

Effect of Therapy on Psychological Distress and Levels of Adjustment in Postgraduate Students of Bangalore

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Abstract:

This study investigates the impact of therapy on psychological distress and adjustment levels among postgraduate students in Bangalore, India. A sample of 150 participants from various disciplines and universities in Bangalore was divided into therapy and non-therapy groups. Non-parametric tests, including Spearman Rho Correlation Coefficient and Mann-Whitney U Test, were utilized due to non-normal distribution of data. The study found a significant difference in psychological distress and adjustment levels between the therapy and non-therapy groups. Contrary to the hypothesis, therapy did not have a positive impact on adjustment levels. Demographic variables such as age, gender, and employment status were significantly associated with psychological distress, while only gender showed a significant association with adjustment levels. Participants' reported therapy details revealed varying outcomes, with some experiencing favourable effectiveness while others reported no improvement. These findings suggest the need for further investigation into therapy modalities and psychoeducation within therapy settings to enhance adjustment and reduce psychological distress among postgraduate students.

Keywords: Therapy, Psychological Distress, Adjustment Levels, Postgraduate Students, Non-Parametric Tests, Demographic Variables, Therapy Effectiveness, Psychoeducation.

INTRODUCTION

Adjustment refers to the process of adapting to new circumstances to achieve psychological well-being and functional stability. It involves establishing harmonious relationships with one's environment and fulfilling needs through behavioural mechanisms. This process encompasses physiological, social, and cultural adjustments, impacting home life, health behaviours, social interactions, and emotional stability. The concept of adjustment, rooted in biological adaptation, emphasizes ongoing efforts to cope with changing circumstances and achieve personal growth. College going students face psychological distress (PD) is characterized by emotional suffering, including symptoms of depression and anxiety, along with somatic complaints. It is an undifferentiated group of symptoms ranging from anxiety and depression symptoms to functional impairment, personality traits (confusing, troubling), and behavioural problems (DSM-5). It arises from stressors such as traumatic experiences, major life events, and everyday stressors. PD can lead to mental health disorders if not effectively managed. Therapy, particularly psychotherapy, plays a crucial role in addressing PD by alleviating symptoms, modifying behaviour patterns, and promoting positive growth. It is the treatment, by psychological means, of problems of an emotional nature

in which a trained person deliberately establishes a professional relationship with the patient with the object a) of removing, modifying or retarding existing symptoms b) of mediating disturbed patterns of behaviour and c) of promoting positive personality growth and development (Wolberg, 1967).

The relationship between adjustment, psychological distress, and therapy underscores the interconnectedness of adaptation, emotional well-being, and therapeutic interventions in navigating life's challenges. Effective therapy empowers individuals to cope with distress, enhance adjustment mechanisms, and promote overall psychological well-being. Adjustment is a critical aspect of a student's well-being, academic success, and overall mental health.

Existing literature has highlighted the prevalence of psychological distress among college and postgraduate students in India, with studies demonstrating the need for interventions to support their mental health and well-being (Jaisoorya, TS., et. al., 2017; Sapharina, S., et. al., 2015, Kumar, V., et. al., 2014). However, there is a notable gap in understanding how therapy can directly influence the adjustment process in postgraduate students, particularly in the Bangalore region. By investigating the relationship between therapy, psychological distress, and adjustment levels among postgraduate students, this study aims to fill this crucial gap in the literature.

METHODOLOGY

This quantitative and comparative study adopted a stratified random sampling method. With a sample size of 150, the study population consisted of postgraduate students from different disciplines at various universities in Bangalore. Willing participants answered a form, provided with demographic details, GHQ-12 (General Health Questionnaire – 12), Therapy information, and BASE-6 (Brief Adjustment Scale – 6).

RESULTS & DISCUSSION

The data collected was found to be not normally distributed using the Shapiro-Wilk Test of Normality. Thus, non-parametric tests were used: Spearman correlation, Mann-Whitney U Test and Chi Square Association.

