COMPARATIVE EFFECTS OF RATIONAL EMOTIVE BEHAVIOUR THERAPY AND PSYCHEDUCATION ON PSYCHIATRIC SYMPTOMS AMONG SCHIZOPHRENIC PATIENTS

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Abstract
The study examined the effects of rational emotive behavior therapy and psychoeducation among schizophrenic patients. Patients of age range 18 and 59 years with mean age of 34.65 and standard deviation of 11.31 were selected from Neuro-psychiatric hospital, Nwafia. One instrument was used for the study: The Brief Psychiatric Rating Scale developed by Overall and Gorham (1962) and validated in Nigeria. The study was an experimental study and pretest-posttest between group designs was used. One –way Anova was employed as the statistical tool for data analyses. The result indicated a significant reduction in psychiatric symptoms in patients treated with REBT than the control at (P<.01. The second hypothesis which stated that schizophrenic patients who received psychoeducation will show significantly lower psychiatric symptoms when compared with the control was confirmed $p < .01$. The third hypothesis which stated that schizophrenic patients who received REBT will show reduced psychiatric symptoms when compared with those that receive psychoeducation was not confirmed at $F(27) = 8.06$, P>.01. This reveals that both REBT and psychoeducation reduced psychiatric symptoms among schizophrenic patients. This study therefore recommends the use of rational emotive behavior therapy and psychoeducation in the treatment of psychiatric symptoms among schizophrenic patients.

Introduction
Although drug therapeutic approach to the treatment/management of psychiatric symptoms have yielded admirable results over the years, it is increasingly being obvious that this method alone cannot be relied upon for complete recovery/remission of symptoms. Indeed researchers have documented strong evidence that support this observation. Hence, Rector (2004) reported that one fourth to half of the psychotic patients who adhere to drug treatment still have significant difficulty adjusting fully to the environment. Also, Gould, Mueser, Bolton, Mays, & Goff, (2001) had observed that many psychotic symptoms remain after treatment with antipsychotics. In addition, Illot (2005) reported that a good number of persons treated with antipsychotics alone experience relapse. This coupled with the extra pyramidal effects of many antipsychotics makes the search for therapeutic modalities that can further reduce the suffering of psychotic patients, especially schizophrenia very alluring.

Furthermore, (Abasiubong, Ekott, & Bassey, 2007; Bhavsar & Bhugra (2008); Uwakwe as cited in Okpalauwaekwe, Mela & Oji (2017) opined that there is a popular perception among the people that schizophrenia is as a result of supernatural forces, witches, evil spirits and even punishment by God. This has made a significant proportion of the people to seek help from traditional healers (Mafimisebi & Oguntade, 2010). Therefore, research intent framed on a combination of psychotherapeutic paradigms, and comparing the relative efficacy of the paradigms surely makes research sense. On this premise, this study seeks to evaluate the extent to which rational emotive behaviour

therapy (REBT) will affect psychiatric symptoms in our culture by comparing the effects of the treatment modalities against the results for a control group.

Schizophrenia can be defined as a mental illness in which the individual is not in touch with reality. It is a disabling brain disorder characterized by symptoms such as hallucinations, delusions, disorganized communication, poor planning, reduced motivation, and blunted affect. The symptoms associated with schizophrenia seem to be the worst form of human psychological experience. It is known to occur in all races and cultures though there may be cultural differences in the content of the experience. Epidemiological data indicate that approximately 1% of the population develops schizophrenia during their life time (Arajarvi, Suvisaari, Suokas, Schreck, Haukka, Hintikka; et al 2005).

World Health Organization (WHO) (2011) reported that about 21 million people globally are living with schizophrenia and are aged mainly 15- 35 years. Furthermore, one in two people living with the illness do not receive care for the condition. Chronic disability results primarily from the negative and cognitive symptoms, whereas acute relapses result from exacerbations of the positive psychotic symptoms, such as delusions and hallucinations (Lavretsky, 2008). The social and economic impact of the disorder on society and families are enormous. The treatment of these psychotic symptoms mainly is drug therapy.

