EFFECT OF RATIONAL EMOTIVE BEHAVIOUR THERAPY ON DEPRESSION AMONG ADULT LEARNERS IN GWAGWALADA AREA COUNCIL FCT

BY

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A PROJECT SUBMITTED TO THE DEPARTMENT OF EDUCATIONAL FOUNDATIONS, FACULTY OF EDUCATION, UNIVERSITY OF NIGERIA, NSUKKA IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF MASTERS (M.Ed) DEGREE IN GUIDANCE AND COUNSELLING

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_____	_____
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DEDICATION

This thesis is dedicated to my parents who laid the foundation that brought about this academic height attained.

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ABSTRACT

This study determined the effect of rational emotive behaviour therapy on depression among adult learners in Gwagwalada area council FCT. The general purpose of the study was to determine the effect of rational emotive behaviour therapy on depression among adult learners in Gwagwalada Area Council. The study was guided by seven specific purposes, seven research questions and seven corresponding null hypotheses. The study adopted quasi-experimental design precisely, pretest- posttest non-equivalent group design. The population of the study was 30 second year adult learners consisting of 12 males and 18 females with mild and moderate depression symptoms in the literacy centres under the auspices of University of Abuja and National Open University of Nigeria both in Gwagwalada area council. There was no sampling as the population is manageable. The instrument used for data collection was an adapted Beck's 22 –item depression inventory (BDI). The BDI was trial tested on fifteen (15) adult learners from Kogi State University, Anyimgba, Kogi state. The data obtained from the trial testing was used to establish the reliability of the instrument BDI using Cronbach Alpha statistics. It yielded a reliability index of 0.83 which was considered high enough for the instrument to be used for the study. Mean and standard deviation statistics were used to answer the four research questions while analysis of covariance (ANCOVA) was used to test the four null hypotheses at 0.05 level of significance. The major findings of the study were that adult learners exposed to Rational Emotive Behaviour Therapy (REBT) had reduced depression compared to their counterparts treated using the Group counseling therapy; Male and female adult learners had a decreased post-test mean depression; Gender has no significant influence on depression of adult learners exposed to REBT; Married adult learners had a slightly decreased post-test mean depression rating compared to unmarried adult learners. It was concluded that the rational emotive behaviour therapy (REBT) reduces depression among the male and female, married and unmarried and employed and unemployed adult learners when appropriately applied in psychological treatment of adult learners with depression. Based on the findings of the study, the researcher recommended among others that professional counselors should adopt the REBT in treating depression among adult learners for effectiveness.

CHAPTER ONE

INTRODUCTION

Background of the Study

In every human society, the society cannot progress if there is no meaningful interaction among the elements that make up the particular society. This interaction brings about learning and for this learning to take place the learner has to be actively involved in the learning process. The learning environment has to be a stress free one, meaning that psychological disturbances like anxiety and depression have to be reduced to its barest minimum for effective learning to take place. Learning refers to a relatively permanent change in behaviour as a result of experience. It refers to process of acquiring knowledge, skills and norms for meaningful living in the society. Dumont, Istance and Benavides (2013) supported this view by defining learners as people who harness and apply knowledge in their day to day activities in a stress free society. Hargreaves (2003) described a learner as that individual who embraces knowledge and uses the acquired information for the present and future development of the society. The learners through the information gathered make themselves better persons and contribute appropriately to the present and future development of the society. Learning refers to change in behaviour of an individual which makes the individual more functional in the society.

This implies that the learner in the society becomes more functional when he or she is well guided in the discovery of facts about their environment. This takes place properly if there is no stress in the life of the learner as stress may lead to depression which inhibits learning if it is not treated through the intervention of the guidance counselor(s).

This means that the state of mind of a learner plays a vital role in the level of assimilation of what the learner is exposed to. Learner according to Jarvis (2007) is that

individual or persons who open themselves up to the experiences that can transform them and the environment positively. Learner in the context of this study is that person who desires to acquire desirable knowledge and uses it for the growth and development of mankind and the society at large. The learner makes desirable impact in the lives of the members of the community by making things easier and leaving the environment better than the individual met it, which implies that the learner has learnt. The learner in doing this has to be emotionally stable, meaning that stress and depression needs to be reduced in the learner for learning to take place. The learner may be an adult, child or youth. There are no particular classes of people that have the prerogative of learning because no one is an encyclopedia of knowledge. A teacher can become a learner (adult learner) at any point depending on the individual's level of knowledge in the area or discipline. Learning is not restricted to children alone; adults equally learn as learning is not restricted to any group irrespective of their age. Learning starts from birth to death. In essence, an adult can still learn.

Thus, adult learner according to Cross in Canadian Center of Science and Education (CCSE, 2016) are men and women who return to school full or part-time while maintaining responsibilities such as employment, family and other responsibilities of adult life. The adult learner refers to one who decides to go back to school after spending a reasonable number of years in business, family life and employment (Ihejirika, 2013). Ihejrika further described an adult learner as one who has once dropped or stepped aside from the formal school system. This is supported by Chima (2010) who stated that adult learner is a part-time learner who returns to the heuristic arena on a rather perfunctory basis after spending a period of time in other endeavors such as employment and family responsibilities of adult life. The adult learners are those who enroll as sandwich students, distance learning, open universities and part-time learners (Ofoefuna, 2002). These groups of learners have their

reasons for not going to conventional universities. Adult learner in the context of this study is one who was unable to attend school at a younger age because of the problem the individual was confronted with at that time. This could be poverty on the part of parents or family responsibilities as the case may be.

Adult learners face a lot of challenges. Ofoefuna, (2002) reiterated that adult learner being faced with the challenges of poverty, loss of job due to retrenchment or poor attitude to work, unemployment, underemployment, bereavement, traumatic experiences, insecurity etc may end up having one or two psychosocial problems that may frustrate the adult learner and discourage the individual from continuing, completing and excelling in the academic programme.

The adult learners' combining family responsibilities, employment challenges and academic stress in pursing higher education experience some challenges. These challenges may bring about psychosocial problems like depression, anxiety and other forms of psychosocial problems to the adult learner (Friedlander, Reid, Shupak & Cribbie, 2007). Friedlander et al went further to opine that the adult learners attempt to adjust to this stress he or she is confronted with in an attempt to seek higher education poses a challenge to the individual (adult learner). The adult learner finds it difficult to cope because of the challenges that confront him or her in the process of running the programme. These psychosocial challenges are described by Gilborn, Apicella, Brakarsh, Dube, Jemision, and Kluckow (2006) as unhealthy, intrapersonal, emotional and behavioural states. The authors went further to argue that people who experience psychosocial problems often exhibit maladaptive, unhealthy interpersonal networks, human relationships, social connections and social malfunctioning. Ahamd, Khalique, Khan and Amir (2007) submitted that psychosocial challenges can be seen as a state of emotional behaviour disorders synonymous with internalizing and externalizing conditions respectively. The authors

further opined that these disorders include depression, anxiety, delinquency, aggression, educational difficulties and truancy.

In this study the researcher is interested in depression because it has been observed that depression is one of the major psychosocial problems that if not treated can lead to suicide related actions, suicide attempts and finally suicide (Centre for Disease Control and Prevention (CDCP, 2008). Gesinde and Sanu (2014) supported this assertion by stating that depression has been recognized to interfere with the normal functioning of human beings and adult learners in particular. Depression is a mood disorder that is characterized by sadness, despair, feelings of worthlessness and low self esteem (Ashfield, 2010). Nesse (2000) opined that depression is a mood disorder that is characterized by deep sadness and despair. Nesse went further to explain that since these feelings are sometimes appropriate and normal reactions to tragedy, someone is considered clinically depressed only if the episode arises without a discernable cause and lasts for more than two weeks. Depression in the context of this study is a mood disorder that brings about low self esteem and which can lead to suicide or mental illness on the part of the adult learner if not well treated by a well trained therapist. Depression is a universal mental health problem that cut across races, religion, gender, age, and socioeconomic status, yet the actual cause is inconclusive (American Psychological Association (APA), 2013; Leader, 2008). This means that depression is not restricted to only adults, it cuts across different classes of people.

Depression has symptoms which a therapist should watch out for while treating or counselling a client that he or she feels is depressed. The symptoms of depression include diminished pleasure or interest in food, sex, social banter and other joys (Ogbu, 2015). The intense feeling of worthlessness, guilt and self blame among others are possible symptoms of a depressed client or an adult learner. The diagnostic and statistical manual of mental disorders-IV (DSM-IV2000) pointed out that depression includes a variety of emotional,

psychological, behavioural and cognitive symptoms. Emotional symptoms of depression include traumatic experiences like being forced to have sex or being diagnosed as HIV positive (Kememng, Ouimette, Prins, Nisco, Lawler, Cronkite & Moos, 2006). Behavioural and cognitive symptoms according to Beck, Rush, Shaw, Emery in Gesinde and Sanu (2014) are observed when an individual has negative understanding about one's self, the world and the future which could have bearing on adult learning in the areas of poor concentration and attention indecisiveness, sense of worthlessness or guilt, poor self esteem, hopelessness, suicidal thoughts and memory impairment.

In Gwagwalada Area Council like other education zones in the federation, adult learners are exposed to some psychological problems such as depression. This is likely to affect the health quality of life of its residents especially the adult learners (Hagell & Westergren, 2006). Consequences of this depression if it is untreated include disruption in academic progression, loss of livelihood, social exclusion and suicide (World Health Organization WHO, 2012). The agency went further to state that some adult learners are drop out from the formal school system with negative experiences. Thus, they may tend to notice, store and remember information consistent with their negative moods which is one of the risk factors of depression. Some because of advanced age are experiencing late life events such as chronic and debilitating medical disorders, loss of friends and loved ones as well as several psychological disabilities which result to depression (Wilson, Armstrong, Furrie & Walcot, 2009).

The incidence of depression among adult learners affects a significant population among the adult learners in Gwagwalada Area Council. It has been estimated that more than 330 million people worldwide suffer from different levels of depression and it has also been estimated that in 20 years to come, depression will be outranked only by cardiovascular disease (Khawaja & Bryden, 2006).

In Gwagwalada area council, the inhabitants suffer from different traumatic experiences that could lead to depression like break up of romantic relationship, marital distress, divorce, unemployment, poverty, underemployment, retrenchment of workers and insecurity among others. Most adult learners are confronted with different psychosocial challenges as a result of these traumatic experiences which inhibit learning as it affects the adult learners' disposition to their studies. Ashfield (2010) supported this report by stating that about 10 to 20 percent of all adults have one or more episodes in their lives that meet the clinical definition of depression.

In expressing his concern about the high rate of depression in Gwagwalada Ejembi (2012) observed that the incidence of depression in Gwagwalada Area Council is alarming as the present generation of young and older adults are experiencing higher rates of depression because of unemployment, marital challenges, divorce, insecurity, suicide, bereavement and other traumatic experiences like terrorism and killings by herdsmen etc. This depression has been worsened by the present economic hardship coupled with unemployment and underemployment which has had its toll in several parts of the area council where many indigenes are unemployed, those who are employed are underemployed and those employed do not receive their salary as at when due, houses and shops are lost by people due to government strict policies. Other adult learners commit suicide due to the problem of unemployment, marital challenges, loss of job and break up of romantic relationships, divorce etc. Many people living in Gwagwalada have their shops and houses destroyed because according to Federal Capital Development Authority (FCDA) of the area council, the structures were not properly erected or they were built at a wrong site that has been mapped out for other projects other than shops and residential homes (FCDA, 2015).

Consequently those who become depressed are not only older adults but younger adults. This will have serious implications for learning generally and the adult learning in particular in the area council if urgent measures are not taken to reduce the depression level among adult learners. Once depression starts, it tends to continue to worsen over time if is not treated by a well trained therapist. This sends danger signal to adult learners who are suffering from depression because the depressed adult learners learn with difficulties and are often in a state of helplessness. This makes the adult learners to record poor academic performance as a consequence of depression (Ogbu, 2015). Depression is impairing and is associated with many problems such as learning difficulties in adults (Hammen, 2009).

Depression can have a toll on academic activity and particularly adult learning activity because the depressed adult learners often experience difficulties concentrating and paying attention as well as difficulty in making worthwhile decisions. The adult learners because of their depressed state, feel worthless hopeless and guilty which brings about memory impairment (Ogbu, 2015). The adult learners experience restlessness and agitation marked by difficulty in sleeping. The cognitions of depressed people lose complete touch with reality where they experience delusions and hallucinations. These delusions and hallucinations of depressed people are usually negative in content. This condition undoubtedly can seriously inhibit adult learners' efficiency and undermine their academic performance (Owojaive, 2000). Depressed adult learners could not think properly, concentrate and remember events and these are indispensible variables for effective learning (Omoruyi, 2010).

People especially adults when depressed, are often not interested, disenchanted, lack energy and motivation (Egbunike, 2007). The author went further to state that these set of people are irritated and may not see the point in doing anything useful as depression takes over the whole person's emotions, bodily functions, behaviour and thoughts. They become

less physically, mentally and socially active which could have significant bearing on adult learning. Depression is more than just a low mood but a serious disorder that could make the adult learner find it difficult to function properly everyday where he or she is reluctant to participate in activities that were once meaningful and enjoyable including educational activities (Chukwurah, 2006). There is substantial evidence that depression affects peoples' performance in their various learning activities. Beck in Ogbu (2015) emphasized the importance of mood dependent memory meaning that people's current mood influences what they remember and what they think which has significant bearing on adult learning. This implies that if the adult learner is in a depressed mood, it will seriously inhibit learning thereby making assimilation impossible.

As one of the most common mental health problems, an episode of major depression may last from 6 to 12 months or longer depending on the psychological immunity of the adult learner in question (Egbunike, 2007). The author went further to opine that half of the people that recover from an untreated episode of depression will still slip back into their former state of depression within two years of their former episode because they were not treated. This situation calls for intervention to remedy it using some counselling techniques such as group counselling and rational emotive behaviour therapy.

Hitherto, the common therapy used in treating depression among people is group counselling. Group counselling according to Egbo (2015) refers to an in-depth interaction between the professional counsellor and the clients that focuses basically on areas of nurturing and healing emotions, problems management, decision making, crisis management, support and life skills training. English and English in Sani (2014) views group counselling as a relationship in which a professional counsellor endeavours to help clients to understand their problems as to make adjustment towards coping with the problem. The author reiterates that problems clients may be counselled against could be

educational, vocational, social and personal social challenges. Ekechukwu (2008) defined group counselling as a facilitative two way collaborative exchange of ideas with a supportive relationship that enables clients to explore their problems. Group counselling in the context of this study is a helping relationship whereby a professional counsellor through the use of counselling skills assists the clients in resolving their educational, vocational, social and/ or personal social challenges. It helps in building the state of mind of the clients towards adapting in any environment, academic environment not an exception.

Another therapy that could be used in treating depression is rational emotive behaviour therapy. Rational emotive behaviour therapy is a therapy that may be used to reduce and eliminate stress and depression in the mind of adult learners who are suffering from one form of psychosocial challenge or another. Rational emotive behaviour therapy (REBT) is the first form of cognitive behaviour therapy that was credited to Albert Ellis in 1955 (David, Kangas, Schnur & Montgomery, 2004). Rational Emotive Behaviour Therapy (REBT) is a cognitive- oriented counselling approach which believes that man is inherently rational and irrational to his or her approach to life. This therapy believes that man has the capacity to think rationally and irrationally. That rational thinking frees an adult learner from depression while irrational thinking can bring about depression in the life of an adult learner. Ellis believes that nothing is good or bad but reasoning makes it so; that people's perception of their problems influences their attitude. This theory is also called the ABCD theory. In the acronym, A is for activated event, B is for belief system, C is for consequences and D is for dispute. According to the ABCD theory the irrational thinking is located in the B which is the belief system.

In the context of this study a depressed adult learner is depressed because of the interpretation he or she gives to his or her plight. The adult learner for instance may be depressed as a matter of under employment, unemployment not being married or marrying

the wrong person. The interpretation the adult learner gives to this development can lead the adult learner into depression. When the belief system is irrational, the adult learner is depressed while he/she comes out of depression when the belief system is rational. The consequence of the behaviour of the adult learner is located in B (belief system) because if his/her belief system is rational, the adult learners' attitude becomes rational. The adult learner not reading his/her books, cheating during examinations and all forms of negative attitude are as a result of the belief system which exposes itself in the action of the adult learner. This falls under C which is described as the consequences.

The REBT therapy can be used to help a depressed adult learner to be rational and stop attributing his/her failures to neighbours, colleagues and relations. In Africa we have the philosophy of cause and effect relationship meaning that nothing happens without a cause. This is an irrational approach to life because applying it to our daily life can affect our attitude to life and make us irrational to issues concerning events that come up in our daily lives.

Apart from rational emotive behaviour therapy, gender differences can equally influence depression. Gender can also determine the vulnerability to depression among the adult learners. Gender is the condition of being male or female, or neuter (American Psychological Association, APA, 2015). Gender according to American Psychological Association (APA, 2012) refers to attitudes, feelings and behaviours that a given culture associates with a person's biological sex. Gender can also be defined as more than biological differences between men and women. It indicates the way in which those differences whether real or perceived have been valued, used and relied upon to clarify women and men to assign roles and responsibilities to them (Okusebor, 2009). Gender can equally mean an understanding of the socially constructed distinction between male and female in a culture (Okoro, 2001). Gender deals more on the differences between sexes and

how these differences are valued in the society. Gender in the context of this study could be described as the classification the society makes following a laid down tradition regarding ones biological sex.

