this relationship. By accounting for both individual differences (such as personality traits) and contextual factors (such as family support), the Diathesis-Stress Model provides a comprehensive framework for

understanding the development and mitigation of depressive symptoms. Therefore, it serves as a suitable theoretical framework for this study.

EMPIRICAL REVIEW

Personality Traits and Depressive Symptoms

Elizabeth et al., (2021) examined how neuroticism and extraversion relate to first-onset anxiety and depressive disorders in young adults. An inception cohort of 489 university freshmen was followed for 6 years. Participants self-reported personality traits using the Eysenck Personality Questionnaire, and anxiety and depressive disorders were assessed using the Diagnostic Interview Schedule. Baseline neuroticism predicted first-onset panic disorder, agoraphobia, generalized anxiety disorder (GAD), and major depressive disorder (MDD), while introversion predicted first onset agoraphobia. Participants who developed panic disorder, agoraphobia, GAD, or MDD had increases in neuroticism if the disorder was current at follow-up. These effects were moderate to large. Participants who developed MDD but were in remission by follow-up had a moderate increase in neuroticism. Results suggest large neuroticism “state” effects for panic disorder, agoraphobia, and Major Depressive Disorder, and a moderate “scar” effect from MDD.

Also, Yang, et al., (2023) aimed to determine the fine-grained connections between different personality traits and anxiety and depression symptoms and identify the detrimental or protective effects of different personality traits on anxiety and depression symptoms. A total of 536 college students from China were recruited online, and the average age was 19.98 ± 1.11 . The Chinese version of the Ten-Item Personality Inventory, Generalized Anxiety Disorder-7, and Patient Health Questionnaire-9 was used to investigate the personality traits and symptoms of anxiety and depression of participants after they understood the purpose and filling method of the survey and signed the informed consent. The demographic characteristics were summarized, and the scale scores were calculated. The network model of personality traits and symptoms of anxiety and depression was constructed, and bridge expected influence (BEI) was measured to evaluate the effect of personality traits on anxiety and depression. The edge accuracy and BEI stability were estimated, and the BEI difference and the edge weight difference were tested. In the network, 29 edges (indicating partial correlations between variables) bridged the personality community and the anxiety and depression community, among which the strongest correlations were extraversion fatigue, agreeableness-suicidal ideation, conscientiousness-uncontrollable worry, neuroticism-excessive worry, neuroticism-irritability, and openness feelings of worthlessness. Neuroticism had the highest positive BEI value (0.32), agreeableness had the highest negative BEI value (-0.27), and the BEI values of neuroticism and agreeableness were significantly different from those of most other nodes ($p < 0.05$).

Conversely, Han et al (2024) carried out a study, aimed to explore the relationship between personality traits and depression among Chinese residents. A cross-sectional questionnaire survey was conducted from July 10 to September 15, 2021, involving 11,031 Chinese residents across 23 provinces, 5 autonomous regions, and 4 municipalities. Participants provided data on demographics, personality traits (using the Ten-Item Personality Inventory), self-efficacy (using the New General Self-Efficacy Scale), chronic disease self-management (using the Chronic Disease Self-Management Study Measures), and depression (using the Patient Health Questionnaire-9). After screening, data from 8,499 participants were analyzed. Sequential mediation models were employed, with the Big Five personality traits as predictors, depression as the outcome, and self-efficacy and walking as the mediators. Extraversion, agreeableness, conscientiousness, and emotional stability were negatively correlated with depression, with self-efficacy and walking as positive mediators in these relationships. Conversely, openness was positively associated with depression, and the self-efficacy-walking chain did not mediate this relationship but rather masked the effect of openness on depression.

Susanne et al., (2024). Considerable evidence links the “Big Five” personality traits (neuroticism, extroversion, conscientiousness, agreeableness, and openness) with depression. However,

potential mediating and moderating factors are less well understood. We utilized data from a cross-sectional survey of 3065 German-speaking adults from the D-A-CH region to estimate multivariable-adjusted odds ratios and 95% confidence intervals between personality traits and lifetime prevalence of depression (overall and stratified by sex and age). We further explored proportions mediated by psychosocial factors optimism, empathy, perspective-taking, work–life balance, and interpersonal trust. High levels of neuroticism were associated with more than two-fold higher odds of depression, whereas higher levels of conscientiousness were associated with approximately 30% lower odds of depression. The association with neuroticism persisted in all investigated subgroups; apparently, stronger associations for females and participants aged ≥ 60 years did not correspond to statistically significant interactions. Overall and across all strata, the association of neuroticism with depression appeared to be mediated in part by the considered psychosocial factors; optimism explained the largest proportion of the association. Our results provide empirical evidence for the dynamic predisposition model. Further investigations of these relationships are warranted in longitudinal data with more precise outcome assessments.

