



## THE EFFECTIVENESS OF PSYCHO-EDUCATION ON THE PSYCHOLOGICAL WELL-BEING OF SPOUSES OF INCARCERATED MALES IN IBADAN, NIGERIA.

**BADA, B.V.**

*Department of Psychology,  
University of Ibadan,  
Ibadan, Nigeria.  
Email:oluwabukolabada@gmail.com*

### ABSTRACT

*Spouses of incarcerated males experience physical strain as a result of the imprisonment which later endangers their general sense of psychological well-being. The study examined the effectiveness of psycho-education training in the enhancement of the psychological well-being of spouse of incarcerated males in Ibadan, Nigeria. Using the pre-test and post-test quasi experimental research design, a total of 16 spouses of male inmates in Ibadan participated in the study. The ages of the participants ranged between 29 years to 50 years with mean age of 40.56years and standard deviation of 5.92years. Data collection for the intervention study was through the use of questionnaires. T-test for repeated measure was used to test the hypothesis. Result showed that psycho-education training (i.e. intervention) had significant effect on the psychological wellbeing of partners of prisoners at post-test ( $t = -2.67$ ;  $df = 14$ ;  $P < .05$ ), than at pre-test ( $t = 0.96$ ;  $df = 14$ ;  $P > .05$ ). This implies that psycho-education intervention has a significant impact in improving the well-being of these spouses of incarcerated males. It was therefore suggested that relevant organizations should consider continuous introduction of psycho-education for long term effect in improving the well-being of female partners of prisoners.*

**Keywords:** *Pre- test, Post-test, Control group, Psychological well-being*

### INTRODUCTION

Incarceration may be said to be laden with numerous troubles for family members especially the spouses of incarcerated males. This has a way of taking its toll on the psychological well-being of the spouses of these male inmates. According to (Ryff, 1989) psychological well-being is a dynamic concept that includes subjective social, and psychological dimensions as well as health related behaviours. People are said to be in a state of psychological well-being when there is no mental or emotional disturbances in their lives, (Ryff, 1989). Apart from being physically sound, a healthy individual must be mentally and spiritually stable. This suggests that it is possible for an individual to be physically fit in appearance, but may not be healthy in terms of their psychological well-being (Mumola, 2000). There are stressors that are related to incarceration such as emotional needs, social support, coping strategies, perceived social stigmatization (Bada, Balogun and Adejuwon 2013), and these stressors are likely to contribute negatively to psychological well-being of spouses undergoing this kind of life stress (incarceration). It is better to eliminate these stressors in order to enhance their psychological well-being. Stress is basis to life and it is experienced by everybody. A mild stress may be desirable in stimulating or motivating individual towards laudable achievement, however, as it becomes more severe, stress can become dangerous and damaging, arising from its' physical, psychological and behavioral harmful effect on its' victim, (Adegoke, 2011). According to the definition of stress by the European Agency for safety and Health at Work, (2002), stress has been explained as the process of adjusting to or dealing with circumstances that disrupt, or threaten to disrupt a persons' physical or physiological functioning. It is true that there is no way we can eliminate all stressors, but attempt could be made to assist those who are undergoing these type of stressful life events through psychological interventions because being psychologically well makes it easier for people to cope with and determine how to solve problems that arise through incarceration of their husbands. One of such psychological intervention is psycho-education which could help to reduce the effect that incarceration on the spouses of male inmates.



