CHAPTER III

METHODOLOGY

3.1. Introduction

The present study was carried out to investigate the effectiveness of Rational Emotive Behavior Therapy on stress, depression, dysfunctional attitude, self-esteem and general health among literate unemployed. This chapter explains the aim, objects, hypotheses, and design of the study, variables employed, sample, research tools, procedure and the analysis of data.

3.2. Aim

To manage stress, depression, dysfunctional attitude, self-esteem, and general health among literate unemployed males.

3.3. Objectives

3.3.1. To assess the level of Stress, Depression, Dysfunctional Attitude, Self-esteem and General health among literate unemployed males.

3.3.2. To study the effect of Rational Emotive Behavior Therapy (REBT) on the level of Stress, Depression, Dysfunctional Attitude, Self-esteem and General health among literate unemployed males.

3.4. Hypotheses

H1. REBT is effective in the management of Stress.

H2. REBT is effective in the management of Depression.

H3. REBT is effective in the management of Dysfunctional Attitude.

H4. REBT is effective in the management of Self-esteem.

H5. REBT is effective in the management of General health.

3.5. Design of the study:

The present study adopts two groups (control and experimental) pre and post assessment design. Experimental group was subjected to Rational Emotive Behavior Therapy (REBT) intervention and control group was without intervention.
Variables employed

**Independent variable**: REBT- Intervention.

**Dependent variable**: Stress, Depression, Dysfunctional attitude, Self-esteem and General health.

3.6. Sample

Initially, a large number of unemployed youths were screened from rural area through house to house visit. Out of this sample (N=435) only the subjects who are high on Stress, Depression, Dysfunctional attitude and low on Self-esteem and general health were selected. Using the above research criteria, 30 subjects were selected. Out of these 30 subjects, 15 subjects each are included in experimental group (N=15) and control group (N=15) respectively.

3.6.1. Inclusion criteria

1) Unemployed literate male subjects between 20 and 40 years of age.
2) Employable unemployed literates.
3) Able to work (Physically & Mentally fit).
4) Searching for job for last 6 months.
5) Suspended / removed from the job.

3.6.2. Exclusion criteria

1) People who are below the age of 20 years and above 40 years.
2) Illiterates.
3) Retired.
4) Mentally and Physically Challenged & ill.
5) Females

3.7. Research tools

3.7.1. Demographic Data Schedule - (Appendix-A)

Demographic Data Schedule was specifically developed by the researcher for the present study to collect socio-demographic details.
3.7.2. Stressful Life Events Questionnaire (Satish, 1988) - (Appendix-B): It was developed by Dr. Latha Satish (1988). It consists of 52 items. It comprises two components. Firstly it assesses the level of stress and classifies stress level into mild (0-17), moderate (18-35) and severe (36-52) based on the raw scores obtained by subjects. Further, it assesses stress based on the amount of change or adjustment one has to make to life experiences rather than the undesirability of events themselves. Secondly, this questionnaire also provides control index. There are three control index indicating whether the individual has complete (0-51), partial (52-105) or no control (106-156) over the experienced stressful situations.

It studies the day to day problems encountered or experienced by subjects and the way they react to it. There are a list of events or situations or problems and subjects will have to mark ‘Yes’ if they have experienced them and mark ‘No’ if they have not experienced them. If they find any of the situations is not applicable to them, then delete them. They also have to indicate the account of control such as they had whether partial, complete, no control over situation in which they have given ‘Yes’ response by put a mark in the appropriate column.

**Scoring:** The score is obtained by adding the ‘yes’ responses. Each ‘yes’ response carries 1 mark. The score ranges from 0 to 52. The Control Index was decided by giving a weightage of 1, 2, or 3 (1=Complete control over stress, 2=Partial control over stress, and 3=No control over stress) marks against ‘yes’ items scored as complete, partial and no control respectively. The Index ranges from 0-156.

**Reliability and Validity:** The scale was tried out on a sample of 80 subjects. The author reports reliability value of 0.86 and Content validity based on judges rating was 0.86.

*In the present study the score of 30 and above was used as a cut off score criteria for selecting the subjects.*

3.7.3. Beck Depression Inventory (BDI) (Beck, Ward, Mendelson, Mock & Erbaugh, 1961) - (Appendix-C):

The BDI was developed by Beck, Ward, Mendelson, Mock and Erbaugh (1961). The BDI is a 21 item self-report rating inventory measuring characteristic attitudes and
symptoms of depression (Beck et al., 1961). Participants were asked to rate each item on a 4 (0, 1, 2, 3) point scale as to how they have been feeling for the past two weeks.

**Scoring:** The BDI has 21 items. Each item is rated on a 4-point scale ranging from 0 to 3 (0, 1, 2, & 3). The maximum total score is 63. High score indicates severe depressive symptoms (Beck et al., 1996).

Based on the raw scores obtained by the subjects, cut off score was developed by Beck et al., (1961), for BDI as follows: Below 4 indicates possible denial of depression, faking good; this is below usual scores for normal, 05-09 indicates that these ups and downs are considered normal, 10-18 indicates mild to moderate depression, 19 - 29 indicates moderate to severe depression, 30-63 indicates severe depression and over 40 indicates that this is significantly above even severely depressed persons, suggesting possible exaggeration of depression; possibly characteristic of histrionic or borderline personality disorders.

**Reliability:** Internal consistency for the BDI ranges from 0.73 to 0.92 with a mean of 0.86. (Beck, Steer, & Garbin, 1988). The BDI demonstrates high internal consistency, with alpha coefficients of 0.86 and 0.81 for psychiatric and non-psychiatric populations respectively (Beck et al., 1988). The BDI has a split-half reliability coefficient of 0.93.

**Validity:** Correlations with clinician ranges of depression using the revised BDI ranges from 0.62 to 0.66 (Foa, Riggs, Dancu, & Rothbaum, 1993). Clinical ratings for Psychiatric patients are reported as high to moderate ranging from 0.55 to 0.96 r=0.72 (Beck et al., 1988 cited in Groth-Marnat, 1990). Groth-Marnat (1990), reported moderate correlations between the revised BDI and other scale measuring depression such as the Hamilton Psychiatric Rating Scale for Depression (0.73) and the Zung Self-Reported Depression Scale (0.76) and the MMPI Depression Scale (0.76)

*In the present study the score of 30 and above was used as a cut off score criteria for selecting the subjects.*

**3.7.4. Dysfunctional Attitude Scale (DAS; Form-A) - (Appendix-D):**

DAS was developed by Weissman and Beck (1978). It consists of 40-items. Items are based on Ellis’s view on general irrational themes in thinking as well as Beck’s notion about cognitive distortions. The scale consists of seven major value systems: 1.

