

EFFECT OF RATIONAL EMOTIVE BEHAVIOUR THERAPY ON REDUCTION OF ACADEMIC STRESS OF UNDERGRADUATE STUDENTS IN RIVERS STATE, NIGERIA

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Abstract

This study examined the effect of Rational Emotive Behaviour Therapy (REBT) on the reduction of academic stress among undergraduate students in Rivers State. Two research questions and two null hypotheses tested at 0.05 level of significance guided the study. The study adopted quasi-experimental research design employing non-randomized pretest, posttest control group. The population comprised 200 level undergraduate students of 2017/2018 academic session in the three Universities in the state numbering 1,250 students with high academic stress. The Sample size was 24 students with high academic stress. Instrument for data collection was a questionnaire titled "Student Academic Stress Indices" (SASI) developed by the researchers with a reliability coefficient index of 0.85 which was considered suitable for the study. Data collected were analyzed using mean and standard deviation for the research questions and t test for testing the null hypotheses. The results showed that the main effect of treatment condition on stress level was significant. This showed that treatment condition brought about a significant decrease in the stress level of students in the REBT group in contrast with those in the waitlist control group. The effect of treatment was also maintained at one-month follow-up. Based on the findings, it was recommended among others that students with high academic stress should be exposed to REBT in order to reduce their academic stress.

Keywords: Academic stress, Undergraduates, Reduction, Rational Emotive Behaviour Therapy

Introduction

In the last few decades, academic stress among university students has become a topic of interest for researchers. Ickeset *al.* (2015) assert that the latest American College Health Association (ACHA, 2014) report indicates that approximately half of undergraduate students in the third world countries are experiencing stress arising from academic demands and poor learning environment. Sarita and Sonia (2015) defined academic stress as the

unpleasant psychological situations that occur due to the educational expectations from parents, teachers, peers and family members, present educational and examination systems and burden of homework. Academic stress is emotional pressure on the students arising from their inability to cope with the demands of studies. It is a common problem among students which may manifest with anxiety, sleeplessness, hyper-ventilation, hostile behaviour and inability to read and assimilate. In extreme cases, it could result in mental breakdown (Bhavin & Revati, 2012).

Rana and Mahmood (2010) refer to academic stress as the anxiety, fear, worry, frustration, sleeplessness and pressures that come as a result of educational demands. They also posit that academic stress is a mental distress with respect to some anticipated frustration associated with academic failure or awareness to the possibility of such failure. It is a mental feeling of uneasiness or distress in reaction to a school situation that is perceived negatively. Students experience academic stress each semester because of the large amount of content to master in a small amount of time (Reddy *et al.*, 2018).

There is often a lot of pressure that comes along with pursuing a higher degree in any field of study. There is the demand for study, homework, tests, labs and reading. There is stress in doing all of these especially with little or no time. Lecturers expect work to be completed on time. According to Angwet and Lang (2010), students who underestimate the amount of time it takes to complete their assignments and to print out copies of their work usually create stress for themselves. The necessary adjustment needed to make in order to cope with academic demand heightens the tension.

During the first year at the university, undergraduate students seem to have difficulties in assimilating a vast amount of academic material in a short period of time (Campbell & Stevenson, 2012). It has been argued that the first exposure of the undergraduate students to the academic studies and to the highly university administrative procedure can also cause stress, because they have to make necessary adjustments to their social environment as well. Some undergraduate students are often stressed because of considerable difficulty when trying to adjust to the university social network (Shirom, 2017). Campbell and Stevenson (2012) claimed that regardless of years of schooling or gender, undergraduate students face a lot of pressure with regard to financial difficulties, excessive class workload, new responsibilities, change in various kinds of habits and time management that impact negatively on the students (Pascoe *et al.*, 2019). There is therefore the need to assist students to reduce the stress in order to maximize their potential to achieve academic excellence.

Rational Emotive Behaviour Therapy (REBT) as developed by Ellis is a therapeutic intervention that helps people come out of any self-defeating thought that inhibits general progress in life. REBT holds that it is not events that directly cause emotions and behaviours, rather, it is one's beliefs about the events that lead to emotional and behavioural reactivity (Turner, 2016). According to Mahfar and Senin (2015), REBT claims that people to a large degree consciously and unconsciously construct emotional difficulties such as self-blame, self-pity, clinical anger, hurt, guilt, shame, depression and anxiety and behaviour tendencies such as procrastination, compulsiveness, avoidance, addiction and withdrawal by means of their irrational and self-defeating thinking.