Table 1. Difference in levels of adjustment and psychological distress between participants whom have taken therapy and whom have not

Null Hypothesis	Test	Sig.	Decision
Levels of Adjustment same across those have and have not taken therapy	Independent-Samples Mann-Whitney U Test	0.043	Reject the null hypothesis
Psychological Distress same across those have and have not taken therapy	Independent-Samples Mann-Whitney U Test	0.023	Reject the null hypothesis

Moving to the objectives, the study aimed to compare levels of psychological distress and adjustment between individuals who had attended therapy and those who had not. Contrary to the initial hypothesis (H0), which posited no significant differences based on therapy attendance, the analysis revealed substantial variations in both BASE-6 and GHQ Total scores, highlighting the impact of therapy on these psychological measures.

Table 2. Correlation between Attendance to therapy and levels of adjustment

Variable(s)	Correlation Coefficient	Sig. (2-tailed)
Attendance to Therapy and Levels of Adjustment	-0.166	0.042

Table 3. Correlation between Attendance to therapy and psychological distress

Variable(s)	Correlation Coefficient	Sig. (2-tailed)
Attendance to Therapy and Psychological Distress	-0.187	0.022

Table 4. Correlation between adjustment level and psychological distress among Therapy Group

Variable(s)	Correlation Coefficient	Sig. (2-tailed)
Adjustment level and Psychological Distress	0.797	0.000

Table 5. Correlation between adjustment level and psychological distress among Non-Therapy Group

Variable(s)	Correlation Coefficient	Sig. (2-tailed)
Adjustment level and Psychological Distress	0.745	0.000

The next objective delved into the relationship between psychological distress and levels of adjustment, with separate analyses conducted for therapy and non-therapy groups. While hypothesis H1, suggesting a positive impact of therapy on adjustment, was rejected due to a weak negative correlation, the study's findings (H2) indicated a significant association between therapy participation and reduced psychological distress, as measured by lower GHQ Total scores. Additionally, H3's hypothesis of a negative correlation between distress and adjustment was disproven, revealing strong positive correlations in both therapy and non-therapy groups, underscoring the complex interplay between distress and adjustment levels among postgraduate students.

Table 6. Association between Demographic Variables and Psychological Distress

Demographic Variable	p-value (Asymptotic Sig.)
Age	0.033
Academic Discipline	0.596
Gender	0.022
Relationship Status	0.968
Living Arrangement	0.738
Employment Status	0.037

Table 7. Association between Demographic Variables and Adjustment Level

Demographic Variable	p-value (Asymptotic Sig.)
Age	0.826
Academic Discipline	0.700
Gender	0.001
Relationship Status	0.707
Living Arrangement	0.606
Employment Status	0.137

Lastly, the study explored demographic associations with psychological distress and adjustment levels. Contrary to H0.1, which proposed no such associations, significant links were found between age, gender, employment status, and psychological distress, as well as between gender and adjustment levels. These findings collectively contribute to a nuanced understanding of how therapy, distress, adjustment, and demographic factors intersect within the context of postgraduate student populations.

The study's analysis reveals that therapy does not exhibit a positive impact on the adjustment levels of postgraduate students. This observation is contextualized by the types of therapy details obtained, indicating that some participants sought therapy for severe psychological conditions such as PTSD, depression, borderline personality disorder, suicidality, and body image issues. These conditions are often associated with lower adaptability towards psychological and environmental adjustments, aligning with DSM criteria defining maladaptive adjustment or "clinically significant distress" across various aspects of daily functioning.

Scientific literature, including works by Bonanno (2004), Infurna and Luthar (2018), Clark and Georgellis (2013), and Diener et al. (2006), supports these findings. It highlights that individuals typically exhibit resilience or recovery in response to major negative life events, with well-being reverting towards pre-event levels over time. The positive correlation observed between psychological distress and adjustment levels suggests that as distress increases, so does the need for adjustment efforts.

Interestingly, participants who reported unfavourable perceived effectiveness of therapy on general life adjustment often cited a lack of knowledge about the type of therapy provided or attended few sessions without self-reported improvement. This underscores the potential impact of psychoeducation within therapy settings and the importance of consistent engagement for therapeutic benefits.