Respondents indicate the extent of their agreement with each item on a seven point Likert scale (i.e., totally agree, agree very much, agree slightly, neutral, disagree slightly, disagree very much, and disagree totally). The items include attributions about causes, experiences of control, prediction about the likelihood of desired outcomes, perfectionist performance standards, and rigid ideas about events that should occur and concern about the judgments of others.

**Scoring:**
1. every item on the DAS is scored from one to seven. Depending on the content, either totally agree or totally disagree will be the anchor point of one and each category from that point will be one more; that is, if totally agree =+1; the next category, agree very much will be =+2; agree slightly =+3; neutral =+4; disagree slightly = +5; disagree =+6; and disagree much will be =+2; and totally disagree =+7.

2. The following items (10) are scored in adaptive way (if a totally agree response is given to item Nos. 2, 6, 12, 17, 24, 29, 30, 35, 37, and 40).

3. All the other items on DAS are scored in the reverse direction that is, totally disagree =+1 and totally agree =+7. Scores ranges from 40 to 280. The cut off score is 119. Score above this indicates presence of dysfunctional attitudes.

4. The total score on DAS is obtained by summing up the item score for each individual.

5. Omitted items are coded as zero (missing data). However, if by chance individual omits a large portion of the items, the test result is ignored.

**Reliability:** The DAS shows good internal consistency and stability over time. Weissman (1979), report alpha coefficients ranging from .89 to .92 and a test re-test correlation of .84 over an eight week interval.

**Validity:** Evidence for construct validity of the DAS can be inferred from its use for clinical and non-clinical populations However, Weissman and Beck (1978), reported correlation ranging from .36 to .47 (P<.001) with Beck Depression scale.

*In the present study the score of 119 and above was used as a cut off score criteria for selecting the subjects.*
3.7.5. Self-Esteem Scale (Rosenberg et. al., 1965) - (Appendix-E)

It was developed by Dr. Morris Rosenberg (1965). Initially the scale was designed to measure the self-esteem of high school students. However, since its development, the scale has been used with a variety of groups including adults, with norms available for any of those groups.

It is a 10-items self-report measure of global self-esteem, and is related to overall feelings of self-worth or self-acceptance. The items are answered on a four-point scale ranging from strongly agree to strongly disagree (3= Strongly agree, 2= Agree, 1= Disagree, 0= Strongly disagree)

**Scoring:** As the Rosenberg Self-esteem scale is a Guttman scale, scoring can be little complicated. Scoring involves a method of combined ratings. Low self-esteem responses are “disagree” or “strongly disagree” on items 1, 2, 4, 6, 7 and “strongly agree” or “agree” on items 3, 5, 8, 9, 10. The scale can also be scored by totaling the individual 4 point items after reverse scoring the negatively worded items.

Add the ratings assigned to all the items after reverse scoring the positively worded items. Scores range from 0 to 30, with higher scores indicating higher self-esteem. Items 3, 5, 8, 9, 10 are reverse scored. By assigning “Strongly Disagree” 0 point, “Disagree” 1 point, “Agree” 2 points, and “Strongly agree” 3 points. Add scores for all ten items. The scale ranges from 0-30. Scores between 15 and 25 are within normal range; scores below 15 suggest low self-esteem. Higher scores indicate higher self-esteem.

**Reliability:** The RSES demonstrates a Guttman scale coefficient of reproducibility of 0.92, indicating excellent internal consistency. Test-retest reliability over a period of two weeks interval reveals correlations of 0.85 and 0.88, indicating excellent stability.

**Validity:** Demonstrates concurrent, predictive and construct validity using known groups. The RSES correlates significantly with other measures of self-esteem, including the Coopersmith Self-Esteem Inventory. In addition, the RSE correlates in the predicted direction with measures of anxiety and depression.

*In the present study the score of 15 and below was used as a cut off score criteria for selecting the subjects.*
3.7.6. General Health Questionnaire-28 (GHQ-28)-(Appendix-F):

GHQ was developed by Goldberg (1978). It is a versatile, self-administered screening test designed to detect non-psychotic psychiatric disorders in community setting. It is not a diagnostic test and it does not make clinical diagnosis, but can be used to screen acute conditions. It detects individuals’ inability to carry out ‘normal’ functions and the appearance of new and ‘distressing’ phenomena. Overall scores bring to light changes in the conditions of the individual. GHQ-28 is a 28-item scale version (Goldberg & Hiller, 1979), is used mainly for the research purpose. It consists of 4 sub scales namely somatic symptoms; anxiety and insomnia; social dysfunction; and severe depression.

Scoring: Each item consist of a question asking respondent whether she or he has recently experienced a particular symptoms or behavior on a scale ranging from ‘less than usual’, ‘no more than usual’, rather more than usual’, to ‘much more than usual’. This four-point response is scored using GHQ Scoring method assigning 0, 0, 1, and 1 respectively. Scores on GHQ can be interpreted in three ways:

1. As a measure of severity of psychological disorder.
2. To estimate prevalence of psychiatric illness.
3. As an indicator of morbidity. In this use, subjects with high scores are regarded as an indicator of psychiatric disorder.

Threshold score: Based on total score, a case (Psychiatric or Morbid condition) and non-case (Normals) are decided in terms of threshold score. Threshold score for all versions of GHQ are reported (Goldberg & Williams, 1988, p.64). The test items differentiate psychiatric patients as a class from non-cases as a class.

For Indian population threshold score on GHQ-28 was established by Verma in 1989. Total score of 11 and above is case and a score of 8 and below is a non-case.

Reliability: Split-half, test-retest reliability is reported by several researchers (Goldberg & Williams, 1988).

