

COUNSELLING STUDENTS WITH DEPRESSIVE TENDENCIES FOR BETTER EDUCATIONAL AND PERSONAL-SOCIAL ADJUSTMENT: THE COGNITIVE RESTRUCTURING APPROACH

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ABSTRACT

The paper explores the contextual meaning of depressive tendency as could be measured by a score of 20 and above on Beck Depression Inventory and still functioning in a normal population such as school. Evidence of depressive symptoms in Colleges of Education is cited. Reasons why students are at risk for depression are discussed, such as no age barrier for depression, stress and hassles of life emanating from high academic pressures, new financial responsibility, new relationship etc. Problems associated with depressive tendency are discussed such as inability to do what one ought to do at the right time, or not doing it satisfactorily due to symptom interference; may lack creative endeavour which requires thinking and action; poor interaction and less information. Cognitive restructuring as a counseling strategy is expounded upon for adaptation by professional counsellors and psychologists. Emphasis is laid on teaching students self-monitoring in order to identify negative automatic thoughts that are fueling the depressive symptoms and to replace them with more adaptive thoughts, which help one feel better.

KEY WORDS: Depressive Tendency, Cognitive Restructuring, Automatic Thoughts, Self-monitoring.

INTRODUCTION

Productive life depends on the quality of mental health an individual has. Active processing of information that characterizes academic enterprise is not possible without well organized mental health. One of the common mental health issues is depression. Depression is a mood or affective disorder characterized by inactivity, insomnia, early morning awakening, diffused anxiety, poor appetites, loss of energy, sadness and inability to concentrate (Omeje, 2005). Omeje added that depression can be conceptualized along the continuum of mild, moderate and severe but not psychotic to psychotic depression. This conceptualization refers to the levels of severity; and agrees greatly with that of Beck (1996).

Hahn and Payre (1999:29) define depression as 'emotional state characterized by exaggerated feelings of sadness, melancholy, dejection, worthlessness, emptiness, and

hopelessness that are inappropriate and out of proportion to reality'. There are other symptoms of depression as contained in Beck Depression Inventory (1996), such as loss of interest in pleasurable activities, restlessness, irritability, difficulty concentrating, remembering or making decisions, thoughts of death or suicide, lack of interest in sex.

Everyone feels 'down' at one time or the other, but one key indicator of depression is the persistence of some of these symptoms. There are clues to suggest that some students in higher institutions experience depressive tendencies. Close observation of students by the authors show that there are some of them that often wear gloomy look, uninterested in activities going on around them. Some often sleep in the class, and when questioned can't possibly explain why they do so. Others are very uncomfortable or agitated in the class. Some of such students were subjected to Beck Depression Inventory, and

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found to have scores high enough to qualify them as depressed. Out of every ten students in two Colleges of Education in Cross River State sampled by the authors, 3 or 4 had scores high enough to qualify them as depressed. However since further observation is needed before one could be termed depressed; and since these students are in the normal population, going to school, we can at best describe them as having depressive tendency.

According to mental health experts, there are two main types of depression, namely, secondary or reactive depression and primary depression. Reactive depression develops after a period of difficulty such as death of a loved one or failed relationship, while primary depression is caused by changes in brain chemistry (Omeje, 2005). Reactive depression has to do with unfortunate life experiences; and students have their own share of these experiences. While some students may be resilient to such experiences, others seem to be broken down, hopeless and dejected. Such students must be equipped to manage themselves so that they do not develop full blown depression. Virtually every year we hear of a student running amok, and others withdrawing from school for reasons not so clear, such problems do not develop overnight. A stitch in time saves nine.

Why students may be at Risk for Depression

One of the reasons why students may experience depressive symptoms is that there is no age barrier for depression. Depression can affect anyone including children (Maag 1986; Benefield, 2006; Artalejo, 2006)).

Again, students are not free from stress and hassles of life. Stressors among students include high academic pressures, new financial responsibilities, time management issues and new relationship. These and stressful issues such as adapting to a new environment, poor eating and sleeping habits can lead to depression.

Benefield (2006) reports that one of the liberating aspects of a college life is almost one of the most overwhelming. The new freedom to make important and sometimes life – altering decisions instills fear and confusion among many students. Many students also struggle to identify with peers. Many suddenly start questioning the values and beliefs they have been taught (Benefield, 2006). These factors take their toll on students, generating depressive symptoms.

Other predisposing factors include disturbance in family constellation, divorce, parental separation, death of one or both parents. While some students may be resilient to such situations, some others may be devastated by such conditions. As a result there is need for intervention.

