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**THE NIGERIAN CHILD AND CONTROL OF PSYCHOPATHOLOGICAL PROBLEM OF DEPRESSION  
FOR EFFECTIVE EDUCATION: BIBLICAL AND COGNITIVE STRATEGIES**

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**ABSTRACT**

The fact that the Nigerian child is faced with psychopathological problems cannot be an overstatement. The paper focuses on depression as one of the psychopathological problems which the Nigerian child has to grapple with. A lot of factors combine to aggravate depression amongst the Nigerian children. Such factors as poverty, unemployment, divorce, diseases, et cetera, are causes of depression in the Nigerian child. Effects of depression on the effective education on the Nigerian child were discussed. Biblical and cognitive strategies are employed by the authors in the control of depression and recommendations from the educational implications are made to relevant individuals and authorities as panacea to the problem of depression amongst Nigerian children. This will help the Nigerian child to focus effectively on his or her academic pursuit.

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**INTRODUCTION**

Depression is a mental state in which everything look black, hopeless, helpless with life too much to cope with (Twining, 2001). It is a state of gloom and despair. Many individuals at sometime in life experience some degree of depression. According to Twining (2001) the problem of depression is in the increase, about 5-10 % of the population suffer from clinical depression. Knitzer, Theberge, and Johnson (2008) maintain that depression is increasingly identified to be a major world-wide public health problem, which has a negative effect on every aspects of a person's life including work and family. The developed nations of the world are losing huge amounts of money on depression. Kind et al (1993) in Chevalier and Feinstein (2004) gave the cost of depression arising from lost productivity and increase benefit payment as £3 billion in Britain in 1993. In the same vein, Henk et al in Chevalier and Feinstein (2004) estimated the US expenditure on the health of depressed persons at \$1,500. According to Chevalier and Feinstein (2004 "P" 2), "the World Health Organization rated depression as one of the top three causes of disability and morbidity in the developed world (WHO, 1999). There is also evidence that the prescription of antidepressant drugs has been raising considerably (more than double) in the

last 10 years." Normally, depression is known as an adult problem impacting on men and women. However, it is nowadays recognized as major problem for children.

**Depression can be defined as**

A combination of symptoms that interfere with the ability to work, sleep, eat, enjoy with parents and that affects all aspects of work and family life; an illness that frequently starts early in life, that may have a biological component and that produces substantial disability in functioning (whether it is defined as major depression disorder or depressive symptoms) (Knitzer, Theberge, Johnson, 2008, "P" 1).

It is worthy of note the fact that depression in all its forms and symptoms negatively affects functioning. Twining (2001) held the view that depression has effects on person's emotional state, a lack of motivation which impacts on the individual's cognitive processes, behaviour problems and physical problems. It is a serious mental condition or disorder that produces an overwhelming sadness that immobilizes and arrests the whole functioning of a person (Ornstein and Carstensen, 1991).

Depression as a mood disorder is classified as: (1) unipolar depression in which an individual suffers only from depression; (2) bipolar depression; in this case, the person

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suffers from extreme mood swings – depression to the extreme opposite – mania, that is, excessive elation. A person in a manic mood experiences over-excitability and activity, happiness or sadness is usually out of control. In this paper we shall use the term depression to refer majorly to unipolar depression in which the sufferer is depressed.

## **THEORETICAL FRAMEWORK**

Freudian psychodynamic explanation of depression is the basic theoretical framework for this paper. Sigmund Freud observed that the symptoms of depression were identical to the behaviour of a bereaved person. The nature and basis of the argument is that real loss like the death of one's child or spouse that leads to grief is to be likened to "loss" experienced when an individual loses a job. Freud called this an imagined or symbolic loss. And posited that when this imagined loss is linked with a childhood experience of loss which was never expressed – such as the loss, real or symbolic, of a significant adult, example one's parent, then when the individual is older a similar incident may reawaken the childhood memories and regression to the child-like state may occur. Another example is that any unresolved hostility when the child, now a grown adult, experiences a loss and the anger is thus turned inward on the self. Two things can be gleaned from the psychodynamic theory of Freud above, namely, that a major loss in one's life could cause depression; and that soured relationship (e.g. divorce) could also lead to depression.

