



**THE EFFECTS OF BRIEF COGNITIVE BEHAVIOUR  
THERAPY FOR DEPRESSION AND HOMESICKNESS  
AMONG INTERNATIONAL STUDENTS IN MALAYSIA**

**BY**

**SARAVANAN COUMARAVELOU**

**A thesis submitted in fulfilment of the requirement for the  
degree of Doctor of Philosophy (Psychology)**

**Kulliyyah of Islamic Revealed Knowledge  
and Human Sciences  
International Islamic University Malaysia**

**JANUARY 2015**

## ABSTRACT

Students who go to other countries for higher education face various psychological problems. Homesickness and depression are considered as major problems associated with this transition. The objectives of the experimental study are: (a) to identify the prevalence of depression and homesickness among international students; (b) to identify whether students receive brief cognitive behaviour individual therapy for depression reduces the level of homesickness between pre, post and follow-up assessment; and (c) to identify differences among scores of participants experience only homesickness and scores of homesickness with depression among international students. Some international students overcome and manage their homesickness and depression without taking brief cognitive behaviour individual therapy. In order to support and explore the results of the experimental data, the present study used qualitative method to identify the positive self-help coping strategies used by international students to manage their symptoms of depression and feelings of homesickness in Malaysia. The sample consisted of 520 first year undergraduate international students. The experimental group's students who were diagnosed with depression and homesickness received seven sessions of brief cognitive behaviour individual therapy for depression to reduce homesickness, the control group's students who were diagnosed with depression and homesickness received one session of advice and suggestions and the comparison group's students who experienced only homesickness did not receive any interventions. The present study used the comparison group to find out the interaction effect between students experiencing only homesickness and students experiencing both homesickness and depression. Results indicate that students who received brief cognitive behaviour individual therapy showed a significant reduction in their scores on homesickness and depression compared to the scores of students in the control group. Students who experienced only homesickness exhibited significant reduction in the scores on homesickness in the post-assessment compared to the control group's post-assessment scores on homesickness. Results of the qualitative study show that international students used various positive self-help coping strategies such as sharing their problems with others, getting themselves busy with some useful activities, doing physical exercise, facing the situation courageously, thinking positively about themselves and the future, and indulging in religious activities to overcome their homesickness and depression. Overall, brief cognitive behaviour individual therapy for depression and positive self-help coping strategies are effective to overcome homesickness and depression among international students.

## خلاصة البحث

الطلاب الوافدون الذين يدرسون في المراحل الجامعية، يعانون من عدة صعوبات نفسية. من هذه الصعوبات الشوق و الحنين إلى الأسرة و الوطن و الكتابة. أهداف هذه الدراسة التجريبية هي تعيين مدى انتشار الكتابة و الحنين بين الطلاب الوافدين، تعيين ما إذا كان الطلاب الذين تلقوا علاج السلوك لمعالجة الكتابة يخفض مستوى الشوق و الحنين في التقييم الاولي و البعدي وفي المتابعة، تحديد الفرق في الدرجات بين المشاركين الذين يعانون من الحنين وحده و بين الذين يعانون من الشوق أو الحنين و الكتابة معاً. من الطلبة من تجاوزا في الشوق و الحنين دون ممارسة علاج الإدراك السلوكي. لتأكيد محتوى نتائج الدراسة التجريبية، استعملت هذه الدراسة التحليل النوعية لتحديد الوسائل الخاصة او الشخصية التي يستعملها الطلاب الوافدون للتغلب على أعراض الكتابة و الشعور بالحنين في ماليزيا. تشمل العينة الدراسية على 520 طالباً جامعياً من الطلاب الوافدين، تلقت المجموعة التي شخّصت بالكتابة و الحنين سبع مقابلات و جيزة لعلاج السلوك الإدراكي الفردي لتقليل شعورهم بالشوق و الحنين. أما المجموعة المحايدة التي شخّصت بالكتابة و الحنين ، فتلقت مقابلة واحدة للنصائح و الاقتراحات. أما المجموعة المقارنة التي عانت الشوق و الحنين فلم تتلقى أي مقابلة. استعملت هذه الدراسة المجموعة المقارنة للكشف عن أي تأثير تفاعلي بين المجموعتين التجريبية و المحايدة . أظهرت النتائج بأن الطلاب الذين تلقوا علاج السلوك الإدراكي انخفاضاً ملحوظاً في نقاط الشوق و الحنين التي حصلوا عليها مقارنة بطلاب المجموعة المحايدة. أما الذين بينت فقط الشوق و الحنين فحصلوا على نقاط منخفضة بصورة ملحوظة عند التقييم البعدي مقارنةً مع بنقاط المجموعة المحايدة في الحنين. و أظهرت النتائج أن الطلاب الوافدين يستخدمون وسائل خاصة للتغلب على شعورهم بالشوق و الحنين ، مثل مشاركة بعضهم بعضاً في حل مشاكلهم، انشغالهم بنشاطات مثل: الرياضة البدنية ، الصدق مع النفس، و التفكير الإيجابي لانفسهم و لمستقبلهم، و كذلك ممارسة النشاطات الدينية التي تساعدهم في التغلب على الشعور بالشوق و الحنين. الخلاصة ، العلاج السلوكي الإدراكي الفردي لمعالجة الكتابة و الوسائل الخاصة عموماً مفيدة للتغلب على الشوق و الكتابة عند الطلاب الوافدين.

