CHAPTER V
DISCUSSION AND SUMMARY

The present study aimed at examining the effectiveness of Rational Emotive Behavior Therapy (REBT) on stress, depression, dysfunctional attitude, self-esteem and general health among literate unemployed. The findings are discussed under the following sections.

5.1. Quantitative Analysis
5.2. Qualitative Analysis
5.3. Main findings of the study
5.4. Discussion
5.5. Strength of the study
5.6. Implications of the study
5.7. Limitations of the study
5.8. Suggestions for future study
5.9 Summary and Conclusion

5.1. Quantitative analysis included the following aspects.

Discussion of results for objective-1 and objective-2 will be done together for demographic and outcome variables.

Objective-1 To assess the level of Stress, Depression, Dysfunctional Attitude, Self-esteem and General health among literate unemployed males.

Objective-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.

5.1.1. Quantitative analysis (for objective-1)

Analysis of Outcome variables

5.1.2. Quantitative analysis (for objective-2)

Analysis of Socio- demographic data
Analysis of Outcome variables, 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.

5.1.3. Quantitative analysis (for hypotheses):

Following hypothesis were proposed in the present study and discussed below.

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.

5.2. QUALITATIVE ANALYSIS INCLUDES

5.2.1. Case illustration

5.2.2. Observation

5.1.1. Quantitative analysis (for objective-1)

**Dependent variables:** To fulfill the first objective it is essential to assess the level of stress, depression, dysfunctional attitude, self-esteem and general health of the sample (screening group) on various dependent variables at the base line so that proper selection of subjects for intervention can be done before intervention. Group has mild stress and mild depression. It also has complete control over stress. Although, it is found out the presence of dysfunctional attitudes among unemployed they have good self-esteem and general health. But a few of unemployed in the age group of 20-40 years are affected a lot because it is a critical period to experience high stress which plays a major role in the individual’s life. Unsatisfactory solution to this crisis can lead to so many psychological problems like stress, depression, dysfunctional attitude and will affect their self-esteem and general health. These are the individuals who are in definite need of psychological services. So, they are subjected to the intervention.
5.1.2. Quantitative analysis (for objective-2)

Homogeneity of the sample:

Socio-demographic data: It is very essential to establish the homogeneity of the sample on various demographic and dependent variables at the base line so that valid comparison can be made at post-treatment. The analysis revealed that both groups are comparable on all the demographic characteristics such as age (table 4.2.1), educational qualification (table 4.2.2), family type (table 4.2.3), marital status (table 4.2.4), income (table 4.2.5), duration of unemployment (table 4.2.6) and attempts of job search (table 4.2.7).

Dependent variables: there was no significant difference between experimental and control groups at baseline on stress, depression, dysfunctional attitude, self-esteem and general health indicating homogeneity (table 4.2.8). In all variables, both groups were matched for homogeneity. In the present study cut off score criteria used for selection of the subjects as follows: high stress (Score of 30 and above), high depression (Score of 30 and above), high dysfunctional attitude (Score of 119 and above), low self-esteem (Score of below 15) and low general health (Score of 8 and above). The present study sample comprised only unemployed in the age group of 20-40 years. This age is a critical period to experience high stress which plays an important role in the individual’s life. Unsatisfactory solution to this crisis can lead to psychological adjustment problems leading to increased stress, depression, dysfunctional attitude and decreased self-esteem and general health. These are the individuals who need to be targeted for intervention as they are in definite need of psychological services. Hence, the present study attempted to target an appropriate population and implemented the intervention accordingly.

5.1.3. Quantitative analysis (for hypotheses):

In the present study as mentioned earlier there are five hypotheses.

H1. REBT is effective in the management of stress.

Table 4.3.1 shows the mean score and standard deviation of stress of experimental group subjects in pre-test was (M=31.87; SD= 2.17) and in post-test it was (M= 20.33; SD= 2.44) indicating a change (decrease in stress) of 11.54 score from pre to post-treatment session. The mean score and standard deviation of control group
subjects in pre-test was (M=31.67; SD= 1.54) and in post-test it was (M= 31.47; SD= 1.46) showing a little change(0.02) from pre to post assessment.

Repeated measure ANOVA was applied to find out the effects of intervention (REBT) on stress. Results of within group comparison between pre and post mean scores showed significant decrease in the level of stress (p<0.01; table 4.3.2). Significant change indicates that intervention was effective in reducing stress. Further, there was a significant change across the time (pre-to post assessment) in the level of stress (p<0.01). Further, between group effect also show significant F value (P<0.01) indicating REBT was effective in reducing stress. Effect size calculation (Table 4.8.1) for magnitude of change for intervention was large for experimental group. The obtained effect size for experimental group was 0.93 and for control group, it was 0.07. However, magnitude of change was large for experimental group indicating higher improvement. This indicates that REBT is more efficacious in reducing stress of the subjects. The observed F-value and substantial decrease in the post mean in this outcome variable (stress) support the proposed hypothesis that is REBT is effective in the management of Stress among unemployed.