## **CAUSAL FACTORS**

The causes of both unipolar and bipolar types of depression are categorized into endogenous and exogenous. The within-endogenous factors are genetic tendencies and biochemical components. In another dimension, the exogenous factors include stress, events in one's personality traits, lack of social skill and socio-cultural causes. Further, financial hardship, maternal depressive trait and marital stress are common exogenous causes of depression (Ornstein and Carstensen, 1991).

## **THEORIES OF DEPRESSION**

Many views have emerged on the theoretical explanation of depression. These views are discussed herein:

### **The Biological View**

There are three strands in this view, namely, the genetic, the biochemical and the biological storm of puberty views. The genetic view holds that depression runs in the families of some persons who are depressed, as a result predisposes such people to depressive tendencies. Studies carried out on families, twins and adopted children support this view. Research has it that in families where there are genetic traces of depression, the frequency of occurrence can be up to 20% while in larger population, it can be 5 – 10%. Furthermore, studies of identical twins show that frequency of occurrence where one twin is depressed can be up to 40%, whereas the frequency for fraternal twin can be 20% respectively (Twining, 2001). The Biochemical view suggests that imbalance in the neurotransmitters, serotonin and norepinephrine may lead to depressive tendencies. Wender and Klein (1981) wrote that this theory is supported by studies indicating that when

animals are given drugs that diminish their bodies ability to produce serotonin, the animals become sluggish and inactive – implicating a sign of depression. The biological storm of puberty view holds that at puberty, adolescents exhibit insecurity, fierce and unhappy struggle to carve out self-identity, and a distrust and dislike of parents. This view represents the "stress and storm" or the "turmoil theory" of adolescent development. Blos (1962) in Wade and Tavris (1993) opined that through anguish and rebellion young adults separate themselves psychologically from their parents in order to carve out their own identity. In this process of growing up, teenagers may copy the styles, actions and attitudes of the peer group which may be in contrast with those of their parents resulting in depression. The changes that adolescents go through can be overwhelming and lead to loneliness, depression, and a feeling of isolation and serious mental-health problem (Wade and Tavris, 1993).

### **The Cognitive View**

This theory suggests that depression is a function of habits of thinking and interpreting of incidents. Seligman (1975) in Wade and Tavris (1993) proposed a "theory of learned helplessness" which postulated that persons become depressed when their efforts to control their circumstances fail. These individuals have come to believe that they are helpless and cannot change their future (Abramson, Metalsky, & Alloy, 1989) in (Wade and Tavris, 1993). Still on the cognitive view, Noleu-Hoeksema (1990, 1991) holds that persons who focus inward and brood endlessly about their negative feeling – what she named "ruminating response style" tend to experience longer and more intense period of depression compared to those who could distract themselves, look outward, and seek remedies to situations.

### **The Behavioural View**

It is based on the work of Lewinsohn et al (1981). They posit that depressive tendencies begin to develop when a person's lifestyle (behaviour) changes as a result of receiving many less positive reinforcers. Consequently, the individual performs less and less positive behaviours, for which he/she gets even less rewards and so he/she spiral ever down wards into a state of depression. The behavioural view stresses social reward.

### **Social View**

The social view of depression considers the situations of people's lives. For instance, the origin of adult depression may be found in childhood sexual abuse. Boyer et al (1987) in Wade and Tavris (1993) studied female inpatients at a psychiatric Hospital, over half of the women indicated a history of sexual abuse. It was also found that the number and severity of their depressive symptoms were greater than those of the patients who had no such abuse. The social view also suggests that why more women than men suffer depression is because more women lack fulfilling jobs and satisfying family relations.

### **The Attachment View**

The attachment view of depression stresses the cardinal importance of affiliation and attachment to individual's well-being. According to this view, depression results from soured

and broken relationships, both past and present. Barnett and Gotlib (1988) in their major review of studies on depression found that a major cause of depression is “disruption of a primary relationship,” which could be very hard on persons who lack social support and good coping skill. The attachment view supports Freudian explanation of the cause of depression.

### Maternal View

According to Knitzer, Theberge and Johnson (2008, “P” 1), “maternal depression is a significant risk factor affecting the well-being and school readiness of young children.” This view holds that maternal depression increases the chances for the infant to develop depressive tendencies or symptoms.

### The authors hold that:

Maternal depression is widespread, particularly among low – income women with young children. Maternal depression, alone, or in combination with other risks can pose serious, but typically unrecognized barriers to healthy early development and school readiness, particularly for low-income young children (Knitzer, Theberge & Johnson 2008, “P” 2). The consequence, from child development research indicate that maternal depression is linked to evidenced reductions in young children’s behavioural, cognitive, and social and emotional functioning (Knitzer, Theberge & Johnson, 2008).