## **APPROVAL PAGE**

The thesis of Saravanan Coumaravelou has been approved by the following:

---

Alizi Alias  
Supervisor

---

Ssekamanya Siraje Abdallah  
Internal Examiner

---

Mahmood Nazar Mohamed  
External Examiner

---

Noor Azniza Ishak  
External Examiner

---

Nasr El-Din Ibrahim Ahmed Hussein  
Chairman

## DECLARATION

I hereby declare that this thesis is the result of my own investigations, except where otherwise stated. I also declare that it has not been previously or concurrently submitted as a whole for any other degrees at IIUM or other institutions.

Saravanan Coumaravelou

Signature .....

Date .....

INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

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*This dissertation is dedicated to my precious family:*

*My beloved mother and father*

*My wife and son*

*Kumaravelou*

*&*

*Amurdhavally*

*Lalitha*

*Dhaneshvar*

*Who give me strength*

*Who provide unswerving supports and doa'*

*Your heartiness, love and understanding are irreplaceable*

## ACKNOWLEDGEMENTS

I would like to express my sincere gratitude to *God* for giving me the physical and mental strength to complete this research. I would like to give my grateful thanks to my family members who gave a lot of support to me to complete this research.

My appreciation would be to my supervisors, Dr. Alizi Alias and Dr. Mardiana for their continuous support, guidance and encouragement throughout my PhD study period. I also would like to extend my thanks to Professor. Malik Badri who had initiated and guided this research on psychological intervention.

I would like to take this opportunity to thank the staff at the Department of Psychology and the IIUM Post-graduate Committee members for allowing me to study in this University.

I would like to thank Professor Kumaraswamy and Professor Rangaswamy who had facilitated the psychological intervention in this research.

I remain indebted to my beloved parents and my wife whose prayers, encouragement and support guided me to reach this final stage.

Finally, my great appreciation goes to my beloved son for his sacrifice during my study.

