

The Effect of Rational Emotive Behavior Therapy on Psychological Wellbeing Among Individuals with Alcohol Dependence Syndrome

Jojo Mathew

Ph.D Research scholar, Monad University, Hapur

E-mail: chennattujojo@gmail.com

Dr. Soma Das

Professor, Monad University, Hapur

Abstract

Alcohol dependence syndrome causes physical, psychological, interpersonal, social, and financial problems and negatively affects the wellbeing of individuals. The present study aimed at studying the effect of Rational Emotive Behavior Therapy on psychological wellbeing among individuals with alcohol dependence. Objectives of the study were to compare the levels of psychological wellbeing among the experimental and control group after the intervention of Rational Emotive Behavior Therapy; and to compare the level of psychological wellbeing before and after the therapy in the experimental group. The pretest-post test control group design was used in the study. Purposive sampling technique was used to select 10 individuals with alcohol dependence to the Experimental group and 10 individuals with alcohol dependence to the control group, who were undergoing treatment in three psychiatric centers in Uttar Pradesh, India. Five point likert scale was used to assess the psychological wellbeing of the 20 samples before and after the Intervention. The data was analyzed using paired sample test and independent sample t test. The results of the present study show that comparing with pre intervention, there is significant improvement in the experimental group on psychological well being after the Rational Emotive Behavior Therapy. The results also indicate that there is significant difference between the level of psychological wellbeing among experimental group and control group in post intervention assessment. The difference is significant at 0.01 level. So Rational Emotive Behavior Therapy can be included in the management plan of Alcohol dependence to enhance psychological wellbeing.

Keywords: Alcohol dependence syndrome, Psychological wellbeing, Rational Emotive Behavior Therapy

Introduction

Alcohol dependence syndrome is a “cluster of physiological, behavioural and cognitive phenomena in which the use of alcohol takes on a much higher priority for a given individual than other behaviours that once had greater value” (world Health Organization, International Classification of Mental and behavioural Disorders (ICD- 10, 2007). Alcohol use is prevalent in both rural and urban areas of India with the prevalence rate ranging from 23% to 74% among males and the prevalence rate among women is ranging from 24% to 48% (Singh, 2015). Alcohol dependence is widely prevalent all over India and it negatively affects physical and mental health. The medical conditions like fatty liver, liver cirrhosis, liver failure, hepatitis, gastritis, peptic ulcer, Protein losing enteropathy, peripheral neuropathy, delirium tremens, rum fits, hallucinations, Wernicke Korsakoff's syndrome, alcoholic dementia, suicide, alcoholic hypoglycemia, Cardiomyopathy, anemia, malnutrition, decreased immune function, sexual dysfunctions, depression, anxiety etc. (Subir, 2006), and various problems like accidents, marital disharmony, divorce, occupational problems, criminality, financial problems etc... (Sachin & Suresh, 2014). Identifying alcohol dependence syndrome proceeds through the following stages. They are A) suspicion: the suspicion may arise by evidence from various areas of life like work, marriage, legal issues, financial problems etc...or withdrawal symptoms like irritability, insomnia, nausea, vomiting, tremors etc. it leads to the screening stage. B) Screening: suspicion may lead to consultation and there by screening. For screening purposes, the CAGE questionnaire, Alcohol Use Disorder Identification Test (AUDIT), Alcohol, smoking and Substance involvement Screening Test (ASSIST) etc. can be used. C) confirmation: The final confirmation is done through clinical interview with the patient and/or family members (Desai, Kumar, Sengupta, Sharma, 2003). After the diagnosis, there are three stages in the treatment of alcohol dependence. They are: a) intervention: Confrontation is the goal of intervention. It is to break the denial of the patient. It will also help the patient to identify the consequences of alcohol disorder. Intervention aims at motivating the patient for treatment and abstinence; b) Detoxification: Detoxification starts with thorough physical examination. Benzodiazepines, Librium and Valium etc. help to overcome withdrawal symptoms like seizures, delirium tremens etc. duration of detoxification is around one

to two weeks. During this time, adequate rest, nutrition, vitamins etc. are provided (Desai, Kumar, Sengupta, Sharma, 2003); and c) Rehabilitation: Rehabilitation has three major components: A) efforts to improve motivation for abstinence, B) help the patient to modify his lifestyle free of alcohol; D) Relapse prevention. Motivation enhancement therapy, behavior modification, relapse prevention therapy, various cognitive behavior techniques etc. are important during this stage.

