

Efficacy of Talk Therapy on Academic Depression Behaviour of Students Enrolled in Counselling, Psychology and Sociology of Education (CPSE)

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ABSTRACT

This paper assessed the efficacy of talk therapy programme on the reduction of undergraduate students' depression behavior. Pre-test post-test randomized control trial experimental design was adopted by the researchers for the study. Fifty-two (52) counselling, psychology and sociology of education undergraduate students who were drawn through proportionate stratified random sampling technique constituted the sample for the study. The students were randomly assigned to experimental (30) and control (22) groups. Depression Assessment Scale for Students (DASS) and Academic Depression Behaviour Scale (ADBS) were used for data collection. DASS and ADBS were duly validated by experts in test development and the internal consistency reliability index of the items estimated as 0.82 and 0.84 respectively using Cronbach Alpha method. Before the commencement of the testing and treatment programme, the researchers assured the participants of confidentiality of interactions and personal information as they work together in self-disclosure. After that, pretreatment assessment (pre-test) was conducted using the DASS and ADBS in order to collect baseline data (Time 1). After that, the experimental group was exposed to 90 minutes of the talk therapy (TT) programme twice a week for a period of 6 weeks. The treatment took place May and June, 2022. Post-test (Time 2) assessment was conducted one week after the last treatment session. Besides, a follow-up assessment was conducted after two months of the treatment (Time 3). Data collected were analyzed using repeated measures analysis of variance. The findings of the study revealed that the efficacy of talk therapy on the reduction of depression behavior among counselling, psychology, sociology of education undergraduate students was significant at post-test and follow-up measures. One of the implications of the findings is that if undergraduate students are not properly counselled, their depression behavior will continue to increase. Based on the findings, it was recommended among others that Federal Government or relevant authorities should provide enough guidance counselors in the various institutions of higher learning who will assist in the counselling of the students on dangers of depression using talk therapy.

Keywords: Talk Therapy, Depression.

INTRODUCTION

Education currently in Nigeria is faced with a lot of challenges. The higher institutions environment is not safe for students and lecturers. Inadequate funding, corruption, inadequate infrastructural facilities, shortage of academic staff, strike actions, brain-drain, poor research, weak administrators, insecurity among others

have exposed a lot of challenges to students. This situation has led so many students especially those in higher institutions to depression behavior and/or symptoms. These students encounter a lot of problems and situations that make them vulnerable to depression. According to Jamison (2019), depression affects all areas of an individual's wellbeing including physical health, self-esteem, sleep, diet, social interaction among others. Bums (2020) also posits that students who are depressed are at risk of suffering from mental and physical health problems, resistance to anything school related and poor academic performance. Depression is common among students, but often goes unrecognized. In a study on effects of depression on students' academic performance for instance, Shumaila (2015) found out that a negative effect of depression existed on students' academic performance and a significance different between the academic performance of the students having low, medium and high level depression. Depression is a common mental disorder (Bums, 2021). Globally it is estimated that 5% of adults suffer from the disorder. It is characterized by persistent sadness and a lack of interest or pleasure in previously rewarding or enjoyable activities (World Health Organization (WHO), 2022). It can also disturb sleep and appetite. According to Kerr (2019), depression is a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life. The author further noted that possible causes of depression include a combination of biological, psychological, and social sources of distress. Depression according Nolen (2023) is a mood or emotional state that is marked by feelings of low self-worth or guilt and a reduced ability to enjoy life, often accompanied by other symptoms such as loss of interest or pleasure, feelings of guilt or low energy, poor concentration, changes in appetite, sleeping difficulties and can be manifested by anybody irrespective of age, race, socio economic status or gender. This implies that depressed students are vulnerable to anti-social behaviour which usually leads them astray.

Depression perhaps has an effect on students' personality traits and their learning. Nanshad, Farooqni, Sharma, Rani, Singh and Verma (2014) showed that symptoms of depression are what indicate their mood and feelings. Failure and dissatisfaction with himself and thinking of suicide, fatigue and loss of appetite which harms the extent to which it is necessary to provide psychological support to this group of students by employing religious therapeutic programmes that reduce the level of feeling of depression.

