

Depression among students in tertiary institutions: A psychoanalytic perspective towards a result oriented measures for educators

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Abstract

Depression which is also known as major depressive disorder is a common and serious medical illness that negatively affects how you feel, the way you think and how you act. Recent studies report that depression is a widespread problem and continues to increase in the student population (Sarokhani et al., 2013). It is also observed that university students experience rates of depression that are substantially higher than those found in the general population (Ibrahim et al., 2013). Study further reveals that depression has a significant impact on academic performance, academic satisfaction and academic achievement of students (Arslan et al., 2009). Psychoanalysis on the other hand, is a branch of study that is interested in the study of the human mind and how the activities of the mind both in the conscious and the sub conscious function in the buildup of a healthy personality. This paper examines some major causes of depression which is revealed to be on the increase in tertiary institutions in Nigeria and beyond. The paper views depression from psychoanalytic viewpoint and effort is made to link the study to the psychological underpinnings of depression. The study concludes on the various roles expected of educators in tertiary institutions towards the task of a more effective, productive and result oriented efforts in tackling depression which has been identified as one of the factors posing a serious threat to maximizing the goals and full benefits of tertiary education.

Keywords: depression, psychology, psychoanalysis, Ate, Thanatos, educators, suicide, policies

Introduction

Depression which is also known as major depressive disorder is a common and serious medical illness that negatively affects how you feel, the way you think and how you act. It is a common health problem ranking third after cardiac and respiratory diseases as a major cause of disability. Faeq (2016) opines that, “Depression is one of the most widespread diseases across the world and a major factor in problems of mental health. The issue of students’ mental health is a global problem that covers all developed and non-developed societies, both modern and traditional. During their academic life, young people face many contradictions and obligations to succeed, especially at university...” The critic further posits that “Studies of psychological problems encountered by counselling centres revealed that depression is one of the five most common problems among college students. They highlight that depression accounted for 39% of problems, a higher rate than anxiety, problems with romantic relationships, and the self-esteem of students across different settings.”

Depression causes feelings of sadness and/or a loss of interest in activities once enjoyed. It can lead to a variety of emotional and physical problems and can decrease a person’s ability to function at work and at home. Parekh (2017) points out that, depression symptoms can vary from mild to severe and can include: Feeling sad or having a depressed or disturbed mood, loss of interest or pleasure in activities once enjoyed, changes in appetite - weight loss or gain unrelated to dieting, trouble sleeping or sleeping too much, loss of energy or increased

fatigue, increase in purposeless physical activity, or slowed movements and speech, feeling worthless or guilty, low self esteem, social withdrawal, loss of interest in normal activities, difficulty thinking/memory problem, concentrating or making decisions, and finally thoughts of death or suicide. Depression is real and lives with and around us and can affect anyone - even a person who appears to live in relatively ideal circumstances. In the view of Jorm, Allen, Morgan, Purcell (2009), depression affects how people feel about themselves. A person may be depressed if, for more than two weeks, he or she has felt sad, down or miserable most of the time or has lost interest or pleasure in usual activities. Parekh (2017) reveals thus:

Depression affects an estimated one in 15 adults (6.7%) in any given year. And one in six people (16.6%) will experience depression at some time in their life. Depression can strike at any time, but on average, first appears during the late teens to mid-20s. Women are more likely than men to experience depression. Some studies show that one-third of women will experience a major depressive episode in their lifetime (1)

But this seems not to be the case anymore especially in Africa and Nigeria as in the recent times, the internet and media are agog with news of different manner of suicide accumulating from depression which are predominantly boys and men and only a fracture of women are recorded. The situation only begs for further studies and current validations. According to World Health Organization, globally, 300 million people- 4.4 percent of

the world population-are affected by depression, a leading cause of suicide. A study by World Bank reveals that 22% of Nigerians suffer chronic depression. Nigeria is Africa's most depressed country already with over more than 7 million people diagnosed with the condition according to WHO.

The World Health Organization online bulletin on suicide, published on 2nd September, 2019 reveals these key facts that: 'close to 800 000 people die due to suicide every year and for every suicide there are many more people who attempt suicide every year. That suicide is the third leading cause of death in 15-19-year-olds and 79% of global suicides occur in low- and middle-income countries. They identify ingestion of pesticide, hanging and firearms as the most common methods of suicide globally. According to WHO, while the link between suicide and mental disorders (in particular, depression and alcohol use disorders) is well established in high-income countries, many suicides happen impulsively in moments of crisis with a breakdown in the ability to deal with life stresses, such as financial problems, relationship break-up or chronic pain and illness. In addition, experiencing conflict, disaster, violence, abuse, or loss and a sense of isolation are strongly associated with suicidal behaviour. Suicide rates are also high amongst vulnerable groups who experience discrimination, such as refugees and migrants; indigenous peoples; lesbian, gay, bisexual, transgender, intersex (LGBTI) persons; and prisoners.