Psycho-education aims to educate, build rapport, and motivate people for problem solving therapy. Psycho-education can take place in one-on-one discussion or in groups and by any qualified health educator as well as health professionals such as nurses, social workers, occupational therapists, psychologists and physicians. Psycho-education could be done one on one or through groups, in one on one setting, participants are attended to and given the training individually while in the group setting the participants are brought together and given the training together. In the groups, several patients are informed about their situation at once. Also, exchanges of experience between the concerned patients and mutual support play a role in the healing process. Psycho-education, as the name suggests, is education about a certain situation or condition that causes psychological stress. For example incarceration of ones' male partner is not a mental illness however a woman with an incarcerated male partner may feel anxious, disheartened and scared about her condition and therefore it is said that the partners' incarceration is bringing about poor psychological well-being. D'Zurilla & Nezu (2007) and D'Zurilla, Nezu & Maydeu-olivares (2002) in their study found that making use of the effective problem solving therapy can help to enhance positive psychological well-being. There are many ways to combat poor psychological well-being, when a person has a better understanding of a condition, they feel more in control of the situation and this in turn reduces the stress associated with it. Psycho-education for any person that is experiencing psychological stress as a result of incarceration of the husbands and hardships due to a condition is vital. It is everybody's right to have information regarding their condition and therefore, no matter what their cognitive or psychological state, a degree of psycho-education must be administered to everyone. Psycho-education could be said to be the basis for dealing and managing the condition of spouse of prisoners, once they have that basis, they are more likely to benefit from the advantages of other treatments as they will have more faith in them and they will have a higher sense of control over their situation. Education and knowledge feeds into self-efficacy which is essential in treatment for any problem.

In the present study, the influence of psycho-education on reported psychological wellbeing of spouse of prisoners is believed to be mediated by the social support, coping strategies ( Bada, et. al. 2013). Bada, et. al. found that the degree of social support received from significant others and the appropriate coping strategy used in a stressful life events like incarceration can help in enhancing positive psychological wellbeing. It is believed that if the spouses of incarcerated males are exposed to psycho-education, their psychological well-being will improve for the better. It is therefore hypothesized in the study that that spouses of male prisoners who are exposed to psycho-education training will have significant increase in their level of psychological wellbeing at pre-test and post-test.

## **METHOD**

### **Research Design**

A quasi experimental research design was used for this study because it is a pre-test, post-test research design. It is a study that examined the effect of psycho-education training on the psychological well-being of spouses of incarcerated males in Ibadan. The independent variable was the psycho-education training (intervention) given, while the dependent variable is the level of psychological wellbeing. The design has two groups that the participants were divided into, namely the experimental group and the control group.

The experimental group in the study which refers to the participants who are exposed to psychological intervention at pretest, psycho-education therapy, post-test i.e (Pre-test + intervention + Post-test ) while the control group which refers to participants who were not exposed to psychological intervention were given pretest and posttest without any psycho-education training. i.e. (pre-test + Post-test ).



The effect of the psycho-education training was compared between the experimental group and the control group to assess the extent to which the training had significant effect on the experimental group. The design is represented as follows:

R	$\frac{Y_b}{Y_b}$	$\frac{X}{-X}$	$\frac{Y_a}{Y_a}$	(Experimental group)
				(Control group)

Where:

- R = Randomization
- $Y_b$  = Pre-test (experimentation group)
- $Y_a$  = Post-test (experimental group)
- X = intervention (experimental group)
- $Y_b$  = pre-test (control group)
- $Y_a$  = Post-test (control group)
- X = No intervention ( control group )

### Participants

The selection of the 16 (Sixteen) participants in the study involved three stages of randomization. Firstly the participants were randomly selected from the general population of spouses of incarcerated males who came around for visitation; then secondly, they were randomly assigned to two groups; and thirdly, the groups were randomly assigned to treatment groups (i.e. Experimental group and Control group) through simple balloting. The sixteen (16) spouses of male prisoners randomly assigned to groups participated in the study; eight participants were in the experimental group while eight participants were in the control group. The instrument used in the study was the Psychological well-being scale of 22-item index developed by Goldberg (1988) and revised by Revicki, Leidy and Howland (1996). It has six sub-scales, namely: anxiety, depressed mood, positive- well-being, self-control, general health and vitality. The participants in the study included 5(31.2%) Christians and 11(68.8%) Muslims. Their age ranged from 29 years to 50years with mean age of 40.56years and standard deviation of 5.92years. 6(37.5%) of the participants had primary education, 8(50.0%) had secondary education and 2(12.5) had B.Sc education. In terms of their ethnicity, 5(31.2%) of the participants were Ibo and 11(68.8%) were Yorubas. Considering the level of their income, 8(50.0%) were low income earners, 8(50.0%) were medium income earners. 12(75.0%) of the participants were into business, 2(12.5%) were civil servants while 2(12.5%) engaged in other things. As indicated through an item in the questionnaire, 9(56.2%) reported that they had good health status and 7(43.8%) reported better health status. The length of sentence of participant's partners ranged from 19months to Above 46 months. Looking at the family type of the participants, 11(68.8%) were from monogamous family while 5(31.2%) were from polygamous family. 11(68.8%) of the participants lived in a rented apartment while 5(31.3%) lived in owned apartment.