However, different variables appear to contribute towards depression among university undergraduate students. Specifically, inadequate infrastructural facilities, strike actions, weak administrators, corruption, inadequate funding, insecurity, lack of guidance and encouragement, emotional stress, inappropriate time management among others. According to Kerr (2019), irrational beliefs of the students may develop in them depression symptoms which leads them into disturbing circumstances. Ncheke (2018) found out that students' depression arises from academic stress including difficulty with schoolwork, pressure to get good grades, financial worries, failed relationships with parents and peers and conflict with room mates. This perhaps lead to engaging in high risk behaviours such as violence against others, abusing alcohol and other substances, having unprotected sex, sleeping habits, dropping out of school with an increased risk of suicide which have nearly tripled in the last 50 years (Centre for Disease Control, 2013; World Health Organization (WHO), 2022). Depression appears to make university students engage in high-risk behaviours such as abusing alcohol and other substances, violence against others and their lecturers, having unprotected sex, drop out of school among others. It seems a common practice that university undergraduates are at a greater risk of depression because of inadequate infrastructural facilities, strike actions, weak administrators, inadequate funding, insecurity, financial worries, failed relationships with parents and peers among others.

Previous studies shows that depression is very common among university students (Ahmad, Sulaiman and Sabri, 2022; ABolanle, Olley and Shogbesan, 2021). According to Bala (2021), approximately 68% of university students are depressed and study conducted by Hadifa (2021) found depression symptoms of university students. Furthermore, Kahi (2019; Farhi, 2021) reveals that depression can negatively affect students' academic positions, like quality and academic performance. Depression affects academic achievement negatively (Buttar, 2022) and also related to increased stress and anxiety (Tur, 2023).

Depression can equally lead to stress and guilt, decreased confidence, and eventually resulting in numerous diseases (Burns, 2022). However, there is a relationship between high levels of depression and low levels of mental health (Oxlin, Zur & Cohohdi, 2021). Ozidi (2022) posits that students who are depressed experience negative consequences such as dropping out of school, committing suicide, failing courses and low interactions with classmates. Jamison (2019) states that 52% of students need to receive help with depression. Previous studies have varied in dealing with depression in students, in the study of (Aladdin & Alhayh, 2017). Al-ffor (2016) examined the effect of a group counselling programme on reducing anxiety and depression. The negative consequences of depression on academic achievement and physical wellbeing reveal the need for intervention studies on depression (Burn, 2022). Such intervention includes talk therapy (McFadden, 2020; Vernon, 2021).

Talk therapy is a psychological technique used to treat children and adolescents who have been abused (McFadden, 2020). Talk therapy is goal-oriented. Its main goal is to reduce anxiety, and rectify behavioural issues stemming from the trauma (Vernon, 2021). This type of therapy helps abused adolescents and children understand and cope with their emotions. Talk therapy is only appropriate for children and/or adolescents who can fully understand the concepts of depression. It can be used in conjunction with other treatments

such as medication, support groups and or art therapy (McFadden, 2020; Vernon, 2021). Talk therapy according to Usman (2021) is a therapy aimed at treatment of mental, emotional, personality and behavioural disorders using methods such as discussion, listing, and counselling. It is also called psychotherapy. Talk therapy is a type of therapy introduced by Sigmund Freud and Associates 1950. Talk therapy assumes that mental disorders are largely based on reactions to one's environment. Therefore, they can be treated through discussion, resolution of conflict, behavioural changes and changes in thinking (Habi, 2020). Talk therapy is based on the core idea that talking about the things that are bothering you can help with emotional distress (Firscher, 2020). The ultimate goal of talk therapy is to help the client feel better and deal more successfully with a disorder or a situation. The specific treatment goals according to the theorist depend on individual client, the therapist's theories and the situation at hand (Firscher, 2020). According to Balks and Duru (2021), when talk therapy is used for phobia treatment, there are generally two goals. One is to help the client reduce their fear and anxiety, and the second goal is to help the client learn to change their response to the feared situation or object. Kutlesa (2022) noted that use of talk therapy is used on regular personal interaction to help a person change behaviour, and increase happiness, and overcome problems. Talk therapy aims to improve an individual's wellbeing and mental health, to resolve or mitigate troublesome behaviours, beliefs, compulsion, thoughts or emotions, and to improve relationships and social skills (Binder, 2000). Numerous experimental studies have focused on the management of depression among students (Binder, 2000; Kutlesa, 2022; Schubert, et al. 2000). According to Berghi (2017), Ozen (2018), lack of effective therapy or intervention programmes have been emphasized in both national and international literatures. However, experimental studies on managing depression are new and quite limited in developed countries which include China (Gandi, 2014, Habi, 2020). Mostly existing research focuses on organizing psycho-educational programmes on the management of these behaviours, providing counselling and highlighting the need to create and increase awareness through workshops (Balks & Durn, 2012; Ndemzi, 2013; Pzeth, 2013; & Annoi, 2016). In Nigerian context, there is a dearth of empirical evidence on the efficacy of talk therapy in the reduction of depression among undergraduate students in Enugu state, Nigeria. Based on this claim, this research sought to investigate how to use talk therapy in the managing and reducing the widespread depression among undergraduate students which remains essential as long as it continues to have negative effect for these students. However, Vernon (2021) noted that adolescents who were exposed to talk therapy had positive effect on abuses and depression behaviour more than those who were not exposed to treatment. McFadden (2020) posits that talk therapy had positive effect on adolescents' depression. Because depression is linked to maladaptive beliefs such as irrational expectations, negative beliefs, the use of talk therapy has been suggested as a remedy (Annon, 2021). Joseph (2022) noted that in talk therapy, depressive individual are taught social skills and change of negative thought, develop goals and develop mindset that enables them to reduce depression. Thus, this study assessed the effectiveness of a talk therapy programme in the reduction of undergraduate students' depression. The researchers therefore tested the hypothesis that there is a significant effect of talk therapy on the reduction of depression behaviour of undergraduate students.