Rational Emotive Behavior Therapy and Alcohol Dependence

Albert Ellis founded REBT in 1955. Albert Ellis advocated that irrational beliefs are the cause of alcohol dependence. According to this theory, there are four patterns of irrational thinking and alcohol dependence. A) The low frustration tolerance pattern explains that alcohol use occurs due to discomfort and anxiety caused by Low frustration tolerance; B) intoxication copying pattern occurs when the individual takes alcohol to avoid problems; C) the worthlessness pattern causes alcohol intake due to the irrational belief of self downing and dichotomous thinking (“I am worthless & I cant stop”); D) sensation seeking pattern also causes alcohol abuse when the individual believes that “I must never be bored” (Southern, 2013).

REBT model of Addiction

A= Activating Events

B= irrational beliefs and four patterns (the low frustration tolerance pattern, intoxication copying pattern, the worthlessness pattern, sensation seeking pattern)

C= Consequences (alcohol use and related emotional and behavioral consequences)

Process of Rational Emotive Behavior Therapy

The process of REBT proceeds through the following steps: 1). Identifying the problem, 2). Defining & agreeing with the target problems 3). Assessing the emotional and behavioral consequences (C), 4) Assessing the activating event (A), 5). Identifying and assessing the secondary emotional problems 6). Teaching the belief-consequence connection 7). Assessing beliefs 8). Connecting the beliefs and consequences 9). Disputing the irrational beliefs by using the techniques “how is it helping”? (Functional), Empirical- “where is the evidence?” and Logical- “is it sensible?”, 10). Preparing the client to deepen in rational beliefs, 11). Encouraging the clients

to practice the new learning,12). Checking the homework assignments, 13). Facilitating the working-through process. REBT brings change in the patient by restructuring and changing irrational beliefs. For disputing the irrational beliefs, the therapist uses logical, realistic and heuristic methods. The change is brought first on a specific level and later, slowly on a general level (Hammels & Yalom, 1996)

Psychological wellbeing and Rational Emotive Behavior Therapy

“Psychological Well-being is the subjective feeling of contentment, happiness, satisfaction with life’s experiences and of one’s role in the word of work, sense of achievement, utility, belongingness and no distress, dissatisfaction or worry etc. (Sisodia & Choudhary, 2012). According to REBT, the cause of psychological disturbance is due to primary irrational beliefs and absolutistic, dogmatic cognitions and they negatively affect psychological health (Ellis & Dryden, 1997).

Review of literature

In the review of literature, we can find that earlier, REBT based group therapy was given to Alcohol dependent patients and it was effective in reducing their criminal, disruptive behavior, (Cox, 1979), alcohol intake (Greven, 1985), craving for alcohol (Mathews & Parker, 1987), but later REBT was used on various trans-diagnostic cases like depression in Type 2 Diabetic inpatients (Eseadi & Edeh, 2017), restless leg Syndrome (Newman, 2013) etc. REBT was also widely used on different populations like teachers and students to raise their self-efficacy (Warren, 2009), anger management (Sharp, 2003), athletes to improve their performance (Turner, 2016), Turner & Block, 2016) and Soldiers to increase their resilience (Jarret, 2013). REBT was also found good in handling marital counseling (Johnson, 2013), Addis, Bernard & Beach, 2002). REBT was also found effective in improving various sub domains of psychological wellbeing like satisfaction (Maheswari & Nallangal, 2014), (Krekhovets & Leonova, 2013), (Civiti & Asm, 2009), (Zullig, Robert, Heubner, Oeltman & Dane, 2002); Efficiency and self-acceptance (Caruso, Angelone, Abbate & Mezzaluna, 2017), Zullig, Robert, Heubner, Oeltman & Dane, 2001) and interpersonal relations (Kornreich et al, 2002). Many studies have proved that those who are