How to Identify Students Experiencing Depressive Symptoms

Course lecturers who are in regular touch with their students could help to identify students who are often sad, lack interest in school activities, often sleep in the class, extremely quiet. Such students are then subjected to Beck Depression Inventory (BDI). Beck's levels of depression according to the scoring are 0-13 minimal depression, 14-19 mild depression, 20-28 moderate depression, 29-68 severe depression. After the administration of BDI, students who score 20 and above should be singled out to receive intervention.

Before discussing the nature of intervention, it is important to have an insight into the nature of educational and personal-social problems associated with Depressive tendency.

Educational and Personal-Social Problems Associated with Depressive Tendency

Depressive tendency is a condition which can limit the effective functioning of an individual experiencing it. The person experiences depressive symptoms which may make it difficult for him to do what he is supposed to do, or may not do it satisfactorily. A person who is sad and lacks interest will definitely lack the excitement and zeal needed for peak performance. At most the person may settle for average at the expense of excellence, or may have task delayed to accomplish his best.

Creative endeavours require thinking and action which can only be carried out by a sound mind. Learning does not take place in isolation. It is usually the result of cross fertilization of ideas. This cross fertilization of ideas does not only take place in reading books or attending lectures, but also in group interactions, among peers, classmates, social gatherings. A person with depressive tendencies may not only miss classes, but also be absent in these group activities which are rich in information. Consequently, both academic information and social skills will be lacking. In fact depressive tendency can affect mental ability such as

thinking, reasoning, understanding, remembering, learning, sensation, perception and concentration. Bonifacci, Candria and Contento (2007) conducted a study in which they investigated how specific literacy skills; reading and writing relate to anxiety and depression. Result indicated that children at risk for depression made more spelling errors in dictation of words in comparison to the control group. Other studies which lend credence to the relationship between depression and learning difficulties are Brumbach, (1955) Ugokwe-Ossai and Ucheagwu (2008). Depressive symptoms can affect ability to study well and solve problems in learning and life situations. Thus, there is need for intervention.

Dealing with Stressful Situations

Experts suggest two fundamental dimensions in which we can maintain an efficient mental functioning, namely;

1. to develop skills that enable the individual to handle stress, manage emotions, and solve problems effectively.
2. to develop skills that enable the individual to be in purposeful and meaningful activities.

One of the widely used strategies for developing such skills in handling a number of psychological problems such as panic disorder, phobia, substance abuse, anxiety disorder and depression is cognitive restructuring (Clark & Barlow (2001), which is a technique of cognitive behavioural theory.

Cognitive Behavioural Theory

According to cognitive behavioural theory, cognitive (thoughtful) appraisal governs emotional responding. What you think about what is happening to you influences how sad or worried you will feel in response, even when you are not especially aware of having interpreted those events. Problem with mood can occur when people's appraisal processes get messed up and they draw wrong conclusions about the meaning of various stimulus events facing them (Beck, 1996). The way to overcome such problematic mood is to help the person experiencing it to become better or more accurate appraiser (Beck, 1996).

Cognitive restructuring (reframing) is the core technique from cognitive therapy, a scientifically validated psychological treatment format (Dombeck, Well-Moran, n.d). It involves the application of learning principles to thought.

The technique is designed to help you alter your habitual appraisal habits so that they can become less biased, resulting to a better emotional response. This could be achieved by helping the individual become aware of the biases as they occur, and then criticizing them. As a matter of fact, there is no logical basis for appraisal bias. When you carefully examine your judgement, looking for evidence to support them, you find out that there is none. You are then in a position to form a new, more accurate appraisal (Dombeck, Well-Moran n.d).

Appraisal habits cannot be manipulated directly, but the thought that carry them can be. The first tack in cognitive restructuring is thus self-monitoring. Learning to become aware of your thought. In addition to the thoughts you are conscious of, there are also all manner of unconscious automatic thoughts which flow through your mind without you noticing them. Automatic thoughts are not inherently unconscious; they have just become you habitual way of reacting that you no longer notice them. You can only become more conscious of your automatic thoughts by self-monitoring. A good way to do this is to write down all the thoughts that occur to you shortly after some events have occurred which causes you to feel bad (Dombeck, & Well-Moran, n.d). This could be understood by applying the technique to some situations that could make students feel bad.

Applying Cognitive Restructuring to Difficult Situations: The Counsellor and Students' Role

Difficult situations are on their own neutral (they cannot evoke good or bad emotions on their own). The emotional response they evoke depends on the interpretation attached to them. Through extensive study on cognitive restructuring, two ideas seem to govern cognitive restructuring which are preferably called Principles of cognitive restructuring in this work.