Obinna & Olawale (2019) reporting for Vanguard News reveal that according to the World Health Organization, an estimated 800,000 people die by suicide annually and Nigeria now ranks among the top suicide prone countries. Further, in their findings, the World Population Review projects that Nigeria, with a crude suicide rate of 9.5 per 100, 000 population ranks 10th in

Africa and 67th in the world. The reporters trace some recent cases of suicide as reported in leading newspapers in the recent times: On the morning of the 6th of April, 2019, the country was greeted with the suicide case of a lecturer at the Department of Mathematics, in the University of Ibadan. It was reported that the deceased ended his life after unfulfilled dreams of completing his PhD programme. The following week on 19th April 2019, a 100-level student of Kogi State University, Ayingba, also died by suicide after she was reportedly jilted by her boyfriend. She was said to have taken Sniper, a pesticide. Efforts to save her life were abortive. Several days later on 29th April, news broke that another undergraduate, a 100-level student of Chemical Engineering at the University of Port Harcourt, Rivers State, ended his life after drinking two bottles of Sniper. Shortly thereafter, an 18-year-old was found dead in her room in Aluu, one of the host communities of UNIPORT with bottles of insecticide and Sniper by her side. On the 4th May 2019, a 26-year-old hairdresser in Lagos ended her life after her boyfriend of two years ditched her. A week ago, (May 13th, 2019) another student of the University of Nigeria, Nsukka, also attempted suicide. Another baffling case of suicide occurred on May 14th, 2019, involving one member of a Pentecostal Church in Lagos, who reportedly got depressed over his accommodation issues before taking his own life. On the 15th May 2019, a 17-year-old in Jos, was reported to have drunk Sniper to end his life when he learned that he had failed the 2019 JAMB exam. A day after on May 16th, it was also reported that a third year Physics/Astronomy undergraduate of the University of Nigeria, Nsukka, was found dead in an uncompleted building in the educational institution. His lifeless body was found dangling on a rope suspended from a height.

Despite this long list of fatalities, there is fear that more Nigerians are likely to succumb to suicide if urgent attention is not taken to address underlying factors that are fuelling the upsurge. These reporters trace the causes to high rate of suicide in the recent time to the insecurity challenges in most parts of the country aside, the extinction of the traditional family structure as chief causes of depression. Again, these are further tied to economic, religious, political, academic and cultural issues. Obinna & Olawale (2019) further maintain that “Nigeria is a highly volatile country where hardships are part of everyday life. The harsh economic challenges have resulted in massive loss of jobs and thrown millions into the over-bloated job market.” The reporters go further to recognize the desperation to make it at all cost, lack of job security, shortage of psychiatrists and none passage of Mental Health Bill among others as factors that needed urgent attention to stem the rising tide of suicide. Again, economic hardship aside, factors including terminal illnesses and depression are top risk factors for suicide. In a similar report, Aiyetan (2019) declares that WHO noted that, across the world one person takes their life every 40 seconds. For Nigeria, WHO said 17,710 cases of suicide were recorded in 2016 at all ages. Of this number of cases, 8,410 were females while 9,300 were males. The percentage ratio of men to women was 53:47. The figure puts Nigeria as the leading country in the African region. It was followed by Ethiopia and South Africa with 7,323 and 6,476 cases respectively.

Eno (2019) reporting for *Premium Times* writes that ‘mental illness is quietly chipping away the lives of many Nigerians unnoticed. There are several types of this health challenge – from common disorders that affect tens of millions of people such as depression and acute anxiety to addiction, total insanity, among

others and this numbers of deaths directly or indirectly linked to mental disorder could double those being recorded from either the most dreaded HIV-AIDS or Tuberculosis, and even malaria in Nigeria. Hardly a week passes now without a person attempting or committing suicide in Nigeria with most of such incidents missing out on the pages of newspapers as some affected families will prefer to keep mute because of the stigma attached to such dishonourable death.'

Eno (2019) further recognizes that this trend is daily on the increase and part of this recent increase is attributed to drugs all sort of toxic materials available to the populace. Again, there is growing poverty and frustration in many families amid overwhelming challenges, rising unemployment rate (at about 20 per cent), societal pressure, among others. These result in depressive disorder, a major detonator of full-blown madness, incoherent behaviour or suicide.

Mac-Leva, Haruna & Umar (2019) reporting for Daily Trust Newspaper examine the increasing number of suicide cases in Nigeria and reveal that a greater number are students in the tertiary institutions. Majority of the victims ended their lives by consuming the deadly insecticide called sniper while others either drank acid or set selves afire.

