

THE COMPARISON OF EFFICACY OF GROUP RATIONAL- EMOTIVE- BEHAVIOR THERAPY (REBT) WITH EFFICACY OF GROUP REALITY THERAPY (RT) IN INCREASING THE SELF-ESTEEM OF FEMALE UNIVERSITY STUDENTS

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ABSTRACT: Objectives: Today's cognitive behavior therapies are the paradigm of psychotherapy and have replaced psychoanalysis and behaviorism approaches. The purpose of current study was the examination and comparison of two kinds of therapy with cognitive approach, i.e. rational-emotive-behavior therapy (REBT) and reality therapy (RT), in increasing self-esteem. Method: In a quasi-experimental research with pretest-posttest and control group, 11 female students were selected and pretested using Cooper smith self-esteem questionnaire and then assigned in two experimental groups. After pretest, the subjects of two experimental groups entered psychotherapy sessions. The first experimental group spent 8 sessions of grouped rational-emotive-behavior therapy and the second experimental group spent 8 sessions of grouped reality therapy. Posttest was conducted in two phases: one time immediately after therapy sessions and another time three months after therapy sessions as follow up. Results: Analysis of data using repeated measures ANOVA showed that efficacy of REBT and RT in increasing self-esteem is not different and both of them are efficient in increasing self-esteem. Conclusion: efficacy of REBT and RT in increasing self-esteem is not different and both of them are efficient in increasing self-esteem.

KEYWORDS: Rational-Emotive-Behavior Therapy, Reality Therapy, Self-Esteem, University Students.

INTRODUCTION

Rational-Emotive Behavior Therapy (REBT) is a form of cognitive behavioral psychotherapy (CBT) and psychoeducation based on the premise that by changing patterns of thinking, one can achieve dramatic improvements in emotional and behavioral health. Ellis characterizes REBT's approach and goals by saying that REBT is not, "primarily interested in helping people ventilate emotion and feel better, but in showing them how they can truly *get* better, and lead to happier, non-self-defeating, self-actualized lives."

REBT, first called rational therapy, and then rational-emotive therapy (RET), was developed in the 1950's by Dr. Albert Ellis, a psychoanalytically trained psychologist. He began developing REBT when he came to feel that his patients were progressing too slowly using psychoanalysis. At about the same time, psychiatrist Aaron Beck developed cognitive therapy (CT). REBT and CT were the first of the therapies that grew into the cognitive behavioral therapy movement. Ellis refers to the 1980's and 1990's, when cognitive approaches became quite widespread, as, "the cognitive revolution." REBT holds that dysfunctional beliefs from early childhood do not automatically sustain themselves. A dysfunctional belief system is

dynamic and requires maintenance. This means that it is vulnerable to confrontation through means such as rational analysis and other methods of REBT. Thus, the goal of deep philosophical change refers to alteration of dysfunctional beliefs that have a chronic negative impact. When deeply held beliefs change, this results in a change in philosophy because the most damaging dysfunctional beliefs comprise a pattern of thinking about one's life, identity, or the world. Scientific thinking is in the picture, because, as in science, patients learn to test their thinking as a scientist would test a hypothesis. This is done with patients that range from bright and gifted, to psychotic and cognitively impaired ([Abrams and Ellis, 1994](#); [Adomeh, 2006](#)).

The focus on secondary disturbances, such as feeling extreme guilt or shame about their problem, allows REBT to address the snowballing or feedback effect of this dynamic. This can greatly contribute to early emotional stabilization and pave the way for successful treatment.

The anxiety model, that includes ego anxiety and discomfort anxiety, is a cornerstone to REBT. These anxieties are treated as discrete dysfunctions that are addressed by altering the client's beliefs.

Behavioral- cognitive therapies (CBTS) as their names show have added cognitive aspects to traditional therapy behavior. Maybe one thinks that only behavior therapy is enough and there is no need to use cognitive techniques. An example shows that how adding cognitive techniques to pure behavior therapy can increase efficiency of therapy ([Abrams and Ellis, 1994](#); [Adomeh, 2006](#)). In operational-intellectual obsession disorder, a person should do regular deterministic behaviors while facing with special situations. Behavior therapy uses exposure and response prevention (ERP) technique for curing this disorder. Clark says that exposure and response prevention as behavior therapy technique is completely effective in curing operational- intellectual obsession disorder. But any way conceptualization and more cognitive therapy is needed for this disorder because ERP alone and without cognitive techniques has limitations ([Blau et al., 2006](#); [Clark, 2005](#); [David et al., 2005](#)).