Methods

Design of the Study

A total of 52 undergraduate students comprising male (n=28) and female (n=24) from sampled public universities in Enugu State Nigeria who met the inclusion criteria consisted participants for the study. G-power, version 3.1 gave 0.92 which is an adequate sample size for the study (Faul et al., 2007). Fifty-two (52) counselling, psychology and sociology of education students who were drawn through proportionate stratified random sampling technique consisted the sample of the study. The students were stratified based on their area of disciplines (Counselling, Psychology and Sociology) from where the students were proportionately sampled (20 counselling students, 14 psychology students and 18 sociology of education students). A total of 260 students showed interest and volunteered to participate in the intervention programme. All the 260 students who volunteered to participate in the study were screened for suitability based on the suitability criteria set by the researchers, including that: (1) the students must be undergraduate students in counselling, psychology and sociology of education; (2) Students must have an element of depression behaviour. Volunteers who did not meet all the inclusion criteria were excluded. After that, the 52 undergraduate students who met the inclusion criteria were randomly assigned to experimental and control group conditions using a simple randomization procedure (participants were asked to pick one envelop containing pressure-sensitive paper labeled with either E-experimental group or C-control group from a container. The students were randomly assigned to experimental (28) and control (24) group.

Measures

Demography Questionnaire

A demographic questionnaire was administered to the students (participants) in order to obtain their demographic characteristics such as gender, age and location. Each of the participants was instructed to tick the appropriate demographic information that may be applicable to him or her.

Table 1 shows that there is a significance difference in the number of male and female undergraduate students who participated in the intervention programme. The same results apply to age, tribe, and religion of the participants.

Table 1: Demographic characteristics of the participants

Demographic characteristics	Talk therapy group	No intervention group	N (%)	X ²	P
Gender					
Male	16	14	28(46.77)		
Female	12	10	24(52.12)	4.21	.002
Age					
≤20	12	10	20(15.61)		
20-30	16	14	30(69.68)	35.56	.000
Tribe					
Igbo	12	15	37(57.61)		
Others	16	9	26(42.16)	12.04	.000
Religion					
Christianity	16	16	20(31.61)		
Muslim	12	8	18(28.67)	8.06	.000

Depression Assessment Scale for Students (DASS)

Depression assessment scale for students (DASS) developed by the researchers was used for data collection. DASS is a 15-item scale with five response options of Never (1), Rarely (2), Occasionally (3), Often (4), Always (5) which was properly validated by three experts in the area of test development. Example of item statement on DASS is “difficult to concentrate when teaching is going on in the class”. A minimum of 20 points and a maximum of 100 points can be earned on the scale, with higher scales indicating greater depression behaviour.

