






Original article

Efficacy of Rational Emotive Behaviour Therapy (REBT) on Depression among Secondary School Going Adolescents in Yobe Islamic Centre Damaturu, Yobe State, Nigeria

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Abstract

The study examined the efficacy of rational emotive behaviour therapy on depression among secondary school going adolescents in Yobe Islamic Centre Damaturu, Yobe State, Nigeria. Quasi-experimental research design was used in the study. Purposive sampling technique was used to select 30 students for the study. The sample participants consist of 15 male and 15 female students. Beck's Depression Inventory (BDI) was administered to assess depression before and after the intervention with .85 reliability co-efficient. REBT was employed as the treatment to the experimental group. T-test statistical tool was used to test the 3 hypotheses formulated. The result revealed that REBT was significantly effective on the management of depression; difference in the management of depression was significant to Gender but not for age. In view of these findings, the study recommended that students should be trained on the effective usage of this intervention (REBT), Experts in educational Counseling/Educational psychologists should intensify their effort to organize seminars/conferences on the implications of this intervention.

Keywords: Rational Emotive Behaviour Therapy, Depression, and Adolescents.

Received: 23 May 2022 * **Accepted:** 29 June 2022 * **DOI:** <https://doi.org/10.29329/ijiape.2022.456.1>

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INTRODUCTION

Adolescence is a time of many conflicting emotions; it is the transition period between childhood and adulthood. The period is generally a period of heightened emotionality and instability (Maaji, 2015). Modu (2003) described adolescence as a period of psychological and physiological change lasting from the teenage years to the early twenties. According to Mwale (2010) adolescence is an in-between period beginning with the achievement of physiological maturity and ending with the assumption of social maturity. This perhaps explains that adolescence starts with biological changes which are feasible and ends in social terms which are subject to customs and culture of the people living in the society. Bamidele and Ettu (2015) perceived adolescence as the period between childhood and adulthood. They maintained that the adolescent lives in two worlds at the same time. They crave for independence, but often feel dependent. They resent parental correction but needs parental sympathy and help. They think they know so much and suddenly finds that they do not know much and suddenly finds that they did not know enough to solve their problem. In response to these, various scholars have described adolescence as a period of storm and stress, turmoil, must turbulent, stormy, helter-skelter, most problematic and identity crisis (Iroegbu, 2007; Coy, Cole, Huey, & Sear, 2019; Warren, 2018) and also several studies attempt to link stressful live events of adolescents to depression (Ahmed & Raju, 2009; Monroe & Harkness 2005; Rapheal & Paul, 2014). Yet notwithstanding, adolescents are often emotionally confused; they are mostly faced with mood fluctuations. For many of the adolescents, it is difficult to express their feelings and their temperaments and the only way they can express their emotions is through inappropriate behavior and emotional discharge (Dehshiri, 2012).

The etymological origin of the word depression makes the term very easy to understand. It is a common word in the field of psychology and psychiatry. Depression comes from Latin word “deprimere” which means to press down or to bring down in spirit. It is caused by feeling of sadness or when an individual feels pessimistic, lethargic, irritable and apathetic (Musa, Isaac & Abigail, 2019). The World Health Organization [WHO] (2003) describes depression as a psychiatric disorder and the common mental illness of the present century which is characterized by felling of sadness, crestfallen, disconsolate heavyhearted and miserable conditions. It is a serious disease, which can affect any individuals including the adolescent. Depression is a mental health disorder that is characterized by extreme sadness and or loss of interest in activities that were once enjoyable. It is a serious disorder that involves emotional, behavioural, cognitive and physiological changes that are severe enough to change person’s daily functioning such as recurrent feeling of worthlessness and hopelessness accompanied by the inability to sleep, loss of appetite, difficulty in concentration and making decision (Word Health Organization, 2016).