During ERP is very hard for the patients. So many patients don't accept it. If therapists use cognitive strategies for aiming malfunction cognitive that can be origin of not accepting ERP won't accepting and doing ERP be increased by the patients?

Follow up studies show that even if obsessive patients are cared with ERP, some signs of deterministic- obsessive disorder remain. In long followings levels of social and job disorders have remained. Interventions that especially aim evaluations and unadjusted schema of these patients can decrease remained signs of the patients can decrease remained signs of the patients or improve their life quality.

Behavioral therapy for intellectual obsessions is inadequate. But cognitive therapies such as thought stop and re organization can be useful and effective.

When we introduce people with characteristics such as they are sponsor of characteristics such as: aggressive loyalty, egoism and ambition. So a person's personality is a set of psychological characteristics that people are classified according to them. Psychologists have done many researches about personality characteristics and they have got 16 personality traits. These traits have been known as stable traits for determining behavior in special situations through these traits. Perception is process that through it a person expresses his (her) feeling, so that he (she) can interoperate his (her) environment or imply meaning to it.

While reviewing research record, there was less research that had compared efficiency of these two methods of mental therapy with cognitive

approach (RT, REBT) for decreasing mental problems and increasing mental health. So the present research using an Iranian sample has compared efficiency of these two methods for increasing self- esteem as one of the indexes of mental health. So general question of the present research is: What is the effect of behavioral-emotional- intellectual therapy and reality therapy on increasing self- esteem? Today's cognitive behavior therapies are the paradigm of psychotherapy and have replaced psychoanalysis and behaviorism approaches. The purpose of current study was the examination and comparison of two kinds of therapy with cognitive approach, i.e. rational-emotive-behavior therapy (REBT) and reality therapy (RT), in increasing self-esteem.

METHOD

The main aim of present research was comparing efficiency of interventions based RT and REBT in increasing self- esteem. Its minor aim was studying efficiency of each of these interventions in increasing self- esteem. For this purpose among colleges other than human sciences college of Islamic Azad University-central Tehran branch two colleges were selected using random sampling method (Technical- engineering college and art-architectural college).

In a quasi-experimental research with pretest-posttest and control group, 11 female students were selected and pretested using Cooper smith self-esteem questionnaire and then assigned in two experimental groups. After pretest, the subjects of two experimental groups entered psychotherapy sessions. The first experimental group spent 8 sessions of grouped rational-emotive-behavior therapy and the second experimental group spent 8 sessions of grouped reality therapy. Posttest was conducted in two phases: one time immediately after therapy sessions and another time three months after therapy sessions as follow up. Using available sampling method coppersmith's self-esteem questionnaire was distributed among female students of these colleges. Then those who had gotten marks between 25 to 32 about self-esteem were suggested to take part in this research- therapeutic were program. In each of those colleges, 14 and 15 students accepted to take part in the research and among them 8 students were selected randomly. In this way there were two groups and in each group there were 8 students. These groups were divided into two experimental groups randomly. In this research a semi- experimental design was used in the form of: pre- test, post-test and control group. Selecting and pre-test of subjects was

done on the basis of coppermith's self-esteem questionnaire. This questionnaire has been collected in 1967 by coppermith. It has 58 questions and the subject can use yes or no choice. In this way he (she) shows that which choice shows his (her) present situation and real feeling:

In a research by [Hassanpour, \(1991\)](#), on 230 students of Tehran high schools in third grade gotten average 25.4 so those who get marks higher than average have high self-esteem but those who get marks lower than average have low self-esteem. Validity and reliability of this questionnaire has been studied repeatedly and it has confirmed. In a research by [Pourshafei, \(1995\)](#) in Iran for evaluating reliability coefficient of this questionnaire, using cutting into two halves method, reliability coefficient has been 0.83.

Subjects fall was happened in the three groups: 4 in REBT group, 1 in RT group. Of course it should be said that fallen students didn't take part in the sessions at all. So maybe we can't name it "fall" because all present subjects. Continued their presence except some cases. In this way scores of pre-test and post-test of 4 students in group REBT and 7 in RT group were analyzed statistically. Post-test was performed in two times for the three groups: the first time immediately after ending therapies the second time as following timer three months after ending therapies.