Validity: Large numbers of studies are reported on construct, content and concurrent and predictive validity (Goldberg & Williams, 1988; Goldberg & Hiller, 1979, pp.42-60).
In the present study the score of 8 and above was used as a cut off score criteria for selecting the subjects.

3.8. Procedure:

Research was conducted in four phases as described below

3.8.1. Phase- I: Identifying the subjects

3.8.1.1. Session-1:

Each of the literate unemployed male residing in rural areas from Dharwad District of Karnataka State meeting the specified exclusion and inclusion criteria were contacted individually through house to house visit. Rapport was established. The process of the research was explained in detail. Only those literate unemployed males who were willing to participate in the research program and willing to attend the therapy were selected. Doubts, questions, clarifications raised by the respondent were appropriately answered. In this session informed consent (Appendix G) was obtained from the subjects who agreed to participate in the research. Depending on the convenience of the subject, next session was fixed.

3.8.1.2. Session-2:

In the second session, socio demographic information, GHQ-28 and BDI were administered

3.8.1.3. Session-3: In this session Stressful Life Events Questionnaire, Dysfunctional Attitude Scale (DAS; Form-A), Self-Esteem Scale were administered. It required 2 hours for each subject to complete the questionnaires.

3.8.2. Phase- II: Procedure for selection of subjects for the main study

The data were collected from 500 literate unemployed males from various villages. Sixty five data were rejected due to incomplete data. Hence the selection of subjects for the main study (intervention) is based on 435 subjects.

Following cut-off score criteria on research tools was used for selecting the subjects for intervention program;

1. Score of 30 and above on the total scores on Stressful Life Events Questionnaire.
2. Score of 30 and above on the Beck Depression Inventory.

3. Score of 119 and above on Dysfunctional Attitude Scale.

4. Score of below 15 on Self-Esteem Scale.

5. Score of 8 and above on General Health Questionnaire.

41 subjects were available for main study (Intervention). 15 subjects each were randomly assigned to experimental (Intervention) and control group respectively.

Subjects were contacted again and informed about their selection for the main study. Rapport was established and once again explained to them in detail about the process of the therapy, such as the duration, frequency of sessions, and nature of treatment. Informed consent was taken from each subject (Appendix-G) and pre-assessment was done using research tools number 2 to 6 mentioned above.

3.1.1. FLOW CHART OF THE STUDY
<table>
<thead>
<tr>
<th>Name of the Intervention Techniques</th>
<th>No. of Sessions</th>
<th>Type of Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapport establishment &amp; Pre-assessment</td>
<td>02</td>
<td>Individual</td>
</tr>
<tr>
<td>1. Identifying the current problems &amp; Goal setting</td>
<td>02</td>
<td>Individual</td>
</tr>
<tr>
<td>2. Self-observation</td>
<td>02</td>
<td>Individual</td>
</tr>
<tr>
<td>3. The cognitive conceptualization of the problem, based on the ABC model</td>
<td>03</td>
<td>Individual</td>
</tr>
<tr>
<td>4. Relaxation</td>
<td>05</td>
<td>Individual</td>
</tr>
<tr>
<td>5. Cognitive restructuring</td>
<td>03</td>
<td>Individual</td>
</tr>
<tr>
<td>6. Anger Management</td>
<td>02</td>
<td>Individual</td>
</tr>
<tr>
<td>7. Assertiveness training</td>
<td>02</td>
<td>Individual</td>
</tr>
<tr>
<td>8. Use of a large repertoire of cognitive techniques to dispute and change the irrational beliefs into rational beliefs (D – Dispute Negative Beliefs)</td>
<td>03</td>
<td>Individual</td>
</tr>
<tr>
<td>9. Terminating Therapy</td>
<td>01</td>
<td>Individual</td>
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<tr>
<td>10. Post-Assessment</td>
<td>02</td>
<td>Individual</td>
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<tr>
<td>Total Number of Sessions</td>
<td>27</td>
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### 3.8.3. Phase-III: Intervention

Phase-III consists of intervention. Intervention (REBT) strategies used in the present research is described below

**Intervention Modules:**

#### 3.8.3.1. Module 1: Identifying the current problems & Goal setting

**Aim/Goal:**

Identifying the problems encountered by subjects because of unemployment.

**Rationale:**

It has been shown that identifying the current problems of unemployed will help to achieve reasonable results. Finding out the current problems not only clarifies things, but also enables the subject to adapt REBT as collaborative, and helps therapist to understand the individual’s perspective and priorities (Kroll, Harrington, & Gowers, 1996).
Components:

1. Assessment of current problem of subjects through interview.
2. Identification of types of problem and the associated feelings based on the diary maintained by the subjects (Appendix-H).
3. Identifying the precipitating and maintaining factors through diary.
4. Training the subjects in maintaining the diary.

Goal setting

Rationale:
After establishing a working relationship, the researcher educated the subjects on REBT and its central concepts, and the subjects were explained the process and implications of REBT. Researcher in consultation with subjects prioritized the problems and stated the goals that will ameliorate the problems by talking to each subject individually and writing down the goals to be achieved in this intervention program. This serves as the groundwork for therapy sessions; problem faced by unemployed was regularly reviewed and reworked if necessary. This list (see below) places the problem in the context, and which may help the subject to identify the exact problem they face with its nature and type. This may help the subjects to a positive approach and manage the problems. By focusing less on the problems, for example depressive symptoms and its associated feelings. Instead of focusing only on the sadness and pain one feels with depression, one should focus about the possible solution to the problem and actively pursuing solutions may ultimately lessen the sadness or other negative emotions associated with it. The following is a list of problems and goals for a hypothetical subject while dealing with problems of the unemployment (for e.g., stress, depression, dysfunctional attitude, reduced self-esteem & general health problem):

Problems (P) Goals (G)

P-1 Social isolation or withdrawal from activities

G-1 Identify a social activity to join or get involved with activities which interests him

P-2 Reduced self-esteem or self-worth
G-2 Increased sense of worth and self-acceptance focusing on assets of the individual

P-3 Conflict with significant other/communication problems

G-3 Improve relationship with appropriate technique like assertive training, communication skills

Strategies covered in session:

1- Goal setting.
   a) Discussing about the means & ways of achieving goals.
   b) Specifying behavioral changes to achieve goals through appropriate techniques.