Concluding, Nada, et al., (2025) aimed to investigate the association between the return of major depression and emotional dysregulation, affective lability, and impulsivity personality traits. A case–control design sampling adults over 18 years old with a history of depression and currently either experiencing a depressive episode (cases) or currently being free of a depressive episode (controls). Current depression was assessed using the Patient Health Questionnaire-9, and study participants were recruited online. Multi-staged logistic regression modelling was used to explore the association between personality traits and the return of depression, adjusting for important confounding factors. One hundred fifty-two respondents (76 cases and 76 controls) were recruited. Emotional dysregulation was significantly associated with the return of depression (OR = 1.03, 95% CI [1.00–1.06], $p = 0.04$) even after adjustment for the confounding factors: marital status and childhood trauma. Childhood trauma (OR = 1.04, 95% CI [1.00–1.08], $p = 0.03$) and being widowed, divorced, or separated (OR = 13.95, 95% CI [1.16–166], $p = 0.03$) were also associated with the return of depression. Our analysis did not detect any association between affective lability and impulsivity and the return of depression.

FAMILY SUPPORT AND DEPRESSIVE SYMPTOMS

Margaret et al (2024) examined the associations between family and friend support and depressive and anxiety symptoms among adolescents, considering potential sex differences. Methods: Secondary data from a longitudinal cohort study of 1,348 adolescents ages 11–17 were analyzed using descriptive statistics and multiple linear regression, controlling for relevant factors. Interaction terms between sex and support were created to examine moderation by sex. Result shows that Youth who reported higher family support reported lower depressive symptoms ($b = 0.53$, $p < .001$) and lower anxiety symptoms ($b = 0.39$, $p < .001$). Similarly, youth's higher reported friend support was associated with lower depressive symptoms ($b = 0.52$, $p < .001$) and lower anxiety symptoms ($b = 0.44$, $p < .001$). Effects were not modified by sex.

Also, Huang, et al., (2023) explored the relationship between family communication, family violence, problematic internet use, anxiety, and depression and validate their potential mediating role. Methods The study population consisted of Chinese adolescents aged 12 to 18 years, and a cross-sectional survey was conducted in 2022. Structural equation models were constructed using AMOS 25.0 software to examine the factors that influence adolescent anxiety and depression and the mediating effects of problematic internet use and family violence. The results indicate that family communication was significantly and negatively related to family violence ($\beta = -.494$, $p < 0.001$), problematic internet use ($\beta = -.056$, $p < .05$), depression ($\beta = -.076$, $p < .01$), and anxiety ($\beta = -.071$, $p < .05$). And the finds also indicate that family violence mediated the relationships between family communication and depression ($\beta = -.143$, CI: $-.198 - .080$), and between family communication and anxiety ($\beta = -.141$; CI: $-.198 - .074$). Chain indirect

effects between family communication and depression ($\beta = -.051$; CI: $-.081$ $-.030$) or anxiety ($\beta = -.046$; CI: $-.080$ $-.043$) via family violence and then through problematic internet use were also found in the present study

Vicent, et al., (2023) investigated the relationship between family cohesion and depression among school going children with elevated symptoms of behavioral challenges in southern Uganda. At baseline, 2089 children were enrolled in the National Institutes of Health-funded Strengthening Mental Health and Research Training Africa study in Southwestern Uganda. This article analyzed data from 626 children aged 8e13 years with elevated behavioral challenges. We conducted multilevel mixed-effects Poisson regression to determine the association between family cohesion and depression. We controlled for sociodemographic and household characteristics. The mean age was 10.3 years. The overall mean depression score was 3.2 (standard deviation $\frac{1}{4}$ 2.7, range $\frac{1}{4}$ 0e15). Family cohesion ($b \frac{1}{4}$ 0.03, 95% confidence interval [CI]: 0.04, 0.02, $p < .001$) and owning essential items by the child ($b \frac{1}{4}$ 0.13, 95% CI: 0.23, 0.04, $p \frac{1}{4}$.005) were protective against depression among children. Additionally, we observed being a single orphan ($b \frac{1}{4}$ 0.44, 95% CI: 0.03, 0.86, $p \frac{1}{4}$.036) and having both parents ($b \frac{1}{4}$ 0.43, 95% CI: 0.06, 0.81, $p \frac{1}{4}$.023) were associated with depression among children.