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# CHAPTER ONE

## INTRODUCTION

### 1.1. BACKGROUND OF THE STUDY

Studying in a different country can be a great opportunity for personal growth; however, it is also a major transition that may create various physical, psychological and social problems for international students (*Stroebe, Vliet, Hewstone, & Willis, 2002; Tochkov, Levine, & Sanaka, 2010*). A number of studies used quantitative (*Scopelliti & Tiberio, 2010; Smith, 2007; Sumer, Poyrazli, & Grahame, 2008*) and qualitative (*Mehrnoosh & Abbas, 2010; Yeasmeen, Abdallah, & Ismail, 2008*) methods to investigate the various challenges faced by international students, such as language problem (*Yeasmeen et al., 2008*), cultural differences (*Mehrnoosh & Abbas, 2010*), depression (*Beck, Taylor, & Robbins, 2003; Faleel, Tam, Lee, Har, & Foo, 2012; Reilly, Ryan, & Hickey, 2010*), homesickness (*Beck et al., 2003; Tartakovsky, 2007*), adjustment problems (*Kwon, 2009; Sumer, Poyrazli, & Grahame, 2008*), social isolation (*Grimes, 2007; Sumer et al., 2008*), financial hardships (*Khawaja & Duncanson, 2008*) and difficulties in finding part-time jobs (*Khawaja & Duncanson, 2008*). Among these problems, homesickness and depression are the major problems that significantly affect international students (*Archer, Ireland, Amos, Broad, & Currid, 1998; Constantine, Anderson, Berkel, Caldwell, & Utsey, 2005; Wei et al., 2007*).

Homesickness occurs when a person has left behind a well-developed social support network and has subsequent difficulty in adapting to a new environment (*Beck et al., 2003*). Homesickness has been defined as “distress and functional impairment caused by an actual or anticipated separation from home and attachment

objects such as parents” (Thurber, Walton, & The Council on School Health, 2007, p. 192). Almost everyone experiences a certain level of homesickness when they are detached from familiar people and environment (Thurber et al., 2007). The University of Reading Counselling Service (2003) states that 50-70% of all new students in UK universities suffer from some degree of homesickness in their first few weeks of arrival. The prevalence of homesickness is between 83% to 95% when an individual is in the new environment (Thurber, Sigman, Weisz, & Schmidt, 1999). Recurrent and persistent homesickness is a sign of psychopathology and recovered homesickness is a normal reaction experienced by students within a few weeks (Van Tilburg, Eurelings-Bontekoe, Vingerhoets, & Van Heck, 1999).

Homesick students exhibit more psychological problems such as depression, absentmindedness, somatic and obsessional thoughts compared to non-homesick groups (Fisher & Hood, 1987; Poyrazli & Lopez, 2007). Homesickness is a complex psychological state accompanied by thoughts related to past life. The psychological state has cognitive, emotional and motivational components, and it is often associated with distress. For example, the symptoms of homesickness are yearning to go back home, constant feeling of loneliness, sadness for no valid reason, sense of insecurity, depressive thoughts, suicidal thoughts, frequent mood swings, etc. The physical symptoms are nausea, headache, diarrhoea, etc. (Fisher & Hood, 1987; Hepper, Ritchie, Sedikides, & Wildschut, 2012; Mukerjee, 2010). Based on the above research, it seems that students who experience homesickness exhibit symptoms of depression such as sad mood, depressive thoughts and feelings of loneliness.

Depression is a most common and serious mental health problem among the international student population (McCullough & Larson, 1999; Oie & Notowidjojo, 2010; Sawir, Marginson, Deumert, Nyland, & Ramia, 2007). Depression is defined as

a state of intense sadness or despair that has progressed to a level that is troublesome to an individual's social functioning affecting his basic daily activities. Many people understand the feelings associated with depression as lack of motivation to get through the day or feeling sad and lonely for no obvious reason. Common feelings of depression may include but are not limited to irritability, fatigue, apathy, and sadness. When these feelings become stronger and more consistent, students have been known to use substance abuse and indulge in risky sexual behaviour (Swanholm, Vosvick, & Chng, 2009). Hyun, Quinn, Madon and Lustig (2007) identified that approximately 44% out of 520 international graduate students suffered from depression and other emotionally related problems that significantly affected their psychological well-being and academic performance. Depression can negatively affect a person's motivation, affect, cognition and physiological status (McGinn, 2000). From the preceding explanation, it shows that a person who suffers from homesickness also exhibits cognitive disturbances, physiological problems, lack of motivation and disturbances in affect. Thus, homesickness is more likely to manifest through depression. Untreated homesickness most likely augments the feeling of wanting to return to their country, displeasure at the host country and poor scholastic performance. Therefore, there is a need to study whether intervention for depression reduces homesickness or not.