However, the initial development of the DASS involved 35 items but after construct validation, the number of the items was reduced to 15. In other words, 20 items of DASS did not survive the construct validation. Out of the 20 items, 14 item loaded more than 3.50 in more than one factor while the remaining 6 items could not load up to 0.35 in any of the factors. After that, the internal consistency reliability index of 0.82 was obtained using Cronbach Alpha method for the 15 items of DASS that survived the construct validation. Besides, the test-retest reliability of the DASS was established to be 0.87 using Pearson’s Product Moment Correlation coefficient. This was done by readministering the DASS after the 2 weeks of first administration.

Academic Depression Behaviour Scale (ADBS)

Academic depression behavior scale (ADBS) developed by the researchers is a 10-item scale with five response options of Never (1), Rarely (2), Occasionally (3), Often (4), and Always (5) with lowest and highest scores of 10 and 50 respectively. Example of item statement on ADBS is “depend on other students to solve academic problems”. However, the initial development of the ADBS involved 15 items but after construct validation, the number of the items was reduced to 10. In other words, 5 items of ADBS did not survive the construct validation. Out of the 5 items, 3 items loaded more than 3.50 in more than one factor while the remaining 2 items could not load up to 0.35 in any of the factors. After that, the internal consistency reliability index of 0.86 was obtained using cronbach alpha method for the 10 items of ADBS that survived the construct validation. Besides, the test-retest reliability of the ADBS was established to be 0.89 using Pearson’s Product Moment correlation coefficient. This was done by re-administering the ADBS after the 2 weeks of first administration.

Data Analysis

The effect of talk therapy on the reduction of academic depression behaviours among undergraduate students in public universities in Enugu State, Nigeria was established statistically using repeated measures analysis of variance (ANOVA). Partial Eta squared and adjusted R² values were used report the effect size of the intervention on the dependent measure. The assumption of the sphericity of the test statistic was tested using the Mauchly test of sphericity which was not significant (Mauchly W=0.861, P=.747), implying that the assumption was violated. Thus, the variances of the differences between all combinations of the related measures are equal. The analysis was done using statistical package for social sciences version 18.0

Results

Table 2: Repeated analysis of variance for the effect of talk therapy on the reduction of academic depression among undergraduate students

Time	Measures	Group	Mean (SD)	F	P	n ²	ΔR ²	95%	CI
1 Pre-treatment	DASS	Experimental	81.12(5.44)	.123	.711	.005	.008	0.11	1.66
		Control	81.12(4.03)						
	ADBS	Experimental	41.42(10.11)	.341	.006	.010		0.25	1.78
		Control	40.58(10.41)						
1 Post-treatment	DASS	Experimental	20.41(2.33)	.853	.122	.000	.713	.871204.31	901.14
		Control	71.58(10.52)						
	ADBS	Experimental	15.78(7.52)	.105	.511	.000	.752	.100.45	120.76
		Control	40.51(4.51)						
3 Follow-up	DASS	Experimental	20.11(3.02)	.611	.323	.000	.702	.804210.11	523.21
		Control	62.10(6.11)						
	ADBS	Experimental	12.01(1.21)	.120	.573	.000	.623	.108.45	146.72
		Control	31.72(5.01)						

DASS: Depression Assessment Scale for Students, ADBS: Academic Depression Behaviour Scale; Mean (SD): Mean (Standard Deviation); P: Probability Value, CI: Confidence interval, n²: effect size, ΔR²: adjusted R²

Table 2 reveals that there was no significant difference between the experimental and control groups in initial academic depression among counselling, psychology and sociology of education undergraduate students as measured by DASS, $F(1,51)=0.123$, $P=.711$, $n^2=.005$, $\Delta R^2=.008$. At the post-treatment and follow-up measures, the efficacies of the talk therapy on the reduction of academic depression among counselling, psychology and sociology of education undergraduate students were significant, $F(1,51)=0.341$, $P=.006$, $n^2=.010$, $R^2=.025$, and $F(1,51)=0.122$, $P=.000$, $n^2=.713$, $\Delta R^2=.871$.

Table 3: Test of within-subjects effects for the intervention group

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta squares
Measure: ABB Time	82.225					
Sphericity assumed	82.225	2	42.522	10.524	.000	.580
Greenhouse	82.225	1.852	43.532	10.524	.000	.580
Geisser Huynh-Feldt	82.225	2.000	42.522	10.524	.000	.580
Lower-bound	82.225	1.000	64.435	10.524	.000	.580

Table 3 revealed that the mean depression behavior scores of the intervention group were significantly differently different at pre-treatment, post-treatment and follow-up measures, $F(2,27)=42.522$, $P<.0.05$, $n^2=.611$.