More succinctly, a depressed individual is no longer in control of his/her thoughts; he/she is rather being controlled by his thoughts, the victims feel hopeless and think of death or suicide. There are many

psychological and social factors relating to the etiology of adolescent depression and there are different theories focusing on particular factors from among effective determinants of depression (Barchia & Busse, 2010; Burns, Andrews & Szabo, 2002). Depression affects the human emotion (excessive heartbroken), it affects the behavioural repertoire of the victims (loss of interests in one's usual activities), it affects cognitive ability (thought of been despaired and hopelessness) and it affects body functions (fatigability tendencies and loss of appetite). Almost in all countries irrespective of their income status, depression is misdiagnosed, inappropriately diagnosed and non-depressive patients are administered/prescribed antidepressant drugs (World Health Organization, 2016). Zhaleh, Zorbakhsh, and Faramarzi (2014) reported that, 10% of the adolescents suffer from a serious emotional disease. David (2008) noted that depression also result from self-defeating life patterns. Ferrari, Somerville, Baxter, Norman, Patten, and Vos, (2013); WHO, (2008) and Moussavi, Chatterji, Verdes, Tandon, Patel, and Ustun (2007) argue that depression is now a most prevalent illness that burdens world's population. Without adequate and appropriate treatment may cause the symptoms to last for weeks, months, or even years. In essence, if not treated in the adolescence, it can provoke a wide range of problems and may create numerous difficulties both for the individual and for the society (Zhaleh, et'al, 2014; Bridges & Harish, 2010).

As such, this study employed the used of Rational Emotive Behaviour Therapy (REBT) on management of depression of school going adolescent. REBT was originally called "Rational Therapy", soon changed to "Rational-Emotive Therapy" and again in the early 1990's to "Rational Emotive Behaviour Therapy". REBT is one of a number of cognitive-behavioural therapy developed by Albert Ellis in 1950 (Froggat, 2005). It reasons that a person's biology affects their feelings and behaviours, an important point, as it is a reminder to the psychotherapist that there are limitations to how far a human being can change. A person's belief system is seen to be a product of both biological inheritance and learning throughout life (Ellis & Grieger, 1977). REBT is considered to be a new dimension in the treatment of psychological disorders as it underpins cognitive, emotional and behavioral deregulation (Amna & Tazvin, 2018). It regulates from recognizing, appraising and assessing one's irrational self-deprecating beliefs and retaliates against them by disputing those beliefs and formulating positive change within oneself (Mohammad & Rohany 2009). For the purpose of this study, REBT, as a therapy, has attempts to change individual's behaviours by confronting their irrational beliefs, values and attitudes which they have imbibed from the processes of socialization. Therefore, this study persuades them to adopt a rational thought process.

REBT is selected in this study based on its philosophical underpinning, that thoughts, feelings, and behaviours interact and significantly affect each other. Thinking affects, and in some ways creates an individual's feelings and behaviours; emotions have a very important effect on thoughts, feelings and actions, if one of these processes is somehow altered the others

are influenced as well. Moreover, REBT was found effective on the management of test anxiety, examination malpractice and also improving students' self-efficacy (Dakasku, Saleh & Lawan, 2021; Egbochuku, Obodo, & Obadan, 2008). REBT in group form was found to be an effective strategy in dealing with the distress caused by paranoia (Patterson, Semple, & Temoshok, 1995). Similarly, a study conducted to examine the impact of REBT on adolescents suffering from conduct disorder showed significant results as well (Vernon, 2007). Effectiveness of Group REBT in the treatment of shyness in Iranian female college students was also observed (Najafi, Jamaluddin, & Lea-Baranovich, 2012). REBT also proved effective in disputing irrational beliefs of persons with cancer (Vekateshkumar, Mahigir & Karimi, 2012). Nevertheless, having observed the relatively high prevalence of depression among secondary school adolescents' in Damaturu metropolis, and based on the previous studies elsewhere, which proclaimed that REBT has a potential to be effective in management of different disorders. Therefore, it seems to be quite necessary to do research works with regard to the efficiency of REBT. That is why the present researchers have done the present study aimed at the efficacy of REBT on the management of depression in Yobe State, Nigeria.

