



## **The Effect of REBT on Reducing Somatization Syndrome, Obsessive-Compulsive Disorder, and Interpersonal Sensitivity of Women living in Qom**

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### **ABSTRACT**

The present study is aimed to examine "the effect of REBT on decreasing Somatization syndrome, obsessive-compulsive disorder, and interpersonal sensitivity of women living in Qom." Thirty people were randomly chosen in this intervention. Then, the group was randomly divided into two test and control groups (each 15 people). Rational Emotive Behaviour Therapy (REBT) was administered twice a week for test group in eight 2h training sessions. To measure the dependent variables of the study, SCL-90-R was applied. Data analysis was conducted using Covariance Analysis. Results indicated significant difference between mean test and control groups regarding Somatization syndrome, obsessive-compulsive disorder, and interpersonal sensitivity. Based on the results, REBT significantly reduced the three variables.

**Keywords:** REBT, Somatization Syndrome, Obsessive-Compulsive Disorder, Interpersonal Sensitivity.

### **INTRODUCTION**

Based on WHO report, diseases pattern will encounter changes across the world during next two decades. Non-communicable diseases such as mental diseases will replace infectious and communicable ones. And, they will be placed as top causes of disability and premature deaths [1].

In studying mental diseases around the world, different epidemiological statistics are presented due to the differences in tools applied and sampling methods or various interview techniques. In Iran, special attention is given to mental health [2].

Individuals with emotional problems commit fallacies which lead the objective reality toward self-undermining. According to cognitive therapy, mental problems are resulted from insignificant processes like defective thinking, false inferences based on insufficient or incorrect information, and disability in making distinction between imagination and reality [3, 4, 5].

Ellis's REBT is regarded to be among cognitive theories. Cognitive therapy is an umbrella term applied to a number of therapeutic methods. The therapy emphasizes on destructive and false thoughts as the main cause of emotional and behavioral problems as well as interpersonal conflicts. And, it is aimed to change adverse and negative thoughts so as to treat the patient. In this approach, the process of therapy is designed so that irrational beliefs are detected, and the bonds between cognition, emotion, and behavior are determined. They also examine evidences opposing irrational thoughts so as to replace irrational beliefs with realistic change, and to get successful in resolving conflict and establish compatibility [6].

Cognitive therapy teaches a method for individuals to be able to evaluate their thoughts in aware organized ways especially when they are upset. Although it seems that spontaneous thoughts automatically appear in mind, they become partially predictable when emanated from patient's basic beliefs. Cognitive therapist deals with recognizing inefficient thoughts. That is, thoughts twisting the reality, creating emotional sadness, and interfering in the patient's ability to achieve his objectives. The spontaneous inefficient thoughts (except about maniac and semi-maniac patient as well as narcissistic personality disorder and drug abuse are almost always negative [7].

There are a variety of methods for coping with behavioral problems symptoms. One of the approaches is Ellis's Rational Emotive Behavior Therapy (REBT). According to Ellis [8], REBT makes attempts to encourage the individuals to change some of their deep basic values. Behavioral cognitive therapy increasingly emphasizes on cognition and behavior yet adds the point that emotion is not ignored during the therapy process rather it is a secondary consequence of cognition and behavior which is treated in a different way [9].

Previous studies show that REBT plays a role in alleviating individuals' mental and behavioral problems [10, 11]. Accordingly, the main question of this study is: Is REBT effective in decreasing somatization syndrome, obsessive-compulsive disorder, and interpersonal sensitivity of women living in Qom?

## MATERIALS AND METHODS

In this experimental study, pretest-posttest design was used with control group. Sample of the study consisted of all women living in Qom. Thirty women aged between 18 and 45 years were randomly selected as volunteers (accessible sample) and via the short message sending system of Kimyay-e Mehr Psychology Institute and were placed in two test and control groups. To study the effect of REBT on decreasing somatization syndrome, obsessive-compulsive disorder, and interpersonal sensitivity, the method was administered on the test group for eight weeks. After data collection, hypothesis testing was done via covariance analysis. Data analysis was carried out using SPSS19 .

To measure the dependent variables of the study, SCL-90-R was used. The test consisted of 90 questions for evaluating mental symptoms designed first for demonstrating physical and mental patients' psychological aspects. Using the test, it is possible to distinguish between healthy individuals and patients. The checklist is so useful for the rapid measurement of the type and symptoms of patients via self-assessment. The validity and reliability of the scale were approved in different researches [12, 13, 14], the reliability of the scale was calculated as 0.84 by Cronbach's alpha.