Drug therapy, also called pharmacotherapy, is a general term for using medication to treat disease, promote healthy functioning and prevent, reduce or cure illness. Drug therapy or pharmacotherapy is divided into those that are used for physical health conditions and those for mental health conditions. Those drugs whose agents interact with the central nervous systems to produce changes in mood, consciousness, perception and behaviour referred to as antipsychotics used in the treatment of schizophrenics are classified as traditional (conventional or typical), and atypical antipsychotic drugs. Recently, the use of atypical antipsychotic drugs has been favoured over the traditional antipsychotic drugs because of their effectiveness in alleviating both negative and positive symptoms of schizophrenia, as well as their lower risk of side-effect.

In the treatment of schizophrenia, multilateral or interdisciplinary approach, which is the application and use of antipsychotic drugs, behavioural and cognitive therapies, and rehabilitation have been recommended as more effective. The idea was buttressed by the Association of Behavioural and Cognitive Therapies (ABCT) (2017), when it maintained that antipsychotic drugs though they improve the outlook of the schizophrenic patients do not cure the illness. Conclusively, effective psychosocial treatment likes Rational Emotive Behavioral Therapy (REBT) is needed to complement drug interventions for psychiatric symptoms (Bieling, McCabe, & Antony, 2006).

Rational Emotive Behaviour Therapy (REBT) is one of the cognitive-behavioural approaches to counseling and psychotherapy that was established by Ellis (Ellis, 1967). It is an active directive, solution oriented therapy which focuses on resolving emotional, cognitive and behavioral problems in clients. It is a form of cognitive behaviour therapy

(CBT) and often a brief and direct therapy which can be learned in 1 to 10 sessions as has been used successfully in 1 and 2 days marathons of 9 hours intensive treatment by Ellis (Ellis, 1996, Ellis & Dryden, 1997). This type of therapy is based on a theory which holds that people respond to life events through a combination of cognitive, affective and behavioural responses. The cognition involves how the individual perceives and interprets meanings to events. These perceptions interact with environmental factors and at times are maladaptive because of misinterpretations or misperceptions of events. The goal of this therapy therefore is to dispute irrational/ faulty interpretations and to help patients modify beliefs that maintain maladaptive behaviours and emotions. Ellis emphasized the negative role of dysfunctional cognitions in human beings and stated that prevention from indulging in irrational beliefs would improve people's ability to direct their energy toward self-actualization. Therefore, thinking in terms of absolute imperatives is the reason of disturbance and maladaptive behaviour in human beings. Because lack of insight is often a problem in schizophrenia, education must be aimed at improving insight, garnering cooperation and associating the information to what is important to the patient.

Uwaoma(2006) in a study examined personality type, gender and age as factors affecting depressed patients response to rational emotive therapy and assertiveness therapy among depressed patients. Depressed patients were drawn from two psychiatric hospitals with age range of 15-25 years, mean age of 27.6 and standard deviation of 9.71. Zungs self-rating depression scale was used to assess level of depression and Pearson Moment Correlation and One way Anova was used to test the significant effects of the treatment paradigms. Results revealed that rational emotive therapy and assertiveness therapy improved significantly the healing process of Type A and Type B depressive patients.

Degme~i, Po`gain and Filakovi, (2007) determined the differences in compliance between two groups of patients, those that went through psychoeducation about schizophrenia and the other group without the education about schizophrenia. 30 patients on admission were educated about schizophrenia and its treatment, while the control group of 30 patients did not receive psychoeducation. The patients were evaluated with Brief Psychiatric Rating Scale and Clinical Global Impression, compliance was evaluated with Compliance Assessment Inventory, attitude towards drugs with Drug Attitude Inventory, and social functioning of the patients with Global Assessment of Functioning, during treatment while on admission and during discharge after three months of release from the hospital. Information about the illness was assessed with specially designed questionnaire with 12 questions. Results of the study revealed the significance of education on the compliance, as well as on the positive attitude towards the drug treatment, which is one of the most important predictors of successful treatment of the schizophrenia.