Furthermore, Windarwati, et al., (2020) carried out a study, aimed to examine the interlink of a harmonious family with stress, anxiety, and depression in adolescents. This study employed descriptive correlational design with cross-sectional approach and examined 851 high school adolescents aged between 16-18 years who were recruited using a total sampling method from five high school in Malang City. Stress, anxiety and depression in adolescents was assessed employing the Depression Anxiety Stress Scale (DASS - 21), while, to assess family harmony, a questionnaire developed by the researcher was used. Data were analyzed through descriptive statistics and bivariate tests using Spearman Rank Correlation. It was revealed that 428 adolescents (50.3%) were male, 321 adolescents (37.7%) came from parents who worked privately, and 482 adolescents (56.6%) had their parents' social status above the minimum wage standard. Eight hundred and two adolescents (94.2%) had harmonious families, while the remaining 49 adolescents (5.8%) had non-harmonious families. Our study concluded that family harmony had a significant relationship with adolescent stress levels (p -value 0.013). On the other hand, the analysis showed that family harmony was not related to adolescents' anxiety (p -value 0.071) and depression level (p -value 0.13). A harmonious family makes children mentally healthy, able to adapt to the environment while a family that is not harmonious can trigger stress because conditions are not as expected, coupled with the burden of schoolwork, stressors from teachers and peers.

Ramesh & Ling (2022) investigated the predicting effects of family functioning and social support on depressive symptoms among emerging adults in Malaysia. Convenient sampling was used to recruit 214 emerging adults of age 18 to 25 years old. Participants were given a questionnaire which comprised of four scales namely Family Assessment Device (FAD), Multidimensional Scale of Perceived Social Support (MSPSS), General Self-Efficacy Scale (GSE), and Depression Anxiety Stress Scale (DASS). Pearson correlation and multiple regression were used to test the hypotheses. The current study found a weak, significant negative correlation between social support and depressive symptoms. When all 6 dimensions of family functioning (problem solving, communication, roles, affective responsiveness, affective involvement and behavioral control) were tested in the regression model, only roles and problem solving significantly predicted depressive symptoms with roles being the strongest predictor. In another multiple regression analysis, when social support and all dimensions of family functioning were included simultaneously in the regression model, only roles and social support significantly predicted depressive symptoms with roles being the strongest predictor. Overall, we concluded that among all the factors tested in the current study, roles and social support impacted the most on the development of depressive symptoms.

Finally, Rayan et al., (2022) explored the role of impaired family and school environments in adolescents' depression, anxiety, and stress in Jordan. The purpose of this study was to explore the association of family and school environments with the depression, anxiety, and stress of

adolescents in Jordan. A cross-sectional correlational survey was used. A sample of 220 adolescents aged 12–18 years completed the study. Data were collected about family and school environments and adolescents' depression, anxiety, and stress. School climate had a strong significant relationship with both general family functioning ($r = .53$, $p < 0.01$) and family process ($r = .58$, $p < 0.01$). General family functioning and school climate were uniquely associated with stress, anxiety, and depression ($B = -.280$ or higher), $p < 0.05$, controlling for demographics.

Hypothesis

1. There will be a positive and significant interaction effect between Family support and neuroticism personality trait on depressive symptoms among albinos in southeast Nigeria.