## RESULTS

In Table 1, the mean and standard deviation of dependent variables were estimated in REBT pretest and posttest. Multivariate Covariance Analysis (MANCOVA) was used for hypothesis testing. Covariance analysis results are presented in Table 2. In the test, the statistical values gained are significant at 0.05. Then, it can be concluded that the therapy is effective in reducing the symptoms.

**Table 1.** Mean and standard deviation of dependent variables of the study in pretest and posttest

Variable	Pretest				Posttest			
	Test		Control		Test		Control	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Obsession	12.53	7.32	11.20	4.64	7.86	5.37	12.06	5.31
Interpersonal sensitivity	73.10	6.72	8.06	4.35	10.86	7.48	9.26	5.29
Somatization	12.06	7.30	8.06	6.72	48.53	14.58	8.73	6.73

**Table 2.** A summary of dependent variables covariance analysis

Variable	Source	Third type squares	Freedom degree	Mean squares	Fischer value	Significance
Obsession	Modified model	689.621	2	34.01	21.34	0.001
	Coefficient	4.55	1	4.55	0.28	0.6
	Before	68.48	1	68.48	42.53	0.001
	Approach	58.18	1	58.18	3.60	0.069
	Error	436.37	27	16.16		
	R <sup>2</sup>	0.61				
Interpersonal sensitivity	Modified model	987.863	2	439.931	66.15	0.001
	Coefficient	0.11	1	0.11	0.10	0.97
	Before	977.06	1	977.06	130.854	0.001
	Approach	45.68	1	45.68	6.11	0.020
	Error	201.604	27	7.76		
	R <sup>2</sup>	0.13				
Somatization	Modified model	568.447	2	284.224	16.12	0.001
	Coefficient	26.18	1	26.18	1.58	0.233
	Before	562.418	1	562.418	31.43	0.001
	Approach	95.44	1	95.44	5.41	0.028
	Error	475.853	27	17.42		
	R <sup>2</sup>	0.54				

## DISCUSSION

The present study is aimed to examine “the effect of REBT on decreasing Somatization syndrome, obsessive-compulsive disorder, and interpersonal sensitivity of women living in Qom. Results indicated that REBT could be effective in improving and stabilizing the mental status of most participants of the study. Yet, control group who did not receive the instruction gained lower scores in posttest as compared to pretest scores. The efficiency of REBT approach is approved in resolving different mental and behavioral problems and disorders by various studies including Ghorbani [15], Wilson et al. [16], Rapee and Heimberg [17], Heimberg et al.[18], Deale et al., [19], Deale et al. [20], Lopez et al. [21] and Twisk and Maes [22]. All these studies have supported the effectiveness of this method.

Results of this study were limited by sample properties and Using self-report questionnaire. It's suggested that in future studies, this treatment can be performed on other samples. Also, along with the questionnaire, interview will be conducted

Based on the results, it is suggested that REBT be applied to decrease the disease symptoms in different individuals especially the clients of counseling centers. Further studies can also be done on the effect of this therapy on other mental disorders. Counselors and psychologists in counseling centers, can also make use of the results in consultation with clients.