Different cultures have the expectations on various sexes. This is translated in the roles assigned to them on the ground of their gender. These roles can bring about depression on the adult learner because certain cultural practices found in the society where the individual belongs such as the women being submissive to their husbands, female circumcision, treating women like second class citizens, discriminating against women in politics and husbands beating their wives causes depression in women especially when they are being maltreated by their husbands (Mahmood & Haruna, 2017). Bauer and Mott cited in CCSE (2016) stated that besides being students, adult learners usually have multiple roles such as parents and spouses among others. The author went further to state that female adult learners compared to male experienced competing pressure of child care, financial and school responsibilities. These additional responsibilities would bring a variety of barriers and depressions to female adult students, which would influence their academic experience. The female adult learner may find it challenging balancing the pressures of child rearing, taking care of the home and employment pressure with their studies especially in cases where their husbands do not support the programme (Jacobs & King, 2002; Kasworm, 2003; McGivney, 2004). Supporting this view Quimbly and O'Bren (2004) opined that caring for children usually needs considerable demands on time and energy, which would influence female adult students' abilities and confidence to pursue education.

In a recent study by Coker (2003) on the experiences of African American female students in higher education, it was reported that this group of students often had higher anxiety about their ability to do college work after many years away from school and they are frequently worried. This may be due to family commitment of the adult learners.

Confirming this assertion McGivnney (2004) opined that family support plays a significant role for female adult learners towards their academic experience. The author went further to opine that family commitment is a major reason for not completing degrees by adult learners. In view of this Jacobs and Kings (2002), Kasworm (2003) and McGivney (2004) stated that lack of support from spouses or parents and other family members would impede female adult students' educational process. Hockenbury and Hockenbury (2002) stated that women are more vulnerable to depression because they experience a greater degree of chronic stress in daily life combined with a lesser sense of personal control than men.

The male adult learners seem not to be finding the programme easy but not as intense as their female counterparts (CCSE, 2016). The male adult learners also are not many in number when compared to their female counterparts (Fathers Direct, 2003). It has been clearly recognized that men affected by disadvantage are not likely to become involved in second chance education as adults (MCGinvey, 2004). When the male adult learners miss out, a good number of them find it difficult coming back to school at older age to become adult learners. West and Nelson (2004) stated that a nagging wife can affect the psychology of the husband engaging in adult education through the use of abusive words on him.

Another factor that can influence depression among adult learners is marital status. Marital status is defined by Alberta Human Rights Commission (AHRC, 2017) as being married, single, widowed, divorced, separated or living with a person in a conjugal relationship outside marriage. The agency went further to state that the definition includes both same sex and heterosexual relationships. Marital status in the context of this study is the position of adult learner in respect to marital life, whether the adult learner is married, single, widowed, divorced, or separated. Gove and Tudor in Scott et al (2010) observed that it is frequently asserted that marriage is more beneficial for the mental health of men than

women. Wishman, Weinstock, and Tolejiko (2006) submitted that marital distress is a risk factor for anxiety and depression. The researchers went further to state that many women enter marriage when they have completed less work on their identities than their husbands who have little or no preparation for child bearing and child rearing when married women depend on their husbands for financial security and social status. The adult learner is a married or unmarried man or woman with or without family and children. The family of the adult learner can be a source of depression to the individual. The married adult learner is expected to address the needs of the children and that of the studies. When the adult learner is unable to combine these pressures properly, depression and frustration may set in.

The adult learner becomes depressed if he or she does not have a settled home or is not married when he or she is due to be married or he or she is bereaved (Hasegawa, Yoshida, Hattori, Nishimura, Morimoto & Tanno, 2015). This means that depression is not restricted only to those that are married alone, stress and societal demands can bring about depression in the life of a single person most especially when the adult learner is not married. Married adult learner may be an employed, under- employed or unemployed man or woman in the society.

Employment status is another factor that could influence depression. Employment refers to people's engagements from which they earn a living. Employment could be described as a situation where a worker is engaged in his or her desired capacity (Sugiyarto, 2007). Omeje (2007) argued that some employed adult learners are depressed despite the fact that they are employed in their desired capacity. Omeje further pointed out that because the adult learner may have made a wrong career choice as a result of little or no information about the demand of the job and the attributes of people who are to engage in such career, such a mistake could put some persons into occupational maladjustment which is a higher level of depression. Many workers that find themselves in areas they never wanted to work

often experience depression and some often commit suicide for instance the medical doctor that drowned in a lagoon in Lagos sometime ago (Okeke, 2018).

Under employment on the other hand is the underutilization of the productive capacity of the employed population in relation to an alternative employment situation in which persons are willing and able to engage in (International Labour Organization, ILO 2014). This can be a source of depression to the adult learner if the individual is underemployed. If the adult learner is under employed, there is every tendency that he or she will be depressed because he or she does not get the appropriate satisfaction in the work engaged in. Most adult learners are underemployed because of population explosion (Igboabuchi, 2005). Igboabuchi further argues that underemployment brings about poor output in the individual's work and may lead to the termination of such appointment when he or she can no longer cope with the demands of the job.

Unemployment on the other hand is a situation where by individuals are unable to find a paid job despite their readiness and willingness to work (Fajana, 2000). The author went further to argue that the nature of the country today with regards to employment is a serious problem that has made many adult learners to commit suicide, move into prostitution, terrorism, robbery and other forms of crimes because they have no means of livelihood or even meeting up with their studies. This may be worse for people who lost their jobs after they must have started adult education program.

Employment status refers to the inherent characteristics of the jobs held by the employed population (International Labour Organization ILO, 2015). Employment status in the context of this study is an individual's job classification. Witters (2012) noted that people who are very attached or committed to their jobs are more distressed by losing such jobs as a result of termination of the appointment. Witters went further to explain that loss of job can lead the adult learner into depression because he or she can no longer cope with

the payment of his/her school fees and other commitments that may confront the adult learner.

Baddeley (2009) noted that even during an economic recession to be out of work may still be seen as a sign of failure because the individual becomes a liability to the society, parents and relatives in particular. Baddeley went further to say that unemployment is a social stigma that causes depression to the unemployed. Witters (2012) observed that highly engaged workers tend to have better emotional health than people who are disengaged from work. Evidence according to (Osafo, Hjelmeland, Akotia & Knizek, 2011) suggests that exposure to negative life events such as unemployment, impairs an individual's psychological well being and may lead to suicidal thoughts. Dooley, Prause and Ham-Rowbottom (2000) expatiated the issue of employment when he created new category and termed it inadequate employment which includes involuntary part-time work and low-wage work. The authors observed that both the unemployed and the inadequately employed were significantly more depressed than those who were adequately employed. Buttressing this view, World Bank (2009) in Dooley et al reported that it was estimated that about 40 million Nigerians were unemployed. They also observed that one out of every five adults was employed; just only one out of 10 university graduates were gainfully employed. This implies that unemployment could be one of the major causes of depression among adult learners in Nigeria.

The employment status of the adult learner is a determining factor that shows whether he or she is depressed or not. Omeje (2007) pointed out that demands for better jobs can be a source of depression to the employee who may be an adult learner. When the employee is unable to satisfy the demands of the present job as result of demand for a better one it may lead to termination of employment of the adult learners since the behaviour is no longer in line with the organizational goals. It is not certain whether adult learners suffering

from depression as a result of the nature of employment could be helped using rational emotive behaviour therapy to make the adult learner make rational thoughts about the employment and its conditions. It is against the above background that this study sought to investigate the effect of rational emotive behaviour therapy on depression among adult learners in Gwagwalada area council, FCT, Abuja.

Statement of the Problem

An adult learner is an individual who should have a good family if he/she is married but if the adult learner is not married he/she has to have a serious relationship that is devoid of crisis. He/she should be employed in his/her desired capacity and his/her employer should encourage the adult learner to run a programme by reducing the workload of the adult learner. The adult learners' salary should be paid as at when due and should be given allowance that will aid him/her to run a programme, unfortunately these conditions are not found in Gwagwalada as most adult learners are having marital challenges while some are divorced. A good number of these adult learners are bereaved and this is attributed to terrorism, herdsmen attack, robbery and other forms of social problems. Also some adult learners are underemployed while majority of them are unemployed and this has affected the rate of assimilation of what is being taught in the programme he/she is running. Some adult learners have a break up of romantic relationship and the adult learner combine these challenges and run a programme. These challenges have pushed the adult learners into depression. This study sought to find out how rational emotive behaviour therapy can be used to reduce or eliminate completely depression on adult learners in Gwagwalada area Council, FCT, Nigeria.

Purposes of the Study

The general purpose of the study was to determine the effect of rational emotive behaviour therapy on depression among adult learners in Gwagwalada Area Council, FCT. Specifically, the study sought to determine the:

1. effect of REBT on reduction of depression among adult learners.

2. influence of gender on the mean depression ratings of adult learners

3. influence of marital status on the mean depression ratings of adult learners

4. influence of employment status on the mean depression ratings of adult learner

5. interaction effect of treatment and gender on reduction of depression among adult learners.

6. interaction effect of treatment and marital status on reduction of depression among adult learners.

7. interaction effect of treatment and employment status on reduction of depression among adult learners.

Significance of the Study

The study has both theoretical and practical significance. Thus, the study is anchored on Rational Emotive Behaviour Therapy (REBT) by Ellis (1962) who states that man has the capacity to reason rationally and/ or irrationally, logically and/ or illogically. That rational thinking frees one from depression while irrational thinking brings about depression in the life of an adult learner. Ellis theory is also known as the ABC theory A stands for activating event B stands for belief system C stands for consequences. That an event that happened to an individual is not the cause of his or her depression but his or her perception to it causes his or her problem. If his/her judgment is rational, the adult learner will be free from depression while he or she becomes depressed if the belief is irrational.

Becks Behavioural theory of depression (1967) on the other side would be of help to the adult learners in moving out of depression by telling the adult learners that people's perception of problems determine their actions towards the problems and that depressed persons are likely to make negative assertions about themselves in terms of their beliefs, interpretations and perceptions about the past, the present and the future.

Practically the study would be of benefits to the educationists, psychologists, guidance counsellors and student researchers. The educationists through the outcome of this study would learn that rational emotive behaviour therapy can be used to understand the problems adult learners are confronted with. This would in turn influence the methods of giving lectures to the adult learners knowing full well that the adult learners may be passing through a lot of problems that may affect their concentration during lectures in class. The educationists can also help the adult learners by counselling them or referring to appropriate quarters for counselling using REBT in helping the adult learners to stop being irrational. Understanding the adult learners makes lecturing them much easier because they would understand the content of the lecture better.

The psychologists through the outcome of this study would understand that rational emotive behaviour therapy can help to reduce depression among adult learners stating that the source of depression is the belief system which would be the core of the counselling. The psychologists would in turn be using the rational emotive behaviour therapy on depressed adult learners in order to reduce their level of depression so that they would adjust and become better citizens by contributing their quota to the society that they are part of. The psychologists also in addition to the above mentioned points should use the therapy on other adult learners that have adjustment problems.

The guidance counsellors through the findings of this study would know that rational emotive behaviour therapy (REBT) is effective in counselling adult learners that

are depressed. This therapy (REBT) would go a long way in helping guidance counsellors to counsel adult learners facing different levels of depression with a view of helping them to be free from depression. The counsellors through this would encourage the adult learners to be rational and not irrational in their approach to issues concerning their studies.

The student researchers through the outcome of this study would come in terms with the efficacy of rational emotive behaviour therapy in treating depression among adult learners. The student researchers would use this REBT in counselling themselves and helping their colleagues that are depressed to be free and contribute their quota in the education of the younger ones.

Scope of the Study

The study has both geographical and content scope. This study was carried out in Gwagwalada, a suburb of the FCT Nigeria. The content scope was focused on the effect of rational emotive behaviour therapy (REBT) in reducing depression among adult learners in Gwagwalada Area Council, FCT. It also covers gender, marital status, employment status, the interaction effects of treatment and gender, treatment and marital status and treatment and employment status.

Research Questions

The following research questions guided the study:

1. What is the effect of rational emotive behaviour therapy (REBT) on depression among adult learners?

2. What is the influence of gender on the mean depression ratings of adult learners?

3. What is the influence of marital status on the mean depression ratings of adult learners?

4. What is the influence of employment status on the mean depression ratings of adult learners?
5. What is the interaction effect of treatment and gender on depression among adult learners?
6. What is the interaction effect of treatment and marital status on depression among adult learners?
7. What is the interaction effect of treatment and employment status on depression among the adult learners?

Hypotheses

In line with the research questions, the following null hypotheses were formulated and were tested at 0.05 level of significance.

Ho_1: There is no significant difference in mean depression ratings of adult learners exposed to REBT and those exposed to Group counselling.

Ho_2: There is no significant difference in the mean depression ratings of male and female adult learners.

Ho_3: There is no significant interaction effect of treatments and gender on the mean depression ratings of adult learners.

Ho_4: There is no significant difference in the mean depression ratings of married and unmarried adult learners.

Ho_5: There is no significant interaction effect of treatments and marital status on the mean depression ratings of adult learners.

Ho_6: There is no significant difference in the mean depression ratings of employed and unemployed adult learners.

Ho_7: There is no significant interaction effect of treatments and employment status on the mean depression ratings of adult learners.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This chapter presents the review of literature under the following sub headings: Conceptual framework, theoretical framework, review of related empirical studies and summary of reviewed literature.

Conceptual Framework, Concept of:

Adult learner

Depression

REBT

Gender

Marital Status

Employment

Theoretical Framework

Rational Emotive Behaviour Therapy by Ellis (1961)

Cognitive Behavioural Theory by Becks (1967)

Related Empirical Studies

Studies on REBT and Depression

Studies on Gender and REBT in Depression

Studies on Marital Status and REBT in Depression

Studies on Employment Status and REBT in Depression

Summary of Reviewed Literature

Conceptual Framework

Concept of Adult Learner

The concept of learner has no single definition because a lot of scholars defined the concept learner in different ways it appealed to them. Learner is described as one who changes his or her behaviour due to his or her experience (Lachman in Jan De Houwer, Dermot & Agnes 2013). This is the basic functional definition of learner because for learning to take place the change has to be desirable and not undesirable. Domjan (2010) defined a learner as one who is enduring to change in the mechanisms in behaviour. Bechtel (2005) described a learner as one who makes impact on the experience towards the way the individual behaves. The author pointed out that learner is not functional in the real sense of the word because learner refers to the individual's mechanism that mediates the impact of experience on behaviours. Hall (2003) defined learner as one who changes the behaviour that occurs in procedures that involves the pairing of two stimuli. Hall went further to state that learner is also one who operates in the environment as a result of conditioning as changes in behaviour that occur when a learner's response is paired with a stimulus. Houwer, Dermot and Agnes (2013) pointed out that learner changes his or her behaviour as a result of regularities in the environment of the individual. Ezeani (2000) supported the view of Houwer et al when he stated that the concept learner is relative and for learning to take place there must be an interaction between the learner and the environment.

Learner could be described as one who has acquired a relative permanent change in behaviour as a result of experience (Ugwu, 2005). In the context of this study learner can be defined as one who has a relatively permanent change in his or her behaviour as a result of practice. For a learner to be said to have learnt, there ought to be a positive change in behaviour of the individual or client.

An adult could be described as one who has grown to maturity stage both mentally and biologically. Many adults are working, doing business or schooling otherwise known as adult learners. Akindutire (2002) in line with above definition defined adult as a person who has reached maturity age. The author went further to describe an adult as a mature person who is experienced in certain normal psychological changes in the body brought about by the working efficiency of the body hormones. This implies that an adult is one who has reached maturity stage of development. When one becomes an adult, the individual has become responsible for his or her actions in the society.

This study focused on adult learners especially those carrying out their study on a part-time schedule (adult part-time learner). Smith (2008) defined an adult part-time learner as a category of learners who embark on a course of study later in life than those who enter higher education directly after full time schooling usually at later age. Most individuals because of one reason or the other were unable to go to school at an earlier age, in order for such individuals not to miss out completely, they decided to enroll as a part time adult learners so as to be abreast with the changes that take place within the society. An adult learner may be one who has once dropped or stepped aside from the formal school system. The adult learner may also be described as a person who has once dropped out of the first level of formal education and has reverted to illiteracy with passage of time (Ihejirika, 2013). In line with this, Aderinoye (2004) and Okoroma (2012) described the adult learner as a person who is above school age, who missed the opportunity of acquiring formal education at an earlier age and who is not discouraged by that circumstance but still desire to remedy it. Nzeneri (2002) defined an adult learner as one who is physically and psychologically mature and is socially, economically and politically responsible. Different parameters are used in defining an adult amongst which are biological, chronological, historical, psychological, economical, political and social amongst others (Hussain, 2013).

Biologically the adult learner is a mature learner married or not married with and without children (Ihejirika, 2013). Chronologically, the adult learner has attended an advanced age, he or she is old enough to take decisions and face the consequences, and historically the adult learner has advanced in age and witnessed a lot of events that took place in the past. Psychologically, the adult learner may be depressed and this may affect his or her input in the programme (Ogbu, 2015).

Economically, the adult learners are those who engage themselves in one form of adult education programme or the other to improve their productivity, knowledge or skills (Nzeneri, 2008). Politically the adult learners are politically mature and may have affiliations in political matters and socially the adult learner interacts with the society and his product is expected to transform the society (Okoro, 2001).

The adult learner is one who sponsors himself or herself academically and because of this (the adult learner) does not often engage him or herself in full time programmes because of work and or time factor. Higher Education Statistics Agency (HESA, 2008) described the adult learner as those who are aged 21 or over 30 years in the academic year in which they are recorded as entering the institution. This shows that the adult learner has no specific age because their ages and experiences vary. There is no specific age for one to be called an adult learner because most of them fall into different age brackets. Smith (2008) supported this assertion by arguing that mature learners are differentiated from school leavers in that prior to higher education entry, the adult learners have acquired significant life experience either in the labour market or in a domestic setting. These experiences differentiate the adult learners from one who is not an adult learner.

The adult learner according to Chima (2010) is one who returns to the heuristic area on a rather perfunctory basis after spending a period of time in other endeavours such as employment and family responsibilities of adult life. The adult learner is that individual

who returns to school after a long period of time for reasons best known to him or her. In most cases the adult learners have factors that hinder them from furthering their studies which make them to aspire to continue their education at a later time. These factors that prevented the adult learners initially from furthering their education at the appropriate time in addition to the stress of running a part-time programme for example work and family responsibility may push him or her into depression. The adult learners in the context of this study are men and women who because of family, marital, and employment challenges were unable to enroll as full time students and study under formal school system now decides to complement this effort by enrolling as adult learners.