METHODS

Participants

The research was conducted with a total of a hundred and nine (109) individuals with albinisms as participants. The participants were drawn from a cross section of albinos in different states who willingly volunteered to be part of the study. The participants were from different states of; Abia (4 individuals 3.7%), Anambra (24 individuals, 22.0%), Ebonyi (1 individual, 0.9%), Enugu (8 individuals, 7.3%) Imo (6 individuals, 5.5%), and others (66 individuals, 60.6%). The participants included of 75 females (68.8%), and 34 males (31.2%). They also included of 96 Christians (88.1%), 11 Islamic (10.1%), 1 traditional (.9%) and 1 worshiper(.9%) and 109 Nigerians (100%). 3 individuals have a first school leaving certificate (2.8%), O-level (23 individuals, 21.1%), university certificate (51 individuals, 46.8%) and others (32 individuals, 29.4%). 70 individuals were single (64.2%), married (34 individuals, 31.2%), separated (1 individual, .9%), widow (3 individuals, 2.8%) and widower (1 individual, .9%). The participant's locality was rural (25 individuals, 22.9%), suburban (15 individuals, 13.8%) and urban (69 individuals, 63.3%). Fifteen individuals were civil servants (13.8%), undergraduates (21 individuals, 19.3%), unemployed (27 individuals, 24.8%) and others (46 individuals, 42.2%). The participants age ranges were between 24-58 years with mean age of 22.50 and standard deviation 5.21. The study adopted a predictive correlation design.

Instruments

Instruments used in the study were; depressive domain of Symptom Checklist-90 (SCL-90), Big five personality inventory, and Family Support Scale (PFSS). Symptom Checklist-90 was developed by Leonard R. Derogatis, R. S. Lipman, and L. Covi in the Year 1973, to screen and measure psychological symptom patterns in medical and psychiatric patients, and assesses psychological distress across a range of dimensions. It is a 90-item scale which adopts a five-point Likert scale ranging from 0- not at all, to 4- extremely. The scale has 9 subscales which includes; somatization, obsessive compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. The reliability reports on internal consistency of 0.77 – 0.90 across dimensions was reported by the developers, The reliability for the current study was .65 - .85. The validity indicates a good correlation with clinical diagnosis and other psychiatric scales, differentiates psychiatric from non-clinical populations, original 9-factor model validated across many cultures and settings.

The big five personality inventory was developed by Oliver P. John, Eileen M. Donahue, and Richard L. Kentle in 1991. It was designed as a brief, accessible measure of the Big Five personality traits. The scale adopts a Likert scoring pattern ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). The items are directly scored except for items marked (R) (e.g., "I am reserved" for Extraversion) are scored in the opposite direction. Each personality trait is scored by averaging the responses to its corresponding item. Some of the items are: I see myself as someone who " is a talkative", " is inventive", " can be moody", "is easily distracted", " can be cold and aloof". The reliability for Internal consistency Cronbach's alpha typically ranges from

0.75 to 0.90 for different traits. Test-retest reliability correlations of 0.80 to 0.90 over weeks or months, indicating stability. A reliability of .80 was found in the current study.

Family support scale (FSS) is a 20 items scale developed by Procidano & Heller, in the year 1983 is often used in studies involving mental health, adolescents, college students, clinical populations. The FSS is designed to assess the extent to which individuals believe their family provides emotional and practical support and frequently paired with the PSS-Fr (Perceived Social Support – Friends Scale). The scale adopts a five-point Likert scale ranging from 1- strongly disagree, to 5- strongly agree. Higher scores indicate greater perceived family support. Some of the items includes; "my family gives me the moral support I need", " I rely on my family for emotional support", "I feel that my family is sensitive to my personal needs", " my family is willing to help me make decisions", "I let my family know when I need help". Procidano & Heller (1983) reported a reliability of 0.88, while .75 alpha coefficient was found in present study.

Procedure

The researchers identified three standardized scales to measure the study's variables: big five personality inventory, family support scale, and SCL- 90. These scales were then transformed into a Google Form questionnaire to facilitate data collection. To obtain a representative sample, the researcher employed random sampling at multiple levels. The study's participants consisted of albinos who resided in Abia, Anambra, Enugu, Ebonyi, Imo, and other states in Nigeria. The scales were turned into Google forms. The Google Form was distributed to these albinos through their social media platforms (WhatsApp), and a total of 109 randomly selected individuals voluntarily completed the survey. All ethical conditions were considered. The data collected through the Google Form served as the primary source for analysis using the SPSS version 26.0.

Statistics

The statistics deployed for data analysis was linear regression enter method using SPSS version 26.0.