### Research instrument

The demographic variables and psychological wellbeing questionnaire was used to collect data for this study.

**Demographic variables:** This section tapped information on demographic characteristics of the spouses of male prisoners as indicated by their responses to the question. These includes age, religion, educational background, income, occupation, length of sentence of husband, health status, family type, ownership of house and type of crime.

**Psychological wellbeing:** Psychological well-being was measured using a 22-item index developed by Goldberg (1988) and revised by Revicki, Leidy and Howland (1996). It has six sub-scales, namely: anxiety, depressed mood, positive- well-being, self- control, general health and vitality. It is a Likert format scale with 5 response options ranging from 1= None of the time to 5= All of the time. It is a summated rating in order to get the overall well-being of an individual. The authors reported the following alpha levels for each subscale: anxiety



(0.82), depressed mood (0.89), positive well-being (0.88), self-control (0.76), general health (0.61), and vitality (0.85). From the pilot study, the researcher reported alpha co-efficient of .61 for the entire scale. The alpha level for each subscale is reported as follows: anxiety (0.61), depressed mood (0.73), positive wellbeing (0.68), self-control (0.66), general health (0.61), and vitality (0.55). The higher the score the more the psychological well-being while the lower the score on this scale the poorer the psychological well-being of the individual. This means that participants who score low on the scale have poor psychological wellbeing while those with high score are said to have good psychological wellbeing.

### **Procedure for sample selection**

The participants in the study were selected using purposive sampling method. They were selected based on their willingness participate and to be available for the training exercise. They were randomly assigned into the two groups i.e. experimental and control group. This was done using ballot technique to distribute paper labeled Y and Z, participants who picked papers labeled Y were assigned into experimental group while those who picked papers labeled Z were assigned into control group. The essence of randomly assigning the partners of prisoners to groups was to ensure that all the participants have the equal opportunity of being assigned into any of the two groups without the researcher having any control over their choice of group before the commencement of the training. The participants were informed that they were to participate in training sessions to be scheduled for different times based on the group the individual belongs to.

At the Pre-test stage of the study, the psychological well-being scale was administered to the participants in the experimental and control group, and questionnaires were collected after completion. This was followed later by the post-test stage of the study which came up a week after the pre-test, at this stage, the participants in the experimental group were exposed to the intervention training sessions designed for the study, while those in the control were not exposed to any intervention. The training had three modules with 13(thirteen) sessions in all, that was completed within 3(three) weeks. The administration of the questionnaire for the participants in the experimental group at post-test stage of the study was carried out on separated day after the psychological intervention training ended. The sixteen spouses of male prisoners who participated in the study i.e. those in the experimental and control group, were administered the questionnaire in the study during post-test.

Follow up assessment was carried out four weeks after the intervention took place with the experimental group and the control group to ascertain the effectiveness of the training on their level of psychological well being.

### **ETHICAL ISSUES AND CONSENT**

The participants in the study were assured of sincere confidentiality of the information that they provided. Also the anonymity of the participants was greatly guaranteed since their names would not be used in the study. Participants were encouraged not to disclose any information they are given in the various groups that they belong. The verbal consent of the participants was obtained before the commencement of the training.