Concept of Depression

Depression has different definitions according to different authorities. Chinawa, Manyike, Obu, Aronu, Odutola and Chinawa (2015) defined depression as a state of low mood and aversion to activity. This implies that a depressed client does not feel motivated in most things he or she does. Baron in Ogbu (2015) pointed out that depression is a mood disorder involving intense sadness, lack of energy and feelings of worthlessness and despair. The author went further to state that to recognize the onset of depression, some of the warning signs are feeling down, sad and blue everyday of the week; ongoing lack of interest in all pleasurable activities previously enjoyed; significant weight loss when a person is not dieting; fatigue and loss of energy everyday; insomnia or sleeping too much; persistent inability to think or concentrate, or consistent feelings of indecisiveness. The author further stated that additional symptoms of depression may include loss of appetite, disturbances of sleep and difficulties in thinking. Depressed persons often find out that they cannot think, concentrate or remember. They have recurrent thoughts of death and feeling of worthlessness or excessive guilt. Evans, Hawton and Rodham (2004) opined that

depression is one of the factors causing suicidality in students. They went further to say that depressed people have recurrent thoughts of death and feelings of worthlessness or excessive guilt. Many depressed people are irritable. Their anger may be either directed at themselves or at others frequently at both. Even when they are cheerful, depressed people especially those in manic episode are easily provoked to anger (Rosetti & Henderson, 2013). They become extremely argumentative and abusive particularly when people challenge their grandiose statements about themselves and their appropriate judgment. Baron in Ogbu (2015) explains that depressed people often have feelings of disappointments, despair and sadness. Although sadness is a universal experience, profound depression is not.

Depression is a common disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self worth, disturbed sleep or appetite and poor concentration. Moreover depression often comes with symptoms of anxiety. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities. At its worst, depression can lead to suicide. Almost 1 million lives are lost yearly due to suicide, which translates to 3000 suicide deaths every day. For every person who completes a suicide, 20 or more may attempt to end his or her life (World Health Organization WHO, 2012). This means that those who commit suicide are encouraged by other people that have committed suicide previously.

Depression according to Centre for Disease Control and Prevention (CDCP, 2008) is a serious mental health problem that may lead to different ripple effects in students (adult learners). The agency further stated that one of the ripple effects is suicidal ideation or suicidal thoughts which may lead to suicide attempts or suicide. Suicidality or suicidal behaviour exists among a continuum that extends from suicidal ideation or thoughts,

suicide related communications, suicide attempts and finally suicide. Depression according to Oltmanns and Emery (2007) is a mood or a clinical syndrome or a combination of emotional, cognitive and behavioural symptoms. Baron and Kalser (2005) defined depression as a mood disorder in which individuals experience extreme unhappiness, lack of energy and severe related symptoms. This implies that a depressed person often experiences sad mood and can be weak for no apparent cause. American Psychiatric Association (2000) opined that depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, poor concentration and tendency to suicide, which can be seen in anybody regardless of age, gender, race or socio-economic status.

In another contribution, Solomon (2001) noted that no one has been able to identify the exact point at which "feeling down or blue" becomes depression, but when one gets there, there is not much mistaking it. Ones experience about his or her mood shades gradually into the next. The transition has been described by the author as starting out insipid, fogs the day into a dull color, weakens ordinary actions until their clear shapes are obscured by the effort they require, leaves one tired and bored and self-obsessed.

Anxiety is also common among people who are depressed just as depression is a common feature of some anxiety disorders. Three out of every four depressed patients report feeling anxious (Rivas-Vasquez, Saffia-Biller, Riuz, Blaiz and Rivas-Vazquez 2004). The authors went further to explain that people who are depressed are sometimes apprehensive, fearful, become worse than they already are or think that others may discover their inadequacies. Increased sensitivity to rejection in romantic relationships and feelings of worthlessness among other factors were also discovered in the work of Bansal and Yamuna (2012) as predicting depression among adult learners. The depressed adult learners also report that they are chronically tensed and unable to relax. Many depressed people

suffer from some clinical problems that are not typically considered as symptoms of depression. Within the field of psychopathology, the simultaneous manifestation of a mood disorder and other syndromes is referred to as comorbidity implying that the client exhibits symptoms of more than one underlying disorder. Depression according to Hammen (2009) is heterogeneous in its manifestations and clinical course and more than likely, there multiple etiological pathways and possible different forms of the disorder. A common element however is that depression is usually framed within a diathesis-stress perspective: stressful lives events and chronically stressful circumstances are typically the triggers of depression.

However, most youngsters experience stressors and do not become depressed, thus most of the researches in the field of counselling psychology attempts to identify three broad realms of diatheses namely cognitive vulnerabilities that adversely affect the ways in which negative events are construed with respect to personal meaning and self-worth; biological vulnerabilities such as the neuroendocrine, hormonal and genetic mechanisms by which stress responses result in depressive reactions; and the personal and interpersonal characteristics that modify the nature and adequacy of resources for coping with adversity. In contributing to literature Nesse (2000) stated that depression is a mood disorder characterized by deep sadness and despair. Nesse explained further that since these feelings are sometimes inappropriate and normal reaction to tragedy, someone is considered clinically depressed only if the episode arises without a discernable cause and lasts for two or more weeks. Depression could be described as a mood disorder that makes it difficult for the individual involved to make a realistic decision and enjoy all pleasurable activities which a normal person enjoys. This means that depression is an abnormality. Baron in Ogbu (2015) highlighted the effects of mood symptoms of depression thus:

Diminished pleasure or interest in food, sex, social banter, and other joys;

Intense feeling of worthlessness, guilt and self blame;

Restlessness and agitation, marked by difficulty in sleeping, concentrating on work and making decisions;

Fatigue, slowness and lack of energy (in extreme cases, there is such a paralysis of the will that the person has to be pushed out of bed, washed, dressed and fed by others); and recurring thoughts of suicide and death. There seems to be an absence of purpose, direction or concern, a lack of energy or vitality and a general sense of nihilism. Rush and Beck (2000) observed that the depressed people tend to blame their setbacks on personal inadequacies without considering circumstantial explanations, focus selectively on negative events while ignoring positive events, make unduly pessimistic projections about the future and draw negative conclusions about their worth as persons based on insignificant events. For instance, imagine that an adult learner got a low grade on a minor quiz in class. If he or she made the kind of errors in thinking as just described, he or she might blame the grade on his or her woeful stupidity, dismiss comments from a classmate that it was an unfair test, gloomily predict that he will surely flunk the course and conclude that he or she is not a genuine adult education material.

Depression according to Hockenbury and Hockenbury (2002) is a mood disorder characterized by extreme and persistent feelings of despondency, worthlessness and hopelessness, causing impaired emotional, cognitive, behavioural and physical functioning. The authors went further to state that everybody has his or her ups and downs meaning that when things are going on well, one feels cheerful and optimistic but when events take a more negative turn, one's mood can sour, making him or her to feel miserable and pessimistic. The authors submitted that either way, the intensity or duration of the moods are usually in proportion to the events going on in peoples' lives that is completely normal in the life of a human person. However, when depressed Hockenbury and Hockenbury

(2002) noted, all sense of hope will vanish along with the idea of futurity, the brain becomes less an organ of thought than an instrument, registering minute by minute, varying degrees of its own suffering. Sleep becomes synthetic. Most people who are depressed describe themselves as feeling utterly gloomy, dejected or despondent. The severity of a depressed mood can reach painful and overwhelming proportions.

Unfortunately as these feelings become more intense and prolonged, they can become ruinous. It may not be clear when the person's experience crosses the unmarked boundary between productive and energetic to being out of control and self destructive (Oltmanns & Emery, 2007). This depression may take place in the life of an adult learner undergoing a programme otherwise called adult learner. Depression in the context of this study are mood disorders which can induce suicide communication and finally suicide in the life of an individual if the depression is not treated by a well trained therapist.

Concept of Rational Emotive Behaviour Therapy

The concept behaviour therapy can be traced back to John B Watson's (1878-1958). He belongs to the behaviorist school of thought in psychology. Watson was of the view that the work of a therapist should be the role of a teacher. The therapeutic goal is to provide new, and more appropriate learning experiences. In developing treatments, Watson and other early behaviour therapists relied heavily on animal learning research particularly Pavlov's classical conditioning and Skinners operant conditioning. Mahoney in Ogbu (2015) observed that more recently, behaviour therapy has been extensively influenced by the findings of cognitive psychology which rational emotive behaviour therapy is part of.

At the heart of rational emotive behaviour therapy is an assumption that a person's mood is directly related to his or her patterns of thought. Negative dysfunctional thinking affects a person's mood, sense of self, behaviour and even physical state. The goal of

rational emotive behaviour therapy is to help a client whether male or female learn to recognize negative patterns of thought, evaluate their validity and replace the irrational thought with healthier ways of thinking. Rational emotive behaviour therapy is based on the assumption that cognitions, behaviours and emotional responses are interrelated. The hallmark of this theory is its pragmatic approach. Rational emotive behaviour therapy is a practical approach oriented to changing behaviour rather than trying to alter the dynamics of personality. Thus changes in thought patterns will affect moods and behaviours (Ashfield, 2010).

Rational emotive behaviour therapy (REBT) according to Neil (2010) is an intensive short term problem -oriented approach. The rational emotive behaviour therapy helps one who is undergoing therapy to know that the solution to his or her problem lies on his or her belief system. That the interpretation he or she gives to an event will go a long way in influencing his or her behaviour or mood.

Rational emotive behaviour therapy is the class of interventions that share the basic premise that mental disorders and psychological distress are maintained by cognitive factors (Hofmann, 2013). Rational emotive behaviour therapy can be used to help the adult learners to adjust because majority of their problems lie in their belief system which need to be corrected through cognitive restructuring technique. This technique (cognitive restructuring) may dispute the belief system and make the client to realize that the cause of his or her problem is the interpretation given to the problem at hand. Rational emotive behaviour therapy is a treatment technique which can be used to help one who is in a state of depression.

Therapists who use rational emotive behaviour therapy aim to help clients change patterns of behaviour that come from dysfunctional thinking. Negative thoughts and behaviour predisposes an individual to depression and make it nearly impossible to escape

its downward spiral. When patterns of thoughts and behaviours are changed according to rational emotive behaviour therapy (REBT) so will the mood change. The focus and method of rational emotive behaviour therapy sets its part from other more traditional therapies in the following ways: Some of the techniques of REBT include cognitive restructuring in which the therapist and patient work together to change thinking patterns and behavioural activation in which patients learn to overcome obstacles by participating in enjoyable activities. REBT focuses on the immediate, present, what and how a person thinks more than why a person thinks that way.

Rational emotive behaviour therapy focuses on specific problems. In individual or group sessions, problem behaviours and problem thinking are identified, prioritized and specifically addressed. Rational emotive behaviour therapy is goal oriented. Patients working with their therapists are asked to define goals for each session as well as long term goals. Longer term goals may take several weeks or months to achieve. Some goals may even be targeted for completion after the session has come to an end.

The approach of rational emotive behaviour therapy is educational. The therapist uses structured learning experiences that teach patients to monitor and write down their negative thoughts and mental images. The goal is to recognize how these ideas affect their mood, behaviour and physical condition. Therapists also teach important copping skills such as problem solving and scheduling pleasurable experiences. Rational emotive behaviour therapy is expected to play an active role in their learning, in the session and between sessions. They are given homeworks, assignments at each session some of them graded in the beginning and the assignment tasks are reviewed at the start of the next session.

Rational emotive behaviour therapy enjoys multiple strategies including Socratic questioning, role playing, imagery, guided discovery and behavioural experiments. Rational

emotive behaviour therapy assumes that peoples' emotional and behavioural reactions like hostility and depression are the result of their interpretations of events and not the result of the events themselves. The therapy encompasses a diverse assemblage of models and strategies for assessing and treating an individual's behaviour. According to Oltmanns and Emery (2007) rational emotive behaviour therapy does not offer an elaborate theory about the nature of human personality rather it is a practical approach oriented to changing the maladaptive behaviour of depressed male and female individuals rather than trying to alter the dynamics of personality. Oltmanns and Emery noted that one of the most important aspects of rational emotive behaviour therapy is its embracing of empirical evaluation. Rational emotive behavioural therapists have found that what works includes a variety of different treatments to different problems. Despite the diversity that characterizes rational emotive behaviour therapy three broad theoretical assumptions underlie REBT approaches:

Firstly, a person's thoughts, images, perceptions and other cognitive mediating events affect behaviour. A corollary assumption is that a specific focus on a person's cognitions is an effective strategy for changing performance. Secondly, individuals are active participants in their own learning rather than being passive recipients of environmental influence. Individuals to a considerable degree, create their own environments.

A third assumption of rational emotive behaviour therapy is the requirement that the utility of cognitive constructs in behaviour change efforts must be empirically demonstrated. That is, cognitions are subjected to scientific investigation and objective methods of inquiry and must demonstrate utility in predicting behaviour. These three assumptions characterize a variety of clinical procedures that are subsumed under the term rational emotive behaviour therapy. Rather than a retreat to mentalist REBT represents a triumph of methodological behaviourism, a view of behaviour as influenced by multiple

and interactive determinants and an expanded range of strategies for changing behaviour. This implies that REBT is methodological in this approach which the client has to follow.

The two most influential rational emotive behaviour therapy proponents are Albert Ellis (1962, 1975) and Beck (1976). Whereas the therapies developed by Ellis and Beck attempt to alter people's irrational self statements, beliefs, expectations, and interpretations of events. Ellis focuses on specific irrational statements that presumably underlie a range of emotional and behavioural problems. Beck focuses on general cognitive errors like over generalization and logical inconsistencies that characterize the thinking of depressed or low self concept adult learners. Although rational emotive behaviour therapy share characteristics with self control therapy and self instructional training, their conceptualizations of the relationships among thought, behaviour and emotion is strictly cognitive. Ellis ABC conceptualization of human functioning is a linear model instead of an interactive one. Some activating event in the environment (A) triggers a client's relevant beliefs, (B). The client's emotional and behavioural consequences and (C) result directly from these beliefs.

Concept of Gender

The concept gender is vital because it is applied in social analysis. Gender equally reveals how women's subordination or men's domination is socially constructed (UNESCO, 2013). The society is stratified based on gender that is why the society assigns a lot of roles to her members based on their gender.

Gender refers to the roles and responsibilities of men and women in families, societies and cultures (UNESCO, 2013). Gender refers to the social attributes and opportunities associated with being a male and female and it describes the relationship between women and men, girls and boys and the relations between women and between men (United Nations Office for the coordination of Humanitarian Affairs, UNOCHA

Gender Toolkit, 2012). The agency went further to say that gender explains the relationship that exists among different classes of people like males, both old and young and women both old and young. Gender refers to the attributes and opportunities that are associated with the classification of people in the society. This portends that in every human society there are expectations from different sexes in the society. This is often seen in the culture of the people.

Gender refers to the attitudes, feelings and behaviours that a given culture associates with a person's biological sex (American Psychological Association APA, 2012). In the society, there are expectations the society has for a boy or girl often embedded in the culture of the people. In African society, girls are expected to respect their male counterparts. Any girl that fights with a boy is seen as an irresponsible girl and cannot be recommended as a marriage material by the society (Okoro, 2001).

Gender is an understanding of the socially constructed distinction between male and female, based on biological sex but also including the roles and expectations for males and females in a culture (APA, 2015). The APA sees gender as a variation and understanding on the ground of biological sex. The society has different understanding for males and females in a given culture.

Gender can be defined as more than biological differences between men and women; it indicates the way in which those differences whether real or perceived have been valued, used and relied upon to classify women and men to assign roles and responsibilities to them. For instance, in Igbo land women are not expected to climb palm trees, break kola nuts, approach men for friendship or marriage, these are seen as behaviours that are not acceptable by the society (Okunsebor, 2009).

Among the adult learners, women often out number their male counterparts because of cultural issues. In most cases, the family makes it difficult for male adult learner to compete with their female counterparts in terms of number (Igboabuchi, 2005). Presently,

male adult learners are faced with business and some are into some jobs and this makes it difficult for the male adult learners to enroll into part-time programme. This is why the population of women out numbers that of men when it comes to adult learning. Also, another factor that affects the adult learners is depression and this depression varies from men to women. Men have more shock absorber than their female counterparts when it comes to depression (Gesinde & Sanu, 2014). Gender in the context of this study is the differences in reactions to stress, anxiety and depression experienced by adult learners on the ground of their biological sex.

Concept of Marital Status

Marital status is the personal status of each individual in relation to the marriage laws or customs of a country (United Nations Department of Economic and Social Affairs Population Division UNDESPD, 2013). Marital status is defined in the Act as being married, single, widowed, divorced, separated or living with a person in a conjugal relationship outside marriage (Alberta Human Rights Commission AHRC, 2017). The agency went further to state that this definition includes both same-sex and heterosexual relationship. Marital status can be described as the status of the individual when it comes to marriage. It explains whether a man or woman is married, divorced, separated or single. Wishman, Weinsock and Tolejko (2006) opined that marital distress is a risk factor for anxiety and mood disorders for both men and women. The researchers went further to state that gender differences in marital distress is a plausible contributory factor to higher rates of depression or anxiety among married women relative to married men. Research in developing countries suggests that maternal depression may be a risk factor for poor growth in young children (Rahman, Patel, Maselko & Kirkwood, 2008). This implies that maternal depression affects the parenting of the children because the mother is depressed when she

now becomes an adult learner she may become more confused and depressed. This may adversely affect her performance.

In discussing the risk factors of depression, Rogers (2011) is equally of the opinion that married people have relatively low vulnerability to depression because they are socially attached to a loved one; someone who shares their emotions; someone they can think together, plan together and execute together. This implies that marriage helps in suppressing depression because the married individual has a helper who shares in his or her everyday stress of life. However, Andrade (2003) had a contrary view, that more is involved in the issue of marital status and depression. In studying a sample of role strains, Andrade went further to state that emotional impact of these strains is less damaging than they are for the unmarried. Analysis reveals that several different social and intrapsychic resources are implicated in this comparatively low emotional responsiveness.