Generally, stress refers to a state of imbalance within an individual that is elicited by an actual or perceived disparity between environmental demands and the individual capacity to cope with them. Stress arises when one appraises a situation as threatening or otherwise demanding and does not have appropriate coping responses (Sarafino, 1990; Stotland, 1987; Singer & Davidson, 1986; Trumbuli & Appley, 1986; Lazarus & Folkman, 1984; Lazarus & Launier, 1978; Lazarus, 1966). In such situations and events, unemployment appears as a stressful life event that greatly changes their everyday routine, relationship, social roles and central aspects of perception of self and that of others ( Hamilton et al., 1993; Turner, Leana & Feldman, 1993; Schaufeli, 1992; Reynolds & Gilbert, 1991; Kinicki & Latack, 1990; McLoyed, 1989; Kieselbach & Svensson, 1988; Leana & Feldman, 1988,1992; Schwefal, Svensson & Zollner, 1987; Schwefal, 1986; Kelvin & Jarrett, 1985; Kieselbach & Wacker, 1985).

In the present study such stressful unemployed are selected and subjected to REBT intervention. Findings of this study show that REBT is effective in decreasing stress symptoms among subjects. With respect to the positive effect of REBT on stress the following explanations are presented. REBT has two important roles in the
modulation of stress response. One is related to reduction in the psychophysiological activation that is associated with stress management approaches (e.g. relaxation practice was taught to subjects and they were asked to practice it at home on a regular basis. Practicing of relaxation technique regularly may have contributed to the reduction in the physiological symptoms of stress). The other one is concerned with transactional model of stress, which emphasizes cognitive appraisal (how an event is interpreted by the individual) and coping (e.g. cognitive therapy). REBT emphases on the way in which an unemployed interprets his experiences and how these thoughts eventually influence on his behavioral and emotional functioning.

Based on randomized controlled studies, the Rational Emotive Behavior Therapy improves the outcome and quality of life of several psychiatric and medical disorders (e.g. anxiety, depression, personality disorders etc.). It also improves health-promoting behaviors, such as changing harmful lifestyle patterns and habits, and modifies illness attitudes and behaviors. Findings indicate that most of the unemployed had received intervention for the first time in their life, and it is evident that they have better improvement compared to control group because of externalizing of their inner problems and receiving some effective strategies to change.

Since the researcher was an outsider, and there was no previous familiarity between him and the unemployed, their faith in researcher regarding keeping their secrets increased and for this reason, they revealed their problems freely that were causing affective, interpersonal and motivational disturbances. Therefore, given appropriate techniques (e.g. self-observation, cognitive restructuring, assertive training, relaxation and Anger management) could have resulted in decreasing of stress symptoms.

Subjects probably had poor knowledge about facing the problems effectively and assertively. In such case, sensitizing the unemployed in the cognitive conceptualization of the problem, based on the ABC model had an vital role in reducing their problems, because most of participants reported positive response after receiving intervention. E.g., the unemployed who had interpersonal and emotional problems with their parents and others, may be after learning about assertive training skills and relaxation exercise subjects may have learnt about how to cope and control their emotions and react appropriately but politely which may have resulted in reducing the stress.
Another major factor of stress was that they did not know how to manage their anger. Therefore, training in anger management technique how to manage their anger and to allocate enough time to think before take action while getting angry, may have reduced their stress, because allocating enough time to think probably helped to decrease anger and provided opportunities to other personal hobbies, social activities and interests. One of the reasons for life concerns among the unemployed was their inability to face with their parent’s request and get marry to whom that they didn’t show interest. Six subjects in experimental group had to get married early under their parent’s pressures. Researcher came to know of this problem during individual intervention in therapy session and also from the diary maintained. In such case, the anxiety resulted in thinking about uncertain and indefinite future which may have caused increased stress. The cognitive conceptualization of the problem, based on the ABC model and self-assertiveness skills training were the two methods which may have helped in decreasing life uncertain thoughts about the future by becoming assertive to politely reject some unpleasant practices (like forced marriage) and how to face with the parents in a proper manner. Learning these skills along with REBT may result in reducing and managing stress. In Indian culture, Employment for men is very important and valuable. Being employed assures and stabilizes family and increases life satisfaction and may promote healthy life. In many culture including Indian culture and society, negative attitude to unemployment is highly prevalent. Unemployment may cause problems such as physical diseases or even mental disorders. Some Intervention tips to relatives’ especially family members, positive attitude and behavior of neighbors (family members, friends, neighbors, etc.) may have helped to get rid of psychological problems for the unemployed leading to experience of stress.

The results of present study are similar to the results of the earlier studies which have already revealed the effectiveness of CBT in reducing stress (Sharma et al., 2010; Granath, Ingvarsson, Thiele, & Lundberg, 2006; Cormier & Nurius, 2003; Gloria & Kelli, 2002; Munz, Kohler, & Greenberg, 2001; Patra, 2001; Peden, Hall, Rayans & Beebe, 2001; Verma, 2001; Biabangard, 2000; Fontana & colleagues, 1999; Verma, 1997; Sapp & Farrell, 1995; Peters, Benson & Peters, 1977). Hence hypothesis 1 is accepted.
**H2. REBT is effective in the management of Depression**

Table 4.4.1 shows the mean score and standard deviation of depression of experimental group subjects in pre-test was \( M = 35.80 \); \( SD = 3.91 \) and in post-test it was \( M = 22.60 \); \( SD = 3.46 \) indicating a change (decrease in depression) of 13.2 score from pre to post-treatment session. The mean score and standard deviation of control group subjects in pre-test was \( M = 34.93 \); \( SD = 2.76 \) and in post-test it was \( M = 34.80 \); \( SD = 2.81 \) showing a little change(0.13) from pre to post assessment.