2- Outline relationship between mood state and behavior.

3- Explaining the relationship between activities and mood (i.e., what activities improve mood, what activities worsen mood).

4- Homework: Training and educating on activity schedule (Appendix-I) and mood ratings.

3.8.3.2. Module 2: Self-observation

Subjects were trained in maintaining dairy recording their thoughts, feelings, emotions, attitudes and beliefs. Based on the diary maintained by the subjects, researcher trained subjects as to how to make critical self-observation of their feelings, thoughts, emotions, attitudes and beliefs. The diary worksheet was reviewed at the beginning of each session and negative automatic thoughts (NATs) and problems were identified.

Aim/Goal:

To encourage subjects to be aware of their beliefs, thoughts, emotions, feelings, etc. and pay attention to these, make accurate discriminations among them whether it is negative or positive and be aware of the importance of relationships between the events, beliefs and behaviors.
Rationale:

It is a useful technique. When the subjects are trying to create a new habit or break old and unhealthy habits. It is useful because:

1. It gives an opportunity to be aware of their problems, stress, feelings, emotions, sadness, depression etc.
2. It helps to create a structure (explained in one of the module below) about difficulties encountered by unemployed subject and method of managing the same through REBT Intervention.
3. The other benefit is that of their own thoughts, feelings, emotions, attitudes and beliefs recording behavior(s) may help the individual to change the occurrence of the behavior in the desired direction. - (Self-observation)
4. It serves as the base line for active intervention to change behavior(s), because the individual’s insight into the problem can form the basis for programs of reward or punishment.
5. It helps subjects to identify and be aware of their feelings, emotions and thoughts associated with stress, depression, dysfunctional attitude, self-esteem and general health of the subjects.

Components:

Self-observation was accomplished in the following ways:

1. Determination of the events that have led to unpleasant emotions along with feelings.
2. Determination of the types of emotions in that situation and rating of the same on a scale of 0 to 100.
3. Identification of the negative automatic thoughts (NATs) from diary and his opinion about these NATs.
4. Subject’s reasonable explanation for these NATs and how they rate it?
5. Reassessment of their opinions during and after intervention about these NATs.
6. Self-observation is a useful technique for modifying NATs.
3.8.3.3. Module 3: The cognitive conceptualization of the problem, based on the ABC model

Aim/Goals

1- To identify cognitive errors associated with unemployment.

2- To teach REBT to overcome cognitive errors.

Rationale:

To teach literate unemployed the ways of approaching unemployment problems and prepare them to face the unemployment issue adequately and effectively. This module is designed to teach cognitive restructuring and prepare subjects to identify and handle cognitive errors which would mediate reappraisal of unemployment problem.

Component:

Cognitive conceptualization and techniques are specific strategies to change unhelpful and negative thoughts concerning unemployment. (E. g., learning to change one’s thoughts to cope better with one’s depression). Cognitive techniques are major therapeutic intervention in REBT, which focuses on irrational belief as the root cause for emotional disorder (Corey, 2009).

Strategies employed in session:

1- Review of homework

2- Bridge from previous session

3- Setting the agenda for each session (three sessions)

4- Teach and Educate the A-B-C approach in REBT to know their irrational beliefs.

5- The cognitive conceptualization of the problem, based on the ABC model

6- Setting new homework: Dysfunctional Thought Record (DTR) situation and emotion to be completed (Appendix I) and identifying the distortion.

7- Final summary of the session
In this module, the cognitive conceptualization of the problem, based on the ABC model is a core cognitive technique in REBT. Literate unemployed are first taught the A-B-C model or theory of personality functioning, in which A stands for Activating Events, or situation encountered by them (e.g. Unemployment); B for the Beliefs that are triggered by the activating events (e.g. I received a regret letter, I should get job, I must be employed) and such beliefs are usually irrational, dogmatic, absolutistic and negative; and C for the Consequences (emotional and behavioral) of the beliefs, for example, feeling depression, feels worthless, useless, sad and avoidance of embracing situations (e.g. birthday party of employed). Thus learn that A does not lead to C, but rather A triggers B, which then leads to C. They must understand that their irrational beliefs are triggered by activating events in their lives which lead to their emotional disturbance as well as to their behavioral problems. For example a person who has a history of unemployment and low mood combined with tendencies towards negatively interpreting how he is viewed by others.

- The A (Event): parents or other employed do not acknowledge his presence or neglect him or ignore him.

- Inferences about the event: “My parents are ignoring me; they do not like me.”

- The B (Beliefs about A):
  1. “I could end up without my family and that would be terrible!”
  2. “For me to be happy and feel worthwhile, people must like me.”
  3. “I am unacceptable to my family so I must be worthless as a person.”

- The C (Feelings and Behaviors): Feels unhappy, depressed, sad, rejected, lonely, avoiding people generally.

The researcher educated the unemployed as to how he can become person with worth for example, starting a small business using number of Government schemes that are available to unemployed youth through banks, corporations, khadi and cottage industries and so on. So that you can be useful person with worth. Researcher helps the literate unemployed to go on to D, for disputing their irrational beliefs in a vigorous, active and direct way. First demonstrated by researcher with example taken by unemployed’s life experience and diary and then practiced by the unemployed.
Finally literate unemployed learn to identify to get educated, overcome feeling of worthlessness and by vigorous disputing of their irrational beliefs, which may lead to experiencing of less emotional disturbance or feeling of depression and anxiety and with stable feeling such as happiness and contentment. Literate unemployed therefore may learn the A-B-C-D-E approach in REBT to dispute their irrational beliefs.

(1) Re-learning of A-B-Cs:

According to the cognitive theory, the effect that our thoughts can have on our behavioral, physical and emotional responses to a particular situation can be explained using the following example:

*Person 1:*

A (Activating Situation) = “parents do not care for me or give attention to me.”

B (Beliefs) = “I am unemployed. I am burden to my family.”

C (Consequence) = sad, upset, unhappy, depressed, worthless, pessimistic failure.

*Person 2:*

A (Activating Situation) = “parents do not care for me or give attention to me.”

B (Beliefs) = “probably they are busy and have no time to give attention to me. I am already adult.”