It is the knowledge of this continual increase and rise in suicidal curve among students in tertiary institutions that informed our study of depression in this paper from a psychoanalytic perspective with the aim of providing possible answers and remedies to curbing this hydra headed monster eating deep among students in tertiary institutions in Nigeria and beyond.

Depression among students in tertiary institutions: A review of allied literature

Poor mental health among university students has been a cause of concern globally. Recently, many studies have been carried out on the rate of depression among students (Chen et al., 2013). The studies report that depression is a widespread problem and continues to increase in the student population (Sarokhani et al., 2013). Study further reveals that depression has a significant impact on academic performance, academic satisfaction and academic achievement of students (Arslan et al., 2009). It is observed that university students experience rates of depression that are substantially higher than those found in the general population (Ibrahim et al., 2013). In a study carried out by Aykut et al (2009), the scholars posit thus:

In recent years, the number of university students diagnosed, treated, and given medication for depression has increased. It can be stated that depression is a serious emotional problem for university students because it affects younger and older adults directly and profoundly. It leads to loss of interest and pleasure in ordinary activities, great sadness, feelings of guilt and worthlessness, loss of appetite and sleep, etc. Thus depression decreases the quality of an individual's life... It was found that university students who were dissatisfied with their body image were more depressed than those who were satisfied with their body image. Moreover, university students who had a lower academic achievement

level demonstrated significantly more depressive symptoms than those who demonstrated high academic achievement.

(1)

From the above position of Aykut et al, many students are dissatisfied with their body shapes and this bothers them greatly. In cases they accept their fate; some unknowingly relapse to depression while envying some others they would wish to be like. Again, low academic performances can trigger depression. Many students contend with lots of credit units and loads with disappointing sad results every semester to show for it. This common occurrence among undergraduate students is identified as one of the major causes of depression. Dabana and Gobir (2018) in a study conducted to determine the prevalence and academic risk factors for depression, among students in Nigeria adds fresh dimensions to the causes of depression among students in tertiary institutions with Ahmadu Bello University, Zaria as a worthy case study for an importance research of that nature. In their view:

University life marks a transitional period for students, during which some students move away from family and home for the first time and lose the traditional adult supervision and the traditional social support. In addition, some students might have to deal with financial difficulties for the first time in their lives. These changes have been recognized as risk factors for developing depression, which is associated with several severe problems in university

students, notably academic achievement, suicidal ideation, substance abuse, and acute infectious illnesses. (4)

Sarokhani, D., Delpisheh, A., Veisani, Y. et al (2013) buttress this that depression among university students is extremely prevalent and widespread problem across the country. University students are a special group of people that are enduring a critical transitory period in which they are going from adolescence to adulthood and can be one of the most stressful times in a person's life. Trying to fit in, maintain good grades, plan for the future, and be away from home often causes anxiety for a lot of students. As a reaction to this stress, some students get depressed. They find that they cannot get themselves together. They may cry all of the time, skip classes, or isolate themselves without realizing they are depressed... depression in university students is noted around the world and the prevalence seems to be increasing. (10)

That journey of self discovery and transition can be a big deal for some students and when not properly managed and channeled could lead to depression. Obviously true is the observation that some students begin to deal with financial crisis for the first time in their lives and some struggle to cope with the level of freedom, independence but surrounded with challenges, hazards, dangers and expectations which is typical of a university setting. Evil associations, unholy acts, crime and various shades of atrocities that replete the tertiary institutions are, in some cases, consequences of this movement away from home and the transition to a whole new phase of life with its attendant uncertainties. Depression among students when not properly handled could lead to poor academic performance as discovered

in the same study by Dabana and Gobir (2018) the critics observe further that:

Researches indicate that there is a negative relationship between depression and academic achievement, that is, when depression is high, academic achievement is low and vice versa. For example, Hysenbegasi *et al.* in 2005 conducted a study in Western Michigan University and they found that depression has a strong impact on academic productivity among the students. According to their study, of the 121 depressed students who were diagnosed in the campus health center, 14.64% had missed a great number of classes, 5.45% missed assignments, and 1.36% and 0.74% of them missed examinations and dropped a number of courses. (4)

Depression is common among Nigerian university students and significantly associated with socio-demographic factors. Abiodun et al (2006) reveal in their study which focused on the effect of socio-demographic factors on depression. The study aimed at estimating the prevalence of, and examination of socio-demographic correlates of depressive disorder among university students in Western Nigeria. In the study, a representative sample of students living in the halls of residence of a federal university completed sets of questionnaires on socio-demographic details, problems encountered in the university, alcohol use and smoking. Depressive disorder was assessed using the Mini International Neuropsychiatric Interview (MINI). The result showed that a total

of 101 (8.3%) students met the criteria for depressive disorder with 68 (5.6%) having minor depressive disorder and 33 (2.7%) having major depressive disorder. From the study, the notable factors that were significantly associated with depressive disorders in the students include problems with accommodation, very large family size, female gender, heavy cigarette smoking, and high level of alcohol consumption which affect the well beings of these students and impact in their overall academic and social activities, a situation begging for more effective approach in tackling the menace. (674)