Repeated measure ANOVA was applied to find out the effects of intervention (REBT) on depression. Results of within group comparison between pre and post mean scores showed significant decrease in the level of depression \( (p<0.01; \text{table 4.4.2}) \). Significant change indicates that intervention was effective in reducing depression. Further, there was a significant change across the time (pre to post assessment) in the level of depression \( (p<0.01) \). Further, between group effect also show significant \( F \) value \( (P<0.01) \) indicating REBT was effective in reducing depression. Effect size calculation (Table 4.8.1) for magnitude of change for intervention was large for experimental group. The obtained effect size for experimental group was 0.87 and for control group, it was 0.02. However, magnitude of change was large for experimental group indicating higher improvement. This indicates that REBT is more efficacious in reducing depression of the subjects. The observed \( F \)-value and substantial decrease in the post mean in this outcome variable (depression) support the proposed hypothesis that is REBT is efficacious in decreasing depression among unemployed.

The results of the present study show that REBT has reduced stress (table, 4.3.1). Reduced stress related to unemployment may have also contributed to the reduction in the level of depression. In the present study, findings prove that the intervention used in the present study have been effective. The Causal factors (such as, cognitive, interpersonal or social, affective and motivational symptoms) for stress and depression are similar and probably, bringing changes in level of stress may have resulted in reducing the level of depression. Results of empirical studies with adults, both in the rational-emotive model (Muran, Kassinove, Ross, &Muran 1989) and the Beck cognitive model of depression (Dobson & Shaw, 1986; Eaves & Rush, 1984), have confirmed the co-occurrence of cognitive distortions and depressive symptoms.
Unemployment really creates a critical situation that threatens the emotional and psychological well-being of the individual. The question that arises in this regard is as follows: Do the emotional and psychological problems lead to unemployment? Or does the unemployment lead to emotional and psychological problems? In both cases, it is obvious that unemployment is a crisis that leads to a psychological imbalance, especially when a quick and possible solution is not found for it.

Depression is significantly associated with unemployment. Kendall et al., (1995) opined that depression stems from a combination of demandingness, irrational beliefs and self-downing in particular. The person believes that he must be competent, achieving etc. at all times otherwise he is useless and worthless as a human being. To change their dysfunctional depression people have to stay with their preferences for success, justice, approval, and comfort, and avoid turning these preferences into absolutistic demands. This way, even though their wishes are not fulfilled, people will only experience functional sadness (Ellis & Dryden, 1997).

In the present study subjects were trained and taught to monitor and record their negative thoughts in diary every day. Special emphasis was given on recording of automatic thoughts that came into their mind as if by habit rather than as a specific response to what was currently going on. With REBT interventions (e.g. self-observation), Subjects were able to identify these automatic thoughts as and when they occurred and recorded in their diary.

Researchers opined that though every one’s automatic thoughts are unique, there are also clear patterns of depressive automatic thoughts that are formed and common across many depressed people's minds (Nemade, Reiss & Dombeck, 2007). Some common patterns of negative and irrational automatic thoughts include:

Catastrophizing - always anticipating the worst possible outcome to occur (e.g., expecting to be criticized or fired when the parents ask to do something).

Filtering - exaggerating the negative and minimizing the positive aspects of an experience (e.g., “I have got less appreciation because I did not prepare myself adequately for work assigned by parents”)

110
Personalizing - automatically accepting blame when something bad occurs even when you had nothing to do with the cause of the negative event (e.g., “I am responsible for whatever is happening (event) either in home or out”).

Overgeneralizing - viewing isolated troubling events as evidence that all following events will become troubled (e.g., “parents did not accept me, because I did less work assigned to me, all parents dislike me”).

Polarizing - viewing situations in black or white (all bad or all good) terms rather than looking for the shades of gray (e.g., “I missed some jobs, therefore I may fail to get job in future”, instead of “I need to work harder next time, I will do better in next attempts”).

*Emotionalizing* - allowing feelings about an event to override logical evaluation of the events that occurred during the event. (e.g., “I feel guilty, because I could not help my friend in the interview. If I helped him he could get the job. Instead it is interview; my friend should have come prepared well for interview”).

In the present study, the therapy also focused on linking the earlier experiences with present emotions by probing into their similar earlier experiences, and identified events that were related to the beginning of difficulties with depression (in the beginning of each session the diary was observed and the problems mentioned by the subject were discussed). Subjects were sensitized to understand that their problems are not exclusive to themselves alone and everybody can experience them at one time or the other in their life. But the ways that one processes the events, situations and experiences makes it different from each others. Researcher explained to the subjects the ABCDE model of Ellis and Dryden (1987) and demonstrated to them that how an event (e.g. I fought with my brother) may lead to irrational beliefs (e.g. hereafter, he will hate me) and leading it to negative consequences (e.g. I never will meet him again); then helped them to dispute their irrational believes if they are true or not (e.g. is he really hate you?). In the intervention of the ABCDE model subjects are trained to replace their irrational believes with new and rational thoughts and believes (e.g. it is better to meet or call him to see his reactions; then you can create and promote new ideas in relation to your problem).