Though homesickness is associated with depression, depression in itself is one of the major debilitating illnesses and depressive symptoms that may aggravate homesickness. Oie and Notowidjojo (2010) claimed that out of 53 international students 5.9 % of the students suffered from depression and 11% of the students suffered from homesickness. It shows depression and homesickness are interrelated among international students (Beck et al., 2003). They experience a higher level of homesickness and depression compared with domestic students (Hyun et al., 2007;

Longo, Kim, Harrison, & Deckard, 2010; Tochkov et al., 2010). The results of some studies (The University of Cambridge Counselling Service, 1998; Van Tilburg & Vingerhoets, 2005) suggest that students may experience depressive symptoms before departure for higher education and homesickness may be the reaction of depression. Homesickness is considered by many authors to be a reactive depression to leaving home, comparable with depression following grief (Fisher, 1989). Most of the behavioural, cognitive and emotional reactions of homesickness and depression are similar (Fisher, 1989). Hence, the intervention for depression is more likely to reduce homesickness.

There are many psychological treatments available to reduce depression, but cognitive behaviour therapy (CBT) is more useful to alleviate depression as it modifies the behaviour, emotional and cognitive symptoms of depression (Beck & Alford, 2009). CBT combines cognitive and behavioural therapies and has strong empirical support for treating mood and anxiety disorders. Brief (Clore & Gaynor, 2008) and long term (Casacalenda, Perry & Looper, 2002) CBT are useful to alleviate depression. Brief CBT is the compression of CBT material and the reduction of the average 12-20 sessions into 4-8 sessions (Cully & Teten, 2008; Gabriel, 2008). This type of time-limited therapy (brief cognitive behaviour therapy) is useful for the clients to spend more time for homework and manage their problems within those sessions (Cully & Teten, 2008).

Brief CBT has both individual and group therapy (Cully & Teten, 2008). Brief individual cognitive therapy is one-on-one session with a professional therapist. In individual therapy, therapist can focus more on their client psychological problems, and client is comfortable in sharing their problem with therapist whereas, in group therapy client has to share their problem in front of their group therapy members

(Cully & Teten, 2008; Goldberg, 2013). This study anticipates that brief cognitive behaviour individual therapy for depression is more likely useful to reduce the symptoms of homesickness as homesickness is correlated and manifested through depression (Gabriel, 2008; Hamdan-Mansour, Puskar, & Bandak, 2009). Therefore, brief cognitive behaviour individual therapy is a better approach to investigate whether brief cognitive behaviour individual therapy for depression reduces homesickness or not.

First-year international students experience the greatest amount of pressure and exposure to psychological distress related to transition into a new environment (Khawaja & Duncanson, 2008). After arriving at the host country, some international students are able to manage their psychological problems by using their own self-help coping strategies but other students may not be able to manage their problems (Khawaja & Stallman, 2011; Lee & Smith, 2008). For example, some of the self-help coping strategies suggested by students are dancing, singing, listening to music, joining clubs, interacting with other students, etc. (Sicat, 2011; Yue & Le, 2010). Sometimes students may be unwilling to receive psychological treatment for their depression and homesickness, and among them few may overcome and manage their depression through spontaneous recovery and also by using their own self-help coping skills (Islam & Borland, 2006; Khawaja & Stallman, 2011). It is useful to use semi-structured interviews to explore how these students recover from their depression and homesickness without participating in brief cognitive behaviour individual therapy. Previous researchers have not been able to explore the self-help coping strategies used by students to overcome their depression and homesickness. Using qualitative method is more likely to facilitate participants into sharing their self-help coping strategies to manage and overcome their depression and homesickness.