Even though academic stress cannot be eradicated totally, the way a student sees it and organizes his thought might go a long way in helping that student make necessary adjustments and continues with his academic pursuit. REBT as a mental restructuring mechanism is often applied as an educational process in which the therapist often actively teaches the client how to identify irrational and self-defeating beliefs and philosophies. In REBT, rational beliefs are defined as beliefs that are flexible, non-extreme and logical (consistent with reality), and in contrast, irrational beliefs are rigid, extreme and illogical (inconsistent with reality). The goal of REBT is to teach people to think and behave in a more personally satisfying way by making them realize they have a choice between self-defeating, negative behaviour and efficient, enhancing, positive behaviour (Turner, 2016). This model has explained in great details how emotional disturbance or stress experienced by an individual is due to irrational belief system and not negative events experienced (Armstrong, 2017).

According to Boelen (2011), Rational Emotive Behaviour Therapy (REBT) is the first form of cognitive behaviour therapy (CBT) and was created by Dr. Albert Ellis in 1955. According to the REBT model, people experience undesirable activating events, about which they have rational beliefs (RBs) and irrational beliefs (IBs). These beliefs then lead to emotional, behavioural, and cognitive consequences. Rational Emotive Behaviour Therapy adopts the ABCDEF model in treating clients. The ABCDEF paradigms are the tenets of Rational Emotive Behaviour Therapy. A is the activating event, B is the belief system, C is the emotional and behavioural consequences. D represents disputation, E is the new effective ways of perceiving events while F is the new feeling arising from the new perspective adopted. Emotional disturbance which is C (consequences) are direct results of how one perceives an issue B (Belief), and not the activating events A (Adversaries). Rational beliefs – helpful and positive beliefs lead to functional

consequences, while irrational beliefs – unhelpful and negative beliefs lead to dysfunctional consequences (Bridges & Kelly, 2010).

Clients who engage in REBT are encouraged to actively dispute their IBs and to assimilate more effective, adaptive and rational beliefs, with a positive impact on their emotional, cognitive, and behavioral responses (Walen, 2014). Thus, REBT is a psychological theory and a treatment consisting of a combination of three different types of techniques – cognitive, behavioral, and emotive which can be used to help someone feel better physically and emotionally, and to engage in healthier behaviours.

The REBT views emotional disturbances as response components of illogical or irrational cognitions, beliefs, ideas or attitudes that a person holds about self or situations (real or imaginary) with which he/she interacts. While REBT is renowned for its emphasis on the cognitive origin of psychological maladjustment for the use of verbally-based cognitive change procedures, Ellis has indicated that the three modes of human experience, namely, cognitive, emotive and behaviour are often inseparable and that all three interact and reciprocally influence one another.

REBT holds that a person committed to a rational-belief system is more likely to accept himself unconditionally than a person who holds a distorted or irrational-beliefs system.

The goal of REBT is to point out the false beliefs and get the client to see what is wrong with his belief and the consequences of such irrational thinking in terms of events surrounding the individual (Pascoe *et al.*, 2019). Three steps an individual should take to change or modify his behaviour as postulated by Ellis include (i) awareness, this means realizing that some beliefs are false (ii) understanding, this means understanding that false beliefs are sources of disturbance and (iii) decision which means willingness to break away from destructive thoughts and behaviours. Similarly, there are four steps a therapist should follow in order to attain the very therapeutic goals of REBT as observed by Schloss and Haaga (2011). In the first step of therapeutic goal, the therapist is expected to show the client that they have incorporated many irrational “should, must and ought.” Clients are taught to separate their rational beliefs from the irrational ones. The therapist challenges the clients’ self-defeating ideas and encourages, persuades and directs the client to engage in activities that will counter their irrational thoughts and foster his awareness of realities. The second step in the therapeutic process takes client beyond stage of awareness and points out to him how they keep their emotion disturbances active by continuing to engage in illogical thoughts and self-defeating philosophies. The third step takes the client beyond mere recognition of irrational thoughts and feelings. The therapist helps the client to modify his

thinking and abandon his irrational ideas. Finally, the fourth step in the therapeutic process is to challenge the client to develop a rational philosophy of life so that in the future they can avoid becoming the victim of other irrational beliefs.