Subjects were taught to identify and justify their irrational beliefs and thoughts, and then replaced their irrational ideas through challenge, suggestion, and advice. The
disputing process involved teaching subjects to systematically ask and answer a set of questions designed to draw out whether particular ideas have any basis. E.g., one of the subjects believed that he is not handsome and unemployed. The process of disputing was done as follow: Is there any evidence for this belief? Yes, I am short and fat! What is the evidence against this belief? Fatness cannot be bad. But when I compare myself with thin men I get bad feelings. What is the worst thing that can happen if you give up this belief? I will eat more! What is the best that can happen? I can try to love myself! After this session of REBT training, subjects learn to monitor their own thoughts and perform the disputing process on their own outside of therapy sessions.

According to Kirk, Hawton, Salkovskis and Clark (1989), REBT works in three ways:

1. REBT/CBT helps the person to identify and change negative thinking associated with depressed feelings. When the person is depressed, he feels helpless, hopeless and unworthy. These feelings make it difficult for him to think positively about themselves and about the people in their life. Researcher helps them to reinterpret the event being calm and relaxed. Through this process they learn how to replace negative thinking or irrational thinking patterns with more positive ones and this helps them feel better about themselves and their life in general.

2. REBT/CBT helps person to focus on positive things. It is possible that if persons is feeling depressed, he will not be doing activities which were ones pleasurable. E.g., painting, reading, writing, music, dance, gardening and etc., this can turn into a cycle where doing less of pleasurable activities results in sadness and in turn make him feel further sad to do any pleasurable activities. It is important for someone to support and motivate them in this situation.

3. REBT/CBT helps to manage person’s problems and associated attitudes. It is very hard for depressed unemployed to manage everyday problems (e.g. House work, searching for job, sports etc.) which seem to be getting on top of them. REBT may be used to help these unemployed to manage their problems using different techniques (e.g. Anger management, assertiveness training, and the cognitive conceptualization of the problem, based on the ABC model). REBT combines two therapies "Emotive therapy" and "Behavior Therapy" to change unhealthy and unhelpful thoughts and behaviors. Emotive Therapy acknowledges that distorted thoughts cause self-
destructive feelings and behaviors. E.g., someone who thinks he is unworthy of love and respect may behave with shyness in social situations and isolate him and may refuse to attend social functions. Restructuring of thinking process was demonstrated to each unemployed through REBT (ABCDE model) by showing them that what they believe or perceive is not the right thoughts or feelings. This is done by collecting information from diary and making the unemployed realize that this particularly very harmful for growth and development of adults. While, Behavior Therapy teaches the subjects techniques to change their behaviors and reactions to certain issues such as social and interpersonal problems. REBT techniques lead to a reduction in stress, depression and improvement in the quality of life, and sense of well-being. With assertive training skills and anger management training unemployed’ interest of doing any kind of job suitable to his ability may also show improvement. Rational emotive behavioral techniques such as self-observation, stress inoculation, cognitive restructuring and self-assertiveness concern with the rational of scientific empiricism and collaborative atmosphere which states that thinking can be evaluated, analyzed, understood, explained, and carried forward on truly based scientific paradigms.

Comino et al., (2000), found that CBT is effective for depression and anxiety and is appropriate for use with people who are unemployed because of the high rates of depressive and anxious symptomatology within this group. Compas et al., (2011), Manicavasgar, Parker, and Perich (2011), Fisher (2010), Jasmine (2010), Stice, Rohde, Gau, and Wade (2010), Shirk, Kaplinski, and Gudmundsen (2009), Streachowski et al., (2008), Chen et al., (2006) Webb, Brigman and Campbell (2005), Fava, Rafanelli, Grandi, Conti and Belluardo (1998), Diane et al., (1997), Reynolds and Kevin (1986), found that CBT is effective in reducing depression. The results of the present study are similar to the studies mentioned above. Hence hypothesis 2 is accepted.

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

Table 4.5.1 shows the mean score and standard deviation of dysfunctional attitude of experimental group subjects in pre-test was (M=155.67; SD= 9.92) and in post-test it was (M= 116.73; SD= 2.34) indicating a change (decrease in dysfunctional attitude) of 38.94 score from pre to post-treatment session. The mean score and standard deviation of control group subjects in pre-test was (M=153.40; SD= 17.82) and in
post-test it was (M= 152.60; SD= 17.14) showing a little change(0.8) from pre to post assessment.