Theoretical Framework

Cognitive Theory of Schizophrenia

This study is anchored on the cognitive theory which is tandem with the treatment techniques. This theory explains all human behaviors with mental activities such as perceiving, remembering, planning, language and creativity. This theory has to do with

faulty thinking. Becks (1970) is one of the theorist who argued that abnormality is as a result of how people perceive the world through a negative triad; that is having a negative view of themselves, of the world and the future. According to this approach, the cognitive impairments shown by people with schizophrenia such as poor attentional control, language deficits and disorganized thinking play an important role in the development and maintenance of schizophrenia. McKenna (1996) suggests schizophrenia may be due to a defect in selective attention and so the symptoms depend in part on the poor ability of a person with schizophrenia to concentrate. This is a pointer that schizophrenic symptoms may be due to lack of self-monitoring, and consequently thoughts and ideas are attributed to external sources such as hallucinations, or result in delusions because the individual does not realize that they are self-generated. As a result, they mistakenly regard their own thoughts as strange which they believe comes from someone else. This could explain symptoms such as disorganized speech, delusions, and hallucinations.

Furthermore, Hemsley (2005,) suggests that there is a substantial breakdown in the relationship between memory and perception in schizophrenics. As a result, people with schizophrenia are often unable to predict what will happen next, their concentration is poor, and they attend to unimportant or irrelevant aspects of the environment. Their poor integration of memory and perception leads to disorganized thinking and behavior. REBT anchors on this theory because REBT therapists hold that what causes disturbed behavior is illogical thought processes. Hence, the therapist task is to reverse the illogical, negative beliefs, thought processes and replace them with rational and positive adaptive behavior.

The basic principle of the second treatment paradigm which is psychoeducation was from cognitive theory because its main purpose is to enhance patients understanding of the condition including etiological, treatment and prognostic factors. Succinctly put, psychoeducation is all about providing the patient with correct information and relevant knowledge concerning the patient's conditions and assisting them to have new understanding, imbibing better ways to deal with conflict and adapt better to the environment.

Following the foregoing, it is persuasive that psychiatric symptoms among schizophrenic patients will be alleviated by the proper administration of REBT and psychoeducation. The major purpose of this study thus was to compare the efficacy of rational emotive behavior therapy and psychoeducation on psychiatric symptoms among schizophrenic patients.

This paper sought to test the following hypotheses:

1. Schizophrenic patients who receive rational emotive behaviour therapy show significantly lower psychiatric symptoms than those who received routine drug therapy alone?
2. Schizophrenic patients who receive psychoeducation show significantly lower psychiatric symptoms than those who received routine drug therapy alone?

3. Schizophrenic patients who receive rational emotive behavior therapy show significantly lower psychiatric symptoms than those who received psychoeducation?

Method

Participants

Participants in the study were 30 diagnosed schizophrenic patients drawn from the Nawfia Psychiatric hospital, in Anambra State. The participants comprised of 21 males and 9 females, aged from 18 to 59 years, with a mean age of 34.65 and standard deviation of 11.31. The participants met the DSM 5 diagnostic criteria for schizophrenia and were duly diagnosed by a psychiatrist employed by the hospital.

Instrument

One measurement instrument was used for this study namely the Brief Psychiatric Rating Scale (BPRS), developed by Overall and Gorham (1962). The Brief Psychiatric Rating Scale (BPRS) is an 18 item instrument designed to measure the positive, negative and affective symptoms of individuals who have psychotic disorders especially schizophrenia. Items are rated from 1 (not present) to 7 (extremely severe). The BPRS includes items that address somatic concern, anxiety, emotional withdrawal, conceptual disorganization, guilt feelings, tension, mannerisms and posturing, grandiosity, depressive mood, hostility, suspiciousness, hallucinatory behaviours, motor retardation uncooperativeness, unusual thought content, blunted affect, excitement, and disorientation. A Nigerian mean score served as the norm. Higher scores than the norm indicates severity of psychiatric symptoms.

