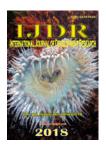


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ORIGINAL RESEARCH ARTICLE

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EFFECTIVENESS OF RATIONAL EMOTIVE BEHAVIOR THERAPY ON LEVEL OF DEPRESSION AMONG ATTEMPTED SUICIDE PATIENTS AT DHANVANTRI CRITICAL CARE CENTER, ERODE, TAMILNADU

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ABSTRACT

Background: depression causes several changes in life of an individual. An attempted suicide person develops depression by showing the symptoms like loneliness, decrease passion for life, feeling of unworthiness and unpleasurable mood. This study was performed to reduce the depression after REBT.

Objectives: To assess the level of depression among attempted suicide patients before and after rational emotive behaviour therapy.

Design: Pre-experimental design where one group pre and post test.

Setting: attempted suicide patients at Dhanvantri critical canter, erode.

Participants: Thirty attempted suicide patients, fulfilling the inclusion criteria were selected by using purposive sampling technique.

Selection criteria: The inclusion criteria the attempted suicide patients, Both male and female, Age group of 18 years and above, Who were willing to participate in the study, Who speak and understand Tamil Who were present during the time of data collection.

Methods: A study was conducted with 30 attempted suicide patients. Pre and post test assessment done by using Hamilton depression rating scale to assess the effectiveness of rational emotive behaviour therapy on level of depression among attempted suicide patients.

Results: From the findings of the study it can be concluded that the highest percentage of patients were in the age group of 21-30(50%) years. Most of (63%) of them were males. Most of (27%) of them were secondary education. Highest percentages (90%) of patients were Hindus. Majority (53.3%) of them were married .Most (36.6%) of attempted suicide patients were belongs to Rs.150-299.Highest percentages (60%) of them were not taken alcohol or drug dependence. Most (80%) of them were belongs to nuclear family. Most (93.3%) of them were not had past history of suicide. Most (86.6%) of them were not had any chronic illness. The overall comparison of pre and post test scores shows that in pre test the mean score was (19.1 ± 0.84) and 36.03%. Where as in the post test mean score was $((5\pm0.78)$ and 41.66%. With the mean difference of 20.94%. Highly significant difference in post test score of patients. Paired 't'test score was 47.5 at the level of significant association between the level of depression and their demographic variables.

Conclusion: From the findings of the study it can be concluded that the highest percentage of patients were in age group of 21-30 years. Most of them were males, educated, Hindus, married, not taken alcohol or drug dependence, no past history of suicide, no history of chronic illness. The REBT was highly effective on level of depression among attempted suicide patients. Highly significant effectiveness was found between pre test and post test scores. No significant association between post test scores with their demographic variables. Therefore, REBT can be used as a safe and effective to decrease the level of depression among attempted suicide patients.

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INTRODUCTION

Suicide is among the top ten causes of death in India and most other countries, the official suicide rate in India is 9.9/lakh population/year, every year one million people worldwide commit suicide while 10-20 million people attempt suicide, in India the highest suicide rate is in the age group of 18-30 years. Some of highest suicides in India are reported from Pondicherry, West bengal, Chennai and Bangalore, Suicide attempts are often precipitated by stressors such as separation and incarceration. A study found that 70% of adolescents attempting suicide had a stressor but half of those stressors occurred in preceding 24 hours Several factors put people at risk for suicide including impulsive and high-risk behaviors on treated mood disorders such as depression and bipolar disorder, Individuals with mood disorders like depression and bipolar disorder are for more likely to commit suicide than those in any other, psychiatric or medical risk group, Once suicide is committed, it is no longer treatable, the management obviously lies in preventing the act, and treatment includes counseling and guidance to deal with the desire to attempt suicide, to deal with ongoing stressors, treatment of psychiatric disorder with medication and psychotherapy. Cognitive therapist believes that depression is the product of negative thinking. Cognitive therapy focuses on helping the individual to alter mood by changing the way he or she thinks Rational emotive behavior therapy is a type of cognitive therapy. It is very challenging form of therapy in which the therapist helps patients to spot when they are distressing themselves and then to change their thinking. Rational emotive behavior therapy views human being as 'responsibility hedonistic' in the sense that they strive to remain alive and achiev. The suicide among men in the age group of 45-59 is shocking 1,812 per 100.000 persons among women nearly 550. However among divorced males the suicide rate is 164 per 100,000 persons, among females the rate is only 63100,000 while the suicide rate for separated men is about 167 for females it is only 41 per 100,000 persons e some degree of happiness. In India 61.3% were males and 38.7% were females. Peak occurrence in the age of 15-29 years common cause of suicide is family problems and emotional problem. Once there is a suspicious thought that a patient may be suffering from depression or have some suicide risk quickly do screening for depression first.