dependent on psychoactive substances have low level of psychological wellbeing (Kshewa, 2015), Visser & Routledge, 2007), Tincompsee & Romano, 2005); studies are specifically done on the psychological wellbeing of older adults who are dependent on alcohol and it is found low level among them (Graham & Schmidt, 1999), alcohol dependents have low level of psychological wellbeing (Menon & Edward, 2014); there are some studies which could not find any correlation between alcohol use and psychological wellbeing (Gils, Rompaey & Dierckx, 2012). So two different opinion can be seen in existing literature regarding alcohol dependence and psychological wellbeing, so this field demands more studies.

Earlier in 1970's and 1980's, REBT was given to alcohol addicts in the form of group therapy and the present study focuses on individual therapy. There are several studies on different populations like students, teachers, athletes, soldiers etc...showing that REBT is effective in enhancing Psychological wellbeing. So, the proposed study is an attempt to explore the effectiveness of individual therapy form of REBT in enhancing the Psychological wellbeing among individuals between the age of 18- 35 who are dependent on alcohol.

Method

Aim of the study is aimed at studying the effect of Rational Emotive Behavior Therapy on psychological wellbeing among individuals with alcohol dependence.

Objectives of the study:

- i) To assess the level of psychological wellbeing among the experimental and control group before giving Rational Emotive Behavior Therapy
- ii) To assess the level of psychological wellbeing among the experimental and control group after the intervention (Rational Emotive Behavior Therapy)
- iii) To compare the level of psychological wellbeing before and after the intervention in the experimental group

Operational definition

Psychological Wellbeing in the present study means “the subjective feeling of contentment, happiness, satisfaction with life's experiences and of one's role in the world of work, sense of

achievement, utility, belongingness and no distress, dissatisfaction or worry” (Sisodia & Choudhary, 2012). Psychological wellbeing has five sub areas in the present study. They are, Satisfaction, Efficiency, sociability, mental health and interpersonal relations.

Alcohol dependence Syndrome in the present study means “a cluster of physiological, behavioral and cognitive phenomena in which the use of alcohol takes on a much higher priority for a given individual than other behaviours that once had greater value.” (World Health Organization, International Classification of Mental and Behavioral Disorders (ICD-10), 2007).

Research question

Will Rational Emotive Behavior Therapy enhance the level of psychological wellbeing among individuals with Alcohol dependence syndrome?

Hypotheses

- i) There will be significant difference in level of psychological wellbeing between experimental and control group after the intervention of Rational Emotive Behavior Therapy.
- ii) There will be significant difference in level of psychological wellbeing in experimental groups after the intervention of Rational Emotive Behavior Therapy.

Variables

Independent Variable: Sessions of Rational Emotive Behavior Therapy

Dependent Variable: Level of psychological wellbeing

Research design

Pre-test post test control group design is used in the present study

Setting of the research: Three Psychiatric Hospitals in Uttar Pradesh were selected.

Sample

Sample consisted of 20 individuals with alcohol dependence syndrome who were undergoing treatment in psychiatric hospitals, out of which 10 each were included in experimental and control group.

Sampling method: Purposive sampling method is used for the study.

Inclusion criteria for experimental group and control group

- Patients meeting the ICD 10 criteria for alcohol dependence
- Individuals with Alcohol dependence, who can read and speak English
- Willingness to receive intervention
- Male inpatients between the age of 18-35 (young adults)

Exclusion criteria for experimental group and control group

- Patients with treatment history of schizophrenia
- Patients with treatment history of mood disorders
- Patients with treatment history of organic Mental disorders
- Patients with severe withdrawal symptoms

Tools

Socio demographic and clinical data sheet

Alcohol Use disorders Identification Test (AUDIT) The AUDIT has been validated and coefficient is .92. Test retest reliability was .84; consistency value is 0.94. Self-report version of the AUDIT was used in the study.

