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Rational Emotive Behaviour Psychotherapy and Depressive Behaviour Among Secondary School Adolescents

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ABSTRACT

The study was designed to examine rational emotive behaviour psychotherapy and depressive behaviour among secondary school adolescents in Yobe State, Nigeria. A simple random sampling technique was used to select 30 students for the study. The sample participants consist of 15 male and 15 female students. All selected samples were subjected to experimental. The quasi-experimental research design was used in the study. Beck's Depressive Behavior Inventory (BDI) was administered to assess depressive behaviour before and after the intervention with a 0.85 reliability coefficient. Rational emotive behaviour psychotherapy (REBP) was employed as the treatment for the experimental group. t-test statistical tools using (SPSS) were used to test the 3 hypotheses formulated. The result revealed that REBP was significantly effective in depressive behaviour; the difference in the depressive behaviour was significant for Gender but not for age. Because of these findings, the study recommended that students should be trained on the effective usage of this intervention in REBP. Experts in educational counselling psychologists should intensify their effort to organize seminars/conferences on the implications of this intervention.

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1. 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.

Adolescence is a period of psychological and physiological change lasting from the teenage years to the early twenties. 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 end in social terms which are subject to the customs and culture of the people living in the society.

Adolescence is the period between childhood and adulthood. Adolescents live in two worlds at the same time. He/she craves independence. However, it often feels dependent. He/she resents parental correction. However, he/she needs parental sympathy and help. He/she thinks that he/she has known so much. In some cases, he/she suddenly finds that he/she does not know much and suddenly finds that he/she does not know enough to solve his problem.

In response to these, various scholars have described adolescence as a period of storm and stress, turmoil, most turbulent, turbulence, stormy, helter-skelter, most problematic, turbulent teens. It is identified as a crisis. Also, several studies attempt to link stressful life events to depressive behaviour (Ahmed & Raju, 2009; Monroe & Harkness 2015; Rappheal & Paul, 2014). Yet notwithstanding, adolescents are often emotionally confused. They are mostly faced with mood fluctuations.

One of the behaviours found in the adolescent age is depression. The etymological origin of the word depressive behaviour makes the term very easy to understand. It is a common word in the field of psychology and psychiatry. Depressive behaviour comes from the Latin word "deprimere" which means to press down or to bring down in spirit. It is caused by a feeling of sadness or when an individual feels pessimistic, lethargic, irritable and apathetic (Alice et al., 2019).

The World Health Organization (WHO) describes depressive behaviour as a psychiatric disorder and the common mental illness of the present century which is characterized by feelings of sadness, crestfallen, disconsolate heavyhearted and miserable conditions. It is a serious disease, which can affect any individual including the adolescent.

Depressive behaviour is a mental health disorder that is characterized by extreme sadness and or loss of interest in once-enjoyable activities. It is a serious disorder that involves emotional, behavioural, cognitive and physiological changes that are severe enough to change a person's daily functioning such as the recurrent feeling of worthlessness and hopelessness accompanied by the inability to sleep, loss of appetite, difficulty in concentration and making a decision.

More succinctly, a depressed individual is no longer in control of his/her thoughts; he/she is rather being controlled by his thoughts, and the victims feel hopeless and think of death or suicide. Depressive behaviour affects human emotion (excessive heartbroken), it affects the behavioural repertoire of the victims (loss of interest in one's usual activities), it affects cognitive ability (thought of being despaired and hopelessness) and it affects body functions (fatigability tendencies and loss of appetite).

Globally, in countries irrespective of their income status, depressive behaviour is misdiagnosed, and inappropriately diagnosed and non-depressive patients are administered/prescribed antidepressant drugs.

Zhaleh *et al.* (2014) reported that 10% of adolescents suffer from a serious emotional disease. David (2008) noted that depressive behaviour results from self-defeating life patterns. Ferrari *et al.* (2013); and Moussavi *et al.* (2007) argue that depressive behaviour is the most prevalent illness that burdens the 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 adolescence, it can provoke a wide range of problems and may create numerous difficulties both for the individual and for society (Zhaleh *et al.*, 2014; Bridges & Harish, 2010).