## REFERENCES

1. World Health Organization. 1997. Life Skills Education for children and Adolescents in Schools. Geneva: Switzerland: WHO. Datta, S., Lyon, I., MacKintosh, B., McLannahan, H., Murphy, K., Naish, P., Nettle, D., Romero, I., Toates, F. & Watson, T. 2004. Learning and Language, 1st edn, The Open University, Milton Keynes.
2. Noorbala, A. & Bagheri Yazdi, M. 2002. Mental health status of the population 15 years and over in Iran. Hakim Journal, 5(1): 3-10.
3. Koopmans, P.C., Sanderman, R., Timmerman, I. & Emmelkamp, P.M.G. 1994. The Irrational Beliefs Inventory (IBI): Development and psychometric evaluation. European Journal of Psychological Assessment, 10(1): 15-27.
4. Lohr, J.M. & Parkinson, D.L. 1989. Irrational beliefs and bulimia symptoms. Journal of Rational-Emotive and Cognitive-Behavior Therapy, 7(4):253-262.
5. Blau, S., Fuller, J.R. & Vaccaro, T.P. 2006. Rational- emotive disputing and the five-factor model: Personality dimensions of the Ellis Emotional Inventory. Journal of Rational-Emotive and Cognitive Therapy, 24(2): 87-99. Gernsbacher, M.A. 1994. Handbook of psycholinguistics. San Diego, CA: Academic Press.
6. Ellis, A. 2000. Rational-emotive therapy. In: Corsini, R.J. and Wedding, D., Eds., Current Psychotherapies, 6th Edition, Peacock, Itasca, 168-204.
7. Friendship, C., Blud, L., Erikson, M., Travers, R., & Thornton, D. 2003. Cognitive-behavioral treatment for imprisoned offenders: An evaluation of HM prison service's cognitive skills program. Legal and Criminological Psychology, 8(1), 103-114.
8. Ellis, A. 1997. RET as a personality theory, therapy approach, and philosophy of life. In: Wolfe, J.L. and Brand, E., Eds., Twenty Years of Rational Therapy, Institute for Rational Living, New York.
9. Henning, K. R., & Frueh, B. C. (1996). Cognitive-behavioral treatment of incarcerated offenders: An evaluation of the Vermont Department of Corrections' cognitive self-change program. Criminal Justice and Behavior, 23, 523-541.
10. Kownacki, R. J. 1995. The effectiveness of a brief cognitive-behavioral program on the reduction of antisocial behavior in high-risk adult probationers in a Texas community. In Ross, R. R. & R. D. Ross (Eds.), thinking straight: The reasoning and rehabilitation program for delinquency prevention and offender rehabilitation (pp. 249-257). Ottawa, Canada: Air Training and Publications.
11. Lipsey, M. W., Chapman, G., & Landenberger, N. A. 2001. Cognitive-behavioral programs for offenders. The Annals of the American Academy of Political and Social Science, 578, 144-157.
12. Clark A, Friedman MJ. Factor Structure and Discriminant Validity of the SCL-90 in a Veteran Psychiatric Population. J Pers Assess 1983;47:396-404.
13. Cyr JJ, McKenna-Foley JM, Peacock E. Factor structure of the SCL-90-R: is there one? J Pers Assess 1985; 49(6):571-578.
14. McGough J, Curry J.F. 1992. Utility of the SCL-90-R with depressed and conduct-disordered adolescent inpatients. J Pers Assess: 59(3):552-563.
15. Ghorbani, K. 2005. Impact on the intellectual, emotional, behavioral therapy, on conflicts and irrational thoughts among couples referred for counseling centers in Isfahan, MSc thesis, Faculty of Psychology and Educational Sciences, University of Isfahan.
16. Wilson, D. B., Bouffard, L. A., & MacKenzie, D. L. 2005. A quantitative review of structured, group-oriented, cognitive-behavioral programs for offenders. Journal of Criminal Justice and Behavior. 32(2), 172-204.
17. Rapee RM, Heimberg RG. 1997. A cognitive behavioral model of anxiety in social phobia. Behav Res Ther. 35(8):741-756.

18. Heimberg R.G. Brozovich F.A. Rapee R.M. 2010. A cognitive-behavioral model of social anxiety disorder: update and extension. In: Hofmann SG, DiBartolo PM, eds. *Social Anxiety: Clinical, Developmental, and Social Perspectives*. 2nd Ed. New York, NY: Academic Press: 395-422.
19. Deale A, Chalder T, Marks I, Wessely S. 1997. Cognitive behavior therapy for chronic fatigue syndrome: a randomized controlled trial. *Am J Psychiatry*, 154: 408-414.
20. Deale A, Husain K, Chalder T, Wessely S. 2001. Long-term outcome of cognitive behavior therapy versus relaxation therapy for chronic fatigue syndrome: a 5-year follow-up study. *Am J Psychiatry*, 158:2038-42.
21. Lopez C, Antoni M, Penedo F. 2001. A pilot study of cognitive behavioral stress management effects on stress, quality of life, and symptoms in persons with chronic fatigue syndrome. *J Psychosom Res*, 70:328-34.
22. Twisk, F.N.M. & Maes, M. 2009. A review on Cognitive Behavioral Therapy (CBT) and Graded Exercise Therapy (GET) in Myalgic Encephalomyelitis (ME)/Chronic Fatigue Syndrome (CFS): CBT/GET is not only ineffective and not evidence-based, but also potentially harmful for many patients with ME/CFS. *Neuro Endocrinol Lett*, 30:284-299.