Psychological Well-Being Scale developed by Sisodia and Chaudhary in 2012. 50 items in Five Area— Satisfaction, Efficiency, Sociability, Mental Health and Interpersonal Relations. the test-retest reliability is 0.87 and the consistency value for the scale is 0.90. Validity of the scale is 0.94

Manual for Rational Emotive behavior Therapy for Addictions: The manual was prepared by Albert Ellis and published by Albert Ellis Institute in 1996.

Procedure: The patients fulfilling the inclusion criteria were selected from three psychiatric hospitals in Lucknow.

- The participants were informed about the purpose of the study, following which their written informed consent was collected.
- Administration of AUDIT on both groups to assess their alcohol dependence.

- Administration of Psychological wellbeing scale on both groups as pre-treatment assessment
- REBT sessions for addiction, according to the therapy manual, were given to the experimental group.

The control group was not given any REBT sessions.

- Re-Administered the Psychological wellbeing scale on both groups after intervention
- After administration, all protocols were scored and analyzed according to standard scoring procedure.
- Pre intervention and post-intervention Findings were compared with control group.

Data Analysis

Data analyses were done using Statistical Package for Social Sciences (SPSS), version 20.0. Paired sample t test was used know the means of pre test and post test levels of psychological wellbeing among experimental group is significantly different or not. Independent sample t test was used to compare the means of experimental group and control group to determine whether they are significantly different.

Results and Discussion

Demographic variables	Frequency	Percentage
Age		
18-25	8	40
26-30	4	20
31-35	8	40
Religion		
Hindu	14	70
Christian	4	20
Buddhist	2	10
Muslim	0	0
Gender		
Male	20	100
Female	0	0
Marital Status		
Married	8	40
Unmarried	12	60
Domicile		
Urban	14	70
Rural	6	30

Age of Onset		
11-18	15	75
19-25	5	25
26-35	0	0

Table 1. Frequency and percentage of the demographic variable of individuals with alcohol dependence

Table 1 shows that the 40% of samples fall between the age range of 18 to 25, 20% to 26 to 30 and 40% are between the age range of 31 to 35. 70% of our samples belong to Hindu religion, 20 % to Christian religion and 10% to Buddhism. All the participants under study were male and 40% were married and 60% were unmarried. 70%of the samples are having domicile in urban and 30%have belong to rural area. Analyzing the age of onset, 75%of the samples started taking alcohol between the age of 11 to18 and 25% started between the age of 19-25.

Table 2: Mean of Psychological wellbeing and its sub domains in experimental group in the pre and post intervention of Rational Emotive Behavior Therapy.

Subdomain of Psychological Wellbeing	Pre-Intervention M	Post-Intervention M
1. Satisfaction	23.40	41.10
2. Efficiency	27.20	44.00
3. Sociability	30.50	42.30
4. Mental Health	24.90	42.30
5. Interpersonal Relations	31.90	43.70
Overall Psychological Wellbeing	137.90	213.40

The result in table 2 indicates that in the experimental group, the mean of psychological wellbeing was 137.90 before REBT, and after the REBT intervention, it increased to the mean of 213.40. in the same way, the sub domains of psychological wellbeing, there is an increase in satisfaction from

the mean of 23.40 to 41.10, Efficiency mean from 27.20 to 44.00, Sociability mean from 30.50 to 42.30, Mental health mean from 24.90 to 42.30, and interpersonal relations from the mean of 31.90 to 43.70.

Table 3: Mean for Psychological wellbeing and its sub domains in control group in the pre intervention and post intervention

Subdomain of Psychological Well being	Pre-Intervention M	Post-Intervention M
1. Satisfaction	24.40	27.50
2. Efficiency	29.70	32.40
3. Sociability	32.20	33.50
4. Mental Health	27.00	31.40
5. Interpersonal Relations	30.30	34.20
Overall Psychological Well being	143.60	159.00

The result in table 3 indicates that in the control group, the mean of psychological wellbeing was 143.6000 and in the post test, increased to the mean of 159.0000. There is an increase in satisfaction from the mean of 24.40 to 27.50, Efficiency mean 29.70 to 32.40, Sociability mean from 32.20 to 33.50, Mental health mean from 27.0000 to 31.4000 and interpersonal relations from the mean of 30.300 to 34.20. The control group was not received REBT but only treatment as usual.