In a similar study on depression and associated factors among university students in Western Nigeria by Peltzer et al (2013), an increasing rate of depression among undergraduates was discovered among undergraduate students of Obafemi Awolowo University in Nigeria. The result of the study indicated a prevalence of 7.0% severe depression and 25.2% moderate to severe depression. In all, considerable rates of depression were found. Several risk factors including sleeping problems and comorbidity and lack of social support were identified as chief causes of depression among college students. Peltzer et al (2013) sum up a list of several causes of depression among undergraduates gleaned from various scholarly and previous researches conducted. The long list of scholarly discovery include, Socio-demographic factors such as older age or higher study year, female gender, lower socio-economic status, stressful and traumatic life events including life stress, gender-based violence, witnessing parental violence, posttraumatic stress disorder, addictive behavior including high level of alcohol consumption, smoking. Other health risk behavior such as physical inactivity, overweight or obesity, HIV risk behavior, sleeping problems, nonfatal unintentional injury, use of skin

lightening products, social variables including social support, religiosity and/or spirituality, low sense of control and poor academic performance. (459) January, Madhombiro, Chipamaunga, et al (2018) in their study of the prevalence of depression and anxiety among undergraduate university students in low- and middle-income countries reveal that:

Factors implicated in psychological morbidity among students include academic pressure, demanding workloads, worry about own health, financial concerns, exposure to patients' suffering in the case of medical students, and student abuse and mistreatment. Psychological distress among students may adversely influence their academic performance and quality of life and may contribute to alcohol and substance abuse, decreased empathy, and academic dishonesty. (2)

The above scholarly view of January, Madhombiro, Chipamaunga, et al (2018) have no doubt supplied the much needed empirical evidence to confirm that depression is on the increase and of serious concern too, among undergraduates in various tertiary institutions in Nigeria, Africa and beyond. The major causes have been identified and these are verifiable issues that are unavoidable within the four walls of colleges and higher institutions: the struggle for academic excellence, the breakaway from home and social tradition, the seemingly rat race and pressure in tertiary institutions, the inevitable transition from teenage stage to adulthood, peer pressure and social groups, financial crisis, problems of relationship and heartbreaks common

among youths, extortion and the struggle to cope up with unending demands of society, myriads of socio-economic, academic, cultural and even religious problems fan the embers of depression within the confinements of the ivory towers. All these are well known but what are yet to be fully articulated are the consequences of this to the individual and society and more oriented approaches to tackling this problem which invariably diminishes the much expected productive values and output of our tertiary education.

Depression: A psychological/psychoanalytical perspective

Psychoanalysis is a branch of study that is interested in the study of the human mind and how the activities of the mind both in the conscious and the sub conscious function in the buildup of a healthy personality. It is a method of explaining and treating mental and emotional problems by having the patient talk about dreams, feelings, and memories. it is also a method of analyzing psychic phenomena and treating emotional disorders that involves treatment sessions during which the patient is encouraged to talk freely about personal experiences and especially about early childhood and dreams. McLeod qtd in Ackerman (2020) avers that psychoanalysis is a type of therapy that aims to release pent-up or repressed emotions and memories in or to lead the client to catharsis, or healing (McLeod, 2014). In other words, the goal of psychoanalysis is to bring what exists at the unconscious or subconscious level up to consciousness. This goal is accomplished through talking to another person about the big questions in life, the things that matter, and diving into the complexities that lie beneath the simple-seeming surface. There are proponents of this important theory but the prominent among

these proponents are Sigmund Freud and Jacques Lacan and to these we shall briefly turn to.

Freudianism and Lacanian psychoanalytical theories and principles: A cursory glance

Sigmund Freud is an atheist Austrian psychologist from Jewish descent. He spent most of his life in Vienna investigating the intricacies of the human mind and formulating ideas that have largely guided the treatment of mental illness in the West up to the present day. As a neurologist, Freud was troubled that he could not account for the complaints of many of his patients. He began to develop his theory after he had observed an encounter with his colleague, Dr. Joseph Breuer and his patient, Anna O. who began to recover from an unknown illness after the doctor helped her to sort out some traumatic moments in her past which were stored and hidden away from her conscious mind. Freud became convinced that fantasies and desires too bizarre and unacceptable to admit had been suppressed, buried so deeply in the unconscious part of their being that, although the desires did not have to be confronted directly, they led to neuroses that caused his patients' illnesses.