Objectives

- To assess the level of depression among attempted suicide patients before and after rational emotive behavior therapy.
- To determine the effectiveness of rational emotive behavior therapy on depression among attempted suicide patients.
- To find out the association between posttest scores on depression among attempted suicide patients with their selected demographic variables.

Hypothesis

- There is a significant level of depression among attempted suicide patients before and after rational emotive behavior therapy.
- There is a significant effectiveness of rational emotive behavior therapy on depression among attempted suicide patient.

• There is a significant association between post test depression scores among attempted suicide patients with their selected demographic variables.

Delimitations

The study is delimited to

- Assess the effectiveness of Rational emotive behavior therapy
- Identify depression level
- Attempted suicide patients available during period of data collection.
- Dhanvantri critical care centre.
- Hamilton depression rating scale.

MATERIALS AND METHODS

The design used for the present study was pre experimental design to evaluate the effectiveness of rational emotive behavior therapy on depression among attempted suicide patients.

Population

Populations for the present study were attempted suicide patients.

Sample

The sample selected for this study was attempted suicide patients admitted at Dhanvantri critical care centre, Erode.

Sample size

The sample size comprises of 30 attempted suicide patients.

Sampling technique

Purposive sampling technique was used for the present study, to select the attempted suicide patients,

Sampling criteria

Inclusion criteria

The attempted suicide patients

- Both male and female
- Age group of 18 years and above
- Who were willing to participate in the study
- Who speak and understand Tamil
- Who were present during the time of data collection
- Mild and moderate level of depression

Exclusion citeria

The attempted suicide patients

- Serious illness
- Difficulty in hearing and speaking
- Severe level of depression

Description of the tool: Structured interview schedule consist of the following sections,

Section A, it consists of characteristics of attempted suicide patient such as age, sex, marital status, religion, income, educational status, type of family, chronic illness and previous attempt of suicide.

Section B, it consists of standardized Hamilton depression rating scale to assess the level of depression among attempted suicide patients, which consist of 17 questions, every response is rated, the maximum score will be given for acceptance and minimum score for the normal. Among the 17 questions, 9 areas (depressed mood, feeling of guilt, suicide, work and activities, retardation, agitation, anxiety-psychological, anxiety-somatic, hypochondriasis) carries 4 rating, 1 area (loss of weight) carries 3 rating and 7 areas (insomnia early, insomnia middle, insomnia late, somatic symptomsgastrointestinal, somatic symptomsgeneral, genital symptoms, insight) carries 2 rating

Scoring procedure

Based on the percentage of scores, the level of depression was graded in 4 categories. They are graded as "normal", "mild", "moderate" and "severe".

Table 1. Level of depression scores based on percentage

Level of dep	ression	Actual score	Percentage
Normal		0 - 7	<27
Mild		8 - 15	28 - 53
Moderate		16 - 22	54 - 74
Severe		>23	>74

Data analysis

The findings revealed that mean post test score was 8.0 ± 0.827 . It indicates rational emotive behavior therapy on depression was effective among attempted suicide patients. The paired t test 't' value showed that, there was significant difference in attempted suicide patients regarding rational emotive behavior therapy on depression and chi square test showed no association between the demographic variables and post test scores of experimental group.