There are no journals in India that focus exclusively on psychotherapeutic interventions, and it is essential and imperative that journals that are open to the transcultural and Indianization of psychotherapy be developed where Indian researchers may publish their work (Lodha, P. & De Sousa, A., 2020). The limitation that India does not have sufficient, well-researched study on effectiveness and influence of psychotherapy is a concern. The current study highlights the necessity to look into this particular influence factor. Although it is textbook culture and common sense to say 'therapy will help you adjust better', it is important to look into why the study may have not corroborated this stance. A systematic review about the research on psychotherapy in India (Selvapandiyan, J. et., al., 2024) found commonly practiced evidence-based psychotherapy in India follows the cognitive-behavioural model. However, it suggests that replication studies claiming to use well-established western models often focus primarily on basic behavioural techniques, indicating a potential limitation in fully implementing the cognitive-behavioural paradigm. Additionally, both innovations and errors observed in the practice of psychotherapy. Innovations

include contextual modifications to address service delivery challenges, suggesting an effort to adapt therapy to local needs. On the other hand, errors are noted as deviations from protocol without adequate rationale, indicating potential inefficiencies or ineffective practices in therapy implementation. In an eye-opening study (Driessen, E., et. al., 2015) assessing the extent of study publication bias in trials examining the efficacy of psychological treatment for depression. It found that a notable portion (23.6%) of funded trials did not result in publications, indicating a bias toward publishing positive or significant results while potentially omitting studies with less favourable outcomes. This bias can skew the overall perception of the efficacy of psychological interventions. When unpublished studies were added to published ones, the effect size of psychological treatment for depression was reduced by 25%. This reduction suggests that the true effectiveness of psychological interventions may be lower than what is portrayed in the published literature, indicating a potential overestimation of efficacy. Leichsenring, F., et. al., (2022) found that that the efficacy of psychotherapies and pharmacotherapies for mental disorders may have been overestimated. This overestimation could stem from various shortcomings in clinical trials, such as publication bias and weak control conditions like waiting lists. These biases may lead to inflated perceptions of treatment effectiveness. The study suggests a potential ceiling effect in treatment research, indicating that despite decades of research, thousands of randomized controlled trials (RCTs), and significant investment, the effect sizes of psychotherapies and pharmacotherapies remain limited. This calls for a paradigm shift in research approaches to achieve further progress in understanding and treating mental disorders effectively. Looking beyond previous literature, the present study has been affected by possible limitations that may have influenced the results. One such roadblock would appear during data collection. The participants mental state and environment may have affected their participation and consequently their response style. Diverse interpretations of data in the field stem from inherent research challenges, notably the definition of an appropriate control group. Attempts to establish a control group often involve providing a neutral non-therapeutic intervention, yet even these interventions are believed to elicit a placebo effect. This potential placebo effect can obscure the true impact of therapy, possibly leading to an underestimation of therapy's actual efficacy. Despite undertaking therapy, it is a possibility that the lack of improvement be attributed to the mental health professionals. A study by Karkare, R. and Dutt, S. (2019) explored the effective counselling practices being followed in India by mental health professionals. Several aspects of counseling aligned with previous research findings, such as certain dimensions of the counseling process. However, new insights regarding the necessity of a licensure examination for counsellors, the role of a government body in regulating policies and mental health laws, improvements needed in coursework and practical training programs, challenges in fully implementing ethical practices, the importance of personal therapy and supervision, were brought to light.

CONCLUSION

The study highlights the nuanced relationship between therapy, psychological distress, and adjustment levels among postgraduate students, especially in the Indian context. While therapy was associated with reduced distress, its impact on adjustment was weak. Demographic factors, particularly gender, played a significant role in psychological distress and adjustment, emphasizing the need for tailored interventions. Future research could explore additional variables and employ longitudinal designs for a deeper understanding of these relationships. Additionally, the study highlights potential biases in published literature on therapy effectiveness and emphasizes the importance of addressing challenges and limitations in therapy implementation and research methodologies. It calls for a deeper understanding of therapy's

effectiveness, noting biases like publication bias and placebo effects. The study advocates for a paradigm shift in psychotherapy research, emphasizing the need for comprehensive investigations, psychoeducation in therapy settings, and the development of transcultural journals. Despite challenges, ongoing exploration and refinement of therapeutic approaches are crucial for addressing mental health concerns effectively among diverse populations.

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