C (Consequence) = neutral, Content

The above mentioned examples show how two people may experience the same situation (e.g., having parents not caring or giving attention), but have different reactions to the event based on how they evaluate and interpret the situation according to their beliefs and thoughts. The same thing may happen with regard to other irrational beliefs like ‘I am unemployed’ ‘I am worthless, useless’ ‘I am already aged, I may not getting government job’ ‘I feel sad’ ‘I may not get married’ ‘people look down at me’ ‘I am non-earning member’ ‘I am burden to my family’ ‘I am idle person’ and so on.

(2) How to think in a more rational and more positive way- The alphabet approach (A-B-C-D-E):
Researcher encouraged literate unemployed to focus on monitoring the times when they feel particularly upset or sad (from the diary they had kept).

e. g., “I feel depressed because of unemployment, and wonder how I am going to get through the rest of my life.”

Before we move on to beliefs (B’s), first focus on consequences (C).

C – Consequences following the events

There can be three types of consequences. Unemployed may experience one, two, or all three of the following:

1. Unhealthy negative feelings: for example (e.g., fear, rage, depressed mood). Researcher may encourage the unemployed to write in whatever words that best describes the experience of the literate unemployed.

2. Unhelpful behaviors: These are things you do that are unproductive or harmful in some way; for example avoiding people generally, stop trying therapy,….

3. Negative Physical Consequences of Distress; people may experience some physical symptoms when they experience an upsetting event. E.g., if you argue with your parents, you may find yourself flushed, shaking, sweating, tensed muscles, headache ….

E. g., I feel hopeless and sad, I feel even more fatigued, and I have stopped trying therapy

OK, now we’ll get back to B.

The Key to Change- B (Negative or Unhelpful Beliefs)

• As shown earlier, even though it may seem like one disturbing event (A) leads people to feel upset (C), this is not 100% true.

• In reality, it is not the event that upsets people but it is the negative or unhelpful beliefs (B’s) about the event that upset them.

• So how to identify those negative or unhelpful beliefs

• See if beliefs fall into any of the following categories:
Demand: Check to see if your thoughts contain the words “must,” “should,” or “ought”. E.g., you might think, “I must become employed!” or, “Life should be fair.”

Awfulizing/Catastrophizing: Check to see if your thoughts involve words like “awful,” “horrible,” or “terrible.” E.g., you might think, “I must become employed, If I don’t become employed that’s awful! I must have spent a lot of money for searching job.”

Frustration Intolerance: Check to see if your thoughts include “I can’t stand this!” or the word “unbearable.” For example, you might think, “I can’t stand being unemployed like this!”

Self-Downing: Check to see if you are too critical of yourself, or beating up on yourself. Also, check to see if you are basing your self-worth on one or two minor things. E.g., you might think, “I was too tired to help parents in daily activities today. I’m an insensitive son and a terrible person.”

Other-Downing: Check to see if you are being too critical of or beating up on others, or basing your entire judgment of them on one or two minor things. E.g., you might think, “My parents do not talk with me about my depression. They are totally insensitive and neglect me.”

Life-Downing: Check to see if you are judging all of your life as bad, just because it is not perfect. E.g., you might think “Life is worthless because I feel, I am not employed.”

Remember, negative thoughts are those thoughts that make you feel and behave in a hurtful, negative or unpleasant manner (e.g., feeling angry or depressed and being short-tempered).

3.8.3.4. Module 4: Relaxation

Aim/Goals

- To train the subjects in relaxation
- To reduce psycho-physiological arousal
- To explain the rationale of PMR
- To teach bodily awareness of Tension & Relaxation.
Muscles are designed to remain in a relaxed state until needed to perform some physical activity. In normal state, muscles do not remain at a high level of tension all the time, but show fluctuating patterns of tension and relaxation according to the demands that are placed on different muscle groups by a person’s daily activities. The flight or fight response also results in muscle tension. Ongoing muscle tension may also contribute to the feelings of constant apprehension and irritability. Anxiety may occur more easily. Even some minor event, such as an unexpected encounter with relatives and people, can trigger further tension which in turn can lead to tension. Regular practice of an active relaxation technique can help to reduce stress and tension.

**Rationale:**

Relaxation is the voluntary letting go off tension. Tension can be physical tension in the muscles or it can be psychological tension. When the individual physically relaxes, the impulses arising from various nerves in the muscles change the nature of the signals that are sent to the brain. This change brings about a general feeling of calmness, both physically and mentally. Muscle relaxation has a widespread effect on the nervous system and therefore should be seen as a physical relaxation, as well as a psychological one. Relaxation is known to be effective in reducing physiological and cognitive arousal. PMR is selected because of its easy to train and practice.

**Strategies employed in sessions:**

1- Review of homework

2- Bridge from previous session

3- Setting the agenda for sessions-Training in Relaxation

**Components: Relaxation Training** will help the subjects to maintain their general health.

By learning to relax subjects can reduce general levels of arousal and tension and increase their reserves for coping with challenges.

- Educating subjects to recognize tension and relaxation

- Training to relax body and mind in general
Relaxation Training - Progressive Muscular Relaxation

In progressive muscular relaxation (PMR), the muscles are relaxed in a progressive manner. With regular practice subjects can learn to better recognize and voluntarily reduce muscle tension. Relaxation is a skill that is learnt through regular practice. Subjects can use PMR to reduce agitation, fatigue, headache, backache, migraine, insomnia and improve general health and interpersonal relationship. Tension leads to an increase in cognitive distortion that affects relationship.

Subjects were trained to tense muscles for about 5 seconds, and then relaxed for 10-15 seconds before tensing again. They begin to relax their muscles directly, without first tensing them. Although it may seem difficult at first, with practice, it can be learned. Started with some smooth, regular breaths. “Say ‘relax’ before exhale, and feel relaxing more with every breath. Imagine letting go and releasing tension. Begin by relaxing the top of head, then forehead….eyebrows…..eyelids…..jaw…..tongue and throat…lips…. entire face. Continued to breathe in a smooth and light way, three seconds inhalation and three seconds exhale. Relax neck….shoulders….arms…..hands……all the way to fingertips. Continued to breathe smoothly…..breathe away the tension. Let the relaxation spread to chest…. Stomach…..waist……and around to back. After relaxed the lower part of body….bottom……thighs….knees…..calves….feet…..all the way to toes. Continued for a short time to breathe smoothly, lightly, and regularly and feel that relaxed state more with each breath”. After learning relaxation, subjects could extend this skill to make tension free more by continuing to practice relaxation technique every day. Every day PMR was taught to them. After assuring (five sessions) that they learned it, subjects were requested to continue relaxation at home regularly.

