



# “EFFECTIVENESS OF RATIONAL EMOTIVE BEHAVIOR THERAPY AMONG ANXIETY PATIENTS.”

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## Abstract

Anxiety disorders are the most common of all neuro-psychiatric illnesses and result in considerable functional impairment and distress. Therefore, a quasi experimental research approach with non-equivalent control group design was used to assess the effectiveness of REBT among the patients with anxiety disorder. 30 patients who attended the OPD of Choithram Hospital & Research Center and diagnosed having anxiety disorder by the psychiatrist were purposively selected for the study. 15 patients were assigned to experimental and 15 to the control group respectively. Level of anxiety and rational belief scores were assessed using Burns Anxiety Inventory and Rational Belief Inventory. Seven sessions of REBT were conducted for the experimental group. Post therapy and 1 month follow up assessment was done respectively. Statistical analysis revealed that there was a high negative correlation of anxiety with rational belief ( $\rho = -.79$ ). A significant difference among pre, post and follow up BAI scores of both the experimental and control group at  $p=0.01$  confidence level, indicated the effectiveness of Rational Emotive Behaviour Therapy on reduction of level of anxiety. The Mann Whitney U value ( $U= 20$ ) at post test and at follow up ( $U= 1$ ) was significant at the level  $p=0.01$  which revealed the effectiveness of Rational Emotive Behaviour Therapy. The total reduction in the level of anxiety from pretest to follow up in experimental group was 64.93 to 11.13. There was also some reduction in the level of anxiety among patients of control group because of pharmacotherapy. Friedman test for analysis of variance of pre, post test and follow up BAI scores of experimental group was significant at the level  $p=0.01$ , which also revealed that REBT is effective in reducing the anxiety.

**Keywords:** Anxiety Disorder, Rational Emotive Behaviour Therapy (REBT), Rational belief, Burn's Anxiety Inventory (BAI).

## Background

Anxiety disorders are among the most prevalent mental disorders in the general population. Anxiety disorders are associated with significant morbidity and often are chronic and resistant to treatment. It is characterized most commonly as a diffuse, unpleasant, vague sense of apprehension, often accompanied by autonomic symptoms such as headache, perspiration, palpitation, tightness in the chest, mild stomach discomfort, and restlessness, indicated by an inability to sit or stand still for long (Sadock, 2007)<sup>17</sup>. Therapy for anxiety disorders often involves medication or specific forms of psychotherapy. Medications, although do not cure completely, can be very effective at relieving anxiety symptoms. Research has also shown that behavioural therapy and cognitive-behavioural therapy can be effective for treatment of the anxiety disorders. An

experimental test of a core REBT hypothesis showed that those holding a rational belief reported the greatest increase in concern whereas those holding an irrational belief reported the greatest increase in anxiety. (Dryden, Windy, 2006)<sup>6</sup>.

## Need of the Study

A global survey conducted by WHO, indicated that of all the disorders assessed, anxiety disorders are the most common with a prevalence rate of 12-month period of 2.4% to 18.2%. (WHO Survey report, 2010)<sup>21</sup> Ganguli (2010)<sup>9</sup> analyzed 15 epidemiological studies on psychiatric morbidity in India. In this meta-analysis prevalence rate (in per thousands) of anxiety neurosis was reported to be 16.5% with a rural- urban ratio of 100:106. Moreover, the consequences of the anxiety disorder are higher work absenteeism, loss of productivity, increased use of health care, higher rates of seeking professional help, higher costs related to medication and laboratory testing and higher medication use. (Kessler et al. 2000)<sup>12</sup>. Russell and Jarvis (2003)<sup>16</sup> also have produced a summary of the main research on

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