Repeated measure ANOVA was applied to find out the effects of intervention (REBT) on dysfunctional attitude. Results of within group comparison between pre and post mean scores showed significant decrease in the level of dysfunctional attitude (p<0.01; table 4.5.2). Significant change indicates that intervention was effective in reducing dysfunctional attitude. Further, there was a significant change across the time (pre to post assessment) in the level of dysfunctional attitude (p<0.01). Further, between group effect also show significant F value (P<0.01) indicating REBT was effective in reducing dysfunctional attitude. Effect size calculation (Table 4.8.1) for magnitude of change for intervention was large for experimental group. The obtained effect size for experimental group was 0.94 and for control group, it was 0.02. However, magnitude of change was large for experimental group indicating higher improvement. This indicates that REBT is more efficacious in reducing dysfunctional attitude of the subjects. The observed F-value and substantial decrease in the post mean in this outcome variable (dysfunctional attitude) support the proposed hypothesis that is REBT is efficacious in decreasing dysfunctional attitude among unemployed.

REBT aims at identifying the unemployed’s automatic negative thoughts and teach or train them how to change them. Further their absolutistic ‘shoulds’, ‘oughts’, and ‘musts’ are identified by researcher and taught to the unemployed as to how to change them into preference. REBT enlightens the unemployed that they change consciously and unconsciously choose to disturb themselves by escalating their preferences into demands and cravings, and that they can train themselves not to do so and thereby create healthy feelings and emotions.

REBT includes: the cognitive conceptualization of the problem, based on the ABC model and changing negative attitudes and use of assertiveness by disputing negative beliefs. Use of these techniques brought change in level of dysfunctional attitudes. Unemployed were given training on the ways of approaching unemployment problems and equipped them to face the unemployment issue adequately and effectively. They were taught how to identify and handle negative attitudes and
identify those negative or unhelpful beliefs which fall into anyone of the following categories:

Demands: The thoughts comprise the words “must,” “should,” or “ought”. E. g., unemployed think, “I must become employed!” or “Life should be fair.”

Awfulizing/Catastrophizing: The thoughts involve words like “awful,” “horrible,” or “terrible.” E. g., unemployed think, “I must become employed, If I don’t become employed that’s AWFUL! I spent a lot of money in searching job.”

Frustration Intolerance: The thoughts include “I can’t stand this!” or “unbearable.” E.g., unemployed think, “I can’t stand being depressed like this!”

Self-Downing: Unemployed become too critical of himself, or beating up on himself. Unemployed basing him self-worth on one or two minor things. E.g., unemployed think, “I was too tired to make some favor for parents. I’m an insensitive son and a terrible person.”

Other-Downing: Unemployed were being too critical of or beating up on others, or basing unemployed entire judgment of them on few minor things. E. g., unemployed think, “My parents do not talk with me about my depression. They are totally insensitive and neglect me.”

Life-Downing: Unemployed judging all of them life as bad, because it’s not perfect. E. g., unemployed think “Life is worthless because I feel, I am not an employed.”

After recognize negative or unhelpful irrational thoughts, the next step is to Dispute or challenge unemployed’s 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 method. First, there are empirical disputes which ask unemployed to put forward evidence attesting to the truth or falsity of the belief. Second, there are logical disputes which ask unemployed to consider whether the targeted belief is logical or not. Third, there are heuristic disputes which ask unemployed to consider the functionality of the targeted 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.

Emotive techniques are designed to help unemployed to change negative thoughts by above means. The use of assertiveness in an appropriate and unique emotive technique used in REBT to help unemployed treat themselves less seriously and to put things in proper perspective. Further, it encouraged unemployed to think rationally by not taking themselves too seriously. The set of research studies investigating psychotherapies for unemployment promotion took place in a clinical/university clinic setting and consisted of individual and group psychotherapies. Interventions were geared towards counseling for unemployed using either cognitive behavioral, focal, resource or psychoanalytic methods

According to Beck et al., (2001), irrational beliefs play a vital role in cognitive theory and therapy; hence irrational beliefs are the main focus in treatment and, consequently, are a primary intervention target. These irrational beliefs, if they are properly recognized, are the key conceptual theme linking an individual’s dysfunctional responses to the present condition. One of the main pillars of REBT is that dysfunctional and irrational ways and patterns of thinking, behaving and feeling are contributing to most human disturbance of emotional, behavioral and social defeatism. REBT teaches that when people turn flexible preferences, wishes and desires into absolutistic, grandiose and fatalistic dictates, this tends to contribute to disturbance.

According to Ellis, (2003), REBT generally assumes that at the core of irrational beliefs there are explicit or implicit rigid commands and demands, and that extreme derivatives like awfulizing, frustration in people, deprecation and over-generalizations are accompanied by these irrational beliefs. According to REBT the core dysfunctional philosophies in a person’s evaluative emotional and behavioral belief system, are also likely to contribute to unrealistic, arbitrary and crooked inferences and distortions in thinking. REBT therefore first teaches that when an individual in an insensible and devout way overuse absolutistic, dogmatic and rigid "shoulds", "musts", and "oughts", they tend to disturb and upset themselves. Further REBT generally assumes that disturbed evaluations to a larger degree occur through over-
generalization, wherein people exaggerate and globalize events or traits, usually unwanted events or traits or behavior, to out of context, while almost always ignoring the positive events or traits or behaviors. E. g., awfulizing is partly mental magnification of the importance of an unwanted situation to a catastrophe or horror, elevating and rating of something from bad to worse than it should be, to beyond totally bad, worse than bad to the intolerable and to a "holocaust". The same exaggeration and over generalizing occurs with human beings, wherein humans come to be arbitrarily and axiomatically defined by their perceived flaws or misdeeds. Frustration intolerance then occurs when a person perceives something to be too difficult, painful or tedious, and by doing so exaggerates these qualities beyond one's ability to cope with them.