Freud developed the concept of the unconscious which is central to his account of the mind. The unconscious has to do with the phenomenon of repression with which he tries to explain what happens to ideas that are repressed. Ideas are repressed, but they remain in the mind, removed from the consciousness yet operative, and then reappear in consciousness under certain circumstances. Freud argues that humans are born "polymorphous perverse" meaning that any manner of objects could be a source of pleasure. He further argued that as humans develop, they become fixated on different and specific objects

through their stages of development. He also recognizes five stages of the stages of development. The five psychosexual development stages of human development: First Stage: Oral, Anal, Phallic, Latent and Genital stages. The phallic and genital stages are all working hand in hand to explain the complexities of the human mind. Freud maintains that an individual must successfully complete each stage to become a psychologically healthy adult with a fully formed ego and superego. Freud also projects the Tripartite psyche the id, ego, super ego. The id is the pleasure principle; ego is the balance between the id and super ego. The id is the repository of the Libido, the source of our psychic energy and our psychosexual desires. It is the pleasure seeker, always hungry for pleasure and operates without any thought of consequences, morals, ethics, caution and repercussion. It is lawless, and selfish. Two biological instincts make up the Id, according to Freud: Eros, or the instinct to survive that drives us to engage in life-sustaining activities, and Thanatos, or the death instinct that drives destructive, aggressive, and violent behavior. The Ego is the component of personality that is responsible for dealing with reality. According to Freud, the ego develops from the Id and ensures that the impulses of the Id can be expressed in a manner acceptable in the real world. The ego functions in both the conscious, pre-conscious and unconscious mind. The ego operates based on the reality principle, which strives to satisfy the Id's desires in realistic and socially appropriate ways. The superego is the aspect of personality that holds all of our internalized moral standards and ideals that we acquire from both parents and society. It operates according to the morality principle suppressing all unacceptable urges of the Id and struggles to make the ego act upon realistic standards rather than upon realistic principles. The superego is

present in the conscious, pre-conscious and unconscious. The super ego can at some time become too strong and this could lead to unhappiness and dissatisfaction with the self. According to Freud, the key to a healthy personality is a balance between the Id, the ego, and the superego.

Lacan is another psychologist worthy of note. In the mid to late 1900s, the French psychoanalyst Jacques Lacan called for a return to Freud's work, but with a renewed focus on the unconscious and greater attention paid to language. Lacan drew heavily from his knowledge of linguistics and believed that language was a much more important piece of the developmental puzzle than Freud assumed. There are three key concepts of Lacanian psychoanalysis that set it apart from Freud's original talk therapy as detailed by Ackerman (2019): The Real, Symbolic Order, Mirror Stage. In the views of Ackerman, while Freud saw the symbolic as being indicative of a person's unconscious mind, particularly in dreams, Lacan theorized that "the real" is actually the most foundational level of the human mind. According to Lacan, we exist in "the real" and experience anxiety because we cannot control it. Unlike the symbolic, which Freud proposed could be accessed through psychoanalysis, the real cannot be accessed. Once we learn and understand language, we are severed completely from the real. He describes it as the state of nature, in which there exists nothing but a need for food, sex, safety. On the symbolic order, Ackerman posits that Lacan's symbolic order is one of three orders that concepts, ideas, thoughts, and feelings can be placed into. Our desires and emotions live in the symbolic order, and this is where they are interpreted, if possible. Concepts like death and absence may be integrated into the symbolic order because we have at least some sense of understanding of them, but they may not be interpreted fully.

Lacan's tragedy of desire: A driving force of depression and suicide

One of the highpoints of Lacan contributions in the field of psychology is his advancement of the theory of desire. In the view of Lacan, qtd in Parkin-Gounelas (2001), 'if language, as we have seen, is constitutive of reality and meaning, it is desire which is its permanent condition. Desire emerges, as Lacan says, at the moment of its incarnation into speech. And yet its fate is never to be incarnate in speech; it always passes beyond. 'Desire, a function central to all human experience, is the desire for nothing namable,' flowing through the signifying chain, it flows beneath it as well, in the unconscious, and always either exceeds or falls short of its linguistic mark. It is as Lacan's most famous definition puts it, 'a relation of being to lack, the fundamental condition of human existence (82).

In literature, Lacan's psychology has also proven apt in the study of *Hamlet* and its Oedipal Textuality. Desire as arbitrary and undirected as it may seem is core to the Oedipus complex, it is in the view of Lacan, the desire of the 'Other.' It was agreed that in the tragedy of desire, Lacan was simply taking Freud theory of the Oedipal to its logical (Lacanian) conclusion. Oedipus complex has been fingered by Freud to be very pivotal in the study and understanding of William Shakespeare's *Hamlet*. The inability of Hamlet to kill the uncle and revenge the death of his father was believed to be as a result of the Oedipus complex. Freud believes that everybody was once a budding Oedipus in phantasy and this dream-fulfillment played out in reality.