Table 4: Post hoc test for the significant of time

(I) Time	(J) Time	Mean difference (I-J)	Std. error	Sig.
Pre-treatment	Post-treatment	62.521	.007	.000
	Follow-up	62.112	.006	.000
Post-treatment	Post-treatment	-62.521	.007	.000
	Follow-up	-.523	.007	.000
Follow-up	Pre-treatment	-62.112	.006	.000
	Post-treatment	.523	.007	.000

Similarly, using ADBS as a measure, there was no significance difference in the initial academic depression of the participants, $F(1,51)=0.511$, $P=.000$, $n^2=.598$, $\Delta R^2=.752$. At the post-treatment and follow-up measures, the efficacies of talk therapy on the reduction of academic depression among counselling, psychology and sociology of education undergraduate students were significant, $F(1,51)=0.323$, $P=.000$, $n^2=.712$, $\Delta R^2=.804$; and $F(1,51)=0.573$, $P=.000$, $n^2=.623$, $\Delta R^2=.623$.

Table 4 gives us the significance level for differences between the individual time points. It shows that there were significant differences in academic depression behaviours of the undergraduate students between post-treatment and pre-treatment ($P=0.000$). This implies that the academic depression behaviours of the undergraduate students drastically reduced after the intervention programmes.

Discussion of the Results

The findings of the study revealed that at the post-treatment and follow-up measures, the efficacy talk therapy on the reduction of academic depression among counselling, psychology, and sociology education undergraduate students was significant. This finding has shown the superiority nature of the talk therapy over the conventional counselling approach in the reduction of maladaptive behaviours among the students of higher learning. The students who were counselled on the dangers of academic depression using talk therapy were optionally motivated during the intervention session and that led to the drastic reduction in their academic depression after the intervention and even at the follow-up measure. This finding is similar to the findings of Balks and Dura (2021) who noted that talk therapy is used for phobia treatment. Also, Kutlusa (2022) noted that talk therapy is used to help a person change behavior and increase happiness. Corroborating these findings are findings of (Binder, 2000; Kutlusa, 1998; and Schubert, et al. 2000), who noted that talk therapy is used in the management of depression among students. Vernon (2021) noted that adolescents who were exposed to talk therapy have positive effect on abuses and depression behavior more than those who were not exposed to treatment. McFadden (2020) posits that talk therapy had positive effect on adolescents' depression. The above findings validated the efficacy of the talk therapy intervention for managing academic depression among undergraduate students in public universities in Enugu State, Nigeria. The implication of these findings is that if undergraduate students are not properly counseled, their depression behaviours will continue to increase.

Strength of the Study

This study explored an area which addresses the contemporary problems among students in Nigerian universities. The intervention is considered timely given to potential effects of academic depression in students' academic achievement in universities. The intervention successfully validated the effectiveness of talk therapy in reducing academic depression among undergraduate students using a randomized control trial. The use of experimental and control groups enabled the researchers to compare both within-group factors and between-group factors.

Limitations

Like other empirical-based studies, this present study has some limiting variables. The study utilized data to evaluate the effectiveness of talk therapy on reduction of academic depression among undergraduate students without considering the moderating effects of demographic variables like ethnicity, marital status, age among others. The experimental group in this study reported fear of failure, disliking schooling, wanting to commit suicide, among others as causes of their academic depression behaviours. These may have affected the outcome of the study. With these limitations, generalizing the findings should be done with care. Besides, future studies should explore how these demographic variables could moderate the effectiveness of talk therapy on the reduction of academic depression among undergraduate students.

Conclusion

Based on the findings of the study the researchers concluded that talk therapy is effective in the reduction of academic depression behaviour among undergraduate students in public universities.

Recommendations

It was recommended that:

- (1) Available guidance counselors in institutions of higher learning should be properly trained on how to use talk therapy in reducing academic depression.
- (2) Guidance counselors should master talk therapy through workshops to ensure effective counselling to reduce academic depression of students.

Compliance with Ethical Standards

- **Conflict of Interests:** The authors declare that they have no conflict of interest.
- **Ethical Standard:** The authors adhered to the ethical standard specification of the American Psychological Association (APA) (2021), and with that of the World Medical Association (2013).

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