In contributing to literature in the area of relationship between marital status and depression, Gross in Ogbu (2015) stated that although many psychologists suggest that married people tend to exhibit better mental health than their unmarried counterparts, there is little evidence to suggest that the psychological benefits of marriage extends to low income urban women with children. Marital status in the context of this study means state of relationship one has in respect to being married, single, divorced, widow or widower and being involved in same sex marriage that is homosexual behaviour.

Concept of Employment

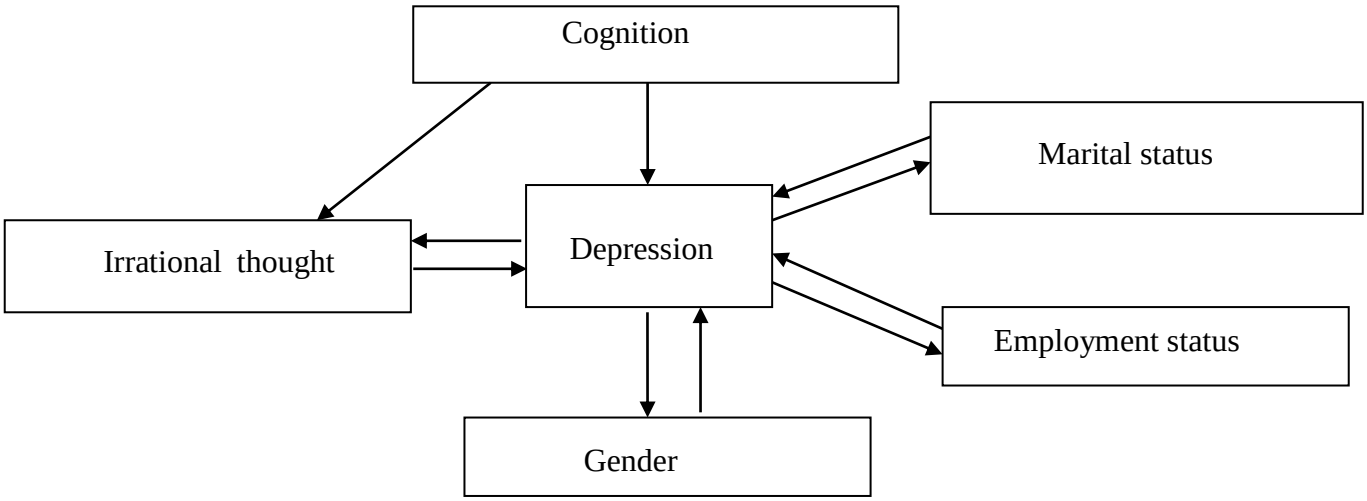
Employment comprises engagements of all persons of working age who during a specified brief period such as one week or one day, were in the following categories: a) paid employment (whether at work or with a job but not at work); or b) self employment (whether at work or with an enterprise but not at work (International Labour Organization ILO, 2015). It has been observed that there are psychological consequences of

unemployment in terms of advance outcomes, both to the individual and to the family which cannot be credited exclusively to economic deficiency (Schmidts, 2006). This implies that the problem of unemployment can affect the adult learners' attention in class. Higgins (2001) states that the longer the unemployment period of the adult learner the greater the cost to the person and to the society, in terms of physiological and psychological damage and negative effects on marriage and family. This implies that the adult learners' inability to secure employment will affect his or her studies adversely. Majority of authors concurred that sustained unemployment imposes significant economic, personal and social costs that include: loss of current output, social exclusion, the loss of freedom, skill loss, psychological harm, ill health and reduced life expectancy, loss of motivation, the undermining of human relations and family life, loss of social value and responsibility (Anderson, 2002 ; Larsen, 2003).

Moreover, when Tiggermann and Winefield in Omoniyi and Osakinle (2011) examined the effects of unemployment on the mood, self-esteem, locus of control and depressive effect of 761 Australian school leavers and they found out that the unemployed were generally less well adjusted than their employed counterparts. They went further to state that all unemployed participants reported greater negative mood and had higher depression scores while the unemployed female school leavers also displayed lower self esteem. The adult learner because of the problem of unemployment may find it difficult to adjust and this affects the adult learners' performance in his or her studies. Gross in Ogbu (2015) observed that the unemployed have higher rates of mental ill health and distress of several kinds. The author opines that depression is usually higher among the unemployed and the level increases with the period of unemployment. In contributing to literature Witters (2012) argued that the most people attached or committed to their jobs are more distressed by losing them. This probably explains why unemployment is more distressing for middle aged men than for young people or married women. The author went further to

say that at work people are part of a complex set of complementary relationships which convey identity and status, both of which are lost in unemployment. Baddeley (2009) noted that even during an economic recession to be out of work may still be seen as sign of failure. It is a social stigma that causes depression to the adult learner. Employment status under the context of this study deals with the state of a person when it comes to employment the person may be employed, unemployed and underemployed.

Schematic Representation of the Variables



Source: The Researcher; Udenka, A.N., 2019.

Cognition can bring about depression when it is irrational. Marital status can bring about depression while depression can come as a result of marital status. Employment status can cause depression and depression can be caused by employment. Gender can cause depression and depression can come on the ground of gender.

Theoretical Framework

Rational Emotive Behaviour Therapy (Ellis, 1962)

Rational emotive behaviour therapy (REBT) was propounded by Albert Ellis in 1962. The theory is of the view that man can reason correctly and incorrectly, logically and illogically, that rational thinking makes one to be free from emotional stress while irrational thinking makes one to be emotionally unstable and this may lead to depression. The theory is also called the ABCD theory. A stands for activated event, B stands for the belief system C stands for the consequences, D stands for dispute. The theory believes that a problem which is A (activated event) that a client is confronted with is not the cause of the client's mood disorder (depression), but the perception the client gives to the problem which is located in B (belief system) influences the action and attitude of the client which is C (ie the consequences). Then, is the duty of the professional counsellor to dispute the belief system through counselling processes which is D (dispute). This theory believes that the interpretation a client gives to the problem the client is confronted with may be rational or irrational. This theory is relevant to this study as it gives insight into the antecedents of depression, a fact that the findings of this study would either corroborate or refute.

Beck's Theory of Cognitive Behavioural Therapy (1967)

Cognitive behavioural therapy was propounded by Beck in 1967. Becks theory is of the view that psychological mechanism that plays a key role in depression is a negative view about oneself. According to Beck, individuals suffering from depression often posses negative self schema, negative conceptions of their own traits, abilities and behaviours. They have habitual thinking errors that underlie their disorder. Beck is of the view that depression prone individuals tend to be highly sensitive to criticism from others and are often very concerned about disapproval from them. This is because they are more likely to

notice and remember negative information, their feelings of worthlessness strengthen and when they are exposed to various stressors like the breakup of a romantic relationship, a failure at work, their thinking becomes distorted in important events in a negative light. For instance, they interpret a complement from a friend as insincere, or someone's being late for an appointment as a sign of rejection.

Becks cognitive therapy however focuses more on faulty logic than on the beliefs about themselves. The negative beliefs are conclusions based on faulty logic. A depressed person concludes based on faulty logic that he or she is deprived, frustrated, humiliated, rejected or punished. Beck views the cognitions of depressed individuals in terms of cognitive triad: a negative view of the self ("I am worthless"), of the outside world ("Things are never going to get better"). The adult learner may see him or herself not doing well academically as being hated by his lecturers that is why they give him poor grades. This negative view of the adult learner can lead him/her to depression because he or she will not be encouraged to work harder rather the adult learner will be feeling moody which can lead him or her to depression.

This theory can be used in helping the depressed adult learners to address the problems they (adult learners) are confronted with. This is because one of the major problems facing the adult learners is negative views they have about themselves. This view often discourages the adult learners from working hard because they have already concluded that they can never do well academically. This makes the adult learner not to see the point working hard because they have already accepted defeat. The adult learner can be advised to change his or her views about him or herself. When the view changes from negative to positive, their attitude towards life will change. They become better adult learners and emotionally stable and this makes the adult learners to function properly.

Becks Cognitive Behavioural Therapy is designed to change cognitive tendencies (e.g. distorted thinking) that contribute to depression. Such patterns of thought often produce negative affect (mood) which then increases the likelihood of further negative thoughts. Beck assumes that depressed individuals engage in illogical thinking and this underlies their difficulties. They hold unrealistic negative beliefs and assumptions about themselves, the future and the world. Such negative belief include statements like I am a worthless person, no one could ever love me, if good things happen to me, it's just blind luck; my life is a mess, I will never improve. Moreover, Beck contends that the depressed adult learner cling to these illogical ideas and assumptions until they are helped to think otherwise through counseling. Beck's Cognitive Behaviour Therapy (CBT) model is less explicit regarding the causal relationships among events, thoughts and emotions because it does not state the bad side of the negative view.

Review of Related Empirical Studies

Studies on REBT and Depression

This section is concerned with a review of related empirical studies. The researcher reviewed some of the related works carried out by other researchers, examined how they are related and the relevance they have to the present study.

Egenti and Ebenebe (2018) carried out a study on the Effects of Cognitive Restructuring on Social Adjustment of Maladjustment of school Adolescents in Secondary Schools in Ogidi Education Zone of Anambra State. The main purpose of the study was to examine the effects of cognitive restructuring on social adjustment of maladjusted in school adolescents in secondary schools. The study was guided by one research question and one hypothesis. It adopted quasi experimental design. The population of the study comprised of 211 maladjusted senior secondary two (SS2) students. The sample size of the study

consisted of 52 maladjusted SS2 students gotten from the population of the study through purposive sampling technique. The instrument for data collection was school adjustment rating scale (SARS). The reliability of the instrument was determined by trial testing of the instrument on a representative sample of 10 SS2 maladjusted students randomly selected in two public schools in Onitsha Education Zone. The internal consistency of SARS was subjected to Cronbach Alpha statistical analysis. The finding of the study stated that there is a significant difference in the mean social adjustment scores of maladjusted adolescent students exposed to cognitive restructuring compared to conventional counselling.

The study of Egenti and Ebenebe is related to the present study in the sense that both studies are interested on the effect of cognitive restructuring on depression among students. The study differs with the present study in the sense that the study of Egenti and Ebenebe was interested in studying the effect of cognitive restructuring on adolescents' depression while the present study is interested in studying the effect of rational emotive behaviour therapy on depression among adult learners. The study of Egenti was carried out in Ogidi Education Zone in Anambra state while the present study will be carried out in Gwagwalada area council FCT.

Ekechukwu (2018) carried out a study on the Efficacy of Rational Emotive Behavioural Therapy and Cognitive Behaviour Therapy in Reducing Aggressive Behaviour among Secondary School Students in Abia State. The main purpose of the study is to investigate the efficacy of rational emotive behavioural therapy and cognitive behaviour therapy in reducing aggressive behaviour among secondary school students. The study adopted quasi experimental research design with two research questions and two hypotheses guided the study. A sample of 100 respondents was drawn through a non probability purposive sampling technique of students that showed tendency towards developing aggressive behaviour. The data was collected and analysed using mean and

standard deviation. The finding of the study revealed that REBT and CBT is an effective and rewarding technique in the treatment of aggressive behaviour among secondary school adolescents.

The study of Ekechukwu (2018) is related with the present study in the sense that both studies looked at the effect of rational emotive behaviour therapy in addressing psychosocial problems of students. The study of Ekechukwu is different from the present study in the sense that the study of Ekechukwu was conducted in Abia State while the present study will be conducted in Gwagwalada.

Mohammad, Samsiah, Ahmad, Abdul, Mohammad and Mohd (2015) conducted a study on the Effect of REBT Structured Counselling Group towards the Grief and Depression among Teenagers of Divorced Parent. The main purpose of this study is to measure the effect of structured counselling group towards the grief and depression among teenagers of divorced parents. The study adopted quasi experimental research design. A sample of 60 subjects 30 male and 30 female which were divided into 6 groups with 2 male therapy groups 2 female therapy groups and two control groups. The data was collected using the inventory of teenagers of divorced parent with validity value of 0.78 and the reliability value of 0.938. The data collected was analysed using mean, t-test, ANCOVA and post Hoc test at significant value of 0.05. The major finding of the study showed that the REBT structured counselling group was effective in bringing down the psychology variables of grief and depression. The study also indicates that there are no gender differences whether for male or female and no level of education differences whether for male or female and no level of education differences whether for lower secondary or upper secondary in terms of the effect of the therapy towards all variables.

The study of Mohammad et al is related to the present study in the sense that both studies looked at the effect of REBT on depression reduction. The study of Mohammad is

different from the present study in the sense that their study was interested on the effect of REBT Structured Counselling Group towards Grief and Depression among Teenagers of Divorced Parents while the present study is interested on the Effect of REBT on depression among adult learners. The study of Mohammad was carried out in Malaysia while the present study will be carried out in Gwagwalada Area Council FCT.

Chinawa, Manyike, Obu, Aronu, Odutola & Chinawa (2015) conducted a study on Depression among adolescents attending secondary schools in South East Nigeria. The main purpose of this study was to determine the prevalence of several levels of depression among adolescents attending secondary schools in two states with gender as an intervening variable. The study adopted causal comparative design for the study. The population of the study was 453 students made up of 198 males and 255 females. A sample of 200 respondents was collected through purposive sampling technique. A structured self administered questionnaire developed from modified Goldberg Depression Questionnaire was used to collect data. The researcher's findings show that depression is non-existent before the age of 10 years according to their study. The prevalence of moderate depression was lowest (2.3%) at the age of 10 and highest (6.2%) at the age of 13. The prevalence of severe depression was lowest (1.9%) at the age of 11 and highest (7.4%) at the age of 12. The study carried out by Chinawa et al (2015) is related to the present study in the sense that they are both interested in depression. The study of Chinawa et al differs from this present study in the sense that the present study is interested in adult learners while the reviewed study is on adolescents attending secondary schools. The present study will be conducted in Gwagwalada while the reviewed study was conducted in South East Nigeria.

Ogbu (2015) carried out a study on the effect of cognitive behavioural therapy in reducing depression symptoms among adult learners in Benue State. The main purpose of the study was to find out the effect of cognitive behavioural techniques in reducing the

symptoms of depression among adult learners. The study was guided by five research hypotheses. It adopted quasi experimental design. The population of the study was 498 adult learners made up of 348 males and 150 females with moderate depression symptoms drawn purposively from three adult learning centers in Benue state. The sample size for this study was made up of 30 adult learners (15 in the treatment group 15 in the control group). The study used purposive sampling technique to get the sample. The treatment group received cognitive behaviour therapy while the control group received placebo treatment which was in form of selected topics in adult literacy education. The data was collected and analysed using descriptive and inferential statistics. The findings revealed that cognitive behaviour therapy was very effective in the treatment of depression among adult learners. It further discovered that the cognitive behaviour therapy was effective for both male and female adult learners. The study of Ogbu (2015) is related to the present study in the sense that both are interested in finding out the effect of cognitive behavioural technique in reducing depression symptoms among adult learners. The study of Ogbu (2015) differs from the present study in the sense that the study of Ogbu (2015) was carried out in Benue state while the present study will be carried out in Gwagwalada area council of FCT.

Ifeagwazi, Chukwuorji and Ugwu (2013) carried out a study on Depressive Symptoms in Rural School Teachers: Role of Stress, Gender and Age. The main purpose of the study was to investigate the interactive roles of stress, gender and age in depressive symptoms. The study was guided by three research hypothesis. It adopted a cross sectional survey design. The population of the study was 315 students drawn from 11 randomly selected from rural secondary schools in Nsukka Educational Zone of Enugu State. The data collected was analysed using a 2-way analysis of variance (ANOVA). The findings revealed that rural teachers who had high stress reported significantly higher symptoms of

depression than teachers in the low stress group. It was also revealed that younger teachers have higher symptoms of depression than older ones.

The study of Ifeagwazi et al (2013) is related to the present study in the sense that both studies are interested in Depression among adults. The study differs from the current one in the sense that the study of Ifeagwazi et al is interested on Depressive symptoms in rural school teachers: role of stress gender and age while the present study talks about the effect of rational emotive behaviour therapy on depression among adult learners. The study of Ifeagwazi et al was carried out in Nsukka Education zone while the present study will be carried out in Gwagwalada Area Council.

Nwachukwu (2007) carried out a study on the effect of cognitive therapy on level of stress and school adjustment of internally displaced adolescents in Nigeria. The main purpose of this study was to examine the effects of cognitive therapy on the level of stress and school adjustment of internally displaced schooling adolescents in secondary schools in Nassarawa and Bauchi States of Nigeria. The study adopted a quasi experimental design to determine the effect of cognitive therapy on the stress level and school adjustment of internally displaced adolescents in secondary schools. The population of the study was 157 internally displaced school adolescents in public secondary schools in both states. The sample of the study was gotten through purposive sampling technique. The sample of the study consist of 119 (one hundred and nineteen) internally displaced adolescents in public secondary schools in both Nasarawa and Bauchi states. The researcher used stress rating scale for which was a modification of Likert rating scale for data collection. Analysis of covariance (ANCOVA) was used for data analysis. The findings of this study revealed that intervention using cognitive therapy significantly reduced stress level of the internally displaced school adolescents. The study also discovered that gender is a significant factor

on the level of stress experienced by the internally *displaced* school adolescents. Females exhibited more stress than males after treatment.

The study of Nwachukwu (2007) is related to the present study in the sense that both studies are interested in the effect of cognitive therapy on displaced students. The study differs with the present study in the sense that the present study is focused on the effect of rational emotive behaviour therapy on depression among adult learners while the study of Nwachukwu was talking about level of stress and adjustment of the internally displaced adolescents. The study of Nwachukwu was carried out in Nasarawa and Bauchi states while the present study will be carried out in Gwagwalada Area Council.