3.8.3.5. Module 5: Cognitive Restructuring

Aim/Goal:

- To identify cognitive errors.
- To teach cognitive restructuring.

Rationale: To teach the clients ways of approaching problems, situations and prepare them to face these situations adequately. This module is designed to teach rational thinking and to identify and handle cognitive errors, which would mediate the
reappraisal of problems, situations (Main thing is that it is not the event that is stressful, but how one perceives makes it either stressful or less stressful). The module selected was stress inoculation training.

Component / Strategy

1. Stress Inoculation Training (SIT).

This technique was developed by Meichenbaum (1976). It focuses on altering the ways in which an individual processes the information about the stressful situation. This technique involves four stages:

(a) Identify and be aware of situations, which lead to stress – self instruction – “stop worrying. You can deal with it”.

(b) When experiencing the stressor–self instruction – “What can I do about it?”

(c) If the coping strategy is not giving effective result- self instruction – “I have done it before. I can do it again”. “Take it easy. Things may not be as bad as I make them out to be”. “Take one step at a time. Can I look at alternatives?”

(d) Once the stressor passes evaluation of the coping strategy. Self-reinforcement is an important part of this phase. Self-instruction – “Good I have done better than I thought”. “I did well, next time I should slow down a bit more”.

2. Cognitive errors.

- Defining the cognitive errors.

- What kind of cognitive errors one engage in?

- How would our behavior have been, if we had not made the cognitive errors?

When under stress we may engage in self-defeating, self-depreciating, anxiety generating and often irrational pattern of thinking called cognitive distortions. These evaluative patterns are frequently nominative in nature and unproductive. They can lead to a loss of self-esteem, demoralization and negative mood state such as depression and anger.
Some Cognitive Distortions are:

(a) Over-generalization: Making sweeping judgments on the basis of a single instance, example, just because the person made one mistake he might conclude ‘everything I do goes wrong’. E.g. as applied to unemployed subjects ‘I am not being loved / cared because I am unemployed’.

(b) Selective abstraction: Attending only to the negative aspects of experiences. Thus a person might state ‘I did not have a moment of pleasure today’, not because this was true, but because pleasure had failed to enter conscious awareness. E.g. if I will not get job this time, I will never get job in future.

(c) Dichotomous reason: Or thinking in extremes, for example, “if I can’t get it 100 per cent right there is no point in doing it at all”. E.g. if I am assured of getting a job, then only I will try, otherwise I will not apply for job.

(d) Personalization: Or taking responsibility for things that have little or nothing to do with one self. For example if the parents say that no body works in the house. Unemployed may think his parents must have directed this comment on me.

(e) Arbitrary inference: Or jumping into conclusions on the basis of inadequate evidence. Thus not being able to get a job of his choice one may conclude, “I’ll always be a failure”. E.g. if I have money, influence, then only I get job otherwise I will not get job.

Subjects were encouraged to record such examples from their experience which showed the working of cognitive distortion. What alternative cognition he had used and what difference would it have made to him the way he felt and thought.

3.8.3.6. Module 6: Anger management.

**Aim/Goal:**
- To identify anger provoking situation and to manage the same.
- To teach anger management using self-instruction and relaxation training.

**Rationale:** Negative affective state like anger is a common consequence and cause of unemployment stress, reduced self-esteem and depression. Studies suggest that anger
results in mishandling of otherwise simple conflict and further leads to disturbed interpersonal relations both at home and in society. Anger is implicated in the causation of health problems. Therefore this module is designed to teach anger management skills.

Components:

Anger may result when a provocation is given exaggerated significance and seen as a ‘personal affront’.

1. Teaching the subjects to identify situations which may provoke anger.

2. Prepare the subjects to face provocation. It can be done by a process of careful monitoring of many situations that are likely to evoke anger that can be predicted. - relative may ask why are you not married? Why you are not getting job?

Self-instruction:

   ‘This could be a difficult situation, but I can work out a plan to resolve it’.
   ‘Concentrate on the issues, don’t personalize’.

3. Confrontation and impact, teaching the subject to adopt a problem solving response mode.

Self-instruction:

- ‘Just keep cool and remain in control of the situation’. ‘I have applied for job. I am waiting; interviews will be next week and I need influence’.

- ‘It would be unproductive to lose control; instead let me think of what I can do’.

- ‘Find positive aspect of the situation, keep the cognitions reality based. Do not personalize’.

4. Managing the arousal.

- Teaching not to react automatically. Monitor the arousal. This would serve as a cue to begin further coping efforts.
Self-instruction.

- ‘My muscles are getting tense I am becoming tensed, angry. Just tighten up all over. Teach subjects how to relax himself by stretching muscles and relax- let the tension go. Slow things down’.
- ‘Perhaps other person wants to get me angry, let me keep my response reality based, take it point by point’.
- ‘Anger arousal is the cue to take rational action. Time to introduce problem solving methods’.

5. Subsequent evaluation.

Two possibilities exist.

(a) If the conflict remains unsolved. In this event the self-instructions are designed to mitigate self-arousal from nominative patterns of thinking.

- ‘Forget about the irritation and ruminating about, it will only result in further arousal’.
- ‘Don’t take the situation personally. One should ignore it for the time being and don’t let it interfere while you are trying to relax or solve problem’.
- ‘Drop it for the time being. Then go back and look at the issue and look for possible solution’.

If the conflict is resolved. Self-reinforcement is a component of this phase.

- “I am pleased with the way I have handled the conflict”.
- “I am approaching the conflict rationally and getting better at it each time”.
- “The confrontation was difficult but was resolved without me getting angry”.

(b) Develop skills incompatible with anger like-

- Relaxation.
- Self-observation.
- Self-control.
- Impulse delay.
- Increase effective communication.
- Problem solving approach.