To explore the therapeutic effects of REBT, Beck and Duwen (2015) examined the effect of REBT on four hundred level undergraduate students in the University of Botswana who are academically stressed. It was a quasi-experimental study where forty-two (42) students from a population of 318 participated in the study. The instrument for data collection was developed by the researchers. Data was analyzed with mean, t-test and ANOVA. The result showed that REBT is effective in reducing students' academic stress which was determined by their pretest and posttest scores. The result further revealed that there was retention effect of REBT in the reduction of academic stress at follow-up as determined by their posttest and follow-up scores.

In a related study, Eifediyi *et al.* (2017) investigated the effectiveness of Rational Emotive Behaviour Therapy (REBT) in reducing examination anxiety and academic stress of undergraduate students in Edo State. The study adopted the pre-test–post-test, control group, quasi-experimental design. The instrument used was the Nigerian version of Spielberger's Test Anxiety Inventory and self-developed questionnaire on academic stress. Students with scores ≥ 51 were considered to have experienced academic stress and are test anxious.

A total of 160 academic stress and test anxious students were assigned to the experimental and control groups. The Experimental group was exposed to seven weeks training in the REBT, while participants in the control group received training in Health Education. The effect of the therapy (REBT) was significant. There was no significant 2-way interaction between therapy and gender. The study suggested that the REBT treatment approach was a success in reducing academic stress and examination anxiety of the students.

Again, Onuigbo *et al.* (2018) examined the effect of rational emotive behaviour therapy on stress management and irrational beliefs of special education teachers in Nigerian elementary schools. They employed the group randomized controlled trial design with 86 Special education elementary school teachers with high stress levels. Forty-three were assigned each to treatment group and no-intervention group. Self-report questionnaire was used to assess the stress level. The treatment group received REBT programme for 12 weeks and a follow-up of 2 weeks. Analysis of data was completed using 2x3 within and between-subjects repeated measures analysis of variance, and independent *t* test. Results showed that the REBT group experienced a significant mean decline in stress levels and their beliefs shifted to rational

ones both at posttest and follow-up. In contrast, participants in the no-intervention control group showed no improvements at either post treatment or follow-up.

This study was guided by two research questions and two null hypotheses tested at 0.05 level of significance.

- What is the mean difference in the rate of reduction of academic stress between those in REBT and control group at posttest?
- What is the mean difference in the rate of reduction of academic stress between those in REBT and control group at follow-up?
- There is no significant mean difference in the rate of reduction of academic stress between those in REBT and Control group at posttest.
- There is no significant mean difference in the rate of reduction of academic stress between those in REBT and Control group at follow-up.

Method

The study adopted quasi-experimental research design employing non-randomized pretest, posttest control group design. The population consists of all 200 level undergraduate students of 2017/2018 academic session in the three Universities in the state numbering 1,250 students with high academic stress. The Sample size twenty-four (24) two hundred level undergraduate students.

Simple random sampling technique was employed to select one university from the three universities in Rivers State. Purposive sampling was applied to select one faculty from the sampled university.

The instrument for data collection was a questionnaire titled "Student Academic Stress Indices" (SASI) developed by the researchers. The instrument had a reliability coefficient index of 0.85 which was considered suitable for the study. The cognitive, emotive and behavioural techniques of REBT were employed in the intervention programme. They were exposed to the treatment group in five sessions lasting for two weeks. The cognitive techniques included actively disputing the students' irrational beliefs, use of rational self-talks and reframing. The treatment involved assisting the subjects to identify their academic stress-related irrational beliefs and perceived stressors. They were made to question their irrational beliefs, identify better ways of perceiving them, generating positive self-talks related to the event, rehearsing and role-playing until they master them. Emotive techniques included rational emotive imagery, emotional control cards, homework assignment and role-playing. The behavioural techniques included time-management activity scheduling, reduction of distractions, and homework

assignments. Rehearsals and role-playing were done in therapy and continued at home. Each session lasted for approximately 50 minutes. The control group was a waitlist control group.

Data were collected a week after intervention and at one-month follow-up. Data collected were analyzed using mean and standard deviation for the research questions and independent *t*-test for the null hypotheses tested at 0.05 level of significance.