According to the REBT model, unemployed experience undesirable activating events, about which they have rational beliefs (RBs) and irrational beliefs (IBs). These beliefs then lead to emotional, behavioral, and cognitive consequences. Rational beliefs lead to functional consequences, while irrational beliefs lead to dysfunctional consequences. Unemployed who engage in REBT are encouraged to actively dispute their IBs and to assimilate more efficient, adaptive and rational beliefs, with a positive impact on their emotional, cognitive, and behavioral responses.

Researchers found that CBT is effective in decreasing dysfunctional attitude (Mimura & Griffiths, 2003; Eriksen et al., 2002; Verma, 2001; Antoni, et al., 2000; Morgan, Hensley, & Laura, 1998; Verma, 1997; Bunce & West, 1996; Saam, Coor & Holt, 1995; Talma & Ruth, 1993; Bosley & Allen, 1989; Tallant, Rose, & Tolman, 1989; Higgins, 1986; Bhalla, 1980; Field & Olsen, 1980). The results of the present study are similar to the studies mentioned above. Hence hypothesis 3 is accepted.

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

Table 4.6.1 shows the mean score and standard deviation of self-esteem of experimental group subjects in pre-test was (M=12.47; SD= 1.30) and in post-test it was (M= 18.00; SD= 1.13) indicating a change (enhancement in self-esteem) of 5.53 score from pre to post-treatment session. The mean score and standard deviation of control group subjects in pre-test was (M=12.60; SD= 1.45) and in post-test it was (M= 12.87; SD= 1.64) showing a little change(0.27) from pre to post assessment.
Repeated measure ANOVA was applied to find out the effects of intervention (REBT) on self-esteem. Results of within group comparison between pre and post mean scores showed significant increase in the level of self-esteem (p<0.01; table 4.6.2). Significant change indicates that intervention was effective in enhancing self-esteem. Further, there was a significant change across the time (pre to post assessment) in the level of self-esteem (p<0.01). Further, between group effect also show significant F value (P<0.01) indicating REBT was effective in enhancing self-esteem. Effect size calculation (Table 4.8.1) for magnitude of change for intervention was large for experimental group. The obtained effect size for experimental group was 0.92 and for control group, it was 0.09. However, magnitude of change was large for experimental group indicating higher improvement. This indicates that REBT is more efficacious in enhancing self-esteem of the subjects. The observed F-value and substantial increase in the post mean in this outcome variable (self-esteem) support the proposed hypothesis that is REBT is efficacious in increasing self-esteem among unemployed.

Self-esteem is a construct associated with REBT strategies that may be involved in changing individual’s thoughts, behaviors, emotions, and performances (Bandura, 1997). The present research has also shown that REBT helps in increasing self-esteem. Increased self-esteem can have positive influence on the unemployed’s motivation, and activities. To enhance Self-esteem, intervention techniques such as self-observation, Cognitive restructuring, anger management, and assertive training skills etc., are employed and may increase the level of self-esteem in subjects by bringing change in the positive direction, resulted in enhanced or improved condition in the experimental group than the control group.

It is assumed that high self-esteem has beneficial effects and low self-esteem has detrimental effects. So, high self-esteem people have more self-confidence compared to low self-esteem people (McFarlin & Blascovich, 1981). Higher the self-esteem more is the active involvement in engaging in activities that will enable them to get a job. The unemployed with high level of self-esteem have high motivation and confidence to do tasks. Whereas unemployed with low self-esteem, on the other hand, believe he cannot be successful and thus are less likely to make a concerted, extended effort and may consider challenging tasks as threats that are to be avoided, or, low self-esteem itself may become an incentive to learn more about the subject, whereas the unemployed with a high self-esteem may not be prepared make use of their full
potential. With regard to thought patterns and responses, low self-esteem can make the unemployed to believe tasks are harder than they actually are. This often results in poor task management, as well as increased stress. The unemployed may show unpredictable emotions when engaging in any daily task in which they have low self-esteem. When self-esteem is enhanced through the intervention he may take a wider overview of a task in order to take the best route of action and behavior. The unemployed with an enhanced self-esteem learn how to respond to a failure (e.g. with disappointment than being sad) and attribute the failure to external efforts, instead of attributing low self-esteem to failure. E. g., an unemployed with enhanced self-esteem, in regards to interview related to job may attribute a poor result to its increased difficulty level than usual task, feeling sick, lack of effort or insufficient preparation. So, increased self-esteem through intervention can change unemployed’s attitude and motivation towards the job search and may realize their potential. This in turn, may result changes in their perspective towards previous failure and may increase their efforts. The consequence of this change may lead to low stress, enhanced self-esteem, and increased confidence and ability. Increased self-esteem may lead to increased self-image, well-being and improved mental health. In other words, individual’s impression about himself as inadequate ineffective and inefficient will change as he is adequate effective and efficient. Thus, the unemployed know how to make use of their time, energy, and other resources (learnt through assertive training skills) in the best way, because, they believe they can overcome all the difficult tasks and problems by making a sincere effort. Through that they can get job because researchers identified self-esteem as a factor that assisted unemployed individuals to gain employment (Caplan, Vinokur, Price, & Van Ryn, 1989; Winefield & Tiggemann, 1985).

