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THE EFFECT OF RATIONAL EMOTIVE BEHAVIOUR THERAPY (REBT) ON COPING AND AGGRESSIVENESS IN VIOLENT PATIENTS

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ABSTRACT

Schizophrenia is divided personality such as thoughts, feelings, and behaviors. Individuals with schizophrenia disorder show an increased risk of violent behavior. One type of cognitive therapy that could be applied to violent clients is Rational Emotive Behaviour Therapy (REBT). REBT is a method for understanding and coping with emotions and behaviour in violent clients.

The research objective is to determine the effect of Rational Emotive Behaviour Therapy (REBT) on coping and aggressiveness in violent patients. The research design was "Quasy experimental pre posttest with control group". The research population was all patients with violent behaviour treated at Bungkel Psychiatric and Drug Rehabilitation Center who met the criteria. The research subjects were taken by total sampling technique with total 60 patients divided by 30 patients in intervention group and 30 patients in control group. The intervention group was given treatment of Rational Emotive Behaviour Therapy (REBT). The effect of REBT on aggressiveness was tested by *paired t test*. The effect of REBT on coping was tested by using *Mc.Nemar Test*.

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The result showed that there is a significant difference in aggressiveness score before and after treatment in intervention group with p value 0.000 (<0.05) and in control group with p value 0.037 (<0.05). There is also a notable contrast in mean difference between the intervention and control groups with p value 0.000 (<0.05). Furthermore, there is a significant difference in coping changes in violent patients in the intervention group who received REBT (p value 0.000 <0.05). In contrast, the control group shows no significant difference in coping changes before and after (p value 0.062 > 0.05).

Background

Mental disorders are individual maladaptive responses in the form of changes in psychological function or behaviour that are not in line with local norms and cultures which cause suffering and obstacle in carrying out their social role (Putri, et al, 2012). Schizophrenia is one of the most common types of mental disorders. Data obtained from WHO (2015) showed that the number of people experiencing schizophrenia worldwide is 7 out of 1000 people in the world which are around 21 million people in which three out of four cases of symptoms that appear occur at the age of 15 and 34 years old (Stuart, 2013). Based on Basic Health Research 2018, it was found that the prevalence of psychotic mental disorders in Indonesia is 7.0 per mile. Patients with mental disorders who did not seek treatment are 15.1% of the total diagnosed patients, and 51.1% of the total patients who are treated did not take medicine regularly.

According to Faisal (2008) in Prabowo (2014) schizophrenia is a divided personality in thoughts, feelings, and behavior. Schizophrenia sufferers experience emotional, thought and behavioral disorders that they experience higher level of violent behavior (Sudiatmika, et al, 2013). This means that schizophrenia is closely related to violent behavior.

American Psychiatric Association (APA) stated that several studies have reported schizophrenia to have higher incidence of experiencing violent behaviour (APA, 2000 in Sadino, 2007). The prevalence of violent behaviour committed by individuals with schizophrenia is 19.1% (Swanson, 2006).

Violent behavior is carried out because of inability to cope with stress, lack of understanding of social situations, unable to identify presented stimulus, and unable to control the urge to commit violence. The impact of violent behavior that appears in schizophrenia could injure or even cause death, which could affect the stigma of schizophrenic clients at the end of the day (Volavka, 2012). Efforts made to reduce signs of symptoms and increase the ability to control violent behaviour could be done with modality therapy.

According to Prabowo (2014), types of modality therapy for violent clients include individual therapy, environmental therapy, cognitive therapy, family therapy, biological therapy, and group activity therapy. One type of cognitive therapies that can be applied to violent clients is Rational Emotive Behaviour Therapy (REBT).

REBT is a method for understanding and coping with emotions and behaviour in violent clients. The goal is to reduce irrational beliefs and strengthen rational beliefs in order for them to solve their problems. This therapy is effective for children and adults who are angry and aggressive (Putri, et al, 2012). Research conducted by Putri, Keliat, and Nasution (2012) showed a significant change in responses from violent clients between before getting REBT and after getting REBT. The changes in cognitive and social responses show significant increase, while emotional and behavioral responses decrease extensively. REBT proves effective in reducing students' aggressive behaviour. Students could correct wrong thoughts to prevent unexpected conversations, change irrational

thoughts and behavior, become more receptive and protect themselves, others, and environment (Putri et al., 2019).