SECTION - A

Description of attempted suicde patients according to their demographic characteristics

Table 2. Frequency and percentage distribution of samples according to their demographic variables (n = 30)

Sl.N0:	Demographic Variables	Frequency(n)	Percentage (%)	
1	Age in years			
I	21-30years	15	50%	
II	31-40years	6	20%	
III	41-50years	5	17%	
IV	Above 50years	4	13%	
2	Gender			
I	Male	19	63%	
II	Female	11	37%	
3	Educational status			
I	No formal education	5	17%	
II	Primary Education	4	13%	
III	Secondary Education	8	27%	
IV	Higher secondary education	5	17%	
V	Graduate and above	8	26%	
4	Religion			
I	Hindu	27	90%	
II	Muslim	1	3.3%	
III	Christian	2	6.7%	
IV	Others	-	-	
5 I	Marital status			
I	Un married	13	43.3%	
II	Married	16	53.3%	
III	Widow/widower	1	3.4%	
IV	Divorced	-	-	
6	Daily income			
I	<rs.150< td=""><td>6</td><td>20%</td></rs.150<>	6	20%	
II	Rs.150-299	11	36.6%	
III	Rs.300-499	5	16.7%	
IV	Rs.500-999	5	16.7%	
V	Rs.1000 and above	3	10%	
7	Alcohol or drug			
I	dependence	12	40%	
II	Yes	18	60%	
	No			
8	Type of family			
I	Nuclear family	24	80%	
II	Joint family	6	20%	
III	Extended family	0	0%	
9	Past history of Suicide			
I	attempt	2	6.7%	
II	Yes	28	93.3%	
	No			
10	Chronic illness			
	Present	4	13.4%	
	Absent	26	86.6%	

Table 2 Reveals the frequency and percentage distribution of attempted suicide patients with their demographic variables.

SECTION-B

Assess the level of depression among attempted suicide patients before and after rational emotive behavior therapy

Table 3. Frequency and percentage distribution of the pretest and

Post test scores among attempted suicide patients

Level	of	Pretest scores		Posttest scores	
Depression		Frequency	Percentage	Frequency	Percentage
Normal		-	-	9	30%
Mild		-	-	21	70%
Moderate		30	100%	-	-
Severe		-	-	-	-

SECTION C

Assess the effectiveness of rational emotive behavior therapy on level of depression among Attempted Suicide Patients

Table 4. Paired 't' test value of attempted suicide patients, pre and post test scores on level of depression

Level of depression(Areas)	't' value	Level of significance
Depression	15.88	p < 0.05 significant
Insomnia	16.16	p < 0.05 significant
Motor activity	19.00	p < 0.05 significant
Anxiety	11.51	p < 0.05 significant
Physical symptoms	8.75	p < 0.05 significant
Insight	0.91	p < 0.05 not significant
Total	47.5	p < 0.05 significant
Of -29 Table value -	2.05	(p < 0.05 significance

Conclusion

It seems that Rational emotive behavior therapy on depression among attempted suicide patients was highly effective.

Hypothesis 2: There is a significant difference effectiveness of rational emotive behavior therapy on depression among attempted suicide patients is accepted.

Objectives 3: To find out the association between the post test scores of depression among attempted suicide patients with their selected demographic variables. Chi square was calculated to find out the association between the post test scores of depression of attempted suicide patients with their demographic variables (Age in years, gender, educational status, religion, marital status, socio economic status, alcohol (or) drug dependence, type of family, suicide attempt and chronic illness).

There is no significant association between post test scores of depression among attempted suicide patients with their demographic variables, the findings were only by chance not the true difference.

Hypothesis 3

There is no significant association between post test scores of depression among attempted suicide patients with their demographic variables. So the hypothesis was rejected.

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