Lacan calls desire neither the appetite for satisfaction, nor the demand for love, but the difference that results from the subtraction of the first from the second, the phenomenon of their splitting. Lacan applies the theory of desire in analyzing

Sophocle's play, *Antigone*. He posits that the tragedy of Antigone in the play is not from Harmatia but caused by *Ate* which is core to Lacanian definition of desire. Lacan projects *Ate*, as part of the driving force in human nature. *Ate* can be defined as perdition or devastation, a zone of the second death, that which is between life and death, a life lived in relation to death later described in terms of Freudian's death drive. It was opined that Antigone is from start associated with death, emphasizing her own commitment to the place where both her parents and her two brothers dwell. From her point of view, Lacan writes, 'life can only be approached, can only be lived or thought about from the place of that limit where her life is already lost, where she is already on the other side. (280) however, it is only at the moment when she enters physically into what will be her tomb that her association with *Ate* was concentrated. Neither civic or divine law holds power over Antigone, driven as she is by her commitment to the other 'order' of *Ate*. In death, only in death, therefore can the tragic hero find a satisfying resolution. This is also the case with Shakespeare's *King Lear*, *Othello* and several other works that made interesting psychoanalytic study.

The knowledge of this psychological drive in human nature has been explored by various scholars in discussing the mechanics of depression and its modus operandi. A lot has been said on the several physical and social factors including socio-demographic factors causing depression but these physical factors could only be seen to lead and trigger the psychological side of the human person which when not properly checkmated could push the depressed person to the other side which suicide is always the end product of it all. It is usually the lack of something, financial crisis, emotional torture, socio breakdown, poor performance, failure, drugs, low self esteem, all manner of

other causes that trigger depression but it is the psychological and traumatic effects of it all that lead to danger, tragedy and destruction of an individual. Kristeva (1992) makes an insightful revelation into the character of a depressed person, a logical narrative not easily understood but real and apt in describing the depressed person. According to her:

The depressed person is full of hatred or wounded for the mourned 'object' and 'mourned 'thing' according to classic psychoanalytic theory (Abraham, Freud and Melaine Klein). Depression, like mourning, conceals an aggressiveness toward the lost object, thus revealing the ambivalence of the depressed person with respect to the object of mourning. "I love that object," is what that person seems to say about the lost object, "but even more so I hate it; because I love it, and in order not to lose it, I imbed it in myself; but because I hate it, that other within myself is a bad self, I am bad, I am non-existent, I shall kill myself." (11)

The depressed person feels deprived, lonely and alienated. The depressed person is full of 'mourn', and 'regret'. He is a person of dual personality shuttling between the love of the 'lost object' and the hate for the 'lost object' not because he doesn't love it anymore but because he had lost it and he hates the fact that he loved it and lost it. To further elaborate the workings and the turmoil in a depressed person as revealed by Kristeva, there is something he lost, something very dear to him and the love of that 'lost object', is always manifest, then the hate, the hate in

loving what he had lost. This hate is further channeled to the other side that hates the 'object' he loves confirming that the depressed person is a person of dual personality. The anger and pain of the hate forces him to declare himself a bad person and in such state of intensive hatred, he feels non-existent and the only alleviating option is to kill himself, a demonstration of Lacan's view of the tragedy of desire, *Ate* and Freud's Thanatos, the death drive. Again, this is the point where Lacan position on desire becomes apt. Lacan calls desire neither the appetite for satisfaction, nor the demand for love, but the difference that results from the subtraction of the first from the second, the phenomenon of their splitting. The depressed person, just like in Antigone, as Lacan would attest, would wish to kill himself, not necessarily from Harmatia but caused by *Ate* defined as perdition or devastation, a zone of the second death, that which is between life and death, a life lived in relation to death which equates to Freudian's death drive. This conforms to Freud position as quoted by Kristeva. According to Freud: "I have assumed depressed persons to be atheistic- deprived of meaning, deprived of values. For them, to fear or to ignore the Beyond would be self-deprecating. Nevertheless, and although atheistic, those in despair are mystics.... (14)" Freud also recognized the death drive as a primary inscription of discontinuity, trauma or loss. Having observed that living things appeared later than the nonliving, Freud thought that a specific drive must reside in them, which tended toward "a return to an earlier state" (16).

To further drive home the point, the depressed person as Kristeva (1992) opines, develops a dual personality, the one he loves and the other he hates and the one he loves is very judgmental and tyrannical against the other and the remedy in his

depressed view is to destroy the 'other' which he hates an act that eventually destroys him in the process:

...The complaint against oneself would therefore be a complaint against another, and putting oneself to death but a tragic disguise for massacring the other. Such logic presupposes, as one can imagine, a stern superego and a whole complex dialectic of idealization and devalorization of self and other, the aggregate of these activities being based on the mechanism of identification. For my identification with the loved-hated other, through incorporation-introjection-projection leads me to imbed in myself its sublime component, which becomes my necessary, tyrannical judge, as well as its subject component, which demeans me and of which I desire to rid myself. (11)

In other words, depression is a serious psychological matter and disconnection that demands delicate handling too. Freud very logically postulated that there is no representation of death in the unconscious. Just as it is unaware of negation, the unconscious is unaware of death...(26) Again, it is worthy to note at this juncture that depression is noted to be infectious and contagious and the more you stay with a depressed person and do nothing to heal the person and save yourself too, the risk of relapsing into depression is very high.