Rational emotive behaviour psychotherapy was originally called "Rational Therapy", soon changed to "Rational-Emotive Therapy" and again in the early 1990s to "Rational emotive behaviour psychotherapy". Rational emotive behaviour psychotherapy is one of many cognitive-behavioural techniques developed by Albert Ellis in 1950 (Ellis, 2015). It was stated that adolescents' biological levels affect feelings and behavioural syndromes and are limitations to how far human beings can change.

A person's belief system is seen to be a product of both biological inheritance and learning in life. Rational emotive behaviour psychotherapy is seen as a new dimension to the treatment of psychological state disorders as it underpins cognitive, emotional and behavioural abnormalities. It begins by recognising and assessing adolescents' irrational self-deprecating beliefs and retaliates against social wellness by disputing those beliefs and formulating positive change. For this study, Rational emotive behaviour psychotherapy, as a technique, attempts to change individuals' behaviours by confronting their irrational beliefs, values and attitudes which they have imbibed from the processes of socialization and make them behave irrationally, therefore this study persuades them to adopt a rational thought process.

Rational emotive behaviour psychotherapy is selected in this study as philosophical underpinning related to thoughts, feelings, and behaviours interact and significantly affect each other. Thinking affects and in some ways creates an individual's feelings and behaviours; as such emotional feelings have a very important effect on thoughts, feelings and actions. Moreover, Rational emotive behaviour psychotherapy was found effective in the management of test anxiety and also in improving students' self-efficacy (Egbochuku *et al.*, 2008).

Rational emotive behaviour psychotherapy was found to be an effective strategy in fostering distress caused by paranoia (Patterson *et al.*, 1995). Similarly, a study conducted on the impact of Rational emotive behaviour psychotherapy on adolescents' conduct disorder showed significant results as well. The effectiveness of Rational emotive behaviour psychotherapy on shyness in Iranian female college students was also observed (Najafi *et al.*, 2012). Rational emotive behaviour psychotherapy also was found to be effective in fostering irrational beliefs in youths with cancer (Vekateshkumar *et al.*, 2012).

Nevertheless, having observed the relatively high prevalence of depressive behaviour among secondary school adolescents in the Damaturu metropolis, and based on the previous studies elsewhere, which proclaimed that Rational emotive behaviour psychotherapy has the potential to be effective in the management of different disorders. Therefore, it seems to be necessary to do research work concerning the effectiveness of Rational emotive behaviour psychotherapy. That is why we have done the present study aimed at Rational emotive behaviour psychotherapy and depressive behaviour among secondary school adolescents in Yobe State, Nigeria.

The effect of depressive behaviour has differences in its manifestation for the male and female gender. Studies have reported a higher depressive behaviour rate among girls than boys. This is not unconnected with the biological state, nature of lifecycle, and hormonal

syndromes that are unique to girls and may be linked to higher depressive behaviour rates. Adolescents with depressive behaviour typically have features of sadness and guilt (Kumar, 2009).

The burden of depressive behaviour is 50% higher in females than in males. In Africa, 5.95% of females suffer acutely from depressive behaviour concerning 4.9% among males. Studies in Nigeria had reported that being a girl-child is a significant risk factor for depressive behaviour. Females are mostly victims of intimate partner violence, low socio-economic status and illiteracy. All these have been identified as factors that cause depressive behaviour.

In Nigeria, over 50% of females are illiterates, and not in the labour force, and 28% and 7% of females reported experiencing physical and sexual violence in their lifetime respectively. The features of depressive behaviour in adolescents are resistance to temperament, anger and feelings of frustration with non-participation in social and educational activities or dropout among others.

Therefore, we are concerned with this problem and sought to find out in greater detail the efficacy of rational emotive behaviour psychotherapy on the management of depressive behaviour among secondary school adolescents in Damaturu Metropolis.