### SYMPTOMS OF DEPRESSION

Before an individual could be diagnosed as depressed, about four of the following symptoms should be present. The list is taken from Ornstein and Carstensen (1991, “P” 527).

#### Loss of Interest and Pleasure.

Almost every individual that is suffering from depression has loss of interest and pleasure. The person is usually indifferent to activities which formally provided interest and pleasure including loss of interest in family and friends. Depressed persons exhibit withdrawn tendencies from people and activities and indulge in self castigation (Uwaoma, 2002).

#### Appetite Disturbance.

For most depressed person, there is loss of appetite. Although some people having symptoms of depression might experience increase in their appetite. The apparent loss of appetite may be responsible for weight loss, reduced sex drive and chronic fatigue experienced by depressed persons.

#### Sleep Disturbance.

Sleep disturbance known as insomnia is commonly experienced by persons suffering from depression, although some sufferers experience the opposite, hypersomnia.

#### Psychomotor Disturbance.

Affected persons have disfunctioning psychomotor skills and activities. Such psychomotor functions as sitting still, walking, fluency in speech et cetera may be retarded.

#### Decrease in Energy Level.

Sufferers of depression complain of burn-out, severe fatigue even after having rested and having done no physical task.

#### Sense of Worthlessness.

The individual feels hopeless, helpless, lacks self efficacy, lacks self-esteem and has self-blame, guilt, and despairing attitude toward almost everything.

#### Difficulty in Concentrating.

The fellow’s thinking is slower. Such conditions as poor decision making, memory disturbances and being easily distracted are often complaints of depressed fellows.

#### Thought about Death.

Depression triggers thoughts of death and self-harm. A depressed person may be afraid of death, wishes to die, and may attempt suicide.

### IMPACT OF DEPRESSION ON EDUCATION

Depression is a major hindrance to effective education. It affects negatively the three domains of cognitive, affective and psychomotor which are concerned with effective education of the Nigerian child. How depression impact negatively on education of the Nigerian child is therein discussed.

#### Depression Affects the Cognitive Development.

The biological theory discussed earlier in the work highlighted the fact that depression could result from disturbances in the brain chemistry. It is believed that when there is deficient production of the neurotransmitters, serotonin and norepinephrine, depression may ensue. Yet, it is these neurotransmitters which permit messages to be transmitted from one neuron to another in the brain. Spreuger (1999) in Agulanna and Nwachukwu (2009) held that these neurotransmitters enhance learning and are necessary for the development of health self-concept and proper self-esteem. Furthermore, depression hampers thinking which is essential to learning. A depressed fellow thinks slowly and sluggishly. The person cannot engage the brain in meaningful and effective academics. Maternal depression has been found to reduce language ability in children, which is essential to early school success (Knitzer, Theberge & Johnson, 2008).

#### Depression Affects the Affective Development.

There are ongoing studies on the relationship between emotional intelligence and academic achievement. It is believed that persons with healthy emotional state can persist in a learning task. Ediger (1997) cited in Abisamra (2000) maintains that the emotions, feelings, and values are vital for an individual’s well being and academic achievement. He further opined that quality emotions and feelings are essential for students to give their best potential in their academic pursuit. He emphasized that science teachers ought to stress on the affective domain since it cannot be separated from the cognitive domain. He states that a student who is aversive,

depressed and think negatively may not concentrate on a task and as a result may find it difficult to achieve his or her academic potential. In the same vein, Elias, Gara, Schuyler, Brandon – Muller, Sayette (1991) in Abisamra (2000) emphasized the necessity of teaching emotional and social skills at school, arguing that it can enhance academic achievement not only during the time the learner is in school, but also during later years. Kulkami (2008) reported a study done by James DA Parker and Christopher Michael for Trent University. They studied full-time student who joined Trent University after two years they left secondary school.