(All of above skills taught in detail with examples).

3.8.3.7. Module 7: Assertiveness Training (Communication Skills)

Aim/Goal:
- To improve interpersonal relationship in unemployed.
- To teach communication skills.
- To teach assertiveness skills.

Rationale: Research shows good communication skill leads to increase in support from people, which is one of the quoted Intervention strategies for management of poor interpersonal relationships, which is an important source of problems for unemployed.

Components:

1. Communication responses may be categorized into three different types, submissive, aggressive, and assertive.

   Submissive response comes from the belief that wants of others are more important my parents want me to be employed decently. It follows the philosophy that conflict is dangerous and must be avoided.

   Aggressive response is the attitude born of the belief that life is a full of competition and survival is a matter of winning.

   Assertive response springs from the philosophy that every individual is responsible for what he/she thinks and feels. Becoming more assertive means being willing to listen and trying to understand others: to ask for what one wants and to be prepared to negotiate if there is a disagreement. It means perceiving oneself and others as worthy of respect.

2. Assertive behavior: Subjects were taught the techniques of self-assertion.
- Make ‘I’ statement.
- Make an eye contact.
- Maintain a relaxed posture and use open and appropriate gestures.
- Recognize body space.
- Maintain same physical level.
- Use an appropriate tone of voice.
- Do not get distracted.

3. Good assertive communication skills were taught which involves:

- Listening carefully.
- Empathizing.
- Speak concisely.
- Decide what you want. Decide if it is fair, ask clearly for it. Be calm and relaxed.
- Express what you want to do clearly.
- Give and take fair criticism.
- Buffer criticism with feedback on positives.
- Identify behavior rather than criticize the person.

Make clear and constructive suggestions.

3.8.3.8. Module 8: Use of a large repertoire of cognitive techniques to dispute and change the irrational beliefs into rational beliefs (D-Dispute Negative Beliefs)

Rationale:

It is the irrational beliefs and cognitive errors which cause problems to unemployed youths. Changing irrational to rational beliefs through D-disputing should result in reducing the symptoms (psychological, behavioral and social). It is through this module feeling of worthlessness; suicide and such other feeling component of can be
addressed. This will lead to the enhancement of feeling of self-worth much needed confidence and self-esteem.

**Component:**

Disputing B, There are three components of A-B-C-D-E module.

After recognizing negative or unhelpful thoughts, the next step is to Dispute or challenge irrational beliefs. Disputes can be directed at the following targets: *demands, awfulising beliefs, low frustration tolerance beliefs and depreciation beliefs* (where self, others and life conditions are being depreciated). Here the targets of the dispute are *preferences, anti-awfulising beliefs, high frustration tolerance beliefs and acceptance beliefs* (where self, others and life conditions are being accepted).

Disputing is done by using the following disputing method. DiGiuseppe (1991) argued that disputes fall into one of three categories. First, there are *empirical disputes* which ask the unemployed to put forward evidence attesting to the truth or falsity of the belief. Second, there are *logical disputes* which ask the unemployed to consider whether the target belief is logical or not. Third, there are *heuristic disputes* which ask the unemployed to consider the functionality of the target belief. These disputing methods are targeted at both irrational beliefs and newly constructed rational beliefs. Irrational beliefs are inconsistent with reality, illogical and yield dysfunctional result while rational beliefs are consistent with reality, logical and yield functional results.

**Strategies employed in session:**

1. Review of homework
2. Bridge from previous session
3. Setting the agenda for each session- REBT method of disputing irrational beliefs
4. Setting new homework
5. Summary of the sessions

Structured Disputing: Approaches to structured disputing was taught to the literate unemployed are presented and discussed below:
Approach 1: Disputing Focused on Separate irrational Beliefs

In disputing it was focused on irrational beliefs, the therapist focused on one irrational belief at a time and directs the three main arguments (empirical dispute / logical dispute / heuristic dispute) towards that irrational belief before moving on to the next irrational belief.

The researcher provides the similar arguments, against both irrational beliefs and rational beliefs, again one at a time. Researcher moved, to question rational belief of the unemployed (e.g. his preference) as soon as he has disputed his irrational belief (i.e. his demand).

Disputing Focused on Separate irrational Beliefs will now be illustrated taken from an experimental group. Disputing is done by replacing irrational beliefs by rational beliefs substitute rational belief in the place of irrational beliefs e.g., why do you say you are unemployed because you did not get government job. Government jobs are transferable…. Start your own business, exhibit your skill, many government schemes for unemployed are available, you can give job to many unemployed adults. You can be self-sustained, increased self-esteem, overcome inferiority, feeling of worthlessness. Turn adversities into opportunities.

Unemployed irrational beliefs are as follows: (taken from subject’s diary)

**Demand:** “I must have a government job.”

**Awfulising belief:** “It would be awful if I were not having a government job.”

**Low Frustration Tolerance (LFT) belief:** “I could not stand it if I were not having a government job.”

**Self-depreciation:** “If I am not having a government job, it means that I am an unworthy person.”

The unemployed rational beliefs are as follows:

**Preference:** “I would like to have a government job, but this is not essential.”

**Anti-awfulising:** “It would be bad if I were not having a government job, but it would not be awful.”
High Frustration Tolerance (HFT) belief: “It would be difficult for me to tolerate not having a government job, but I could stand it.”

Self-acceptance belief: “If I am not having a government job, it does not mean that I am unworthy person. It means that I am a logical human being who is facing a difficult situation.”

In this approach the researcher proceeds further as follows:

researcher used empirical dispute / logical dispute / heuristic dispute for Demands; preference; Awfulising belief-Anti-awfulising belief; Low Frustration Tolerance (LFT); High Frustration Tolerance (HFT); Self-depreciation belief-Self acceptance belief.

Thus, the researcher ensured that the unemployed understand and come to term with the idea that there is no empirical evidence in favor of his demand that he must be having a government job, but there is such evidence in favor of his preference (empirical arguments) before disputing this demand logically. Thus, the researcher persisted with a line of argument within each element of the above structure before moving on to the next element.

Approach 2: Disputing Focused on Paired Components of Irrational and Rational Beliefs

In this approach the researcher questions paired components of the unemployed irrational belief and rational belief at the same time. The following structure shows how this step by step approach can be used by the unemployed on own.