The purposes of the study are to:

- (i) Determine the difference in the depressive behaviour of secondary school adolescents exposed to rational emotive behaviour psychotherapy and those in the control group.
- (ii) Determine the difference in depressive behaviour among male and female secondary school adolescents.
- (iii) Determine the difference in depressive behaviour among young and old secondary school adolescents.

Hypotheses are in the following:

- (i) **HO₁**
There is no significant difference in the depressive behaviour of secondary school adolescents exposed to rational emotive behaviour psychotherapy and those in the control group.
- (ii) **HO₂**
There is no significant difference in depressive behaviour among male and female secondary school adolescents.
- (iii) **HO₃**
There is no significant difference in depressive behaviour among young and old secondary school adolescents.

2. METHODS

A quasi-experimental design was used in this study. A simple random sampling technique was used to select 30 participants in the Yobe Islamic Centre Damaturu counselling unit in Nigeria. The participants include 15 boys and 15 girls.

Beck Depressive Behaviour Inventory (BDI) has been developed by Beck et al. (2018) and was used for adolescents between the ages of 7-18 years old and it was a clinically-based 27 items. Self-rated symptoms scale of adolescents was used in determining depressive behaviour and depressive symptoms. The 27 items scale includes the following: sadness, pessimism, pessimistic worrying, suicidal ideation, and 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 were 12 and 18 participants respectively.

For 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, the Cronbach alpha technique using the same 20 pilot students was found at 0.85.

The study was carried out in four different phases. However, it also interconnected phases. The phases include: pre-sessional activities, pre-testing, treatment and post-testing. At the pre-session level, activities include the screening, recruitment and assignment of participants to the experimental group. The advertisement was made to request participants in the selected school and the Director of the school referred us to the school counselling unit where the participants who have cases of depressive behaviour previously were selected.

A preliminary meeting was organized to familiarize the participants and solicit their willingness to participate in the study. At the pre-test stage, the Depressive Behaviour 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 programme.

The synopsis of the treatment package consists of 10 treatment sessions. Each session is 60 minutes (or 1 hour) have been considered based on Ellis's model which was presented to the clients once a week. The sessions were held at the Counselling Unit of Yobe Islamic Centre Damaturu, Nigeria.

Rational emotive behaviour psychotherapy treatment includes such techniques and the principles as identification of cognitive errors and the recognition of core beliefs, challenging irrational beliefs and the core beliefs, and separating the behaviour from the individual and the acceptance.

To analyze the data, we used paired sample t-test for data analysis. All stages of analysis have been done by using Statistical Package for Social Science (SPSS v20) software.

3. RESULTS AND DISCUSSION

3.1. HO1: There is no significant difference in the depressive behaviour of secondary school adolescents exposed to rational emotive behaviour psychotherapy and those in the control group

Table 1 reveals that there was a significant difference in the depressive behaviour of secondary school adolescents exposed to rational emotive behaviour psychotherapy and those in the control group ($t = 24.85$, $p = 0.0000$, $p < 0.05$).

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 rational emotive behaviour psychotherapy on the management of depressive behaviour was rejected.

Table 1. Differences in the depressive behaviour of secondary school adolescents exposed to rational emotive behaviour psychotherapy 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			
Rational Emotive Behaviour Psychotherapy Group	15	26.27	11.15	1.49	24.85	28	0.00

3.2. HO2: There is no significant difference in depressive behaviour among male and female secondary school adolescents

The results in **Table 2** showed that there was a significant difference in depressive behaviour among male and female secondary school adolescents ($t= 12.66, p=0.003, p<0.05$). 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 male students.

Consequently, the null hypothesis stated that there was no significant difference in the depressive behaviour among male and female secondary school adolescents was rejected.

Table 2. The difference in the depressive behaviour 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			
Female	15	22.67	11.80	1.50	28	12.66	0.03

3.3. HO3: There is no significant difference in depressive behaviour among young and old secondary school adolescents

The results in **Table 3** showed that there was no significant difference in depressive behaviour among male and female secondary school adolescents ($t = 0.71, p = 0.53, p > 0.05$).