RESULTS

Table 1 shows mean and standard deviation of pre-test, post-test and following marks of REBT and RT groups about self-esteem and figure 1 shows diagram of marginal averages of self-esteem marks in REBT and RT groups at; pre-test, post-test and following up stages.

Table 1: mean and standard deviation of marks of pre-test, post-test and following stages in RT and REBT groups about self-esteem.

Factor	Intervention	Mean	SD	N
Pretest	REBT	31.25	10.24	4
	RT	28.86	4.71	7
	Total	29.73	6.80	11
After the test	REBT	35.75	8.81	4
	RT	32.57	4.99	7
	Total	33.73	6.39	11
Follow	REBT	35.50	8.85	4
	RT	32.57	5.09	7
	Total	33.64	6.42	11

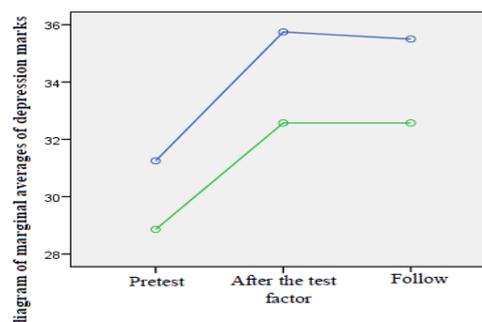


Figure 1: diagram of marginal averages of depression marks about intervention groups (RT, REBT) in; pre-test, post-test and following up stages.

Az it was mentioned Figure 1 shows diagram of marginal averages of depression marks about intervention groups (RT, REBT) in; pre-test, post-test and following up stages and Table 1 shows mean and standard deviation of marks of pre-test, post-test and following stages in RT and REBT groups about self-esteem. According to table 1 and figure 1 self-esteem marks in RT and REBT groups have increased from pre-test to post-test stages but from post-test to following up stage there isn't any change. Analyze among students with repeated measuring. Self-esteem marks at: pre-test and following stages have been shown in RT and REBT groups. Because Mauchly Sphericity test is meaningful ($p=0.000$)³ and covariance-variance matrix of dependent variable hasn't Sphericity form so greenhouse-geyser freedom digress test has been used.

Table 2 shows summary of results of variance analysis of subjects with repeated measurements about self-esteem scores in pre-test, post-test and following up stages of RT and REBT groups. This table shows that there isn't meaningful difference between RT and REBT groups ($p>0.5$). there is meaningful difference about self-esteem marks at: pre-test, post-test and following stages ($p<0.01$), but there wasn't meaningful interaction between factorial marks and groups. ($p>0.05$). These results show that both methods (RT and REBT) are effective in increasing self-esteem, and there isn't any difference between them. In addition passing the time from post-test stage to following up stage didn't decrease efficiency of therapeutic methods.

Table 2: summary of results of variance analysis of subjects with repeated measurements about self-esteem scores in pre-test, post- test and following up stages of RT and REBT groups.

Source of variables	Sum of quadrate	Degree of freedom	Mean of quadrate	F	Significant
Between subjects	-	-	--	-	-
Groups	61.30	1	61.30	0.46	0.52
In-house	1200.33	9	133.37	-	-
In-subjects	-	-	-	-	-
Factor	111.123	1.25	88.87	48.90	0.000
Factor*groups	0.82	1.25	0.66	0.36	0.61
Error	-	-	-	-	-

Analysis of data using repeated measures ANOVA showed that efficacy of REBT and RT in increasing self-esteem is not different and both of them are efficient in increasing self-esteem. Conclusion: efficacy of REBT and RT in increasing self-esteem is not different and both of them are efficient in increasing self-esteem.

DISCUSSION AND CONCLUSION

Behavioral- cognitive therapies (CBTS) as their names show have added cognitive aspects to traditional therapy behavior. Maybe one thinks that only behavior therapy is enough and there is no need to use cognitive techniques. An example shows that how adding cognitive techniques to pure behavior therapy can increase efficiency of therapy. The main aim of present research was comparing efficiency of REBT and RT in increasing self-esteem. Its minor aims were determining efficiency degree of each of them in increasing self-esteem. Findings showed that RT and REBT didn't have any difference with each-other in increasing self-esteem. While reviewing research record only one research had compared these two methods of mental therapy. [Farahbakhsh et al., \(2006\)](#) compared effectiveness degree of marriage counselling through Alice's behavioral-emotional- intellectual method Glacer's reality therapy and a combination of them in decreasing marriage differences and saw that both could decrease difference and there wasn't any special difference between them. You see that finding of present research has congruence with finding of Farahbakh's research.