Cognitive Behavioral therapy seems to be particularly effective in changing self-esteem. Because Cognitive Behavioral Intervention focuses on identifying dysfunctional beliefs and changing them into more realistic beliefs, in combination with behavior modification techniques (Emler, 2001). The results of the present study are also in agreement with the result of these studies that evaluated the efficacy of CBT in improving self-esteem and it is suggested that CBT may be an effective treatment for increasing self-esteem (McManus, Waite, & Shafran, 2009; Taylor &
Montgomery, 2007; Chen et al., 2006; Sapp & Farrell, 1995). Hence hypothesis 4 is accepted.

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

Table 4.7.1 shows the mean score and standard deviation of general health of experimental group subjects in pre-test was (M=9.93; SD= 1.22) and in post-test it was (M= 6.60; SD= 0.91) indicating a change (improvement in general health) of 3.33 score from pre to post-treatment session. The mean score and standard deviation of control group subjects in pre-test was (M=9.20; SD= 1.32) and in post-test it was (M= 9.07; SD= 1.22) showing a little change(0.13) from pre to post assessment.

Repeated measure ANOVA was applied to find out the effects of intervention (REBT) on general health. Results of within group comparison between pre and post mean scores showed significant increase in the level of general health (p<0.01; table 4.7.2). Significant change indicates that intervention was effective in enhancing general health. Further, there was a significant change across the time (pre to post assessment) in the level of general health (p<0.01). Further, between group effect also show significant F value (P<0.046) indicating REBT was effective in enhancing general health. Effect size calculation (Table 4.8.1) for magnitude of change for intervention was large for experimental group. The obtained effect size for experimental group was 0.84 and for control group, it was 0.05. However, magnitude of change was large for experimental group indicating higher improvement. This indicates that REBT is more efficacious in enhancing general health of the subjects. The observed F-value and substantial increase in the post mean in this outcome variable (general health) support the proposed hypothesis that is REBT is efficacious in increasing general health among unemployed.

REBT strategies can change an individual’s thoughts, behaviors, emotions, and performances and it is closely associated with general health. The present study has also shown that REBT helps in enhancing general health. Positive effect of REBT on general health influences on the unemployed’s motivation and activities. Intervention techniques (e.g. relaxation, anger management, and assertive training skills) resulted in enhanced or improved health condition in the experimental group than the control group.
In the modern world, urbanization, globalization, modernization, privatization, liberalization, and technological innovations have resulted in increased stress and other psychological disorders. Minor stressful events and daily hassles like traffic jam, waiting in queue, doing household work or difficulty in making decision and so on may cumulatively affect health than major events. Cumulative impact of minor stressors may themselves predispose an individual to poor health (Sharma & Sharma, 2007). However studies have also shown that employed report better physical and psychological health and it was evident that employed are healthier than non-employed. In one of the longitudinal study, it was found that health of men and women who are employed full time did not change over time, whereas housewives and part time employed women showed a decline in their physical health (Helgeson, 2006; Fokkema, 2002; Mathews & Power, 2002; Barnet & Hyde, 2001).

According to WHO, health is the state of complete physical, mental, social and spiritual wellbeing and not merely absence of disease or infirmity (WHO, 1947). In Indian tradition health is conceptualized as a state of delight or a feeling of physical, mental and spiritual wellbeing (Dalal, 2001). The Indian perspective on health is closer to WHO definition of health. It provides an ideal state of human functioning and considers health as a state of mind, which is peaceful, serene, and free from conflicts and desires (Sharma & Sharma, 2007).

The primary goal of clinical psychology is to use psychological knowledge, methods, and skills to prevent illness and to facilitate recovery and promote health of the people by using techniques like REBT. With regard to thought patterns and responses, low general health can make the unemployed to believe tasks are harder than they actually are. This often results in poor task management, as well as increased stress. The unemployed may show unpredictable emotions when engaging in any daily task. With an enhanced general health subject can learn how to respond to a failure and attribute the failure to external efforts, instead of attributing low general health to failure. e. g., Unemployed with enhanced general health, in regards to interview related to jobs may attribute a poor result to its increased difficulty level than usual task, feeling sick, lack of effort or insufficiency. Therefore, improved general health through intervention can change unemployed attitude and motivation towards the job and they realize their potentiality. This in turn, may result changes in their perspective towards previous failure and may increase their efforts. The consequence of this change may lead to
low stress, enhanced general health, and increased confidence and ability. Individual’s impression about himself as inadequate ineffective and inefficient will change as he is adequate effective and efficient. Thus, the unemployed know how to make use of their time, energy, and other resources through assertive training skills in the best way, because, they believe they can overcome all the difficult tasks and problems by making a sincere effort. The results of the present study are also in agreement with the result of these studies that evaluated the efficacy of CBT in improving general health and it is suggested that CBT may be an effective treatment for enhancing general health (Arora, 1994; Verma, 1989). Hence hypothesis 5 is accepted.