In all, what this section of the paper has done is to buttress the psychological underpinnings of depression. Depression is a

psychological trauma propelled by the physical and the knowledge of this is necessary in both understanding and in treatment of a depressed person.

Coping with depression: What has educators got to do with it?

So far, a lot have been said and reviewed on depression as common among students in tertiary institutions. But nevertheless, it is very easy to identify the lacuna still evident in all these postulations and adumbrations thus far in the course of this paper and the lacuna comes in the form a great question begging for a realistic answer: What has educators got to do with depression and what can they really do? The answer is very straight forward and candid, a lot!

First, educators in various tertiary institutions should come to a full awareness that depression is real and it is abysmally on the rise among undergraduate students entrusted under their care. An educator should recognize that beyond the classroom activities and all other channels employed in the quest to transfer knowledge in tertiary institutions, that lots of students carry in them depressed spirits which even during the academic discourse is militating against cross fertilization of ideas and knowledge. Therefore, there is a call on educators to recognize that depression, in various manifestations among the students under his watch, is a clog in the wheel of the much expected academic development towards excellence, self reliance and productivity. A recognition of this fact will in many ways lead to evolution of new ideas and measures on how to easily reach these souls and tackle depression in and around them. If taken seriously and undertaken by educators, it will in no small way promote excellence and will continue to strengthen and energize these

students all geared towards the task of building better individuals for a greater society and nation.

Another expectation that follows up naturally from the first is that an educator is duty bound by God, humanity and conscience to reach out to these students anyhow he can. The duty of an educator should not terminate with lecture notes, seminars, high sounding grammars and ornamental talks with examinations and grading of results at the tail end of it. The educator should do more to reach to the students. Any serious and conscientious teacher would find a way to do this irrespective of the minimal numbers of students reached. And this should be done without any bias, self gratification or some hidden unholy and ulterior motive. An educator may not be in position to solve a student's numerous problems but experience has shown that talking to someone, reaching to the deepest part of his heart, winning his trust to talk to you freely and frankly can be therapeutic and this can go a long way to alleviate the troubles of a depressed person any given point in time. This is one of the serious psychological cum therapeutic exercises needed to be applied in dealing with these undergraduates students battling with depression.

Again, as a follow up to the above, an educator should motivate students with jokes and stories during classroom activities and should search for ways to make learning more practical and befitting to future goals of a student. We live in a society where some perverted youths have declared tertiary education as scam and the belief is sinking deep in the minds of students on daily basis. This often depresses their souls as the future appears gloomy, scary and uncertain to many. Some would secretly wish they had boycotted the tertiary institution even when the truth and reality stare in their faces. Aware of this recent

but ugly development, it is a call on educators to step up and fill many voids created by unemployment and hardship in the country. Many undergraduate students are young minds in search of directions. They are like souls trapped in between two choices, the choice of good and evil. The educator may have a role in helping these students make the right choices. Share some life experiences with them. Your fate might not be same with theirs, as well as your journey and path in life but it could help, it could motivate a young soul to continue to look at life with great optimism. Without leaving the bulk of work to teachers teaching entrepreneur in schools, an educator can assist in some capacities in this direction. Challenge them with practical realities in their chosen career and give hope. Classroom activities should not always terminate with hours of marathon lecture with intimidating knowledge and adumbrations. Of course, this is what the ivory tower is all about but educators can do more, add a little flavor. Feedbacks from graduate students are filled with confessions of one or more highpoints when a teacher's words changed the course of their lives and unknowingly channeled them on the right path. Even the students who are not performing well should be reached and counseled and not taunted and mocked like it is with some educators who seem to derive joy from his students' failures and threaten them always with same.

Proper orientation is needed at many different times in tertiary institutions to address the students on the dangers of depression and the high risk of it within the four walls of the university and it is the task of the educators and management to see this done. Talk to them always, at any opportunity until it becomes an inseparable part of their lives and journey in the course of attaining higher education.

Further, an educator should make himself/herself accessible for students to reach and talk to. An educator should be 'simple' but not 'simplistic,' tough but not too mean. An educator is expected to be fair and firm and above all a person of high moral integrity. But while ensuring this standard, he should leave an outlet that could encourage a depressed and troubled soul to penetrate and reach him/her.