Table 4. Result of paired samples test comparing the level of psychological wellbeing before and after intervention in both experimental and control groups.

Pair	M	SD	t	df	Sig. (2-tailed)
Pair 1: Experimental Post – Pre	75.50000	23.97800	9.957	9	.000**
Pair 2: Control Post – Pre	15.40000	11.43290	4.260	9	.020*

**p<.01 level of significance

*p<.05 level of significance

The result in table 4 indicates that in the experimental group, the mean difference between pre and post intervention of Rational Emotive Behavior Therapy is 75.50000 and in control group, it is 15.4000. T value is 9.957 in experimental group and 4.260 in control group. The value .000 indicates the difference between pre test and post test in experimental group is significant at 0.01 level and in control group, it is at 0.05 level. I.e., there is an increase in the level of psychological wellbeing among both groups, but in experimental group, it is comparatively very high.

Table 5. Result of Independent sample test comparing experimental and control groups' pre test and post test level of satisfaction, Efficiency and Sociability which are the sub domains of psychological wellbeing

Measure	Experimental M	Experimental SD	Control M	Control SD	t	Sig.
Pre-test	23.4000	5.35828	24.4000	5.44059	-0.414	.684
Post-test	41.1000	2.84605	27.5000	5.54276	6.902	.000**

**p<.01 level of significance

The result indicates that after the intervention, there is a significant difference between two groups on satisfaction, efficiency and sociability. The difference between experimental group and control group after intervention in satisfaction, efficiency and sociability is at 0.01 level.

Table 6. Result of Independent sample t test comparing experimental and control groups' pre test and post test level of mental health and interpersonal relations, which are the sub domains of psychological wellbeing.

Measure	Time	Experimental M	Experimental SD	Control M	Control SD	t	Sig.
Mental Health	Pre	24.900	6.436	27.000	7.944	-0.649	.524
	Post	42.300	2.750	31.400	6.670	4.777	.000**
Interpersonal Relations	Pre	31.900	8.075	30.300	4.547	0.546	.592
	Post	43.700	3.233	34.200	3.293	6.509	.000**

****p<.01 level of significance**

The result indicates that after the intervention, there is a significant difference between two groups on mental health and interpersonal relations. The difference between experimental group and control group after intervention in mental health and interpersonal relations is at 0.01 level.

Table 7: Result of independent sample t test comparing the two group's pretest and post test psychological wellbeing.

Measure	Experimental M	Experimental SD	Control M	Control SD	Mean Difference	df	t	Sig. (2-tailed)
Psychological Wellbeing (Pre)	137.90	23.510	143.60	22.282	-5.700	18	-0.556	.585
Psychological Wellbeing (Post)	213.40	9.868	159.00	21.868	54.400	18	7.170	.000**

****p<.01 level of significance.**

The result indicates that there is a significant difference between two groups on psychological wellbeing after the intervention. The mean difference between two groups in pre test was -5.700 and post intervention it is increased to 54.400. the difference between two groups after the is statistically significant at 0.01 level.

Discussion

The present study aimed to assess the effect of Rational Emotive Behavior Therapy on Psychological wellbeing among individuals with alcohol dependence syndrome. Psychological wellbeing is the subjective feeling of wellness and happiness (Sisodia & Chaudhary 2012 p.3). According to the theory of REBT, the irrational beliefs lead to mental illness whereas rational beliefs to Wellbeing. The irrational beliefs that lead to illness are demandingness, Awfulizing, Discomfort intolerance and people rating. In the case of alcohol addicts, the dependence on alcohol may be due to the low frustration tolerance pattern, intoxication copying pattern, worthlessness pattern and sensation seeking pattern. REBT holds that if the irrational beliefs can be changed, then the person can move to a state of wellbeing.