Based on the obtained result, there was a slight difference in the mean score of the old being higher than that of their younger counterpart. However, it is not statistically different. Consequently, the null hypothesis stated that there was no significant difference in depressive behaviour among young and old secondary school adolescents was accepted.

Table 3. The difference in the depressive behaviour 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			
Old	18	23.28	9.18	1.32	28	0.71	0.53

The analysis of research hypothesis one revealed that there was a significant difference in the depressive behaviour of secondary school adolescents exposed to rational emotive behaviour psychotherapy and those in the control group. This finding 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. \(2008\)](#); and [Patterson et al. \(1995\)](#).

The reduction of depressed students' post-test scores may be a result of exposing them to rational emotive behaviour psychotherapy intervention. The students were taught the negative effects of depressive behaviour 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 in the depressive behaviour mood.

Repeated practice and concretization of the benefits of rational emotive behaviour psychotherapy treatment by helping clients to manage their obsessional thoughts were also of great help to students in the rational emotive behaviour psychotherapy 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 research hypothesis two also reveal that there is no significant difference in depressive behaviour among male and female secondary school adolescents.

This could mean that rational emotive behaviour psychotherapy is not gender-biased. This research outcome collaborates with the earlier findings of [Rahman and Melhim \(2009\)](#). This study reported that rational emotive behaviour psychotherapy was not gender-specific in their study. This study considered different genders (i.e. males and females). This response to rational emotive behaviour psychotherapy therapy and how people solve this issue.

Moreover, this finding also supported the findings of Vernon who found that rational emotive behaviour psychotherapy was effective for both male and female students concerning the application of rational emotive behaviour psychotherapy to groups within classrooms and educational settings.

However, irrational perceptions of depressed individuals (either male or female) have enabled them to be depressed resulting in feelings of inferiority, selecting irrationally inaccessible goals and, as a result, feeling insufficient and inadequate.

The study also reveals that there is no significant difference in depressive behaviour among young and old secondary school adolescents. This has considerable relevance when selecting a therapy for the management of depressed students. This finding is in agreement with [Gonzalez et al. \(2004\)](#) who indicated that rational emotive behaviour psychotherapy appeared effective for children and adolescents.

The finding also negates the earlier findings of Vernon who find out that adolescents were less responsive to rational emotive behaviour psychotherapy. However, there is no one way to practice rational emotive behaviour psychotherapy, which makes it more relevant to all age groups 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. However, they can be varied to suit one's style and client group.

4. CONCLUSION

The study examines the efficacy of rational emotive behaviour psychotherapy on the management of depressive behaviour among secondary school adolescents in Yobe State, Nigeria. There are several types of behaviours, where we can find as sadness, loneliness, low self-esteem, despair, feeling down, withdrawal from social contact, loss of sleep, poor appetite, and a loss of interest and pleasure in daily activities. These symptoms are familiar to all of us. However, if they persist and affect our life substantially, it may be depressive behaviour. This can only be confirmed after a series of diagnoses by experts in behavioural sciences, medicine, as well as clinical and counselling psychologists.

Depressive behaviour is different from deviations in mood that people experience as part of normal life. Likewise, even the feeling of grief occurred from the death of adolescents, it is not itself depressive behaviour. Further when it does not persist. Depressive behaviour is not normal. However, it is inevitable. Its causes are permanent aspects of human lives.

The factors for this behaviour are intertwined with our daily life routine. Thus, this must be faced by us.

Based on the findings of this study, the following recommendations were made:

- (i) Students should be trained on the efficacy of this psychotherapeutic treatment (rational emotive behaviour psychotherapy) and depressive behaviour
- (ii) Experts in the area of educational counselling psychologists need to intensify efforts in organising workshops on the implications of these psychotherapeutic interventions
- (iii) The victims should avoid thinking errors (exaggeration, catastrophe, overgeneralization, misconception, superstition, and perfectionist thinking).

5. AUTHORS' NOTE

The authors declare that there is no conflict of interest regarding the publication of this article. The authors confirmed that the paper was free of plagiarism.

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