In field study at Bungkel Psychiatric and Drug Rehabilitation Center, more than 40% of the treated patients have a history of violent behavior. Therapies used to treat patients include psychopharmaceutical therapy and ECT, but other therapeutic modalities have not been widely applied there. Based on the description above, the researcher is interested in conducting a research entitled "The Effect of Rational Emotive Behaviour Therapy (REBT) on coping and aggressiveness in patients at risk of violent behaviour".

Research Method

This research is quantitative in nature. The design used in this research was "*Quasy experimental pre and posttest with control group*". This research was conducted to determine the effect of Rational Emotive Behaviour Therapy (REBT) on coping and aggressiveness in violent patients. The research population was all violent patients treated at Bungkel Psychiatric and Drug Rehabilitation Center. The sampling technique was total sampling with following criteria:

- a. The violent patient is not in a crisis state (berserk)
- b. Adult (18-55 years old)
- c. Willing to take part in research activities to completion, represented by person in charge (family)

The research alternative hypothesis is that there is an effect of Rational Emotive Behaviour Therapy (REBT) on coping and aggressiveness. The instrument for measuring aggressiveness used MOAS (The Modified Overt Aggression Scale). This scale of aggressiveness includes measurements of verbal aggression, aggression against property, autoaggression and physical aggression with total 20 observation items. Total score is between

0-16. Coping was measured using Jalowiec Coping Scale questionnaire with total score between 40-200.

The research process was that in intervention group, apart from receiving treatment based on SOP of Rehabilitation Center, REBT was also given for 3 days. Meanwhile, control group received treatment based on SOP of Rehabilitation Center only.

Data analysis to see the effect of REBT on aggressiveness was tested by using *paired t test*. The difference between scores before and after aggressiveness of the groups used the independent *paired t test*. The effect of REBT on coping was tested by using *Mc Nemar test*.

Research Result

1. Characteristics of Respondents

The characteristic of respondents with the risk of violent behavior based on gender is 39 male respondents (65%) and 21 female respondents (46.6%). Based on the education level, most of them have low education level (elementary and junior high) with total 47 respondents (78.3%), 11 respondents (18.3%) in senior high education level and the remaining 2 respondents never enroll in school (3.3%). Meanwhile, based on treatment frequency, most of the patients are treated for the first time with total 25 respondents (41.7%) and the second time with total 24 respondents (40%). The average age of violent patients is 37.77 years old with the youngest 13 years old and the oldest 70 years old.

2. Aggressiveness score before and after REBT

Tabel 1.

Difference in aggressiveness scores of violent patients in the intervention and control groups before and after treatment.

(n=60)

Variable	n	Average	SD	SE	Min-Max	<i>p value</i>
Intervention Group						
1. Before	30					<i>0.000</i>
2. After		2,57	0,73	0,13	2-5	
		0,93	0,64	0,12	0-2	
Control Group						
	30					<i>0.037</i>
1. Before		1.67	0,66	0,12		
2. After		1,37	0,56	0,10		

Table 1 above explains that the average score of aggressiveness in intervention group is 2.57before and 0.93after. On the other hand, the aggressiveness score in control group is 1.67before and 1.37after treatment.

It could be concluded that there is a significant difference in the aggressiveness score before and after treatment in the two groups marked by *p value* of the intervention group 0.000 (<0.05) and *p value* of the control group 0.037 (<0.05).

3. Mean difference in aggressiveness scores in the intervention and control groups

Tabel 2.

The mean difference in aggressiveness score of violent patients before and after treatment in the intervention and control groups

(n=60)

Variable	n	Group	Mean Difference	<i>p value</i>
Aggressiveness Score	60	Intervention	1,63	0.000
		Control	0,30	

Table 2 shows that the mean difference in pre and post aggressiveness score in the intervention group is 1.63 while in the control group is 0.30. It could be concluded that there is a significant difference in the mean difference between the intervention and control groups with *p value* 0.000 (<0.05).

4. Coping in Violent Patients

Tabel 3.

Differences on coping in violent patients before and after treatment in the intervention and control groups (n=60)

Before	n	After		<i>p value</i>
		Maladaptive	Adaptive	
Intervention Group	30			0,000
Maladaptive				
Adaptive		13	17	
		0	0	
Control Group	30			0,062
Maladaptive		24	5	
Adaptive		0	1	

Table 3. mentioned changes in coping in the intervention and control groups. In the intervention group, 17 respondents experience changes in coping from maladaptive to adaptive, while 13 respondents do not experience changes in coping. In the control group, there are 5 respondents who experience changes in coping from maladaptive to adaptive, while most of them still have maladaptive coping with total 24 respondents.