### **CONTROL OF EXTRANEOUS VARIABLES**

In order to ensure that all extraneous variables were controlled for, the researcher made use of randomization. This is to avoid various unaware factors that could lead to erroneous casual interpretation, also the participants were randomly assigned to experiment group and control group using two alphabets (Y and Z).

The distance as a factor was controlled for by selecting participants who live within Ibadan metropolis. To avoid favoritism, participants were provided equal amount of stipend for transportation and lunch.



## **Outline of Psycho-education Training Programme**

**Programme Objectives:** This experimental programme was designed to assist participants learn how to identify and self-understand how to manage the stressors encountered as a result of the incarceration of their partners through the introduction of dysfunctional coping training and distorted believe training. Through therapy they discovered their own cognitive distortions and learn how positively influence their behavior and beliefs.

### **Weekly Training Package over three week period.**

#### **Module one (psycho-education and dysfunctional coping training)**

##### **Session one**

This module's objective was to enhance the coping skills that partners of prisoners use to cope with stressful situation they experience through the introduction of the training. The session contained the following activities in four sessions;

- Welcome address
- Interactive Introduction
- Setting of ground rules
- Training goals and objectives

##### **The Training session two**

- This session will help to intimate participants with various benefits of maintaining a good psychological wellbeing and the danger of not maintaining a good psychological wellbeing.
- To equip participants with skills useful for maintaining good coping skills when over whelmed.
- To contribute to the reduction of poor psychological wellbeing among participants
- Help person recognize that she can only do one thing at a time
- Teach person relaxation skills to use if feeling overwhelmed with stress of imprisonment of partner.
- Facilitate clarification of boundaries, especially related to issues of pleasing others versus self-care
- Facilitate prioritizing issues that person must deal with
- Rule out secondary gains

**BREAK** – Participants were given 5 minutes break to relax and return.

- Helplessness
- Encourage taking responsibility and making decisions
- Include the person (the partners of prisoners) when setting goals. Participants should include themselves
- Provide positive feedback for decision making
- Facilitate development of realistic goal limitations and expectations
- Identify areas of life and self care in which the person has control, as well as those areas where the person lacks control
- Encourage expression of feelings related to areas of life outside person's control and explore how to let it go

##### **Session three:-**

- Question and answer
- General interaction
  
- Assignment; Each participant to identify factors that can enhance their coping.

### **3.7.2 MODULE TWO (DISTORTED THINKING TRAINING)**

#### **Session four:**

- Review of day one sessions assignments





- Checking in for the next session

#### **Session five (distorted thinking training)**

- The training particularly focused on building participants skills in handling their thought.
- The training content majorly dwelt on building participants' belief that a person is capable of differentiating between rational and irrational thought that could contribute to their psychological wellbeing either positively or negatively.
- How to handle distorted thinking
- Identify the influence of negativism on depression and educate regarding self-talk.
- Seek clarification when the information communicated appears distorted.
- Reinforce reality –based thinking.
- Facilitate development of intervention techniques such as increased awareness with conscious choice of what to focus on (i.e positive thoughts); thought stopping and compartmentalizing
- Facilitate person's clarification of rational versus irrational thinking

#### **Session six (positive outcome session)**

- This training focused on promoting beliefs in the participants that positive thought will bring positive outcomes
- It also focus on reinforcing the belief that having good psychological wellbeing and positive thought will help in prolonging life and also improve quality of life

#### **Session seven: Group Discussion, Summary and Assignment)**

- There was a group discussion that centered on the experience of each participant on the incarceration of their partners. Some of the participants shared their experience and they were encouraged.
- Assignment was given on what the participants think they can do to overcome negative thought

### **3.7.3 MODULE THREE: IRRATIONAL THINKING/BELIEFS**

#### **Session eight:**

- Review of previous work and assignment
- Checking for the next session

#### **Session nine: Introduction of Irrational thinking/Beliefs**

- Identify negative statement that person makes to themselves
- Identify the connection between psychological wellbeing and self-talk
- Develop appropriate reality based counter statement and substitute them for the negative ones
- Keep a daily record of dysfunctional thoughts to increase awareness of frequency and impact on emotional state
- Disrupt dysfunctional thoughts by increasing awareness for internal self-talk, distracting oneself through relaxation, exercise or other positive activity and using thought stopping