The selected two groups – academically successful students (who scored 80% plus) and academically unsuccessful students (who scored 59 or less) and measured their emotional intelligence to find out if there was a relationship between academic achievement and emotional intelligence. It was found that the academically high achievers beat the other group in stress management. The ability to concentrate on task is connected to how well a person manages stress. Thus a high level emotional intelligence may help academic person, but it does not follow that persons with high emotional intelligence always score high academically. Another study was carried out by Drago (2004) on the relationship between emotional intelligence and academic achievement in nontraditional college students at Walden University. It was found that academic performance was connected to students' cognitive scores, ability to recognize, use and manage their emotions. Putting all together, we have highlighted the importance of strong emotional state to effective education. Conversely, depression hampers and destroys emotional intelligence and thus negatively affects a person's educational career.

### **Depression Affects the Motor Development.**

The brain is the owner of the man. This is because virtually all functions of the person is coordinated and executed by the brain and the nervous system. It is a known fact that part of the brain called the cerebellum is involved in movement and balancing. Jensen (1998) in Agulanna and Nwachukwu (2009) held that the cerebellum is not only involved in movement and balancing but also impacts on the memory, spatial perception, attention, nonverbal communication and decision making. We have earlier mentioned that retarded motor activities and immobility are some of the effects of depression. In infants and children, motor development involves the maturation of necessary muscles and neural circuits. Kail (2002) said that depressed children and adolescents have reduced amounts of norepinephrine and serotonin, neurotransmitters that help regulate the brain centers that execute this motor activities and development. Infants with depressive genes may have delayed developed motor skills. Whereas early development of fine-motor is essential for young children to learn to write and print on time, but depressed children develop late. Depressed children and children of depressed parents may have delayed school enrollment and poor academic achievement.

### **Other Effects of Depression on Education:**

Depression affects the education of the Nigerian child in many other dimensions. Depression is a possible cause for school drop-out among children and adolescents in Nigeria.

Adolescents and children with depressive problems lack interest and concentration which are required for effective education. Persons with depression also lack emotional intelligence and social skills to adapt in an academic environment, as a result may drop out of school.

### **Behavioural Problems.**

A study reported by Knitzer, Theberge and Johnson (2008) of analysis of a birth cohort from 1998 – 2000 which followed children from infancy up to 3 years of age in 18 cities provides important information. One half of the mothers had risk and as the number of risk increased, so was the likelihood of behavioural problems related to aggression, anxiety and depression and inattention and hyperactivity in their children. Kail (2002) opines that depressed individuals have pervasive feelings of sadness, irritability, and low self-esteem. This implies that depressed persons generate behavioural problems to the schools and educational authorities. It also infers that depressed children and adolescents need extra help to stay in school and to study effectively.

### **Strategies for Controlling the Psychopathological Problem of Depression for Effective Education of the Nigerian Child**

Depression is a worldwide problem that could have multifaceted origin and management or cure. There is medical perspective in the treatment of depression. In this case, depression can be treated with drugs. Kail (2002) made his point that it is necessary to treat depression in adolescents since depressed adolescents are more inclined to more serious problems, including suicide. Peterson (1996) in Kail (2003) recommended antidepressant like Prozac to be administered to correct the imbalance in neurotransmitters of depressed persons. The antidepressant drug Prozac, for instance is formulated to reduce depression by increasing levels of serotonin. The authors having mentioned the medical perspective for the sake of curious readers recommend the biblical and cognitive strategies to sufferers of depression.

### **Biblical Strategy**

The Bible is the Maker's guide and has remedies for human problems including depression. The Lord Jesus in John 14:27 says to his disciples "Peace I leave with you, My peace I give to you; not as the world gives do I give to you. Let not your heart be troubled, neither let it be afraid." "Μη ταρασσεσθω υμων η καρδια μηδε δειλιατω". The Greek words ταρασσεσθω – to disturb, agitate and δειλιατω – to be timid, cowardly, faithless describe the depressed person. The statement is in the imperative mood indicating perhaps the destructive nature of depression. A troubled heart is emotionally unstable. A depressed fellow has no faith in either himself or God. The depressed person is also afraid, since he is hopeless and helpless. He has lost faith in his ability to drive his situation and cannot look up to God. However, Jesus offers peace to the troubled and fearful heart of the depressed fellow. Depressed persons are prone to looking inwards to the cause of their plights. However, we encourage depressed fellows to look up to Jesus Christ the Prince of Peace for the peace He gives freely to the depressed and fearful individuals.