It could be concluded that the intervention group receive a significant effect of REBT on changes in coping in violent patients (*p value* 0.000 <0.05). Whereas, the control group who do not receive REBT therapy, has no significant difference in changes in coping before and after (*p value* 0.062 > 0.05).

Discussion

REBT has been proven to have effect on reducing aggressiveness as shown from a decrease in behavioral symptoms, verbal behavior (social skills) and physiological symptoms. This result is in accordance with previous research by Putri, et al (2012), which stated that violent patients treated by REBT result in behavioral response to decrease significantly by 2.32 (*p value* 0.000), verbal ability to increase by 1.6 points (*p value* 0.002) which means a decrease in negative verbal behavior, and also physiological response to decrease considerably by 2.56 (*p value* 0.000). REBT therapy will train patients to self-evaluate by identifying events that have been experienced, irrational thoughts that arise related to events that affect

patient feelings and produce unwanted maladaptive behaviour.

This research shows that the intervention group receives a significant effect of REBT on changes in coping in violent patients (*p value* 0.000 <0.05). On the other hand, the control group shows no significant effect of changes in coping before and after (*p value* 0.062 > 0.05). The change in coping from maladaptive to adaptive is more significant in the group that receives REBT therapy, because during the intervention, patients were taught how to change all irrational beliefs they were holding that triggered destructive physical and verbal behavior as well as emotion. After the lesson, the patients continue to practice independently with family assistance so adaptive coping is expected to be strengthened.

Lazarus (1993) defined coping as an ongoing cognitive and behavioral effort to manage specific internal and/or external demands that are judged as something burdening or exceeding person's resources. Rational Emotive Behaviour Therapy (REBT) is a form of psychotherapy for violent patients to train them to reduce irrational beliefs, and strengthen rational beliefs through cognitive, emotional and behavioural training. Aaron T. Beck in 1960 (in Sudiatmika, et al, 2013) found that a person's cognition has a tremendous impact on feelings and behavior. Beck stated that the emotional and behavioral difficulties of a person in their life are due to the way how to interpret various events they experience.

The result of this research stated that REBT could significantly increase coping changes in violent patients from maladaptive to adaptive confirmed by the research by Sudiatmika, et al. (2013) that violent patients receiving CBT and REBT experience a significant increase in cognitive ability by 65, 87 (74%), affective 66.03 (76%) and behavior 66.90 (77%) with p value <0.05 . The result of other studies also stated that REBT has significant effect in improving aggressive behavior among students in which the average score of the group given REBT during pretest is higher than post test and p value <0.05 (Obiagaeri & Isiguzo, 2017). REBT aims to improve and maintain emotional and behavioral functions, thereby encourage the achievement of long-term goals (Turner, 2016).

The control group in this research did not receive REBT, they only received psychopharma according to applicable SOP at the Rehabilitation Center. This group at the end shows a decrease aggressiveness score before and after treatment, although the difference in score reduction is smaller than the intervention group that received REBT. This could be due to the effect of antipsychotic therapy in both groups. Antipsychotic therapy is effective in reducing the patient's physical symptoms. Stuart (2009) states that the physical

symptoms of violent behaviour include face tension, being unable to stay still, clenching and hitting hands, tightening jaw, increased breathing and sometimes suddenly becoming catatonic.

Conclusion

There is a significant difference in the aggressiveness score before and after treatment in the intervention groups with p value 0.000 (<0.05) and the control group with p value 0.037 (<0.05). The aggressiveness score of intervention group before and after reduces by 1.64 points, while the control group decreases by only 0.3 points. There is also notable contrast in the mean difference between intervention and control groups with p value 0.000 (<0.05). In addition, there is a significant effect of REBT on changes in coping behaviour in the intervention group (p value 0.000 <0.05). On the other hand, the control group receives no significant effect of changes in coping before and after (p value 0.062 >0.05).

Suggestion

Rational Emotive Behaviour Therapy (REBT) could be used as a psychotherapy in nursing care for violent patients in addition to administering medication (psychopharmaca) at Bungkel Psychiatric and Drug Rehabilitation Center in Purbalingga Regency. Nurses need to actively provide activities or exercises to violent patients to get used to adaptive coping lesson.

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