Studies on Gender and REBT in Depression

Mahmood and Hauruna (2017) carried out a study on Gender Differences, Life Events and Depressive Symptomatology among Students of Health Tertiary Institution. The main purpose of this study was to examine depression and life events and studies on which life event is uniquely associated with depression inconsistence. The population of the study involved youth students of health tertiary institutions at Federal colleges of nursing and widwifery. The participants involved both Muslims and Christians that were mostly in low and middle socio-economic class. A sample of 75 males and 75 females were collected through systematic random sampling gotten after cluster random sampling. Three research questions and three hypotheses guided the study. Data was collected using center for epidemiologic studies Depression scale and life experience survey. The data was analyzed using Pearson correlation coefficient, descriptive and chi-square. The findings of the study stated that female students were more depressed and positive life events were more common among male while negative life events were more among female.

The study of Mahmood and Haurna is related with the present study in the sense that both studies are interested in depression as it concerns gender. The study of Mahmood and Haurna is different from the present study in the sense that the study of Mahmood and Haurna (2017) was interested in Gender Differences Life Events and Depressive Symptomatology among Students of Health Tertiary Institution while the present study is interested in the effect of rational emotive behaviour therapy in reducing depression among adult learners in Gwagwalada. The study also differs in its methodology. The study also differs in location the study of Mahmood and Haurna was carried out in Bauchi State while the present study will be carried out in Gwagwalada area council.

Pegah (2016) carried out a study on the Effect of Rational Emotive Behaviour Therapy on Adjustment and Reducing Irrational Beliefs among Adolescent Girls in Tehran. The main purpose of this study was to find out the relationship between irrational beliefs and adjustment and to study the effect of Rational Emotive Behaviour Therapy on adjustment and reducing irrational beliefs among adolescent girls. The study was guided by three hypotheses. The study adopted quasi experimental research design. A sample of 60 girls was randomly selected from high schools in Tehran. The finding of the study showed that there was a significant positive correlation between anxious over-concern and hopelessness changes with emotional adjustment. Results also revealed that REBT reduces depression and improves emotional and social adjustment among adolescent girls. The study of Pegah is related with the present study in the sense that both studies are interested in the effect of rational emotive behaviour therapy on adjustment problems. Both studies also used quasi experimental research design. The study differs from the present study in the sense that the present study is interested in the effect of rational emotive behaviour therapy in reducing depression symptoms among adult learners while the reviewed study was talking about the effect of rational emotive behaviour therapy on adjustment and

reducing irrational beliefs among adolescents. The reviewed study was carried out in Tehran while the present study will be carried out in Gwagwalada.

Narges, Mohammadreza & Mahbobeh (2014) carried out a study on the Effectiveness of Rational Emotive Behaviour Therapy on the level of Depression among Female Adolescents in Iran. The main purpose of this study is to examine the effectiveness of Rational Emotive Behaviour Therapy on the adolescent girls' depression. The study adopted quasi experimental design in order to determine the effectiveness of rational emotive behaviour therapy on the level of depression among female adolescents. A sample of 30 female school students was randomly selected through a simple sampling procedure and was placed randomly at two groups of 15 subjects. The researchers used the Child Depression Inventory Questionnaire to collect the data. The data collected was analysed using Analysis of Covariance (ANCOVA). The findings indicate that rational emotive behaviour therapy is effective on the reduction of depression in female adolescents more specifically with an emphasis on such principles and techniques as the identification of cognitive errors the musts and rules the identification of core beliefs challenging the irrational beliefs the musts and the core beliefs as well as distinguishing individuals from behaviours and from acceptance. The study of Narges et al (2014) is related to the present study in the sense that both studies talk about the effectiveness of rational emotive behaviour therapy on depression. The study differs from the present study in the sense that the study of Narges et al (2014) was carried out in Iran while the present study will be carried out in Gwagwalada Area Council.

Owuamanam, Ajidahun, and Owuamanam (2012) carried out a study on the influence of gender and family background on the effectiveness of client centered and rational emotive behaviour counselling therapies in enhancing self concept of adolescents. The main aim of this study is to determine if client centered therapy and rational emotive

behaviour therapy are effective in enhancing the self concept of adolescents, which of the two therapies is more effective in solving the problem and whether or not the effectiveness is influenced by family background and gender. The design adopted two experimental groups and one control group of 50 subjects each. A sample of 150 adolescents was drawn by the means of stratified random sampling from three high schools in city of Ado-Ekiti in Nigeria. The findings of the study revealed that both client centered therapy and rational emotive behaviour therapy were significantly effective in solving self concept problems of the adolescents, the REBT was significantly more effective. The study of Owuamanam et al (2012) is related to the present study in the sense that both studies are interested in looking at the effectiveness of rational emotive behaviour therapy. The study of Owuamanam et al (2012) differs with the present study in the sense that the study of Owuamanam et al was conducted in Ado-Ekiti while the present study will be carried out in Gwagwalada.

Studies on Marital Status and REBT in Depression

Okanezi and Hanachor (2017) carried out a study on the Perceived Effects of Marital Crisis on Academic Performance of Adult Learners of National Teachers Institute (PGDE Centers) in Rivers State. The main aim of the study was to determine the perceived effects of marital crisis on academic performance of adult learners of National Teachers Institute PGDE Centers in Rivers State. Four research questions and one null hypothesis guided the study. The study adopted a descriptive survey design. A population of 1,018 adult learners was recorded while a sample of 509 was used representing 50% of the entire population. The data was collected through questionnaire aimed at identifying the various forms of marital crisis. The data analysis was done using mean statistical tool while Pearson Product Movement Correlation statistic was used to test the hypothesis at 0.05 alpha levels. The findings of the study revealed that rejection of food, fighting, face off, use of abusive words against each other are forms of marital crisis. The study further revealed that

depression, prostitution, frustration, single parenting, hypertension and loss of concentration are effects of marital crisis.

The study of Okanezi and Hanachor is related to the present study in the sense that both studies are interested in marital status and adult learners. The study of Okanezi and Hanachor differs with the present study in the sense that the present study talks about the effects of depression on adult learners in Gwagwalada area council while the study of Okanezi and Hanachor (2017) talks about the perceived effects of marital crisis on academic performance of adult learners of national teachers institute in Rivers State. The study of Okanezi and Hanachor was carried out in Rivers state while this study will be carried out in Gwagwalada area council FCT.

Kanagaraj and George (2017) carried out a study on Efficacy of Rational Emotive Therapy in the Management of Depression in HIV infected Women. The main purpose of the study was to find out the efficacy of rational emotive behaviour therapy in management of depression among HIV infected women. Four research questions and four hypotheses guided the study. The study adopted quasi experimental research design. A sample of 50 HIV infected women was selected for the study using random sampling technique. Hamilton Depression Scale (HDS) was used to collect data. The data collected was analysed using a one way analysis of variance (ANOVA). The finding of the study showed that there is a significant decrease in the level of depression among HIV infected women after REBT was administered.

The study of Kanagaraj and George is related with the present study in that both studies are interested in the effect of rational emotive behaviour therapy in depression reduction while the study differs from the present study in the sense that the study of Kanagaeji and George was carried out in India while the present study will be carried out in Gwagwalada Area Council.

Nasrin, Mohammad, Shahram and Javad (2017) carried out a study on the Effectiveness of Cognitive Behavioural Couple Therapy on Psychological Wellbeing, Marital Intimacy and Life Quality of Chaotic Couples. The main purpose of this study was to compare the efficacy of cognitive behaviour couple therapy (CBCT) and the approach of Acceptance and commitment therapy (ACT) on psychological wellbeing, marriage intimacy and quality of life of chaotic couples. The study adopted a quasi experimental research design. The population of the study is 14 couples who were referred to the counselling centre and the number also acted as the sample. Purposive sampling technique was used to collect the sample of the study. The data was collected using marital adjustment test, psychological well being questionnaire and Reef intimacy scale. The data was analysed using a two way analysis of variance (ANOVA). The finding of the study showed that cognitive behavioural couple therapy has been effective for psychological wellbeing, marital intimacy and couples quality of life.

The study of Nasrin et.al is related to the present study in the sense that both studies are interested on the effect of cognitive behaviour therapy on depression reduction, while the study differs from the present study because the study was interested in the effectiveness of cognitive behavioural therapy on psychological well being, marital intimacy and life quality of chaotic couples. Also, the present study is interested in the effect of rational emotive behaviour therapy in reducing depression among adult learners. The study of Nasrin et al was carried out in Iran while the present study was carried out in Gwagwalada Area Council FCT.

Abolanle and Feyisola (2013) carried out a study on the Challenges faced by Married University Undergraduate Female Students in Ogun State. The main purpose of the study was to find out the common challenges faced by married undergraduate female students in universities in Ogun state. Three research question and one hypothesis guided

the study. The population of the study was 26000 with the female student population above 9800. A sample consisting of 150 married undergraduate female students were purposively selected from two federal government owned and one state government owned out of the six universities in Ogun state was used for the study. A questionnaire designed by the researcher with a reliability coefficient of 0.80 was used for data collection. Descriptive statistics such as percentage and frequency were used to analyze the data collected. The findings of the study revealed that there is need for counselling intervention to reduce the effect of the challenges faced by this category of students. That counselling intervention will help to ameliorate the stress of combining family life and study. The study of Abolanle and Feyisola is related to the present study because both studies are looking at depression. The study of Abolale and Feyisola differs from the present study in that the study was interested on the challenges faced by married university undergraduate female students while the present study is interested on the effect of depression among adult learners. The study of Abolale and Feyisola was also carried out in Ogun state while the present study was carried out in Gwagwalada.

Studies on Employment Status and REBT in Depression

Ogbuanya et. al (2017) carried out a study on effects of rational emotive occupational health therapy intervention on the perceptions of organizational climate and occupational risk management practices among electronics technology employees in Nigeria. The main purpose of the study was to examine the effects of rational emotive occupational health therapy intervention programme on the perceptions of organizational climate and occupational risk management practices. A sample of 77 electronics technology employees was used. The study used pretest posttest control group design. The findings of the study stated that rational emotive occupational health therapy intervention program significantly improved perceptions of organizational climate for the people in the treatment

group compared to those in the waitlist control group at post intervention and follow up assessments.

The study of Ogbuanya et al was related to the present study in the sense that both studies focused on the effect of rational emotive behaviour therapy on the employment status of adults. The study differs with the present study in the sense that the study of Ogbuanya et al was carried out in Nsukka while the present study was carried out in Gwagwalada.

Wangner et al (2017) carried out a study on the effects of depression alleviation on work productivity and income of HIV patients in Uganda. The main purpose of the study was to find out if depression alleviation improves work related outcomes of workers suffering from HIV/AIDS. A sample of 1028 depressed HIV clients was used. The instrument for data collection was nine item patient health questionnaire. The data was analysed using serial regression analysis. The findings of the study stated that alleviation of major depression is associated with better work related functioning and productivity. The study of Glenn et al is related with the present study in the sense that both topics focused on the effect of depression among the employed adults.

The study of Wangner et al is different from the present study in the sense that the study of Wanger et al is interested in the effects of depression alleviation on work productivity and income among HIV patients while the present study focused on the effect of rational emotive behaviour therapy on depression among adult learners. The study also differs from the previous one in the sense that the work of Glenn was carried out in Uganda while the present work was carried out in Gwagwalada Nigeria.

Sarafis et al (2016) conducted a study on the impact of occupational stress on nurses' caring behaviours and their health related quality of life. The main purpose of this

study was to investigate and explore the correlation amidst occupational stress, caring behaviours and their quality of life in association to health. The instrument for data collection was expanded nursing stress scale, the health survey and the caring behaviour inventory was used. The data was analysed using univariate and multivariate statistical tools. It was also discovered that the attitude of nurses to patients were as a result of patients attitude. A sample of 246 nurses was used and the result revealed that occupational stress affects nurses health related quality of life negatively.

The study of Sarafis et al is related with the present study on the ground that both looked at the effect of depression on the occupation of the adults. The study differs with the present study in the sense that the study of Sarafis et al was carried out in Greece while the present study was carried out in Gwagwalada Area Council FCT Nigeria.

Essien (2014) carried out a study on occupational stress as correlates of behavioural outcomes among female employees of commercial banks in Nigeria. The main purpose of this study was to examine occupational stress as a predictor of behavioural outcomes among employees of commercial banks in Akwa Ibom state. The study adopted a cross sectional survey design which examines whether occupational stress could result to behavioural outcomes like depression, absenteeism and fatigue among employees of commercial banks. The population of the study was 785 female employees of commercial banks in 18 commercial banks in Akwa Ibom state. Simple random sampling was used in selecting 9 of these 18 banks and the selection of 365 respondents was done through stratified random sampling. Occupational Stress and Behavioural Outcome Questionnaire (OSBOQ) was primarily developed for the study. This instrument was validated by experts in Organizational Psychology and Industrial Sociology. The reliability of the instrument was tested using Cronbach Alpha and reliability coefficient of 0.82 was obtained. The data collected was analysed using frequency and percentages as well as multiple logistic

regression. The findings of the study showed that occupational stress has a significant influence on behavioural outcomes like fatigue among employees of commercial banks. The study of Essien (2014) is related with the present study in the sense that the study of Essien focused on stress as it correlates to behavioural outcome among female employees of commercial banks while the present study is talking about the effect of rational emotive behaviour therapy in reducing depression among adult learners.

The study of Essien is different from the present study in the sense that the study of Essien was carried out in Akwaibom State while the present study will be carried out in Gwagwalada Area Council.

Omoniyi (2013) carried out a study on Sources of Workplace Stressors among University Lecturers in South West Nigeria. The main purpose of this study was to investigate the sources of stress among university lecturers. The population of the study comprised of all the lectures in Nigerian universities. One research question and one hypothesis was raised to guide the study. The study adopted ex-post-facto research design. A stratified random sampling technique was used to select the sample of the study. A total of eight universities were used for the study consisting of three federal, three state and two private universities. A sample of 364 comprising of 223 males and 141 females were used for the study. The data collected were analysed using descriptive statistics. The findings revealed that the level of perceived stress among male and female lecturers were not significantly different. Also further findings revealed that lecturers experience stress sources of such stress include poor research incentives, poor condition of lecturers' office lack of facilities and students project supervision.

The study of Omoniyi is related to the present study in the sense that both studies focused on stress among adults. The study differs from the present study in that the study of Omoniyi was interested in sources of workplace stressors among university lecturers in

south west Nigeria: implications for counselling while the present study was interested in the effect of rational emotive behaviour therapy on depression among adult learners. The study of Omoniyi was also carried out in south west Nigeria while the present study was done in Gwagwalada.

Nana, Ayuba and Ozigbo (2009) carried out a study on the Effects of Work Stress on Employees Performance in United Bank of Africa, Garki Branch, Abuja. The main aim of the study was to investigate the effect of stress on employees' performance in United Bank of Africa. The study adopted a survey research design. The population of the study was 98. Four research questions and three hypotheses guided the study. A sample of 78 workers was used while 67 completed and submitted their questionnaire. Validity and reliability test of the instruments were done using estimation of Cronbach's Alpha. T- tests and ANOVA techniques were used to analyze the data. The findings of the study revealed that excessive overtime, long absence from family, fear of job security and difficult customers were the major stressors in the sampled bank. The study also revealed that the effects of stress on employees' performance existed in the form of mental tiredness, high blood pressure and increased use of medication.

The study of Nana et al differs from the present study in that the study was carried out in Garki, Abuja while the present study was carried out in Gwagwalada Area Council.

Summary of Literature Review

In order to cover the review of related literature in this section, the literature review in this section, was stratified into four main headings thus: conceptual framework, theoretical framework, review of related empirical studies and summary of literature review. These were again split into some minute segments to ensure optimal understanding

and proper treatment. These segments are concepts of learner, adult learner, depression, rational emotive behaviour therapy, gender, marital and employment status.

The study revealed that rational emotive behaviour therapy is a therapy that can be used in helping adult learners who are depressed to change their irrational thought patterns and beliefs to a more positive, rational and profitable patterns of thinking, beliefs and behaviours.

The theoretical framework focused on Rational Emotive Behaviour Therapy (REBT) and Becks cognitive theory. The rational emotive behaviour therapy maintains that when an individual is thinking and behaving negatively and irrationally desirable change in the client's behaviour is possible if the individual is taught on how to dispute and replace the unwanted thinking and behaviours. This implies that this therapy can be used to reduce the level of depression among adult learners by making the adult learner to change the manner of thinking that can cause depression. Becks theory on the other hand is of the view that individuals suffering from depression often posses negative self schema, negative conceptions of their own traits and behaviours. This theory can be used to help the adult learners by telling them that their depressed state are as a result of the negative thought they have about themselves.

The review of empirical studies showed that some works have been carried out within and outside Nigeria in some areas related to the study at hand. For instance, many studies in REBT and depression, gender, marital status and employment status were reviewed and the literature gaps exposed by looking at the similarities with the current work and the differences as well.

However, none of the works available to the researcher seemed to have focused on the effect of rational emotive behaviour therapy in reducing depression among adult

learners in Gwagwalada. There is also dearth of research evidence on the effect of rational emotive behaviour therapy in reducing depression among adult learners. Works that were seen were on REBT and depression, REBT and gender, REBT and marital status and REBT and employment status.

Therefore, this research is considered necessary as it explored the effects of using REBT in reducing depression among adult learners, especially in Gwagwalada area council. Gender, marital and employment status were investigated as intervening variables.

CHAPTER THREE

RESEARCH METHOD

This chapter presents the method employed for the study under the following subheadings. Design of the study, Area of the study, Population of the study, Sample and sampling technique, Instrument for data collection, Validation of the instrument, Reliability of the instrument, Experimental procedure, Method of data collection and Method of data analysis.

Design of the Study

The design of this study is quasi experimental non-randomized pretest, post test control group design. Quasi experimental design according to Nworgu (2015) is an experiment where random assignment of subjects to experimental and control groups is not possible. The author went further to point out that in this case, intact or pre-existing groups are used. This design was used because the subjects for the research were already organized into intact classes and were used as such to avoid disruption of class schedules. In this study, the experimental group was exposed to rational emotive behaviour therapy while the control group was exposed to group counseling.