#### **Session ten: Handling irrational beliefs**

- Identify false beliefs (brought from childhood, integrated parental statements)
- Challenge mistaken beliefs with rational counter statements
- Identify effect that irrational beliefs have on emotions, relationship with self and others and choices the person makes

#### **Session eleven;- self-defeating beliefs/behaviours that perpetuate anxiety**

- Identify needs or tendencies that predispose the person to anxiety



- \*Need to control
- \*Perfectionistic
- \*Lack of social support
- \*Perceived stigmatization
- \*Ignoring signs of stress
- \*Perpetual victim role
- \*Self criticism
- \*Chronic worrier

### Session twelve: Supportive counseling

In order to enhance the psychological wellbeing of participants in the training session supportive counseling was included in the intervention program. This was based on the findings from the phase one of the study that participants with high social support reported positive psychological wellbeing than participants with low social support. The supportive counseling components included are, Encouragement, Reassurance, Advise. This was helpful in handling the participants' anxious and depressive state.

### Session thirteen: summary & conclusion

The session was concluded by given a summary of some major issues discussed during the course of the training the training terminated by disengaging the participants.

### Results

The pre-test and post-test for the groups were analyzed using T-test for independent.

*Table 1: Summary of t-test for repeated measure showing difference in level of psychological wellbeing (PWB) of partners of prisoners in experimental and control groups at pre-test and post-test stage.*

Group type	Therapy type	N	$\bar{X}$	SD	DF	T	P
PWB pre-test	Experimental Group	8	59.25	4.83	14	0.96	>.05
	Control Group	8	57.12	3.97			
PWB post-test	Experimental Group	8	63.37	5.26	14	2.67	<.05
	Control Group	8	57.10	3.98			

In table 1 the results showed that psycho-education training (i.e. intervention) had significant effect on the psychological wellbeing of partners of prisoners at post-test ( $t = -2.67$ ;  $df = 14$ ;  $p < .05$ ). It was revealed that at post-test stage, partners of prisoners who were exposed to psycho education training as an intervention reported increased psychological wellbeing (mean = 63.37) than those who were not exposed to the training (mean = 57.10). Furthermore, looking at the level of psychological wellbeing of partners of prisoners in both experimental and control groups at the pre-test stage, it showed that there was no significant difference when the training had not been introduced to those in the experimental group ( $t = 0.96$ ;  $df = 14$ ;  $P > .05$ ). The result for the pre-test stage showed that partners in experimental group (mean = 59.25) were not significantly different in levels of psychological wellbeing from those in the control group (mean 57.12).

### DISCUSSION

The major aim of this research is to contribute towards enhancing a good psychological wellbeing among female partners of prisoners through the introduction of psycho-education training/ intervention. The study investigates the effectiveness of psycho-education training on the psychological well-being of female partners of prisoners.



The findings in the study indicated that of psycho-education training/intervention was very effectiveness in enhancing the psychological well-being of spouses of male prisoners. The finding showed that female partners who were in the experimental group reported higher psychological wellbeing after they received the intervention. This is an indication that the training was effective in enhancing their psychological wellbeing. The effectiveness of psycho-education has been widely demonstrated by researcher in this area. For example, Rehm,( 1995), and Malouff, Thorsteinsson and Schutte, (2007): indicated the efficacy of cognitive behavioral techniques in individual or group therapy in helping to reduce mental and physical health problems. Other researchers supporting the efficacy of psychotherapy is the work of Corcoran and Fischer (1987) who had used psychotherapy prior to and following implementation of the intervention and found that the intervention i.e. cognitive behavior techniques had significant effect both in individual or group therapy. Also, D'Zurilla & Nezu (2007) and D'Zurilla, Nezu & Maydeu-olivares (2002) supported the findings in the study, that making use of the effective problem solving therapy can help to enhance positive psychological well-being This is an indication that psycho education training could have a long-term intervention effect on the participants if they are properly implemented and strictly adhered to the training. However, there may be other factors not investigated in the present study that could have enhanced the success of the efficiency of intervention among the spouses of male prisoners.