The counselor starts by explaining these principles to the students which are (1) difficult situations are on their own neutral; the emotional response they evoke depends on the interpretation attached to them. That means if an individual sees a difficult situation as opportunity for further growth; part of a learning process, it will not evoke negative emotion, or it will be less stressful. However, if an individual sees a difficult situation as devastating, a catastrophe, the effect will be negative; it will produce a negative emotion. From this another principle is derived

which is (2) negativity begets negativity; and positivity begets positivity. In other words if I have negative outlook toward life generally, including difficult situations, it will lead me to more difficult situations. On the other hand, If I have positive outlook toward life generally including difficult situations, it will lead me to more pleasant situations/experiences. These two principles which are derived from the overview of cognitive restructuring form the starting point of discussion with the students.

Administration of depressive inventory is important before any discussion, as this reveals more about students experiencing such tendency. Students on their own may not open up their difficult situations unless there is a clue from which you probe. A good way of having insight into areas of students problems is through the administration of psychological test viz Beck Depression Inventory (BDI, 1996). BDI is very helpful in exposing areas of difficulty in a student's life through symptoms report. For example, symptoms like pessimism, past failure, loss of pleasure, guilty feelings, self-criticalness, just to mention but a few can reveal student's concern.

To illustrate the above idea, suppose under pessimism a student reports that his future is hopeless and will only get worse. The psychologist or counsellors may ask, why do you think your future is hopeless. From here the student opens up the troubling experience. Another could report, "as I look back I see a lot of failures". The psychologist probes to understand why the student feels like a failure.

Once the problem is identified, both the counselor and the student specify the problem, and what to change. Through discussion with the students the automatic thoughts over the situations are identified, including the nature of cognitive biases such as overgeneralization, selective abstraction and catastrophizing.

Using the counsellors expertise the student is guided to do self observation for one week or few days to get the baseline data on the frequency of the negative automatic thoughts. To be aware of the negative automatic thought and the counting, the student should write down all the thoughts in his mind and his reactions once he experiences anything that makes him feel bad. From such write-ups a student can identify negative automatic thoughts by their negative nature and consistency of occurrence. Sometimes such thoughts are either baseless or exaggerated. The total frequency for one week is

averaged to get average daily total. This becomes the baseline data.

Having established the baseline data, the student is taught some skills to enable him to reduce the negative automatic thoughts and to replace them with more realistic positive appraisal which helps him/her feel better. Somehow cognitive restructuring could be achieved through exercise of faith. In this case, for the purpose of remaining positive, the reality of a hopeless situation could be denied, and positive affirmations made over the situation consistently. We are what we believe and confess.

Bandura (1981) contends that our behaviour is motivated and regulated by the continual exercise of self-influence, including monitoring the determinants and the effects of our behaviour, and responding positively or negatively to our behaviour depending on how it measures up to our personal standards. It is important to note Bandura's reference to determinants of behaviour and the effect of responding negatively or positively to our behaviour. This suggests that in the bid to reduce negative automatic thoughts, attention should be paid to the antecedents and the consequences.

Monitoring for Antecedents and Consequences

Monitoring for antecedents and consequences of negative automatic thoughts have their roles in reducing the negative thoughts and the emotions they arouse. The essence of discovering antecedents is to avoid them, so as to reduce the deprecatory thoughts.

Consequences are events which occur after we engage in a behaviour. They affect how we feel about the situation; and they influence the likelihood that we will engage in the behaviour in future or not. Consequences might be positive or negative. Positive consequences make us feel good and increase the likelihood of the occurrence of the behaviour. Negative consequences make us feel bad and make it more difficult for the preceding behaviour to occur. Therefore to decrease negative automatic thoughts in any form they manifest, each time it occurs do not reinforce it, by doing such things as eating your best meal, taking your best drink or licking ice cream. Instead you can pinch yourself and yell stop!

Another way of reframing one's mind is by pairing positive thought (thought about things

one likes) to one's daily routine. For example, while brushing teeth one could imagine oneself licking ice cream, putting on smiling face whether one feels like smiling or not.

RECOMMENDATION

Although cognitive restructuring could be practiced on group basis. It is better on one on one basis as this offers students opportunity to open up.

CONCLUSION

Depressive tendency can actually lead to depression, if there is no intervention, which in severe cases can cause death. It is strongly believed that given timely intervention such as suggested here students having depressive symptoms could be helped to adjust their thinking patterns which could be fueling the depressive tendency, and be better equipped to pursue their academic programmes, fit into the social life of the school, and solve life problems without undue stress.

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