Quasi-Experimental Design

Groups	**pretest**	**Treatment**	**Posttest**
Group 1	**O1**	**X1**	**O2**
Group 2	**O1**	**X2 (X2 is control)**	**O2**

Key: O1 = Pretest
O2 = Posttest
X1 = REBT Treatment
X2 = Group counselling Treatment

Area of the Study

The area of this study was Gwagwalada located at Gwagwalada Area Council a suburb of the FCT. Gwagwalada metropolis constitutes the centre of Gwagwalada where University of Abuja is situated. Some parts of Gwagwalada include Dagiri, Giri, Kutunku, Kida, Tungameji and Zuba. The main occupation of the people in the area include civil service work, banking, teaching, commercial activities, craft work and farming. The area is the Headquarters of Gwagwalada area council. The area also has the opportunity of providing the location or area where University of Abuja is located. This University has also helped in educating the inhabitants of Gwagwalada and environs.

Gwagwalada was purposely chosen because of the researcher's observation for a long period of time among adult learners running a programme in University of Abuja and National Open University. The researcher observed that because the adult learners in these Universities mentioned are married with various marital challenges while those who are not married are depressed because they feel that there is no hope for them and some are employed with job stress distracting them from their studies while some are unemployed. Some because of marital and employment problems decided to drop the programme because these challenges were waging them down. The researcher decided to carry out a research to find out how rational emotive behaviour therapy can be used to help these adult learners to adjust and do better academically so as to become useful to themselves and the society at large.

Population of the Study

The target population of the study was 30 second year students. This consists of 12 males and 18 female adult learners with mild and moderate depression symptoms in the literacy centers under the auspices of University of Abuja and National Open University of

Nigeria both under Gwagwalada Area Council (Institute of Education UNIABUJA & Department of exams and assessment National Open University, 2018). (See appendix IV p.115)

Sample and Sampling Technique

Due to the manageability of the population no sampling was done.

Instruments for Data Collection

The instrument for data collection in this study is Beck's Depression Inventory (BDI). The researcher adapted Beck's Depression Inventory (BDI). The researcher did this based on the review of literature. The BDI has two sections. Section A of the instrument elicits information on the personal data of the respondents such as gender, employment status and marital status while the section B of the instrument contained item statements on the variable concerned. The Beck's depression inventory has 22 items generated also on the variable.

The BDI has four point rating response of Strongly Agree (SA), Agree (A) Disagree (D) and Strongly Disagree (SD) with assigned weight of 4,3,2, and 1 point respectively. The respondents were required to indicate the degree of their agreement or disagreement by ticking on the scale for each of the statement. The items on each instrument were reshuffled during the posttest to make it look different from the pretest to reduce memory effect of the pretest.

Validation of Instrument

The Beck's Depression Inventory (BDI) was given to three experts in Faculty of Education, University of Nigeria, Nsukka. Two experts from Guidance and Counselling unit of the Department of Educational Foundations and one from Science Education

(Measurement and Evaluation unit), validated the instrument. They were given the instrument for face validation with regards to their appropriateness, clarity and relevance to the purpose of the study, research questions and research hypotheses. The experts made useful corrections on some of the items while they discarded some items that were not measuring depression. The corrections and suggestions are incorporated in the final draft before its production.

Reliability of the Instrument

The researcher administered the instrument on an intact group of 15 adult learners in second year, Kogi state University, Anyingba which although similar to universities in the study area was located in a different state. When the adult learners finished completing the questionnaire the researcher collected it back from them.

The internal consistency reliability coefficient of the instrument was determined using Cronbach Alpha statistic. As the data collected were subjected to statistical analysis using Cronbach's alpha statistic to measure internal consistency, the reliability estimate value obtained was 0.83. Cronbach's alpha statistic was used based on the fact that the items on the instrument had no right or wrong answers and were not dichotomously scored.

Experimental Procedure

1. Pre Treatment Session

The experimental procedure was carried out in three phases which include pre-treatment, treatment and post treatment phases. The researcher adopted Beck's Depression Inventory (BDI) (See Appendix I, p.100). The adopted BDI was used as it is to select depressed adult learners for the experiment. In this vein, 30 (12 males, 18 female; 22 married, 8 unmarried and 19 employed & 11 unemployed, See Appendix IV p.115) adult learners who were depressed were selected for the study. The reason for the use of the

original BDI in selecting the sample is to ensure that only the depressed adult learners are used for the study. On the other hand, the researcher adapted Beck's depression Inventory (BDI) (See Appendix II, p.101). The reason for adapting the BDI is to modify it to suit the purpose of the present study. The adapted Beck's Depression Inventory (BDI) was validated by experts in Faculty of Education, University of Nigeria Nsukka to ascertain its face validity.

Then, in order to collect data for the study, the researcher sought for a letter of introduction from the Department of Educational Foundations, University of Nigeria, Nsukka to the Directors of adult learning programmes of selected Universities. Given, the Directors' acceptance of the conduct of the research in the institutions, the researcher was introduced to the Course coordinators who introduced the researcher as a personnel posted to the Universities to assist the course coordinators to help the students in some psychosocial problems especially depression. The essence of this introduction is to reduce invalidity as result of Guidance Counsellor variability. The researcher established rapport with the course coordinators and the adult learners. Through this collaboration, the days for counseling sessions were scheduled and time for the treatment was made known to the participants.

After establishing rapport and adapting to the environment. The researcher used the course coordinators to administer the pretest to the experimental and control groups in the selected Universities using the adapted BDI. The reason why the researcher used the course coordinators is to ensure that the adult learners do not fake their responses in the presence of the researcher, who by that time is familiar with the adult learners but not like the course coordinators in the Universities. The researcher stood aside and collected the questionnaire from the institutions course coordinators after the adult learners must have completed them.

2. Treatment Phase

During the treatment phase, the researcher was directly involved in the treatment programme which sessions lasted for six weeks of two periods per week and each period taking one hour at lecture period (precisely at lecture free periods). The experimental group was exposed to Rational Emotive Behaviour Therapy intervention programme and the control group was exposed to Group counseling therapy.

The rational emotive behaviour therapy treatment featured cognitive rehearsal, validity testing, writing in journal, guided discovery, modelling, homework, systematic positive reinforcement of desired behaviour and termination of the programme. The Group counseling therapy featured mainly pieces of advice geared towards reducing depression or psychosocial challenges of the adult learners.

3. Post-Treatment Phase

At the end of the treatment, that is the experiment which lasted for 6 weeks the researcher reshuffled the instrument and used the course coordinators to administer them to the adult learners in both experimental and control groups and stood aside to collect them after the completion. The data that were obtained from the adult learners after treatment (posttest) were compared with data obtained before treatment (pretest) for data analysis of the study. The pretest acted as a correlate to the posttest scores in order to reconcile the initial group differences.

Control of Extraneous Variables

The study is a quasi experimental research which involved the manipulation of independent variables by the researcher. In this vein, the researcher controlled some variables which may affect the study.

1. There might be the tendency that a noticeable difference in behaviour may occur if the adult learners become aware that they are being engaged in an experiment

(Hawthorne effect). To control this which is inherent in an experimental work, the venue, treatment period, experimenters contact were the same for the pretest and posttest assessment of each group.

2. There was an adequate interval of six weeks between the pretest and posttest to avoid the possibility of students remembering the answer they gave in the pretest. Also the items in the instrument were reshuffled for posttest to ensure that adult learners are not too familiar with the instrument.

3. In order to avoid contamination of experimental and the control groups the researcher conducted the treatment in different adult learners' centers at different hours and days of the week using the intact class.

4. The researcher conducted a preliminary survey of the selected Universities to ensure that the institutions have similar geographical background, and similar staffing, teaching and learning culture and attitude to the adult learners so that the difference in mean score could only be attributed to treatment.

5. Statistical control in the study was achieved by the use of analysis of covariance (ANCOVA) to analyze the findings of the study. The ANCOVA was effective in removing from the treatment the differences which could be corrected with covariant and adjust to the posttest scores for differences between the various groups in the experimental conditions.

Method of Data Collection

The researcher handed over 30 copies of the instrument (adopted BDI) to the coordinators of the institutes for pre-testing of the students after which the researcher collected it. At the end of the treatment the researcher reshuffled the instrument (adopted BDI) by renumbering the items and re-administered 30 copies of it to the experimental and control groups through the same course coordinators that acted as the research assistants as

posttest. The researcher collected the 30 copies of the instrument after completion and arranged it with the pretest for data analysis.

Method of Data Analysis

Descriptive statistics such as Mean and Standard Deviation were used in answering the seven research questions, while analysis of covariance (ANCOVA) was used to test the seven null hypotheses at $p< 0.05$ level of significance. The choice of ANCOVA is made because the study is a quasi-experimental design which involved the comparison of the means of their independent variables affecting the dependent variables (Ali, 2006). ANCOVA helps to control any initial group difference. The data collected were analysed in line with the research questions and hypotheses.

CHAPTER FOUR

RESULTS

The results of this study are presented in this chapter according to the research questions and hypotheses that guided the study.

Research Question One

What is the effect of rational emotive behaviour therapy on depression among adult learners?

Table 1: Mean and standard deviation of depression among adult learners exposed to rational emotive behaviour therapy and those not exposed

Groups		Pre-test		Post-test		Mean Loss Scores	Mean Loss Difference
	N	Mean	SD	Mean	SD		
Experimental Group (REBT)	16	33.75	5.39	18.25	2.49	15.50	7.79
Control Group	14	36.00	5.13	28.29	3.12	7.71	

Result in Table 1 shows the mean depression ratings of adult learners exposed to REBT and those not exposed. From the Table, it was revealed that the experimental group (REBT) had depression mean ratings of 33.75 with standard deviation of 5.39 while those in control groups had depression mean ratings of 36.00 with standard deviation of 5.13 at pre-test. However, at the post-test, depression mean ratings of 18.25 and 28.29 with standard deviations of 2.49 and 3.12 were recorded for experimental and control groups respectively. The mean rating difference of 7.79 was recorded for the two groups in favour of REBT method. The result indicates that adult learners exposed to REBT had reduced depression compared to their counterparts in the control group (group counselling therapy).

Research Question Two

What is the influence of gender on the mean depression ratings of adult learners?

Table 2: Mean and standard deviation of depression ratings of male and female adult learners

Gender	N	Pre-test		Post-test		Mean Loss Scores	Mean Loss Difference
		Mean	SD	Mean	SD		
Male	12	33.75	7.00	24.92	6.53	8.83	5.06
Female	18	35.50	3.87	21.61	5.00	13.89	

Result in Table 2 shows that at the pre-test, male adult learners had mean depression ratings of 33.75 with standard deviation of 7.00 while their female counterparts had mean depression ratings of 35.50 with standard deviation of 3.87. At post-test, male adult learners had mean depression ratings of 24.92 with standard deviation of 6.53 while their female counterparts recorded mean depression ratings of 21.61 with standard deviation of 5.00. The results therefore, show that both male and female adult learners had a decreased post-test mean depression. However, female adult learners had lower mean depression ratings than their male counterpart. This can be seen from a mean loss difference of 5.06 in favour of the female adult learners.

Research Question Three

What is the influence of marital status on the mean depression ratings of adult learners?

Table 3: Mean and standard deviation of depression ratings of married and unmarried adult learners

Marital Status	N	Pre-test		Post-test		Mean Loss Scores	Mean Loss Difference
		Mean	SD	Mean	SD		
Married	22	34.23	5.52	22.50	5.97	11.73	0.52
Unmarried	8	36.38	4.60	24.13	5.44	12.25	

Result in Table 3 shows that at the pre-test, married adult learners had mean depression ratings of 34.23 with standard deviation of 5.52 while unmarried adult learners had mean depression ratings of 36.38 with standard deviation of 4.60. At post-test, married adult learners had mean depression ratings of 22.50 with standard deviation of 5.97 while unmarried adult learners recorded mean depression ratings of 24.13 with standard deviation of 5.44. The result therefore, indicates that married adult learners had a slight decreased post-test mean depression rating compared to unmarried adult learners. Thus, married adult learners had lower mean depression ratings than their unmarried counterpart. This can be seen from a mean loss difference of 0.52 in favour of the married adult learners.

Research Question Four

What is the influence of employment status on the mean depression ratings of adult learners?

Table 4: Mean and standard deviation of depression ratings of employed and unemployed adult learners

Employability	N	Pre-test		Post-test		Mean Loss Scores	Mean Loss Difference
		Mean	SD	Mean	SD		
Employed	17	32.29	4.41	21.94	5.57	10.35	3.50
Unemployed	13	38.08	4.63	24.23	6.03	13.85	

Result in Table 4 shows that at the pre-test, employed adult learners had mean depression ratings of 32.29 with standard deviation of 4.41 while unemployed adult learners had mean depression ratings of 38.08 with standard deviation of 4.63. At post-test, employed adult learners had mean depression ratings of 21.94 with standard deviation of

5.57 while unemployed adult learners recorded mean depression ratings of 24.23 with standard deviation of 6.03. The results therefore, show that both employed and unemployed adult learners had a decreased post-test mean depression. However, employed adult learners had lower mean depression ratings than unemployed counterpart. This can be seen from a mean loss difference of 3.50 in favour of employed adult learners.

Research Question Five

What is the interaction effect of treatments and gender on the mean depression ratings of adult learners?

Table 5: Mean and standard deviation of interaction effect of treatments and gender on mean depression ratings of adult learners

Groups	**Gender**	**N**	**Mean**	**Std. Dev.**
Experimental Group (REBT)	Male	4	17.25	1.50
	Female	12	18.58	2.71
Control Group	Male	8	28.75	3.96
	Female	6	27.67	1.63

Result of the analysis in Table 5 revealed that male adult learners exposed to REBT had lower mean depression ratings of 17.25 and a standard deviation of 1.50 as against their male counterparts in the control group that had mean depression ratings of 28.75 with standard deviation of 3.96. On the other hand, female adult learners exposed to experimental group (REBT) also had lower mean depression ratings of 18.58 and standard deviation of 2.71 while their female counterparts in the control group had mean depression ratings of 27.67 with standard deviation of 1.63. The results do not suggest ordinal interaction effect between treatments and gender on mean depression ratings of adult learners. This was because at all the levels of gender, the mean depression ratings were lower for male adult learners. However, the obtained standard deviation from adult learners in both the experimental and control groups were relatively small, indicating that the respondents were homogenous in their responses.

Research Question Six

What is the interaction effect of treatments and marital status on the mean depression ratings of adult learners?

Table 6: Mean and standard deviation of interaction effect of treatments and marital status on the mean depression ratings of adult learners

Groups	Marital Status	N	Mean	Std. Dev.
Experimental Group (REBT)	Married	13	18.31	2.56
	Unmarried	3	18.00	2.65
Control Group	Married	9	28.56	3.75
	Unmarried	5	27.80	1.79

Result of the analysis in Table 6 revealed that married adult learners exposed to experimental group (REBT) had lower mean depression ratings of 18.31 and standard deviation of 2.56 as against their married counterparts in the control group that had mean depression ratings of 28.56 with standard deviation of 3.75. On the other hand, unmarried adult learners exposed to experimental group had lower mean depression ratings of 18.00 and standard deviation of 2.65 while unmarried adult learners in the control group had mean depression ratings of 27.80 with standard deviation of 1.79. The results do not suggest ordinal interaction effect between treatments and marital status on mean depression ratings of adult learners. This was because at all the levels of marital status, the mean depression ratings were lower for adult learners in the experimental group than those in the control group. Nevertheless, the obtained standard deviation from adult learners in both the experimental and control groups were relatively small, indicating that the respondents were homogenous in their responses.

Research Question Seven

What is the interaction effect of treatments and employment status on the mean depression ratings of adult learners?

Table 7: Mean and standard deviation of interaction effect of treatments and employment status on the mean depression ratings of adult learners

Groups	Employment Status	N	Mean	Std. Dev.
Experimental Group (REBT)	Employed	11	18.64	2.77
	Unemployed	5	17.40	1.67
Control Group	Employed	6	28.00	4.00
	Unemployed	8	28.50	2.56

Result in Table 7 revealed that employed adult learners exposed to experimental group (REBT) had lower mean depression ratings of 18.64 and standard deviation of 2.77 as against their employed counterparts in the control group that had mean depression ratings of 28.00 with standard deviation of 4.00. On the other hand, unemployed adult learners exposed to experimental group (REBT) also had lower mean depression ratings of 17.40 and standard deviation of 1.67 while their unemployed counterparts in the control group had mean depression ratings of 28.50 with standard deviation of 2.56. The results do not suggest ordinal interaction effect between treatments and employment status on mean depression ratings of adult learners. This was because at all the levels of employment status, the mean depression ratings were lower for employed adult learners. However, the obtained standard deviation from adult learners in both the experimental and control groups were relatively small, indicating that the respondents were homogenous in their responses.

Hypothesis One

There is no significant difference in the mean depression ratings of adult learners exposed to rational emotive behaviour therapy (REBT) and those exposed to group counselling.

Table 8: Summary of Analysis of covariance (ANCOVA) of mean depression ratings of adult learners exposed to rational emotive behaviour therapy and those not exposed

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	774.691[a]	4	193.673	24.556	.000
Intercept	164.100	1	164.100	20.806	.000
Pretest	13.324	1	13.324	1.689	.206
Method	509.382	1	509.382	64.585	.000
Gender	.671	1	.671	.085	.773
Method * Gender	1.439	1	1.439	.182	.673
Error	197.176	25	7.887		
Total	16750.000	30			
Corrected Total	971.867	29			

Result in Table 8 shows that rational emotive behaviour therapy is a significant factor on depression of adult learners; F (1, 25) = 64.585, P = .000. Thus, the null hypothesis of no significant difference is rejected. This is because the exact probability value of .005 is less than level of significance set at 0.05. Therefore, the researcher concludes that there is a significant difference in the mean depression ratings of adult learners exposed to rational emotive behaviour therapy (REBT) and those exposed to group counselling.