The hypotheses of the present study were “there will be significant difference in level of psychological wellbeing between experimental and control group after the intervention of Rational Emotive Behavior Therapy”; and “there will be significant difference in level of psychological wellbeing in experimental group after the intervention of Rational Emotive Behavior Therapy”. In the result, (table 2, table 3 and table 4), it is shown that the level of psychological wellbeing is low in both groups in the pre intervention assessment. This result is consistent with the previous studies that the level of psychological wellbeing is low among individuals with substance dependence, especially alcohol dependence. The finding of Visser & Routledge (2007) was that among adolescents, those who abuse psycho active substance have low level of psychological wellbeing. Suresh & Sachin (2014) also found that those who are dependent on alcohol have low level of psychological wellbeing. Among the older adults also, the level of psychological wellbeing was low among those who are dependent on alcohol (Graham & Schnidt, 1999). Tuicompee & Romano (2005) who conducted research on Thai drug users found that they have low level of psychological wellbeing irrespective of the duration of drug use. Here in the present study, it is also found that among the young adults, those who are dependent on alcohol have low level of psychological wellbeing.

Rational emotive behavior therapy holds that by correcting the irrational beliefs, we can lead the individuals into mental health and wellbeing. So in the present study, the results reveals that there is an increase in psychological wellbeing after the REBT intervention among the experimental group. There is a slight increase in control group also (Table 2, 3 & 4). The paired sample test result reveals that the difference in the experimental group after the intervention is statistically significant at 0.01 level and in the control group, it is significant at 0.05 level. The independent sample t test result (table 7) shows that the difference between experimental group and control group after the intervention is also statistically significant at 0.01 level. So, both our hypotheses are accepted.

The results indicate that there is an increase in psychological wellbeing in both groups after the intervention. It is because both groups were receiving Treatment As Usual and it caused improvement in psychological wellbeing. The experimental group was receiving treatment As

Usual and REBT, so there is a significant improvement in Psychological wellbeing. The finding in our study is consistent with the finding of Nik, Basawarajappa & Ali (2014) that REBT helps to increase psychological wellbeing of substance abusers. The present study which is specifically done on individuals with alcohol dependence shows that REBT is effective in increasing Psychological wellbeing.

Summary and conclusion

The present research aimed to study the effect of Rational Emotive Behavior Therapy on Psychological wellbeing among individuals with alcohol dependence syndrome. The hypotheses of the present study were “there will be significant difference in level of psychological wellbeing between experimental and control group after the intervention of Rational Emotive Behavior Therapy”; and “there will be significant difference in level of psychological wellbeing in experimental group after the intervention of Rational Emotive Behavior Therapy”.

The results of the present study show that comparing with pre intervention, there is significant improvement in the experimental group on psychological well being after the Rational emotive Behavior Therapy. The results in the present study also indicate that there is a significant difference between the level of psychological wellbeing among experimental group and control group in post intervention assessment. The difference is significant at 0.01 level. So, both the alternative hypothesis are accepted and null hypothesis are rejected.

The present study concludes that rational Emotive behavior therapy is effective in enhancing psychological wellbeing among individuals with alcohol dependence.

Clinical Implications

- The significant improvement in psychological wellbeing among the samples in experimental groups after the intervention proves the effectiveness of Rational Emotive Behavior Therapy in enhancing psychological wellbeing.
- Rational emotive behavior Therapy is also found helpful in enhancing satisfaction, efficiency, sociability, mental health and interpersonal relations, which are the subcomponents of psychological wellbeing.

- These findings will help the psychotherapist to include Rational Emotive Behavior Therapy in the management of individuals with alcohol dependence
- The finding that the individuals with alcohol dependence have lower level of psychological wellbeing including less satisfaction, poor efficiency, impaired social and interpersonal relationships, and low mental health can be included in preventive counseling of alcohol dependence.