It is important that the guidance and counseling unit of tertiary institutions should be revitalized once more. It is sad to realize that this unit is non-existence in many tertiary institutions and where they exist are more or less in existence for its own sake. Undergraduate students are largely unaware of its existence. Few students who learnt about it and tried to assess it end up paying endless visits to a 'no man's land.' Perhaps when the student is lucky to meet someone in the unit, it would definitely be an attendant who is bothered with more problems than the students. More needs to be done in this direction. The guidance and counseling unit should, as a matter of great necessity, be revitalized and equipped with experts in the area who are always willing and able to cope and assist students in their unending problems during their academic sojourn. When this is properly put in place, students should then be encouraged to maximize the full benefit of the unit for their health sake.

At this point and with the revealing insights on the increasing level of depression among undergraduate students, it would not be out of place to recommend that topics on depression should be enshrined in the curriculum of higher institutions. In the manner of many general courses like Peace and Conflict Resolutions and Entrepreneur in tertiary institutions which were only recently introduced as a result of urgent need in society, a general study course that will handle depression and other related

psychological issues seemed long overdue to be included in the curriculum for the well beings of our undergraduate students. The department of Psychology can prove resourceful in this regard and a curriculum that will encapsulate the psychological side of depression as this paper tried to do will be of invaluable assistance for our undergraduates. The course if well drawn and taught can go a long way in alleviating depression prevalent in our tertiary institutions.

Various Departments could also assist at departmental levels to organize lectures and topics around this crucial area. This at the long run will definitely prove rewarding as students are made to encounter from various angles, issues and factors that could lead to depression as well as some practicable ways out of it. Departmental seminars, talks and symposiums around this topic and menace can help in the quest to abate this hydra headed monster struggling for the souls of students in tertiary institutions. Class coordinators should be appointed where none-existence and should be made functional in places it exists. A class coordinator should be made to share some moral blames where cases of depression may have culminated to suicide in any department in the tertiary institution. Reward may be also considered to accrue from this task to motivate the educators who may now step into the demanding shoes as a class coordinator/adviser.

Parents- teachers' relationship may need to be improved again. Tertiary institutions have been taken to be arenas where freedom is the watchword and parents are distanced from the affairs of the students. The point is that parents of undergraduates or their benefactors should be kept close in the event they need to be contacted as regards to a derailing and depressed student. Tertiary institutions should not be a dumping ground for all manner of characters. Educators should do more to oversee their

affairs and when the need be that a student's parents or relatives should be contacted, let it be done.

Medical centers and policies should be made to assist students with depressed health problem. This is very important as depression is also a serious health issue. Undergraduates are under the care of management and educators and effective and functional health facilities should be put in place to assist in this regard. As Dabana, and Gobir (2018) agree, Psychological morbidity in undergraduate students represents a neglected public health problem and holds major implications for campus health services and mental policymaking. In terms of life quality, understanding the impact of this neglected public health phenomenon on one's educational attainment and prospective occupational success is very important. Management and medical centers have a greater role to play in wedging this war.

Lastly, government intervention is needed financially to assist in providing a more conducive and learning environment for undergraduates. Government and management like a watchdog should be ready and willing to assist indigent students in making their dreams of attaining higher education realistic despite odds. Government can do more to alleviate the problems of undergraduates in tertiary institutions even as we fervently pray that the country will someday break free from the shackles of bad leadership, corruption and mismanagement which are fountains of depression common among the whole populace.

Conclusion

In conclusion, the paper echoes that depression is real and on the increase in our tertiary institutions. To paraphrase Dabana & Gobir (2018) depression is a debilitating and pernicious cluster of symptoms that may persist for a period of weeks, months, or even

years. It is an affective 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. It leads to a feeling of sadness which may fluctuate from slight hopelessness to severe feelings of disappointment. If left untreated in the early age of occurrence, it can lead to different problems such as school failure, conduct disorder, delinquency, eating disorders, school phobia, panic attacks, drugs and even suicide. Depression is unavoidable among undergraduate students in tertiary institutions as the several causes of it are ever prevalent in the campuses but it can be managed and controlled at different times of manifestations and that is where an educator has a role of conscience to play for these younger ones, the much he can. This paper has done much to look at depression and its causes from varying dimensions most importantly, the psychological side of the menace. This paper has not said it all and it has not in anyway jettisoned the need for medical attention, therapy and psychologists in addressing issues of depression. The study has only shown that educators in tertiary institutions can combine effectively with modern medicine in alleviating problems of depression. It has only succeeds in opening a forum for further conversations on the role of educators in fighting depression in tertiary institutions. Just as Abiodun et al (2006) suggest, ‘An effective model for the prediction of the development of depression in university students need to be developed and evaluated and interventions aimed at reducing the incidence of depression among this population need further research.’ This is a task no serious indeed and conscientious educator should ignore.

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