Statement of the Problem

The effect of depression has differences in its manifestation for male and female gender. Studies have reported higher depression rate among girls than boys. This is not unconnected with biological, lifecycle, and hormonal factors that are unique to girls may be linked to their higher depression rate. Adolescents with depression typically have symptoms of sadness, worthlessness, and guilt (Kumar, 2009). The burden of depression is 50% higher in females than in males. In Africa, 5.95% of females suffer from depression, compared to 4.9% among males. Studies in Nigeria have also reported that being girl-child is a significant risk factor of depression. Female are mostly victims of intimate partner violence, low socio-economic status and illiteracy. All these have been identified as factors that cause depression (World Health Organization, 2012).

In Nigeria, over 50% of females are illiterates, and not in the labour force (United Nations Gender Statistics, 2016), and 28% and 7% of females reported experiencing physical and sexual violence in their lifetime respectively (National Demographic Health Survey, 2013). The symptoms of depression in the adolescents are resistant gruff temperament, anger, feelings of frustration and worthlessness, severe reaction to criticism, restlessness, insomnia or increased need for sleeping, indecision, non-participation in social, family or educational activities, educational failure or dropout, etc. (Zhaleh et'al 2014). Therefore, the researchers are concerned with this problem and sought to find out in greater details the efficacy of REBT on the management of depression among secondary school adolescents' in Damaturu Metropolis.

Purpose of the Study

The purposes of the study are to:

1. determine the effect of REBT on depression among secondary school adolescents exposed to REBT group and those in the control group
2. determine the effect of REBT on depression among male and female secondary school adolescents
3. determine the difference of REBT on depression among young and old secondary school adolescents

Research Hypotheses

- **HO₁**: There is no significant effect of REBT on depression among secondary school adolescents exposed to REBT group and those in the control group
- **HO₂**: There is no significant effect of REBT on depression among male and female secondary school adolescents
- **HO₃**: There is no significant effect of REBT on depression among young and old secondary school adolescents

METHODOLOGY

A quasi-experimental design was used in this study. Awotunde and Ugodulunwa (2004) opined that quasi-experimental design is utilized where it is not possible to carry out random assignment of subject to groups. Similarly, Harrington and Harrigan (2006) described a quasi-experimental study as a type of experimental study that determines the effect of a treatment paradigm in a non- randomized sample. Moreover, Quasi-experimental research design could be used in a school setting where it is not always possible to use pure experimental design which they consider as disruption of school activities (Ali, 2006).

Simple random sampling technique was used to select 30 participants in Yobe Islamic Centre Damaturu counseling unit. The participants include 15 boys and 15 girls. Beck Depression Inventory (BDI) has been developed by Beck, Steer, and Garbin (1988) was used for the adolescents between the ages of 7-18 years old and it was a clinically-based 27 items. Self-rated symptoms scale for adolescents' in determining whether or not they are experiencing depression and /or depressive symptoms. The 27 items scale include items related to the following areas: sadness, pessimism, self-deprecation, anhedonia, misbehavior, pessimistic worrying, self-hate, self-blame, suicidal ideation, crying spells, among others. The instrument has 3 choices to be scored on a value range of 0, 1, 2 and 3. The instrument as reported by the authors was valid and has the Cronbach alpha reliability coefficient of 0.73-0.92

reflecting good internal consistency. The age between 7-12 years was classified as young while 13-18 years as old and they were 12 and 18 participants respectively.

For the purpose of this study, the language of the instrument was modified to suit the level and region of the students; moreover, 20 copies of the instrument were administered to students in Federal Government Girls College Potiskum. In respect of the validity of the modified instrument, Cronbach alpha technique using the same 20 pilot students was found at 0.85. The study was carried out in four different but interconnected phases: pre-sessional activities, pre-test, treatment and post-test. At the pre-session, activities include the screening, recruitment and assignment of participants to the experimental group. Advertisement was made to request for participants in the selected school and the Director of the school referred the researchers to the school counselling unit where the participants whose have cases of depression previously were selected. A preliminary meeting was organized to familiarize with the participants and to solicit their willingness to participate in the study. At the pre-test stage Depression Inventory (BDI) was administered to the participants. Participants in the experimental group were exposed to ten sessions of treatment. Each session spanned for an average of 60 minutes (1 Hour). The post-test was administered following the conclusion of the program.