Malaysia is such a beautiful country having many private and public universities. Students from various countries are attracted to Malaysia to pursue their studies as its educational institutions provide good education. Foreign students come from 182 different countries to pursue higher education in Malaysia. Until Dec 31, 2009, about 80,000 students are registered in universities throughout the country. The Ministry of Education in Malaysia targets 120,000 foreign students by 2015 (The Malaysian Insider, 2010). It shows that the prevalence of international students in Malaysia is high. Therefore, the present study aims to focus on international students studying in three universities in Kuala Lumpur, Malaysia. Based on these findings, the present study uses the experimental method to identify whether cognitive behaviour therapy a psychological treatment for depression reduces homesickness among international students in Malaysia and also to further support the experimental study data, the present study uses the qualitative method to explore the self-help coping strategies students use to cope with and overcome their symptoms of depression and feelings of homesickness.

## **1.2. STATEMENT OF THE PROBLEM**

Upon arrival at the host country, international students often feel isolated, worry about the different cultures, language, educational systems, finance and accommodation, fear of a new atmosphere, experience insecure feelings and anticipate support from lecturers and friends (Tartakovsky, 2008; Van Tilburg, Vingerhoets, & Van Heck, 1999). These international students are more likely to experience depression and homesickness as both of these problems are correlated and considered as psychological problems among international students (Mashood, 2008; Verschuur, Eurelings-Bontekoe, & Spinhoven, 2004). Students who are homesick miss friends,

family members and their country (Van Tilburg et al., 1999). This feeling of homesickness is associated with symptoms of depression (Ying, Lee, & Tsai, 2007).

Abdussalam et al. (2009) found a considerable amount of homesickness among international students at the International Islamic University Malaysia (IIUM). In addition, Akhtari-Zavare and Ghanbari-Baghestan (2010) showed how homesickness and depression were prevalent among Iranian students in a public university in Malaysia. Students who are homesick exhibit more psychological problems such as depression than non-homesick students (Fisher & Hood, 1987). Homesickness may create cognitive disturbances, enhance in these students feelings of wanting to go home, ruminating about their home and feeling lonely, and increase the state of being in a sad mood (Akhtari-Zavare & Ghanbari-Baghestan, 2010; Fisher & Hood, 1987, 1988). A person's mood (depressed mood) becomes worse when he experiences homesickness and homesickness is manifested through depression (Van Tilburg, Vingerhoets, Van Heck, & Kirschbaum, 1996). Therefore, providing intervention for depression may be effective to reduce the feeling of homesickness; otherwise, these homesick students may discontinue their studies, exhibit poor scholastic performance and be vulnerable to other maladaptive behaviour.

Moreover, depression (sad mood) is a serious mood disorder, and if it is not treated properly it may lead to suicidal thoughts and students may discontinue their studies (Khawaja & Duncanson, 2008; Treichel, 2002). Prevalence of depression among international students is reportedly higher in them compared to domestic students in Malaysia (Faleel et al., 2012). Untreated depression most likely leads to homesickness, suicidal ideation, increased physical complaints, headaches, frequent colds, poor academic achievement, low satisfaction in university life, poor social relationships, feelings of inadequacy and disinterest in University life (Brener,

Barrios, & Hassan, 1999; Hojat, Gonnella, Erdmann, & Vogel, 2003). Students who are depressed think negatively about their future, socially withdraw from others, feel insecure in the new environment, dislike the new atmosphere and think their home is better than their host country (Clore & Gaynor, 2008). All these thoughts may be the major aggravating factors for homesickness. These thoughts may ruin students and they may not be successful in their academic and personal life. Some students become depressed before departure to the host country, and this pre-departure depression and its associative symptoms may be a causal or predictive factor for post-arrival depression and homesickness (Fisher, Elder, & Peacock, 1990; Ying & Liese, 1991). Van Tilburg and Vingerhoets (2005) mention in their book that “future research has to focus on intervention for homesickness” (p. 14). In addition, they suggest that cognitive therapy treatment for depression may reduce homesickness. However, cognitive behaviour therapy for depression to reduce homesickness has not been evaluated so far. Consequently, there is a need to study whether cognitive behaviour therapy for depression reduces homesickness or not.