Hypothesis Two

There is no significant difference in the mean depression ratings of male and female adult learners

Result of the analysis in Table 8 was also used to test hypothesis two. The Table shows that gender is not a significant factor on the mean depression ratings of male and female adult learners; F (1, 25) = .085, P = .773. Therefore, the null hypothesis of no significant difference was accepted because the exact probability level of .773 is greater

than level of significance set at 0.05. Inference drawn by the researcher therefore, is that gender has no significant influence on depression of adult learners when exposed to REBT.

Hypothesis Three

There is no significant interaction effect of treatments and gender on mean the depression ratings of adult learners.

The result of the analysis in Table 8 was also used to test hypothesis three. The Table shows that the exact probability value of .673 associated with treatments and gender is greater than 0.05 level of significance; (F (1, 25) = .182, P=.673). Thus, the null hypothesis of no significant interaction effect of treatments and gender is upheld. Inference drawn therefore is that there was no significant interaction effect of treatments and gender on the mean depression ratings of adult learners when exposed to the REBT.

Hypothesis Four

There is no significant difference in the mean depression ratings of married and unmarried adult learners

Table 9: Summary of Analysis of covariance (ANCOVA) of married and unmarried adult learners

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	780.993[a]	4	195.248	25.573	.000
Intercept	99.912	1	99.912	13.086	.001
Pretest	26.918	1	26.918	3.526	.072
Method	574.657	1	574.657	75.267	.000
Marital Status	6.174	1	6.174	.809	.377
Method * Marital Status	4.799	1	4.799	.629	.435
Error	190.874	25	7.635		
Total	16750.000	30			
Corrected Total	971.867	29			

Result in Table 9 shows that marital status is not a significant factor on the mean depression ratings of male and female adult learners; F (1, 25) = .809, P = .377. Thus, the null hypothesis of no significant difference is accepted. This is because the exact probability value (.377) is greater than the level of significance set at 0.05. Inference drawn therefore is that, there was no significant difference in the mean depression ratings of married and unmarried adult learners when exposed to REBT.

Hypothesis Five: There is no significant interaction effect of treatments and marital status on mean the depression ratings of adult learners.

The result of the analysis in Table 9 was also used to test hypothesis five. The Table shows that the exact probability value of .435 associated with treatments and marital status is greater than 0.05 level of significance; (F (1, 25) = .629, P=.435). Thus, the null hypothesis of no significant interaction effect of treatments and marital status is accepted. The researcher therefore, concludes that there is no significant interaction effect of treatments and marital status on the mean depression ratings of adult learners.

Hypothesis Six: There is no significant difference in the mean depression ratings of employed and unemployed adult learners

Table 10: Summary of Analysis of covariance (ANCOVA) of employed and unemployed adult learners

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	792.532[a]	4	198.133	27.621	.000
Intercept	93.318	1	93.318	13.009	.001
Pretest	34.411	1	34.411	4.797	.038
Method	685.769	1	685.769	95.599	.000
Employment Status	15.162	1	15.162	2.114	.158
Method * Employment Status	5.261	1	5.261	.733	.400
Error	179.335	25	7.173		
Total	16750.000	30			
Corrected Total	971.867	29			

Result of the analysis in Table 10 shows that employment status is not a significant factor on adult learners' depression (F (1, 25) = 2.114, P = .158). Thus, the null hypothesis of no significant difference in the mean depression ratings of employed and unemployed adult learners was accepted. This is because; the probability value of .1358 associated with employment status is greater than the level of significance set at 0.05. Thus, the researcher therefore, infers that there is no significant difference in the mean depression ratings of employed and unemployed adult learners.

Hypothesis Seven

There is no significant interaction effect of treatments and employment status on mean the depression ratings of adult learners.

The result of the analysis in Table 10 was also used to test hypothesis seven. The Table shows that the exact probability value of .435 associated with treatments and employment status is greater than 0.05 level of significance; (F (1, 25) = .733, P=.400). Thus, the null hypothesis of no significant interaction effect of treatments and employment status was accepted. The researcher therefore, concludes that there is no significant interaction effect of treatments and employment status on the mean depression ratings of adult learners.

Summary of the Findings

Based on the analysis of data in the study, the following findings emerged;

1. Rational emotive behaviour therapy (REBT) has a significant effect on depression of adult learners

2. Gender did not significantly influence depression of adult learners

3. There was no significant interaction effect of treatments and gender and gender on the mean depression of adult learners

4. Marital status did not significantly influence adult learners' depression.

5. Interaction effect of treatments and marital status on adult learners' depression was not significant.

6. There was no significant difference in the mean depression ratings of employed and unemployed adult learners.

7. Interaction effect of treatments and employment status on adult learners' depression was not significant.

CHAPTER FIVE
DISCUSSION OF RESULTS, CONCLUSION, SUMMARY AND RECOMMENDATIONS

This chapter presents the discussion of results, conclusion, educational implications, recommendations, suggestions for further studies and finally, summary of the study.

Discussion of the Results

The discussion of the results was done under the following sub-headings;

- The effect of (REBT) on depression among adult learners.
- The influence of gender on the mean depression ratings of adult learners
- The influence of marital status on the mean depression ratings of adult learners
- The influence of employment status on the mean depression ratings of adult learner
- The interaction effect of treatment and gender on depression among adult learners.
- The interaction effect of treatment and marital status on depression among adult learners.
- The interaction effect of treatment and employment status on depression among adult learners.

The Effect of (REBT) on Depression among Adult Learners

The data presented in Table 1 revealed that adult learners exposed to REBT had reduced depression compared to their counterparts in the control group (group counselling therapy). Thus, REBT reduces depression in adult learners more than the Group counselling. Further analysis using ANCOVA for hypothesis 1 revealed that there is a significant difference in the mean depression ratings of adult learners exposed to rational emotive behaviour therapy (REBT) and those exposed to group counselling in favour of the REBT group. This implies that REBT reduced depression among adult learners more

than the control group given Group counseling therapy. This finding is expected as REBT as a therapy believes in correcting irrational thinking of people towards rational thinking. Rational thinking of people about their challenges could help them justify the reason for the situation thereby reducing emotional trauma associated with the challenge. The finding of this study is in line with that of Egenti and Ebenebe (2018) who documented that there is a significant difference in the mean social adjustment scores of maladjusted adolescent students exposed to cognitive restructuring compared to conventional counselling.

The Influence of Gender on the Mean Depression Ratings of Adult Learners

The data presented in Table 2 revealed that both male and female adult learners had a decreased post-test mean depression score. However, male adult learners had lower mean depression ratings than their female counterpart. Further analysis using ANCOVA for hypothesis 2 revealed that gender has no significant influence on depression of adult learners when exposed to REBT. This finding is expected as REBT as a therapy believes in refuting irrational thinking of people towards rational thinking. Rational thinking of people about their challenges could help them adduce reasons for the situation thereby making necessary adjustment to reduce emotional problems associated with the challenge. The finding of this study is consistent with that of Owuamanam, Ajidahun, and Owuamanam (2012) which documented that both client- centered therapy and rational emotive behaviour therapy were significantly effective in solving self concept problems of the adolescents, the REBT was significantly more effective. However, the findings of the study is not consistent with Mahmood and Hauruna (2017) who reported that female students were more depressed and positive life events were more common among male while negative life events were more among females.

The Influence of Marital Status on the Mean Depression Ratings of Adult Learners

The data presented in Table 3 indicates that married adult learners had a slightly decreased post-test mean depression rating compared to unmarried adult learners. Further analysis using ANCOVA for hypothesis 4 revealed that there was no significant difference in the mean depression ratings of married and unmarried adult learners. This implies that REBT reduces depression equally on both married and unmarried adult learners. This finding is expected as REBT as a therapy has been reported by previous researchers to be effective in handling emotional issues that ensue due to irrational thoughts and beliefs. The finding of this study is in line with Kanagaraj and George (2017) who carried out a study on efficacy of rational emotive therapy in the management of depression in HIV infected women in India and documented that rational emotive therapy reduces depression among HIV infected women. That counselling intervention would help in reducing depression among HIV infected women. It is also consistent with Nasrin, Mohammad, Shahram and Javad (2017) who found that cognitive behavioural couple therapy has been effective for psychological wellbeing, marital intimacy and couples quality of life.

The Influence of Employment Status on the Mean Depression Ratings of Adult Learners

The data presented in Table 4 indicates that both employed and unemployed adult learners had a decreased post-test mean depression. However, employed adult learners had lower mean depression ratings than their unemployed counterparts. Further analysis using ANCOVA for hypothesis 6 revealed that there was no significant difference in the mean depression ratings of employed and unemployed adult learners when exposed to REBT. This implies that exposure of depressed adult learners to REBT reduces depression equally on both employed and unemployed adult learners. The finding of the study is in line with Ogbuanya et.al (2017) study which documented that rational emotive occupational health

therapy intervention program significantly improved perceptions of organizational climate for the people in the treatment group compared to those in the control group at post intervention and follow up assessments. Accordingly, Glenn, Bonnie and Eric (2017) found that alleviation of major depression is associated with better work related functioning and productivity.

The Interaction Effect of Treatment and Gender on Depression among Adult Learners

The data presented in Table 5 answered research question 5. The results do not suggest ordinal interaction effect between treatments and gender on mean depression ratings of adult learners. Also, the data presented in Table 8 answered the corresponding hypothesis 3. It found that, there was no significant interaction effect of treatments and gender on the mean depression ratings of adult learners exposed to REBT. This implies that REBT could be applied in treating depression in both male and female adult learners. The findings of the study are in line with that of Ogbu (2015) who found that cognitive behaviour therapy was effective for both male and female adult learners. However, the findings of the study disagrees with Nwachukwu (2007) who found that gender is a significant factor on the level of stress experienced by the internally displaced school adolescents. Females exhibited more stress than males after treatment.

The Interaction Effect of Treatment and Marital Status on Depression among Adult Learners

The results on Table 6 do not suggest ordinal interaction effect between treatments and marital status on mean depression ratings of adult learners. This was because at all the levels of marital status, the mean depression ratings were lower for adult learners in the experimental group than those in the control group. Further analysis in Table 9 revealed that

the difference was not significant in the mean depression ratings of married and unmarried adult learners exposed to REBT. This implies that REBT could be applied in treating depression in both married and unmarried adult learners. This finding is in line with Nasrin, Mohammad, Shahram and Javad (2017) who documented that cognitive behavioural couple therapy has been effective for psychological wellbeing, marital intimacy and couples' quality of life. It is also in consonance with Abolanle and Feyisola (2013) who found that there is need for counselling intervention to reduce the effect of the challenges faced by Married University Undergraduate Female Students.

The Interaction Effect of Treatment and Employment Status on Depression among Adult Learners

The results of the data presented in Table 7 do not suggest ordinal interaction effect between treatments and employment status on mean depression ratings of adult learners. This was because at all the levels of employment status, the mean depression ratings were lower for employed adult learners. Table 10 further indicated that there was no significant interaction effect of treatment and employment status on depression of adult learners exposed to REBT. This implies that REBT could be applied in treating depression of both employed and unemployed adult learners. The finding lend credence to Nana, Ayuba and Ozigbo's (2009) finding that excessive overtime, long absence from family, fear of job security and difficult customers were the major stressors in the sampled bank. The study also revealed that the effects of stress on employees' performance existed in the form of mental tiredness, high blood pressure and increased use of medication.

Summary of Study

This study determined the effect of rational emotive behaviour therapy on depression among adult learners in Gwagwalada area council FCT. The general purpose of

the study was to determine the effect of rational emotive behaviour therapy on depression among adult learners in Gwagwalada Area Council. The study was guided by seven specific purposes, seven research questions and seven corresponding null hypotheses.

Review of extant literature revealed that rational emotive behaviour therapy reduces depression across gender, marital status and employment status. From the reviewed literature as well, it was observed that little or no study has been done on the effect of rational emotive behaviour therapy on depression among adult learners in Gwagwalada area council FCT, hence the need for the current study.

The study adopted quasi-experimental study precisely pretest posttest non-equivalent group design. The population of the study was 30 second year students consisting of 12 male and 18 female adult learners with mild and moderate depression symptoms in the literacy centres under the auspices of University of Abuja and National Open University of Nigeria both under Gwagwalada area council. There was no sampling as the population is sizeable and could be managed by the researcher. The instrument used for data collection was an adapted Beck's 22 - item depression inventory (BDI). The BDI was trial tested on fifteen (15) adult learners from Kogi State University, Anyimgba, Kogi state. The data obtained from the trial testing was used to establish the reliability of the instrument (BDI) using Cronbach Alpha statistics. It yielded a reliability index of 0.83 which was considered high enough to be used for the study. Mean and standard deviation statistics were used to answer the four research questions while analysis of covariance (ANCOVA) was used to test the four null hypotheses at 0.05 level of significance.

The major findings of the study were that adult learners exposed to Rational Emotive Behaviour Therapy (REBT) had reduced depression compared to their counterparts

treated using the Group counseling therapy. Thus, REBT reduces depression in adult learners more than the Group counseling. Male and female adult learners had a decreased post-test mean depression. However, male adult learners had lower mean depression ratings than their female counterparts. Gender however, has no significant influence on depression of adult learners exposed to REBT. Married adult learners had a slightly decreased post-test mean depression rating compared to unmarried adult learners. The difference in the mean depression ratings of married and unmarried adult learners exposed to REBT was not significant. Exposure to REBT reduces depression among both employed and unemployed adult learners. The difference in the mean depression ratings of employed and unemployed adult learners exposed to REBT was not significant. The results do not suggest ordinal interaction effect between treatments and gender on mean depression ratings of adult learners. The interaction effect of treatments and gender on the mean depression ratings of adult learners exposed to REBT was not significant. The results do not suggest ordinal interaction effect between treatments and marital status on mean depression ratings of adult learners. There was no interaction effect of treatment and marital status with regards to REBT in reducing depression in married and unmarried adult learners. There was no significant difference in the mean depression ratings of married and unmarried adult learners exposed to REBT. The results do not suggest ordinal interaction effect between treatments and employment status on mean depression ratings of adult learners. There was also no significant interaction effect of treatment and employment status on depression of adult learners exposed to REBT. Based on the findings of the study, the researcher recommended among others that professional counselors should adopt the REBT in treating depression among adult learners for effectiveness.

Educational Implication of the Study

The major findings of this work have implications for the professional counselors, educationists, psychologists and adult learners. Since one of the major findings is that REBT is very effective in reducing depression among adult learners. The direct implication of the findings of this study is that the professional counselors need to adopt REBT in treating learners or clients with depression towards refuting negative thoughts or beliefs that contributed to their challenges and attain normal condition for functional living.

Another finding of this study is that the REBT helps in reducing depression in both male and female adult learners. The implication of this finding of the study is that educationists need to advice both male and female adult learners to meet counselors who can apply the REBT in handling their emotional problems towards making them to come back to their normal emotional state and consequently, enhanced academic performance.

The findings also revealed that the REBT therapy does not combine with marital status and employment status to influence depression among adult learners. The implication of this finding to the adult learners is that both married, un-married, employed and un-employed adult learners could be exposed to REBT to reduce depression in order to cope adequately with their academic challenges. Thus, marital status and employment status do not affect the effectiveness of the REBT in counselling process.

Conclusion

Depression among adult learners in Gwagwalada area council, FCT informed the need for the study on the effect of rational emotive behaviour therapy on depression among adult learners in Gwagwalada area council FCT. The study revealed that adult learners exposed to Rational Emotive Behaviour Therapy (REBT) had reduced depression compared to their counterparts treated using the Group counseling therapy. The REBT is more

efficacious in reducing depression among male and female, married and unmarried, employed and unemployed adult learners compared to the Group counseling therapy. Thus, there were no interaction effects of treatment and gender, treatment and marital status and employment status with regards to REBT in reducing depression among adult learners in Gwagwalada area council FCT. Also, there was a significant difference in mean ratings of adult learners exposed to REBT and those exposed to Group counselling on depression in favour of the REBT. The study documented that there were no interaction effects of treatment and employment status , treatment and gender and treatment and marital status on depression of adult learners among others. It was concluded that rational emotive behaviour therapy (REBT) reduces depression among the male and female, married and unmarried and employed and unemployed adult learners when appropriately applied in psychological treatment of adult learners with depression.

Recommendations of the Study

Based on the findings of the study the following recommendations were made.

1. Professional guidance counselors should adopt REBT in psychological treatment of clients with depression including the adult learners for a meaningful effect.

2. Educationists in guidance and counseling or psychology of education should advice students with depression applying the REBT instead of the conventional counseling techniques.

3. Adult learners suffering from any kind or level of depression, (low, moderate or severe) should visit a professional counsellor that could use REBT to correct their (adult learners') incorrect thoughts or irrational thoughts that brought about their condition towards coming back to normal psychological state for a better academic attainment.

4. People in the society who suffer from any depression related problems should meet the professional guidance counselors that can apply the REBT for enhanced reduction of their depression and its related irrational behaviours.

Limitations of the Study

This study is not without limitations. There are scanty materials on the effect of rational emotive behaviour therapy on depression reduction among adult learners and this constituted constraint to the researcher. Also, normal time for teaching distant learners in University system is always short. Consequently, there is the need to rush and finish the programme within the stipulated time, which does not provide ample time for experiment of this nature. Thus, the researcher had a herculean task to convince the participants to endeavour to finish the treatment. The small sample size of the study may affect the generalization of the findings. In as much as these factors may have affected the study, they did not invalidate it as it has made some meaningful contributions to the wealth of knowledge in the area of educational psychology in general and guidance and counseling in particular.

Suggestions for Further Studies

1. A study on the comparative effectiveness of REBT and cognitive restructuring counseling techniques on depression reduction among distant learners in institutes of education of the universities in Nigeria offering distance education programme should conducted for purpose of comparison.
2. A study on the influence of gender and marital status on depression reduction among adult learners in colleges of education using REBT should be conducted to provide knowledge at that level of Education.