The BPRS has shown good reliability and validity and it has been extensively used in Nigeria (Ukpong, 2006, Afe, Emedoh, Ogunsemi & Adegbohun, 2016, Olagunju, Adegbaju & Uwakwe, 2016). Afe, Emedoh, Ogunsemi and Adegbohun (2016) obtained an inter-rater reliability was 0.75. However, in this study a Cronbach alpha reliability coefficient of .88 was obtained by the researchers.

Procedure

The BPRS was administered to the participants to determine their level of severity prior to treatment. This served as a pretest measure. It was administered to the respondents individually after establishing adequate rapport with them and their care givers. Patients were randomized to receive either REBT or Psychoeducation treatment only after they had given full informed consent. Sessions of both interventions were delivered to the groups by an experienced clinical psychologist. The therapies were an adjunct to routine hospital care and patients remained under the medical supervision of the responsible consultant psychiatrist who alone determined the pharmacological regime, timing of discharge and readmission. The first group was administered REBT two times in a week for 50 minutes in each session. This lasted for 12 weeks. The second group received psychoeducation for the same number of times while the third group received the normal routine drug treatment alone, which served as the control group. At the end of the therapies, the BPRS was re-administered to obtain the post test score.

Design and Statistics

The research is an experimental study. The design is a pretest-posttest between subject design. Based on the design, the one-way analysis of variance was used to test the hypothesis. This is because the effect of two treatment groups were examined against a control group.

Table 1: Summary table of the mean scores and standard deviations of all the treatment conditions pre and post test

Treatment conditions	REBT X	REBT SD	PE X	PE SD	CONTROL X	CONTROL SD
PRETEST	57.05	3.69	57.41	4.13	57.95	4.66
POST-TEST	42.36	1.99	44.27	3.40	49.60	6.07

Table 11: Summary Table of the One- way Anova for the three treatment conditions

Source of variance	Sum of squares	Df	Mean square	F
Between groups	275.29	2	139.12	8.06
Within groups	548.78	27	20.22	
Total	824.07	29		

Results

The result from table 1 showed that the mean scores for psychiatric symptoms for the control (49.60) were higher when compared with the REBT treatment condition (X=42.36). Also, the mean score of the control condition was also higher (X=49.60) when compared with the psychoeducation treatment condition. The table further revealed that the mean score of psychoeducation was higher when compared with REBT treatment condition though not significant. This shows that both REBT and psychoeducation significantly reduced psychiatric symptoms among schizophrenic patients. Therefore, the hypothesis which stated that schizophrenic patients who received REBT will manifest lower psychiatric symptoms when compared with the control group was confirmed (P<.01). Also, the second hypothesis which stated that schizophrenic patients who received group psychoeducation will manifest lower psychiatric symptoms when compared with the control group were confirmed at (P < .01). Furthermore, the hypothesis which stated that schizophrenic patients who received REBT will manifest lower psychiatric symptoms when compared with those that received psychoeducation was rejected at F (27) = 8.06, P>.01.

Discussion

The present study investigated the comparative effects of Rational Emotive Behaviour Therapy (REBT) and Psychoeducation on psychiatric symptoms among schizophrenic patients. The hypothesis which stated that schizophrenic patients that received REBT will manifest lower psychiatric symptoms when compared with the control group alone confirmed. This implies that REBT as a psychological treatment paradigm was very effective in the reduction of psychiatric symptoms among schizophrenic patients. A

possible explanation for the reduction in psychiatric symptoms could be due to cognitive restructuring of the irrational thoughts and replacing them with more rational and healthy thoughts. This was done through identifying the irrational thoughts, actively disputing the thoughts through the use of logic and examination of the consequences of continuing to hold on to the irrational thoughts. Hence replacing them with rational alternatives. This equipped them with skills bothering on how to be rational and logical in their thinking pattern. It also helped them to do better evaluation of their problems and then make better decisions. As such, this result was obtained because the patients were encouraged to develop rational thought patterns which essentially require recognizing positive self talks, dealing with negative beliefs. As Ziegler (2003) asserts that the essence of psychological health in REBT theory is rational acceptance of reality.