Though previous researchers (Casacalenda et al., 2002; Clore & Gaynor, 2008) have identified various treatments and counselling facilities available to alleviate depression and homesickness, still some students are unwilling to consult and take treatment for their depression and homesickness due to the stigma, ignorance and anxiety to consult mental health professionals. These students are unwilling to reveal their problems; consequently they may withdraw from their programme, exhibit poor scholastic performance and suffer from other mental illnesses. However, some international students are able to manage their symptoms of depression and feelings of homesickness by using their own self-recovery techniques. Therefore, it is useful to investigate qualitatively students who are unwilling to receive brief cognitive

behaviour individual therapy for depression to reduce homesickness, how they overcome and manage their symptoms of depression and feelings of homesickness.

### **1.3. JUSTIFICATION OF THIS STUDY**

The existence of homesickness and depression among international student population in Malaysia has been reported in previous studies (Abdussalam et al., 2009; Faleel et al., 2012; Mehrnoosh & Abbas, 2010). Some students who are homesick either recover from homesickness spontaneously or end up with depression. Hence, homesickness is a normal reaction does need to be reassessed homesickness a few months after the first assessment, comparing students who experience only homesickness with those who experience homesickness with depression. Previous study has suggested that homesickness is a normal reaction due to transition to the host country (Thurber et al., 2007), but some researchers suggest that homesickness is a pathological problem and is attached to depression. For example, homesickness is predicted by pre-departure depressed mood (Tartakovsky, 2008; The University of Cambridge Counselling Service, 1998), homesickness is more likely manifested through depressive symptoms (Fisher et al., 1990) and homesickness is characterized by negative mood, which is considered as symptoms of depression (Van Tilburg et al., 1996). The depressed person thinks more negatively about himself, the world and his future. This thoughts lead to lack of coping strategies and adjustment to his life (Beck & Alford, 2009; Beck, Rush, Shaw, & Emery, 1979).The negative thoughts of depression may aggravate the feeling of homesickness among international students. The affected homesick students may discontinue their studies; have feelings of displeasure at the host country and long to return to their home country. Therefore, it is would be interesting to investigate whether modifying the negative thoughts of

depression by using brief cognitive behaviour individual therapy will increase positive thoughts and enhance coping skills of homesickness in the host country.

Many studies have been conducted quantitatively to explore the relation between depression and homesickness. However, no experimental study has been conducted to see whether intervention for depression reduces homesickness or not. An experimental study is more appropriate as it is a scientific method to find out the effectiveness of intervention and outcome of therapy, in this case intervention for depression on reducing homesickness. Van Tilburg and Vingerhoets (2005) mentioned in their book “most of the homesick adults are diagnosed with depressed disorder as there is no accepted criterion available for homesickness”. In addition, “whether therapy for depression is also helpful for the homesick has not been systematically evaluated until now” (p. 39). In addition, Shahmohammadi (2011) suggests that alleviating depression through cognitive restructuring techniques is most likely to reduce homesickness. This cognitive restructuring technique is part of cognitive therapy. Till now, no study has investigated whether intervention for depression reduces or cures homesickness. So there is a need to conduct an experimental study to identify the effectiveness of CBT treatment for depression in reducing homesickness among international students.

Cognitive Behaviour Therapy (CBT) treatment is an effective approach to treat depressive disorder (Casacalenda et al., 2002; Rupke, Blecke, & Renfrow, 2006). Brief cognitive behaviour individual therapy techniques such as cognitive restructuring and behavioural activation are more effective to reduce depressive disorder among student population as students are unlikely to get long term psychological treatment (Clore & Gaynor, 2008; Gabriel, 2006). For example, Gawrysiak, Cristopher, and Hopko (2009) found that a two session behaviour