[David et al., \(2008\)](#) so studied relative efficiency of REBT, cognition therapy and drug therapy for curing depression and they didn't find any difference between them in post- test stage. [Hamid pour et al., \(2007\)](#) so compared Beek's cognition therapy and Tizdel's cognition therapy and couldn't find any meaningful difference between them for curing depression. Therefore results of two recent researches are similar to results of two recent researches that compare different methods of psychotherapy with each other. Finding the third finding of present research was that RT was efficient in increasing self-esteem. How ere Alen's Research showed that RT wasn't efficient for increasing self-

esteem but [Kim, \(2008\)](#) showed RT increased self- esteem of Korean students. So finding of present research was similar to finding of researches that showed RT increased percept satisfaction mental needs ([Loyd, 2005](#)) and so increased positive self- concept ([Peterson et al., 1998](#)) as two parts of mental health. In Iran so [Blau et al., \(2006\)](#) showed that RT was efficient in decreasing marriage differences. As a whole on the basis of finding of present research and comparing them with finding of previous researches we conclude that RT and REBT are two efficient methods for increasing self- esteem so these methods can be used by clinicians of our country.

On the other hand RT and REBT don't have any preferences to each other for increasing self-esteem. So clinicians can choose one of them according to their skills and interests. Both have cognitive approach and say that cognitive factors affect mental problems. So they are common in etiology of disorders. Their difference is only about their techniques of therapy. REBT uses cognitive techniques and RT uses behavioral techniques.

REFERENCES

- Abrams M, Ellis A. Rational emotive behavior therapy in the treatment of stress. *British Journal of Guidance and Counseling* 1994; 22(1): 39-51.
- Adomeh IOC. Fostering emotional adjustment among Nigerian adolescents with rational emotive behavior therapy. *Educational Research Quarterly* 2006; 29(3): 21-29.
- Blau S, Fuller JR, Vaccaro TP. Rational-emotive disputing and the five-factor model: personality dimensions of the Ellis emotional efficiency inventory. *Journal of Rational-Emotive & Cognitive-Behavior Therapy* 2006; 24(2): 87-100.
- Clark DA. Focus on "cognition" in cognitive behavior therapy for OCD: is it really necessary? *Cognitive Behavior Therapy* 2005; 34(3): 131-139.
- David D, Szentagotai A, Eva K, Macavei B. A synopsis of rational-emotive-behavior-therapy (REBT); fundamental and applied research. *Journal of Rational-Emotive and*

- Cognitive-Behavior Therapy 2005; 23(3): 175-221.
- David D, Szentagotai A, Lupu V, Cosman D. Rational emotive behavior therapy, cognitive therapy, and medication in the treatment of major depressive disorder: a randomized clinical trial, post-treatment outcomes, and six-month follow-up. *Journal of Clinical Psychology* 2008; 64(6): 728-746.
- Farahbakhsh K, Shafee A, Delaware A. Comparing the effectiveness of marital counseling is a form of cognitive Ellis, Glasser reality therapy and mixing of the two in reducing marital conflict. *News and Research Services Quarterly* 2006; 18: 33.
- Hamid Pour H, Sahebi A, Tabatabaei M. Comparison of the efficiency and effectiveness of Beck's cognitive therapy cognitive therapy in the treatment of dysthymia Teasdale. *Iranian Journal of Psychiatry and Clinical Psychology* 2007; 11(2): 25.
- Hassanpour M. Self Esteem Questionnaire survey software. Master of the name Tehran Psychiatric Institute, Iran University of Medical Sciences 1991.
- Kim JU. The effect of a R/T Group counseling program on the internet addiction and self-esteem of internet addiction university students. *International Journal of Reality Therapy* 2008; XXVII(2): 4-12.
- Loyd BD. The effectiveness of reality therapy/choice theory principles on high school students' perception of needs satisfaction and behavioral change. *International Journal of Reality Therapy* 2005; XXV(1): 5-9.
- Peterson AV, Chang C, Collins PL. The effects of reality therapy and choice theory training on self-concept among Taiwanese university students. *International Journal for the Advancement of Counseling* 1998; 20: 79-83.
- Pourshafei A. Standardized questionnaire on self-esteem, Name of Graduate Institute of Psychiatry. Tehran University of Medical Sciences, Iran 1995.