Active participation and willingness of the patients to be involved in the therapy also played a role. Another reason for the significant reduction in the manifestation of psychiatric symptoms among the patients could be the therapeutic relationship which was achieved by creating a rapport with the patients, being open and accepting them unconditionally and assuring them of their confidentiality during the sessions. Also, the emotive and behavioural components of the therapy which involves home works, role playing and rational emotive imagery helped in improving their quality of living. Prior studies consistently found that REBT brought about reduction in the manifestation of psychotic symptoms among schizophrenic patients. Some of such findings are those of Tanaka, Yano, Takata and Nishimura (2010), Hofmann, Asnaani, Vonk, Sawyer and Fang (2012). They are all of the view that REBT is a strong intervention tool in the reduction of psychiatric symptoms among patients.

Psychoeducation on the other hand reduced psychiatric symptoms among schizophrenic patients which confirmed the second hypothesis. This entails that educating the patients on the aetiology, course, prognosis, as well as expected adjustment in life and living, when combined with the use of antipsychotic drugs is very effective in reducing psychiatric symptoms among schizophrenic patients. This result is in tandem with the work of Agara & Onibi (2007) and Matsud &Kohn (2016). This is an indicator that behavior whether positive or negative can be learned and unlearned through a proper educative process. It is in line with the ecological theory that deals with prevention and early intervention of an illness. Once the environment is modified, the human behavior virtually is empowered to provide remediation services. This finding suggests that providing information about the illness and coping skills for patients and relatives are important for positive treatment outcome.

The third hypothesis which stated that patients who received REBT will manifest lower psychiatric symptoms when compared with those who received psychoeducation was rejected. Bechdolf, Kohn, Knost, Pukrop, Kloster &Kitter (2005) had compared the effects of a brief group cognitive behavior therapy and group psychoeducation program in acute patients with schizophrenia and found no significant group difference regarding readmission, symptoms or compliance with medication. The results may be explained in terms of the 'route' or mode of action of the two paradigms, which is cognitive. Furthermore, training patients on self-management skills, instilling hope and

enhancing their self-esteem can be a comprehensive adjunct approach to the treatment of schizophrenic patients.

Recommendations

From the findings of this study, the following recommendations were made:

1. Mental health policy should be instituted to ensure that every psychiatric hospital must have a functional Department of Clinical Psychology.
2. Clinicians must be trained and retrained to offer REBT and psychoeducation for schizophrenic patients.

Limitations of the Study

Some of the limitations encountered in this study, which can influence the present study include:

1. The sample size might be considered small and this may affect the generalization of the result, thus future study should apply a more representative sample of the population.
2. The study did not consider the age of the patients as this could affect the result generated.
3. Gender and educational status may also affect perception hence shoul attract the interest of future researchers in this field.

Conclusion

The study examined the effects of rational emotive behavior therapy and psychoeducation among schizophrenic patients. Patients of age range 18 and 59 years with mean age of 34.65 and standard deviation of 11.31 were selected from Neuro-psychiatric hospital, Nwafia. One instrument was used for the study: The Brief Psychiatric Rating Scale developed by Overall and Gorham (1962) and validated in Nigeria. The study was an experimental study and pretest-posttest between group design was used. One –way Anova was employed as the statistical tool for data analyses. The result indicated a significant reduction in psychiatric symptoms in patients treated with REBT than the control at ($P<.01$. The second hypothesis which stated that schizophrenic patients who received psychoeducation will show significantly lower psychiatric symptoms when compared with the control was upheld $p < .01$. The third hypothesis which stated that schizophrenic patients who received REBT will show reduced psychiatric symptoms when compared with those that receive psychoeducation was however not accepted. Indeed, both REBT, and Psychoeducation are recommende psychotherapeutic approaches for the alleviation of Schizophrenic symptoms. Accoeddingly, the result of this present research has contributed in better understanding and treatment of psychiatric symptoms in our society.

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