Limitations of the study

- The sample size of the study is small (20). So, the finding cannot be generalized to the whole population
- The samples were purposively selected from only three convenient psychiatric centers in Lucknow and did not include the subjects from other psychiatric hospitals, which limits the generalization of results.
- The samples were only male young adults; female samples are not included.

Future Directions

- Similar study should be conducted on larger samples
- Random sampling technique should be used for the selection of samples to both groups, so that equal opportunity can be made sure to the population
- The role of rational Emotive behavior therapy in preventing relapse also can be studied during follow up sessions in OPD.
- Similar study also can be done on female population to see the effect of REBT on psychological wellbeing.

References

Addis, J., & Bernard, M. (2002). Marital Adjustment and irrational beliefs. *Journal of Rational Emotive and Cognitive Behavioral Therapy*, 20(1), 3-13.

Doi: 10.1023%2FA%3A1015199803099.

- Civitci., & Asm. (2009). Relationship between irrational beliefs and life satisfaction in early adolescents. *Eurasian journal of Educational Research*, 10 (37), 91-109.
- Comer, R.J. (2010). *Abnormal psychology*. New York: Worth Publishers.
- Deck, A., (1996). *Substance abuse and dependence*. Retrieved from <https://www.csun.edu/hcpsy002/0135128978-ch9.pdf>
- Desai, N.G., Kumar, R., Sengupta, S. N., & Sharma, P. (2003). *Clinical practice guidelines for treatment of Alcohol dependence Syndrome*. Retrieved from www.indianpsychiatry.org/cpg/cpg2006/CPG-mgmt-14.pdf
- Diguiseppe, R., & Gruner, P. (2000). A review of Rational Emotive Behavior Therapy research in Alcohol abuse treatment. *Journal of Rational Emotive and Cognitive Behavioral Therapy*, 18(20), 165-179. Doi:10.1023/A:1007878921028
- Dryden, W. (2012). *What is REBT? Outlining the approaches by considering the four elements of its names*. Retrieved from www.windeydryden.com/cms/files/rebt-4-elements-article-pdf.
- Ellis, A., & Dryden., W. (1997). *The practice of rational Emotive behavior therapy* (2nd ed.). New York: Springer publishing company.
- Eseadi, C., Onwuka, G.T., Otu, M.S., & Edeh , C.N. (2017). Effects of Rational Emotive Behavior Coaching on Depression among Type 2 Diabetic Inpatients. *Journal of Rational Emotive and Cognitive Behavioral Therapy*. Doi:10.1097/MD.0000000000004444
- Gils, Y., Rompaey, v., & Dierckx, E. (2012). The association between drinking behavior, wellbeing and late life alcohol use problems. *Procedia-Social and behavioral Science*, 82, 592-598. Doi: 10.1016/j.sbspro.2013.06.315.
- Graham. K., & Schmidt, G. (1999). Alcohol use and psycho social wellbeing among older adults. *Journal of Studies on Alcohol*, 60 (3), 345-345. Doi: 10.15288/jsa.1999.60.345
- Hammels. D., & Yalom, V. (1996). *Instructors' manual for Rational Emotive Behavior Therapy for addictions with Albert Ellis*. Retrieved from www.psychotherapy.net/data/uploads/5113dfa5aefa5.pdf