RESULTS

Table 1: Prediction of neuroticism and depressive symptoms

	B	Standard error	Unstandardized coefficient beta	t	Sig
Neuroticism	-.320	.408	-.170	-.783	.436

Table 2: Table of interaction effect of Depressive Symptoms

Predictor variable	Adjusted R ²	df1 (df2)	B	F	Unstandardized coefficient beta	T	Sig
Neuroticism*							
Family Support	.060	1(105)	.001	.006	1.666	1.851	.053

Table 1 above presents the results of the prediction analysis of family support in the relationship between neuroticism personality and depressive symptoms among individuals living with albinism in the southeast Nigeria. The result showed that neuroticism positively but not significantly predicted depressive symptoms.

However, table 2 revealed the of interaction effect of neuroticism and depressive symptoms. The overall model contributed 6% (Adjusted $R^2 = .060$) in understanding of depressive symptoms. The F-ratio was also significant, $F(1,105) = P < 0.05$. the unstandardized beta coefficient for the predictor variable was family support * neuroticism personality, $B = 1.666 < .05$.

Just an item of result – a simple regression analysis – is too minimal for an empirical article. The authors should include the scope of the study. for instance, some of the descriptive data on the demographic characteristics can be included.

More importantly, the study title reads moderating role, but there is no statistical analysis or result on moderation.

DISCUSSION

This study examined neuroticism personality trait and depressive symptoms, the predicting role of family support. The Hypothesis which stated that family support will be a positive and significant interaction effect on neuroticism personality trait and depressive symptoms among albinos, was confirmed. This study aligns with earlier studies, which found positive and significant relationships between neuroticism and perceived depressive symptoms this study did not contradict the findings (Shahzadi, 2024, Han et al., 2024, Wang et al., 2025). The present study advocates for a way to ameliorate the effect of neuroticism on depressive symptoms among albinos.

These empirical observations may find explanation in the Diathesis Stress Model by Paul Meele, (1962). According to this theory, diathesis can be biological, physical, or personality-based. The theory posits that personality of individuals affects their mental health. Some individuals have personality traits that is prone to having depressive symptoms. According to the theory, neuroticism traits face a lot of stress, leading to depressive symptoms, as stress is a major cause of depressive symptoms.

Practically, the study reveals the role that family support will play in albinos. Now, these individuals are assumed to an extent not fitted well in the society. For instance, when they attend school at the primary level. Peers and even teachers treat them very differently. While teachers are taking their mistakes with disdain and sometime using harsh languages on them. The peers are bullying them. These behaviours are meted on them perhaps because they may appear defenseless. In this society and background, these albinos live. Unfortunately, the pieces of these treatments form a background in them. This background becomes real to them. It reechoes in their head and gradually begins to become real. Results reveal that that their mental health becomes bothered so much. This situation may result in these albinos may wonder why they are different. Once they come to this point, the albinos may begin to get isolated. This may lead them to walk away from activities that they otherwise are expected to engage in. This isolation may afford them time to get into deeper thinking which may induce mental health challenges such as depression, anger, and fear. These depressive symptoms are major concerns among scholars globally.

Now this is where the role of family support gets interesting. The present study advocates that even though albinos struggle to live in the face of challenges from the non-albinos in the society. They will need help from their family members. This help could be in the form of encouragement and support where necessary. Family members should be able to get into their space and figure out what they need. The family members should seek ways to support them. When this is done, it may reduce the levels of depression the albinos may likely face. Therefore, gradually it is possible to achieve a happier life for the albinos.

Implications of the Study

The findings that family support helps weaken the relationship between neuroticism of personality trait and perceived depressive symptoms widens the range of empirical studies.

Conclusion

In conclusion, the study investigated moderating role of family support in neuroticism traits and perceived depressive symptoms among albinisms in southeast Nigeria. The findings, revealed that family support has a positive interaction effect on the existing relationship between neuroticism traits and depressive symptoms. The moderation revealed a strong family support will buffer the effect of stress on neuroticism personality traits on perception depressive symptoms among albinisms. The study expanded the understanding of the relationship between personality traits, depressive symptoms and family support. Going forward, the study affirms that despite the personality traits of the individual with albinism, strong family support can help the individual overcome stress to prevent depression. It is recommended that; families should support their members living with albinisms as it could serve as a buffer to stress thereby helping them in overcoming perceived depressive symptoms.

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