The synopsis of the treatment package consists of 10 treatment sessions of 60 minutes (1 Hour) have been considered based on Ellis's model which was presented to the clients once in a week. The sessions were held at Counselling Unit of Yobe Islamic Centre Damaturu. REBT treatment includes such principles and techniques as the identification of cognitive errors, the musts and the rules, the recognition of core beliefs, challenging irrational beliefs, challenging the musts and the core beliefs, separating the behavior from the individual and from the acceptance. The treatment synopsis of the sessions is highlighted below:

1st Session (23-Nov-2019): The first session was on expression and identification of feelings as expectations and preferences; comparison between consequences of expressing the feelings in the form of expectations or preferences.

2nd Session (30-Nov-2019): The second session dwells on exploring the roles played by the musts and irrational beliefs in the creation of expectations; making explicit the roles played by one's thoughts and feelings in the creation of behaviors

3rd Session (7-Dec-2019): The third session deals with Instruction of the model ABC; exercises regarding the role played by one's thoughts in his/her feelings and behaviors.

4th Session (14-Dec-2019): Discussing about rational and irrational beliefs; instruction of how to recognize rational from irrational beliefs.

5th Session (21-Dec-2019): Discussing about rational and irrational beliefs (continued); exercises aimed at making explicit the roles played by irrational beliefs in the creation of negative feelings and emotions

6th Session (28-Dec-2019): Training aimed at separating behavior from personality.

7th Session (4-Jan-2020): Introduction of rational errors; challenging the irrational error of catastrophizing

8th Session (11-Jan-2020): Discussing about unconditional self-acceptance; naturalization of making mistakes by human beings

9th Session (18-Jan-2020): Discussing about acceptance others; naturalization of making mistakes by human beings (continued)

10th Session (25-Jan-2020): Integration of ABCDEF Model where A = activating events, B = belief, C = (behavioral and emotive) consequence, D = Disputing, E =effect, F = feeling.

RESULTS

HO₁: There is no significant difference in the management of depression among secondary school adolescents exposed to REBT and those in the control group

Table 1. Difference in the management of depression among secondary school adolescents exposed to REBT and those in the control group

Groups	N	\bar{X}	SD	Std Error Mean	t	df	Sig
Control Group	15	77.20	19.58	3.75	24.85	28	.000
REBT Group	15	26.27	11.15	1.49			

Table 1 revealed that there was significant difference in the effect of depression among secondary school adolescents exposed to REBT ($t= 24.85$, $p=.0000$, $p<.05$). Based on the obtained result a significant difference exists between the mean score of treatment and control groups. Thus, the null hypothesis stating there is no significant effect of REBT on depression is hereby rejected.

HO₂: There is no significant difference in the management of depression among male and female secondary school adolescents

Table 2. Difference in the management of depression among male and female secondary school adolescents

Gender	N	\bar{X}	SD	Std Error	df	t	Sig
Male	15	29.87	13.72	2.25	28	12.66	.003
Female	15	22.67	11.80	1.50			

Result in table 2 showed that there was significant difference in the effect of depression among male and female secondary school adolescents ($t= 12.66, p=.003, p<.05$). Based on the obtained result a significant difference exists between the mean score of male and female students. The calculated mean value of 29.87 for male students is higher than the calculated mean value of 22.67 for female students. This implies that female students adjusted better than the male students. Consequently, the null hypothesis stated that there was no significant difference in the management of depression among male and female secondary school adolescents was rejected.