Demand: “I must have a government job.”

Preference: “I would like to have a government job but this is not essential.”

Approach 3: Disputing Focused on Arguments I: One Belief at a Time (E-Effective Beliefs)

Aim/Goals

Make an effective and helpful beliefs, researcher proceeded as follows: to dispute irrational beliefs, Awfulising beliefs and self-depreciation beliefs and replace it with healthy beliefs or rational thinking.
Rationale

In this approach, the focus of the disputing is on the arguments (empirical, logical and heuristic) and this focus guides the dispute process through asking about, Are the following ideas true or false? Give reasons for your answer; Are the following ideas logical or illogical? Give reasons for your answer.

Demand: “I must have a government job.”

Awfulising belief: “It would be awful if I were not having a government job.”

Low Frustration tolerance: “I couldn't stand it if I were not having a government job.”

Self-depreciation belief: “If I am not having a government job, it means that I am an unworthy person.”

Preference: “I would like to be having a government job, but this is not essential.”

Anti-awfulising belief: “It would be bad if I do not have a government, but it would not be awful.”

High Frustration Tolerance: “It would be difficult for me to tolerate not being having a government job, but I could stand it.”

Self-acceptance belief: “If I am not having a government job, it does not mean that I am an unworthy person, it means that I am a logical human being who is facing a difficult situation.”

Approach 4: Disputing Focused on Arguments II: One Paired Set of Components at a Time (E-Effective Beliefs)

Here the focus of the disputing is again on the arguments used earlier, but this time each paired set of components relating to the irrational and rational belief is considered together. The researcher proceeds as follows:

1. Which of the following ideas is true and which is false? Give reasons for your answer

Demand: “I must have a government job.”

Preference: “I would like to be having a government job, but this is not essential.”
Awfulising belief: “It would be awful if I were to be not having a government job.”

Anti-awfulising: “It would be bad if I were to be not having a government job, but it would not be awful.”

LFT: “I could not stand it if I were not having a government job.”

HFT: “It would be difficult for me to tolerate not being having a government job, but I could stand it.”

Self-depreciation belief: “If I am not having a government job, it means that I am unworthy.”

Self-acceptance belief: “If I am not having a government job, it does not mean that I am an unworthy person, it means that I am a logical human being who is facing a difficult situation.”

(“If I am not liked by my parent, it does not mean that I am an unworthy person. It means that I am a logical human being who is facing a difficult situation”).

2. Which of the following ideas is logical and which is illogical? Give reasons for your answer

   i) Demand – Preference

   ii) Awfulising belief - Anti-awfulising belief

   iii) LFT - HFT

   iv) Self-depreciation belief- Self-acceptance belief

3. Which of the following ideas yields healthy results and which yields unhealthy results? Give reasons for your answer

   i) Demand – Preference

   ii) Awfulising belief- Anti-awfulising belief

   iii) LFT - HFT

   iv) Self-depreciation belief- Self-acceptance belief
3.8.3.9. Termination

Rationale

Rational Emotive Behavior Therapy is a time-limited approach to treatment, and subjects need to be made aware of this as soon as they begin therapy. Having a clear end point for the treatment process is beneficial in many ways. It provides subjects with some new methods, skills and means to make changes, when needed. REBT often motivates subjects to accomplish their most difficult goals. The idea of teaching subjects to become their own therapists makes termination more palatable to subjects of REBT. Terminating therapy means that subjects are ready to use their newly acquired skills to deal with their difficulties on their own. It is important that subjects were sensitized to know that termination of therapy does not mean they need to manage on their own forever. Difficulties do reemerge, and sometimes subjects forget what they have learnt in REBT or begin to have difficulties applying what they have learned. This brings therapist back to the importance of realistic expectations. Subjects who were treated might begin to have new concerns about low mood or irrational beliefs after failed treatment. They might see themselves as failures—“I’m losing everything that I learned,” or “This is just another thing I’ve totally failed at.” This state of negativity can indeed lead him to engage in dysfunctional behaviors. Subjects were instructed to bring a summary of what they have learnt in the therapy sessions. They were also asked to make a list of most useful techniques before termination. This included a list of rational responses to counter automatic thoughts and some thoughts on how to refrain from engaging in dysfunctional behaviors.

When subjects are having a difficult time, they can refer back to this sheet and remember what they found useful during REBT. Subjects were made to understand the core REBT techniques again and know how to use them. They were sensitized how to be their own therapists. Further, they were helped to set goals for what they would like to accomplish once therapy is over.

This helped subjects to see for themselves the progress that they have made in therapy and to maintaining a realistic mindset about future. They were assured that if they still have some difficulties, it does not mean therapy was a failure. Similarly, they expected that difficulties of some kind or other might arise again in the future. Again, this does not make the subjects a failure—encountering difficulties on the road of life is part of the
human experience. With the above briefing and clarifying any doubts subjects had sessions were terminated.

3.8.4. Phase- IV: Post-Test

At the end of the intervention program post assessment was done on the subjects of the experimental and control group with research tools used in stage-1 i.e., Stressful Life Events Questionnaire, Beck Depression Inventory, Rosenberg Self-esteem Scale, Dysfunctional Attitude Scale and General Health Questionnaire-28.

3.9. Analysis of Data

Analysis of data included both quantitative and qualitative analysis. Quantitative analysis of data was done using statistical package for social sciences version for windows (SPSS-14). In the present study descriptive statistical methods (e.g. mean and standard deviation) and inferential statistical techniques (e.g. Coefficient of Correlations, Independent samples t-test) were used to compare the pre and post mean scores between experimental and control group; Further Repeated measure analysis of variance (ANOVA) to assess the effects of REBT, and Effect size calculated in order to determine the magnitude of change occurred due to the interventions applied. Effect size was also done using online calculator.

3.10. Ethical issues:

1. Written informed consent was obtained from each of the subjects who participated in the study.

2. Confidentiality was assured and maintained.

3. All the participants were informed about the nature of the study and informed that participation in this research is voluntary and they have the option to discontinue the therapy at any time.

4. Control group participants were given an intervention program of REBT and relaxation after the main study and Post- test was done.