Result

Table 1: Mean and Standard deviation of the mean difference in the rate of reduction of academic Stress between those in REBT and Control at posttest

Groups	N	Pretest Mean	Posttest Mean	SD	Mean difference
REBT	12	2.85	1.64	0.55	-1.2 (Mean loss)
Control	12	2.84	2.84	0.82	

Table 1 shows that there is a mean difference of -1.2 in the reduction of academic stress between those in the REBT treatment and control at posttest. This means that there is a difference in the rate of reduction of academic stress between REBT group and control group which can be attributed to the effect of treatment.

Table 2: *t* test analysis of mean difference between those in REBT and control at posttest

Groups	N	\bar{x}	SD	Df	t.cal.	t-critical	Remarks
REBT	12	1.64	0.55	22	4.21	1.96	Significant
Control	12	2.84	0.82				

Table 2 shows that the t-calculated value of 4.21 is greater than the table value of 1.96 at 0.05 level of significance. This means that the result is significant and therefore the hypothesis of no significant mean difference is rejected.

Table 3: Mean and Standard deviation of the mean difference in the rate of reduction of academic Stress between those in REBT and Control at follow-up.

Groups	N	Pretest Mean	Posttest Mean	SD	Mean difference
REBT	12	2.85	1.52	0.46	-1.26 (Mean loss)
Control	12	2.84	2.78	0.68	

Table 3 shows that there is a mean difference of -1.26 in the retention of treatment effect on reduction of academic stress between those in the REBT treatment group and control group at follow-up. This means that treatment effect was maintained even at follow-up.

Table 4: t test analysis of mean difference between those in REBT and control at follow-up

Groups	N	\bar{x}	SD	Df	t.cal	t-critical	Remarks
REBT	12	1.52	0.46	22	5.32	1.96	significant
Control	12	2.78	0.68				

Table 4 shows that the t-calculated value of 5.32 is greater than the table value of 1.96 at 0.05 level of significance. This means that the result is significant and therefore the hypothesis of no significant difference is rejected.

Discussion

The findings of the study are significant because they have added to the empirical evaluation of the efficacy of REBT intervention in reducing stress including academic stress. Our results showed that the subjects in the REBT intervention group benefited significantly from the treatment at both posttest and follow-up compared to those in the control group. That treatment gains were maintained at follow-up showed a positive effect of REBT on the reduction of academic stress of students. The condition of students in the control group did not change simply because no treatment was given to them. The findings of this study were in agreement with previous studies which indicated that REBT was effective in reducing stress. A study by Eifediyi, et al (2017) who investigated the effectiveness of Rational Emotive Behaviour Therapy (REBT) in reducing examination anxiety and academic stress of undergraduate students found out that the effect of the therapy (REBT) was significant on the treatment group compared with that of control group. This study also corroborates Onuigbo et al.'s (2018) findings. With this result, it is certain that students can be helped to reduce their academic stress using REBT.

Again, the finding of this study agrees with that of Beck and Duwen (2015) who examined the effect of REBT on 400 level undergraduate students in the University of Botswana who were academically stressed. The result showed that REBT was effective in reducing students' academic stress which was determined by their posttest scores. The result further revealed that there was retention effect of REBT in the reduction of academic stress at follow-up as determined by their posttest and follow-up scores. One implication of these

findings was the empirical validation of REBT as a robust intervention for reducing stress including academic stress among students. These findings are not only significant to students experiencing academic stress but to counsellors who are eagerly looking for effective ways of reducing stress among students to enable them maximize their potential and achieve the objectives of higher education.

Conclusion

The results indicated significant reduction in the academic stress level of subjects in the intervention group in contrast with those in the control group. The positive gains of treatment were maintained at follow-up. Based on the results of this study, it was thus concluded that Rational Emotive Behaviour Therapy (REBT) was efficacious in the reduction of academic stress among undergraduate students in Rivers State, Nigeria at posttest. Again, the effect of REBT was maintained after one-month follow-up.

Recommendations

The findings of the present study contribute towards bridging the gap between theoretical frameworks and practical applications.

1. It was thus recommended that functional counselling clinics should be set up in all tertiary institutions in Nigeria where professional counsellors would utilize evidence-based interventions like this one to reduce students' stress levels and other associated challenges.
2. Again, tertiary institutions through their counselling and Human Development Centres, should periodically organize assessment of the level of academic stress among students with the view to providing interventions with REBT or other appropriate counselling techniques. This could go a long way in assisting students manage academic stress in order to maximize their academic potentials and realize the objectives for the establishment of tertiary institutions.

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