HO₃: There is no significant difference in the management of depression among young and old secondary school adolescents

Table 3. Difference in the management of depression among young and old secondary school adolescents

Gender	N	\bar{X}	SD	Std Error	df	T	Sig
Young	12	22.79	8.62	2.86	28	.71	.53
Old	18	23.28	9.18	1.32			

Result in table 3 showed that there was no significant difference in the effect of depression among young and old secondary school adolescents ($t= .71, p=.53, p>.05$). Based on the obtained result there was slightly difference in the mean score of old adolescents being higher than that of their younger counterpart but not statistically difference. Consequently, the null hypothesis stated that there was no significant difference in the management of depression among young and old secondary school adolescents was accepted.

Discussion, Conclusion and Recommendations

The analysis of research hypothesis one revealed that there was significant difference in the management of depression among secondary school adolescents exposed to REBT and those in the control group. This finding has agreed with the earlier findings of Najafi et'al (2012); Vekateshkumar et'al (2012); Kumar, (2009); David, (2008); Sava et'al (2009), Egbochuku et'al (2008); Vernon, (2007); and Patterson et'al (1995). The reduction of depressed students' post test scores may be as a result of exposing them to REBT intervention. The students were taught the negative effects of depression on their attitude that such negative attitudes may make them have hatred for themselves, eventually avoiding people and this may aggravate their tension and indulge into the depression mood. Repeated practice and concretization of the benefits of REBT treatment by helping clients to manage their obsessional thoughts were also of great help to students in the REBT experimental groups when compared to students in the placebo non-treatment control

group (who were only exposed to reading culture). This probably explains the reason for the reduction in their post test scores.

The findings of the research hypothesis two also reveal that there is no significant difference in the management of depression among male and female secondary school adolescents. This could mean that the REBT is not gender biased. This research outcome collaborates the earlier findings of Rahman & Melhim (2009) who reported that REBT was not gender specific in their study as male and female responded to REBT therapy. Moreover, this finding also supported the findings of Vernon (2007) who found that REBT was effective for both male and female student with regards to the application of rational emotive behavior therapy to groups within classrooms and educational settings. However, irrational perceptions of depressed individuals be it male or male has enabled them to be depressed resulting to feelings of inferiority, select irrational inaccessible goals and, as a result, they feel insufficient and inadequate.

The study also reveals that there is no significant difference in the management of depression among young and old secondary school adolescents. This has considerable relevance when selecting a therapy for management of depressed students. This finding is in agreement with Gonzalez et'al (2004) who indicated that REBT appeared effective for children and adolescents. The finding also negates the earlier findings of Lobel and Levanon (1988); Hamilton, (1960) who find out that adolescent was less responsive to the REBT. However, there is no one way to practice REBT, which make more relevance to all age group this is because it is "selectively eclectic." Though it has techniques of its own, it also borrows from other approaches and allows practitioners to use their imagination. There are some basic assumptions and principles, but otherwise it can be varied to suit one's own style and client group.

The study examines the efficacy of REBT on the management of depression among secondary school adolescents in Yobe State. Sadness, loneliness, low self-esteem, despairs, feeling down, withdrawal from social contact, loss of sleep, poor appetite, having a loss of interest or pleasure in daily activities - these are symptoms familiar to all of us. However, if they persist and affect our life substantially, it may be depression (This can only be confirmed after series of diagnosis by experts in behavioural sciences, medicine, clinical and counselling psychologist). Depression is different from the fluctuations in mood that people experience as a part of normal life. Temporary emotional responses to the challenges of everyday life do not constitute them. Likewise, even the feeling of grief resulting from the death of someone close is not itself depression if it does not persist. Depression is not normal but it is inevitable. Its causes are permanent aspects of human lives. The factors are intertwined with our daily lives' routine.

Based on the findings in this study, the following recommendations were made that students should be trained on the effective usage of this interventions (rational emotive behaviour therapy).

Experts in educational counseling/educational psychologists should intensify their effort to organize seminars/conferences on the implications of this intervention. The victims should avoid thinking errors (exaggeration, catastrophe, overgeneralization, misconception, superstition, and perfectionist thinking).

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