Faithlessness is a characteristic of the depressed person. He tends to lose faith in himself and in God. Jesus in Mark 11:22 teaches that people should have faith in God *εχετε πιστιν θεου* – Have faith in God. *Εχω* means “to hold, to cling to.” Persons with depressive problems must be encouraged to cling to God for a positive change in their lives and circumstances. The depressed person who has come to his wit’s end should cling to God in faith for divine intervention. Prayer is an antidote to depression and its attendant effects. Jesus in Luke 18:1 taught the disciples saying ... “Men always ought to pray and not to lose heart.” Prayerful person cannot easily go down into despair and depression. This is so because prayer is calling for divine help from One who is mightier than the depressed person. God is always willing and ready to answer the call of despairing fellows.

Praise is a great emotional therapy for the depressed individual. Apostle Paul and Silas were imprisoned but they prayed and sang, the doors opened and their chains were loosed (Acts 16:24-26). Praises bring deliverance and healing to the depressed. Confession of sin is another important therapy for the depressed. Sometimes persons get depressed as a result of guilt from offences committed. Such sins or offences that could inflict guilt include, robbery, murder, abortion et cetera. Such individuals must confess their sins verbally to God or an offended person. “He who covers his sins will not prosper, but whoever confesses and forsakes them will have mercy” (Proverb 28:13). The healing of depression caused by guilt rests on obeying the biblical injunction – confession of sins. When this biblical principles and strategies are applied by the depressed Nigerian student, he/she shall receive healing and renewed vigour for effective academics.

### Cognitive Strategy

In the use of cognitive strategy, the depressed is encouraged to change his or her thinking pattern which is the major cause of his depression. Robins (1988) in Wade and Tavis (1993) documented studies that followed over time (to see if negative thinking causes depression) found that “negative thinking is sometimes a cause, sometimes a result and sometimes a two-way street” “P” 581. Thought reconstruction is necessary whatsoever for the healing of a depressed individual who is feeling sad, despair, hopeless and helpless. The depressed must be encouraged to believe in himself – self efficacy. He must be made to understand that he can get onto the driver’s seat of his circumstance once again. He must be taught to restructure the interpretation of events and take control of his situations and life. However, it has been observed that some depressed persons respond better to a combination of treatments and social group. Bowers (1990) in Wade and Tavis (1993) upheld that some depressed people respond better to combination of drugs and cognitive therapy than one method of treatment. As a result, we suggest that the split treatment collaboration model may work better for some depressed persons. In this case, the psychiatrics prescribe drugs, the psychologists administer the cognitive therapy, whereas the priest/pastor counsellor focuses on the biblical counselling and cognitive therapy.

### Educational Implications of the Study

The following are the educational implications of the study for the effective education of the Nigerian child.

- Moral education should emphasis the spirituality of students so that they can trust, pray and praise God for divine intervention in their situations and lives.
- Teachers should teach social skills that will help students to adapt to the school environment and interact with other students and teachers for effective academics.
- Physical education must be encouraged in primary and secondary schools. Physical exercises increase the levels of the serotonin which is also called the “feel good” neurotransmitter. Quality level of serotonin in the brain allows messages to flow freely and the fellow feels better, but when serotonin is lacking, the result is low self-esteem and depression, learning is hindered.
- Through parent education, educators should encourage nutritious diets for the children which facilitates dendrite branching and myelination that are essential for effective learning and brain function.
- Conditions of stress and threat in the classroom or school environment may reduce the levels of “feel good” neurotransmitter and increase the production of chemicals that induce stress and depressive situation and should be avoided.
- Music and singing could be used to release the positive chemicals that can arouse attention, concentration and self awareness. Thus learning will be enhanced in such atmosphere.
- Students must be taught to have adequate amount of sleep in well ventilated rooms. Inadequate sleep has been found to increase irritability, stress, reduced ability to concentrate, remember and social skills.
- Health educators should teach pregnant mothers to avoid depression as it will affect the health and later academic life of the unborn child.

### Conclusion

Depression as psychopathological problem has hampering effect on the education of the Nigerian child. The different theoretical views of depression, effect of depression on education of the Nigerian child are discussed. The medical perspective of treatment was highlighted. However, the authors recommend the biblical and cognitive strategies for the control of depression for the effective education of the Nigerian child. The educational implications of the study were also recommended to relevant authorities. When the effects of depression are controlled, it will help the Nigerian child to engage in effective education. There is indication that more educated persons are less likely to suffer from depression and that education reduces the risk of depression in both children and adults (Chevalier and Feinstein, 2004).

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