- Jarret, T. A. (2009). Warrior Resilience and thriving: rational Emotive Behavior Therapy as a resiliency and thriving foundation to prepare warriors and their families for Combat deployment and post traumatic growth in operation Iraqi Freedom, 2005-2009. *Journal of Rational Emotive and Cognitive Behavioral Therapy*, 31(2), 93-107. Doi: 10.1007/s1094-013-0163-2
- Johnson, S.A. (2013). Using REBT in Jewish, Christian and Muslim couples counseling in the United States. *Journal of Rational Emotive and Cognitive Behavioral Therapy*, 31(2), 84-92. Doi:10.1007/s 10942-013-0161-4
- Kornreich, C., Philippot, P., Foisy, M., Blairy, S., Raynaud, E., Dan, B., Hess, U., Noel, X., Pelc, I., & Verbanck, P. (2002). Impaired emotional facial expression recognition is associated with interpersonal problems in Alcoholism. *Journal of Alcohol & Alcoholism*, 37 (4), 394-400.
- Krekhovets, E., & Leonova, L. (2013). Alcohol consumption and life satisfaction: Evidence from Russia. *Academic Journal of interdisciplinary studies*, 2(8), Doi:10.5901/ajis.2013.v2n8p98.
- Kshewa, G.J. (2015). Psychological wellbeing, Alcohol Abuse and sexual behavior among African Adolescent males in South Africa, *Journal of Psychology*, 6(1), 32-40.
- Maheswari, K., & Nallangal, M. (2014). Marital satisfaction among Alcoholics. *Indian Journal of Applied research and social sciences*, 4(12), 24-32.
- Newman, C. (2013). Using REBT in the treatment of Restless leg Syndrome: A case study. *Journal of Rational Emotive and Cognitive Behavioral Therapy*. Doi: 10.1007/s 10942-013-0174-2
- Sachin, S., & Suresh, V. (2014). Effectiveness of Group therapy on psychological wellbeing among alcoholic dependents at selected de-addiction centre in Ahmedabad. *Journal of Nursing and Health Science*, 3(5), 35-39.
- Sharp, Shannon, R. (2003). *Effectiveness of an Anger Management Training Program Based on Rational Emotive Behavior Theory (REBT) for Middle School Students with*

- Behavior Problems A PhD dissertation.*, University of Tennessee, retrieved from http://trace.tennessee.edu/utk_graddiss/2372
- Singh, M. (2015). *Alcohol use disorder*. The national health portal of India. retrieved from https://www.nhp.gov.in/healthy_living/alcohol-use-disorder.
- Southern, S. (2013). *Annual Review of Addictions and Offender Counseling*. London: Wipf and Stock Publishers.
- Subir, K.D. (2006). Alcohol: its health and social impact in India. *National Medical Journal of India*, 19 (2), 94-98
- Swarnalata & Prakash (2017). Psychological Wellbeing among spouses of individuals with Alcohol dependence Syndrome. *Indian journal of health & Wellbeing*, 8(2), 136-139.
- Tuicompee, A., & Romano, J. (2005). Psychological wellbeing of Thai drug users: implications for prevention. *International journal for the advancement of Counseling*, 27, 431-444.
- Turner, M & Cunningham, R. (2016). Using REBT with mixed Martial Arts Athletes to reduce irrational beliefs and increase Unconditional self acceptance. *Frontiers in psychology*. Doi: 10.1080/10413200.2018.1446472
- Turner, M. (2016). Rational Emotive Behavior Therapy (REBT), irrational and Rational beliefs and the mental health of Athletes. *Frontiers in psychology*, 7(2), 143-154. Doi:10.3389/psyg2016.01423
- Visser, M., & Routledge, L. (2007). Substance abuse and psychological wellbeing of South African Adolescent. *Journal of Rational Emotive and Cognitive Behavioral Therapy*. Doi: 10.1177/088124630703700313
- Warren, J. (2009). The impact of REBT on teacher efficiency and student achievement. Retrieved from: docplayer.net/14764994-the-impact-of-rational-emotive-behavior-therapy-on-teacher-efficacy-and-student-achievement-jeffrey-m-warren-north-carolina-state-university-html.

- World Health Organization. (2015). *Renewable Global status Report 2014*. Retrieved from <http://www.ren21.net/portals/0/documents/resources/GSR/2014/GSR2014-full%20report-low%20res.pdf>
- World Health Organization. (2007). *The international Classification of Diseases (ICD -10) Classification of Mental and Behavioral Disorders*. New Delhi: AITBS Publishers.
- Zullig, K., Robert. F., Huebner, S., Oeltmann, J., & Drane, W. (2001). The relationship between perceived life satisfaction and adolescents' substance abuse. *Journal of Adolescent health*, 29(4), 279-288. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/11587912>