3. Studies on the effect of rational emotive behaviour therapy on the reduction of depression among married and un-married male and female nurses in teaching hospitals in all the geo political zones in Nigeria should be conducted for purpose of knowledge in that sector.

4. A study on the effect of rational emotive behaviour therapy on the reduction of depression among married and unmarried female lecturers in colleges of education in all the geopolitical zones in Nigeria.

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APPENDIX I
TREATMENT PACKAGE I

Technique:	**Cognitive Restructuring**
Theoretical Frame work employed: (REBT)	Rational Emotive Behaviour Therapy of Albert Ellis
Strategies:	Questioning, Explanation, Discussion, Talks Clarification, Reinforcement, Disputation, Assignment
Resources:	Researcher, adult learners, institute counsellor, reading materials, pens and papers
Approach:	Group counselling.
Subjects:	Second year sandwich students of institute of Education University of Abuja.
Duration:	The Therapy will last for six weeks of two sessions per week, Each session holding for 60 minutes

Contents of the programme

1. Cognitive rehearsal
2. Validity testing
3. Writing in journal
4. Guided discovery
5. Modelling,
6. Home work,
7. Systematic positive reinforcement of desired behaviour

Major objectives of this therapy are:

1. To help adult learners change their belief system.
2. To help adult learners to adapt and face their studies squarely
3. To help adult learners to learn to work hard irrespective of the challenges they are confronted with.
4. To help the adult learners not allow family and work problem to way them down and affect their studies negatively.

APPENDIX II

TREATMENT PACKAGE

RATIONAL EMOTIVE BEHAVIOURAL THERAPY

Sessions	Content	Objectives	Researchers Activities	Students Activities	Strategies	Evaluation
Week One Session 1	Introduction of the programme and formation of guiding rules for example, punctuality, regularity, meeting days cooperation, comportment, reinforcement, sanctions etc	By the end of the session the researcher should have (1) established rapport with the students (2) introduced the treatment package (3) formed the guiding rules with the participants	The Institute of Education Guidance counsellor introduces the researcher to the adult learners as a new guidance counsellor posted to the institute to help the adult The researcher welcomes all the adult learners' present. Step 3: The researcher introduces the treatment programme and explains the meaning and purpose of the therapy to the respondents. Step 4: The researcher explains his responsibilities and that of the adult learners throughout the duration of the REBT process. Step 5: The researcher attends to questions from the learners in order to establish cordial friendly relationship between the researcher and the participants to reduce tension, timidity and anxiety in order to increase individual self confidence as the REBT	The students listen to the Directors introduction of the researcher. They listen to the researcher to find out the rules guiding the group. They also want to understand why the group was formed. They observe the researcher and try to find out why they were selected. They also jot down some silent points the researcher makes in the cause of his interaction with the students. The students relax as the session proceeds.	Observation, explanation, question and answer	The students ask questions on the areas that are not clear to them.

			programme takes its course.			
Week 2 session 2& 3 (Duration: 1 week of 2 contacts x 50-60 minutes each).	Cognitive rehearsal the meaning of cognitive rehearsal and how it can be used	By the end of the session the adult learners will be able to recall a problem they had in the past which could have triggered their depressive state. To monitor the illogical, negative thoughts of the adult learners that underlies their depression. To work out strategies to the problem so that if it occurs again in future the adult learners have a plan to tackle it.	Step 1: The researcher welcomes the participants to the second and third sessions. Step 2: He helps the adult learner to recall their past illogical, negative or distorted thoughts as a result of the challenges of adulthood, adult learning, family responsibilities, job challenges, marital problems, health challenges, bereavement etc. Step 3: The researcher ask the participants to freely express how they feel about their various past problems and challenges while the researcher listens empathically and explains to them that how they look at their challenges determine their thought patterns about themselves, their future and the world. Step 4: The researcher expresses his heartfelt feelings for the adult learners and explains to them that there is need for them to think positively about their past, present and the future.	The students listen and think about their past illogical negative or distorted thoughts that are their major cause of depression. The students through the researcher's teaching come to realize that irrational thinking thought has a connection with sicknesses. The students at this session are free to contribute and ask questions on areas that they are not conversant with. The students begin to understand themselves better through this teaching.	Explanation, discussion, questions and answer	The researcher ask the students some questions as to ascertain if they have been listening.

Week 3 Session 4 & 5 (duration: 1 week of 2 contacts x 50-60 minutes each).	Empirical validity testing of the participants negative, illogical thoughts	By the end of the session the students will be able to improve their illogical, negative thought patterns. Defend their view point if given chance to do so. To help the adult learners understand that their illogical, negative thought patterns are unfounded and invalid.	Step 1: The researcher Begins this session by welcoming the participants to another session of REBT. Step 2: The participants are asked to mention practical negative events or situations in their lives that really call for extreme worry. Step 3: The participants are asked to explain why they feel that their situation is peculiar and it can never be remedied or has made them worse than any other person. Step 4: The participants are helped to understand that adulthood is generally characterized by challenges either physiologically, socially or economically. Step 5: The participants are helped to have a deeper understanding of how adults' automatic, illogical, negative or distorted thought patterns trigger unjustifiable worry resulting in	The participants relax and listen to the researcher. The participants think of practical negative events or situations, in their lives. They report back one after the other the negative experiences they had in the past. Some even complained that because of these challenges they don't understand themselves again	Observation, explanation, questioning and answer.	The researcher ask the participants some questions to know if they are following.

			depression. Step 6: The researcher gives practical examples of how automatic illogical thought can cause depression. Step 7: The researcher closes the session by giving the participants homework to list the daunting challenges they have had in the past and how they were surmounted at last			
Week 4 session 6 & 7 (Duration: 1 week of 2 contacts x 50-60 minutes each	Writing in a journal	By the end of the session the adult learners will be trained on how to record thoughts and situations that occur in their daily lives. To review the journal in order to figure out any maladaptive thought patterns that can cause adult learners depression.	Step 1: The researcher teaches the participants how to record their negative thought patterns in a book as soon as they occur. Step 2: The researcher teaches the participants how to record situations they consider negative and unfortunate in their lives as they occur. Step 3: The researcher with the participants review the journal giving careful consideration to each thought pattern and situation of the participants. Step 4: The researcher helps the participants to break down their negative and distorted thoughts	The participants record the negative thoughts as taught by the researcher. The participants listen to the researcher on how best to record these negative thoughts. They also record situations that took place in their lives which was considered negative and unfortunate in their lives as they observe it in their lives. They (the participants) take part as the researcher breaks down these negative and distorted thoughts as written down in the journal.	Explanation questioning discussion and answer	The researcher ask the participants questions on areas he treated in order to make sure that they are following as the sessions progresses.

			as revealed in their journal and how this could lead to depression. Step 5: Through teaching and persuasion the researcher picks each thought pattern and exposing its invalidity and substituting them with more valid ones. Step 6: The clients are giving the opportunity to ask questions in any aspect of the session that they did not understand. Step 7: The session closes with homework where the participants are given a case scenario of a problem situation. Step 8: They are asked to generate several positive and logical thoughts about the situation.	The researcher teaches the participants on how best to address irrational thought pattern and using a rational thinking to substitute such thoughts. The participants ask questions on areas they are confused in.		
Week 5: Sessions 8 & 9 (Duration: 1 week of 2 contacts x 50-60 minutes each)	Guided discovery	By the end of the session the participants will be able to be guided through case scenarios. To help the participants to understand any cognitive distortions once they occur. To help the	Step 1: Several case scenarios are given of problems and challenges common to adults and how to develop a positive attitude towards them through positive thoughts in retrospect. Step 2: The researcher	The participants listen as the researcher teaches them on how to develop a positive attitude. They write down what the researcher teaches and ask questions for more clarifications. They also contribute on how best	Explanation, question answer observation and discussion.	The researcher asks them questions on how best they can avoid depression.

		participants to gradually generate positive thoughts against negative incidents.	Teaches the participants how to recognize cognitive distortions as soon as they occur and quickly replace them with rational positive thoughts (cognitive shifting). Step 3: He teaches them the following cognitive shifting steps: 1. Take control of your brain. 2. Find guidance. 3. Write the list of everything you are thankful for. 4. Live in the present. 5. Stop using words in your mind such as “wont” and “cant”. 6. See each day as a new day. 7. Accept change. Step 4: The researcher helps the participants to appreciate the fact that they can’t change the past, but they have a large amount of control over what they do in the present which will give them a better future. He ask the participants to write down the following words of wisdom	they can generate positive thoughts towards problems they are confronted with. The participants also ask questions on how they can control their thinking pattern		

			and always reflect on them: 1. "You cannot walk backwards into the future." 2. "At the end of every dark tunnel, there is light" 3. "The problem is not falling but getting up each time you fall" step 5: Through teachings and persuasion, the participants are helped to appreciate the present and look more hopefully at their future. Step 6: He motivates them that some challenges prepare one for future. Step 7: Moreover, tough times do not last but tough people do. Step 8: He asks the participants to write down the following words of wisdom and reflect on what they mean to each of them based on their individual situations: 1."Yesterday has gone, forget it; tomorrow has not come don't worry about it". 2. "When there is life there is hope, there is everything" 3. "Losers see problems			

			winners see answers." Step 9: The researcher asks the participants if they have any questions regarding the activities for the session. He closes the session with assignment asking the participants to think of three negative maladjusted thoughts, one each on their past, present and the future and explain what positive logical thoughts could be used to replace them.			
Week 6 session 10 & 11 (duration: 1 week of 2 contacts x 50-60 Minutes each).	Modelling sessions	By the end of the session the respondents will be able to: carryout role playing exercise in form of dramas to teach the participants common problems and challenges of adulthood. To teach participant new ways of responding to certain situations that could cause depression	Step 1: Different drama performances are organized and displayed by the adult learners themselves to teach lessons on the effects of positive, logical thoughts of events or situations and the effects of negative distorted thoughts of events or situations. Step 2: The participants are taught how to quickly dispel their automatic irrational and negative thoughts and replace them with rational and positive thoughts.	The participants observe the drama and contribute on the way positive logical thoughts can help a client to adjust to the problems they are confronted with. The adult learners ask questions how one can develop a positive thought in a mist of problems. The participants listen to the to the experimenter as he explains this to the participants. The participants relax and examines their own	Explanation Discussion Question and Answer	The Experimenter ask questions to see the effectiveness of the treatment package.

			Step 3: Through teaching and persuasion, the experimenter helps the participants to view their past, present and the future in a positive light amidst all odds. Step 4: The experimenter uses teaching, discussion and persuasion to help the participants to have a calm, relaxed spirit, feel more joyful, full of life and enthusiastic. Step 5: The session closes with a homework asking the participants to do a list of things, no matter how small or big that they are thankful for in their lives. Step 6: The list to include their family, their job/ business, social relation ship, health, position in society etc. step 7: The experimenter informs the participants of arrangements to take them on excursion the following week to Specialist hospital Gwagwalada,	lives in line with the teaching going on.		

			school for the gifted and National Drug Law Enforcement Agency office (NDELA).			
Week 7 session 12 Duration: 1 week of one contact 50-60 minutes	Introduction of the topic systematic positive reinforcement	By the end of the session the participants will be able to receive encouragement and commendation that will make them to be rational in their approach to problems. To provide pleasant reinforcement to the participants.	Step 1: The experimenter welcomes the participants to the session and commends them for their cooperation and participation so far. Step 2: The participants are encouraged to believe and internalize a stronger spirit of calm and relaxed mind despite their situation, pressures and challenges as adults they are taught persuaded to reorganize their thoughts and belief using cognitive restructuring techniques. Step 3: The experimenter persuades the participants to understand and appreciate their condition and challenges as minor compared to what other people are facing in life. Step 4: The participants are taken on excursion to specialist hospital the school for the gifted and Nigeria Drug	The participants listen attentively to the experimenter and becomes encouraged by the words of the experimenter. The participants observes the adults who are suffering from different levels of depression. They also see those who resorted to drugs because of their depressed nature. They ask questions on why their condition degenerated to the Level they are at. They observe other adults in the hospitals and hospice centers. They will understand that their problem is as a result of faulty reasoning that landed them in this problem. They also encourage themselves not to be irrational as this can bring about various problems.	Explanation, Questioning Discussion and Answer.	The Experimenter Ask questions to ascertain the efficacy of the treatment.

			Law Enforcement Agency to see adults with various challenges. Step 5: Thus they are helped to see their own situations comparatively as minor.			
Week 8 (Duration: 1 week of 1 contact x 50-60 Minutes) session 13	Termination of the REBT session	By the end of the session the researcher will be to reapply the Beck depression inventory as posttest Thank the adult learners for participating in the experiment. Appreciate the staff and management of the institute of Education University of Abuja	Step 1: The experimenter earnestly the participants and thank them for the entire exercise. Step 2: He re-administers the Beck Depression Inventory (BDI) to the treatment group and the control group to determine if there is any difference in their current level of the depression symptoms after the application of the REBT exchange of pleasantries with the staff members and all the participants in the treatment group and the control group.	The participants are very happy after having been counselled with the treatment package. They feel okay because most problems that push them into depression through this treatment has reduced to its barest minimum. The participants now fill questionnaire being administered to them.	Explanation, Questioning Answer, Observation	The researcher ask the participants questions to evaluate the package.

APPENDIX III

Department of Educational Foundations
(Guidance and Counselling),
Faculty of Education,
University of Nigeria,
Nsukka.

16th April, 2018

Dear Respondent

I am a Post Graduate Student conducting a research on the topic; Effect of Rational Emotive Behaviour Therapy on Depressions among Adult Learners in Gwagwalada Area Council FCT. You are kindly requested to fill the questionnaire below. All data supplied will be used strictly for counselling the adult learners who are having depression symptoms. Please do take your time to fill the questionnaire accurately.

Thank you for your anticipated cooperation.

Yours faithfully,

Udenka Andrew N.

BECK DEPRESSION INVENTORY

PARTICIPANTS' SOCIO-DEMOGRAPHIC DATA

SECTION A:

INSTRUCTION: Kindly provide the following information as it is applicable to you

Sex: Male { } Female { }

Employment status: Employed { } Unemployed { }

Marital status: Married { } Unmarried { }

BECK DEPRESSION INVENTORY

SECTION B

Instruction: Choose one statement from among the group of statements in each question that best describes how you have been feeling during the past few days. Circle the number beside your choice

S/N	Item Statement	SA	A	D	SD
1.	I feel sad whenever am alone				
2.	I feel discouraged about the future				
3.	I feel that I am a complete failure in life				
4.	I am bored with the job I do.				
5.	I feel guilty when I remember my mistakes.				
6.	I feel that am being punished by nature.				
7.	I am disgusted with myself.				
8.	I blame myself always for my fault.				
9.	I have thoughts of committing suicide.				
10	I cry when I remember my past mistakes.				
11	I feel angry most of the time				
12.	I have lost most of my interest in interacting with other people				
13	I find it difficult making decisions more than before.				
14	I feel that there are permanent changes in my				

	appearance that make me not to be attractive.				
15	I cannot carry out any task at all.				
16	I don’t sleep as well as I use to do before.				
17	I usually get tired with no apparent reason.				
18	I have no appetite at all anymore.				
19	I have lost more than fifteen pounds.				
20	I am worried about my health problems like aches and pains, stomach upset or constipation.				
21	I have not experienced recently any interest in sex.				
22	I regret ever moving into marriage.				

APPENDIX IV

Population of second year adult learners with depression in Institute of Education and Directorate of continuing Education

Variables	Institute of Education University of Abuja	National Open University of Nigeria	TOTAL	Overall Total
Male	8	4	12	30
Female	10	8	18	
Married	12	10	22	30
Unmarried	5	3	8	
Employed	11	8	19	30
Unemployed	7	4	11	

APPENDIX V
Request for Validation

Department of Educational Foundations,
Faculty of Education,
University of Nigeria, Nsukka.
9th August., 2018.

Dear Sir / Madam,

REQUEST FOR VALIDATION OF RESEARCH INSTRUMENT

I am a postgraduate student of the University of Nigeria Nsukka embarking on research for Masters in Educational Foundations (Guidance and Counselling) (MED) Degree. The topic of the research is: Effect of rational emotive behaviour therapy on depression among adult learners in Gwagwalada Area Council, FCT.

The attached is a draft copy of the inventory for the study. You are please requested to vet the items for clarity, relevance and total coverage for use in the collection of data for the study.

I solicit for your comments and suggestions on the inventory structured for improving the quality of the instrument.

Thanks for your usual co-operation.

Yours faithfully,

Udenka, Andrew Nonso
PG/M.Ed/15/79049
(Student).

Purposes of the Study

The general purpose of the study is to determine the effect of rational emotive behaviour therapy on depression among adult learners in Gwagwalada Area Council. Specifically, the study seeks to determine:

1. The effect of (REBT) on depression among adult learners.

2. The interaction effect of treatment and gender on depression among adult learners.

3. The interaction effect of treatment and marital status on depression among adult learners.

4. The interaction effect of treatment and employment status on depression among adult learners.

Research Questions

The following research questions were formulated to guide the study:

1. What is the effect of rational emotive behaviour therapy (REBT) on depression among adult learners?

2. What is the interaction effect of treatment and gender on depression among adult learners?

3. What is the interaction effect of treatment and marital status on depression among adult the learners?

4. What is the interaction effect of treatment and employment status on depression among the adult learners?

Hypotheses

In line with the research questions, the following null hypotheses are formulated and will be tested at 0.05 level of significance.

Ho_1: There is no significant difference in mean ratings of adult learners exposed to REBT and those not exposed to it on depression.

Ho_2: There is no significant interaction effect of treatment and gender on depression of adult learners.

Ho_3: There is no significant interaction effect of treatment and marital status on depression of adult learners.

Ho_4: There is no significant interaction effect of treatment and employment status on depression of adult learner

Kindly, make corrections and contributions towards making the instrument better for the study.

Thanks.

APPENDIX VI

Reliability

Scale: ALL VARIABLES

Case Processing Summary

		N	%
Cases	Valid	15	100.0
	Excluded[a]	0	.0
	Total	15	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.83	22