### **Conclusion**

The study has established the effectiveness of psychological intervention training in psychological wellbeing among spouses of male prisoners in Ibadan, Nigeria. Based on the findings of the study, level of psychological wellbeing were very low among the spouses of male prisoners before the introduction of the intervention, but after the introduction of psycho-education training, an increase in their level of well-being was recorded. The study showed that all the training given had a positive effect on the psychological wellbeing of spouses of incarcerated males in the study. The effectiveness of psycho-educational training as a method of promoting a better psychological wellbeing among female partners of prisoners at the pre-test and post-test stage was confirmed. The results with the participants in the control group were not significantly different across the period of pre-test and post-test. The comparison between the control group and experimental group at pre-test and post-test stage suggests that psycho-education had a significant impact in improving the psychological wellbeing of spouses of incarcerated males over a period of time.

### **Implication of the study**

The main thrust of this study was to examine if psycho-education training/intervention will have important implications for enhancing the level of psychological wellbeing that spouses of incarcerated males experience as a result of the incarceration. Findings of the present study have shown that the level of the psychological wellbeing can be enhanced through the introduction of effective psychological intervention. The implication of this is that, the intervention training organized for spouses of incarcerated males have been found to be very important in making them go through this period of stressful life event successfully.

### **Limitations**

In this study there is possibility of interaction among the participants, also we cannot ascertain treatment check. Another limitation is that there is no much difference at follow up stage of the study because there may be other things responsible for that.





## References

- Adegoke, T.G. (2011). Effect of occupational stress, Hazards and Working Environment on Psychological Well-Being of Industrial Workers in Ibadan Metropolis, Nigeria, *Nigerian Journal of Clinical and Counselling Psychology*. Vol 17 (1), pg 63- 84.
- Bada, B.V., Balogun, S. K. and Adejuwon, G. A. (2013). Psychological factors predicting psychological well-being among spouses of Incarcerated Males in Ibadan, Nigeria. *Health Care*,(1(3) 76 - 82.
- Corcoran and Fischer (1987). Measure for clinical practices, New York; Free Press.
- D'Zurilla T.J., Nezu A.M. (2007): *Problem-solving therapy: A positive approach to clinical intervention*. 3rd edition. New York: Springer.
- D'Zurilla T.J., Nezu A.M., Maydeu-Olivares A. (2002): *Social Problem-Solving Inventory-Revised (SPSI-R): Technical Manual*. North Tonawanda, NY: Multi-Health Systems, Inc.
- European Agency for Safety and Health at Work (2002). Fact sheet on work related stress. Facts (22) available on line:// Europe.osha.eu.int
- Golberg, D. P.(1988) The users' guide to the general health Questionnaire. Slough: NFER, Nelson.
- Malouff J.M, Thorsteinsson E.B, & Schutte N.S.( 2007): The efficacy of problem solving therapy in reducing mental and physical health problems: A meta-analysis. *Clinical Psychology Review*, 27:46-57.
- Mumola, C.J. (2000) *Incarcerated Parents and their Children*, Washington, D.C: Bureau of Justice Statistics.
- Rehm, L.P. (1995). Psychotherapies for depression K.S Dobson & K.D. Craig (Eds) Anxiety and depression in adults and children (pp. 183-208) Thousand Oaks, CA, sage publication.
- Ryff, C. (1989). Happiness is everything, or is it ? Explorations on the meaning of psychological well-being. *Journal of personality and social psychology*,57, 1069-1081.
- Revicki, D. A., Leidy, N. K., & Howland, L. (1996). Evaluating the psychometric characteristics of the psychological General wellbeing index with a new response scale. *Quality of Life Research* 5,419-425.