5.2. Qualitative analysis

In qualitative analysis a case of the unemployed is present along with the REBT intervention to demonstrate the efficacy of REBT on stress, depression, self-esteem, dysfunctional attitude and general health in unemployment case.

5.2.1. Case Analysis

Case history:

Mr. P was a 30 years old unemployed, educated up to College, married for 4 years and had been living with his wife, mother, two sisters and four brothers and had been trying to get job for last eight years and attempted more than seven times to get job. Later he decided to attend almost all interviews advertised in daily newspaper but result was that he never gets any job. There was high pressure from his parents to earn money for his family. Gradually he became victim of stress and depression. Later he stopped attending social activities conducted by neighbors and others. He felt ‘I am unemployed’ I am worthless, useless’ ‘I am burden to my family’. So symptoms of stress and depression were developed. Resulting in reduced self-esteem and developed negative and pessimistic attitude towards himself. General health was also not good.

During visit he cooperated and answered all questionnaires. He slowly shared lots of interpersonal problems, worries and also evidence of increasing problem of anger towards others and reported that his family members forced him to get some job and earn his livelihood. This made him to feel lonely and avoided social occasions, started feeling the sense of insecurity and developed apprehension about future.
Mr. P was assessed using SLES, BDI, RSES, DAS and GHQ-28. Pre assessment scores on these were 35 (80), 32, 14, 157 and 9 respectively indicating high stress (stress control), depression, low self-esteem, high dysfunctional attitude and low general health. After completion of REBT his scores on post assessment had dropped to 23(50), 19, 19, 118 and 7 on SLES, BDI, RSES, DAS and GHQ-28 respectively.

**Process of the intervention**

He was motivated to complete the intervention program because of initial assurance to him regarding the maintenance of confidentiality. During the pre-assessment interview, Mr. P expressed that he will be happy to undergo REBT as the technique aims at helping the individuals to learn to help himself. During pre-assessment he appeared irritable, withdrawn and restless. Other complaints included insomnia, anorexia, loss of interest, and poor concentration. Mr. P was depressed by his unemployment with lack of perceived support from family and friends. Although feeling hopeless, he denied any suicidal intent and said his fate is in God’s hands.

Irrational beliefs; Mr. P’s diary revealed the following irrational beliefs such as: I must have done something to upset my parents. I am such a horrible person; I feel hopeless and sad, I have stopped searching job as the negative and regret letter makes me more disappointed; I ‘must’ become employed, If I don’t become employed that’s AWFUL! I spent a lot of money in searching jobs; I was too depressed to help my parents. I’m an insensitive son and a terrible person; Life is worthless because I feel, I am not an employed; It would be ‘awful’ if I were not having a government job; I ‘can’t’ stand it if I were not having a government job; If I am not having a government job, it means that I am an unworthy person and etc. Further pre assessment session provided a base for establishing emphatic and collaborative therapeutic relationship which facilitated the process of the therapy. REBT individual therapy session started with rapport establishment session for Mr. P to familiarize more with researcher. It was the first opportunity for Mr. P to introduce himself and say a little bit about himself.

Maintaining a diary helps Mr. P to introspect the difficulties and problems faced by him and also to identify sources of such problems. A list consisting problems faced by Mr. P was created after the pre assessment and rapport establishment session. The problem list is an “all inclusive list of the Mr. P’s difficulties”. In other words, it
serves as a summary of all of the key concerns raised by Mr. P during the assessment process to identify the problems about self, future and the world and life experiences in the past and present. The problem list included not only those concerns associated with reasons for intervention, unemployment stress depression and dysfunctional attitudes but also such issues as marital conflict, and so on. After establishing a therapeutic relationship, which involves researcher explaining the REBT and its central concepts, Researcher prioritized problems and stated the goals based on the problem list and diary maintained by him. E. g., Mr. P’s problem was Lack of self-esteem and self-worth, unemployment related problems.

*Intervention* started with teaching *progressive muscular relaxation techniques*. Continued PMR every day helped to reduce physical and mental tension, there by thinking can be more clear and reasonable. It is a useful strategy for Mr. P to shift focus away from anxious concerns. When Mr. P physically relaxed, it will bring a general feeling of calmness, both physically and mentally. Mr. P was feeling overwhelmed by negative thoughts during REBT intervention as he tried to fit in all his usual day-to-day activities by diary. It helped him to plan daily and weekly schedule during the course of REBT intervention. Daily activities helped him to decrease negative thoughts, control level of fatigue, to feel less depressed and more in control of life situation.

Later intervention aimed at improving his social skills which he lacked. Assertive training skills helped him to become more aware and assertive to his right and overcome his inferiority feeling. Assertive training skills may have increased the likelihood of a positive response from others, which in turn lead to other positive consequences (getting along better with others, becoming an effective presenter, etc.). After practicing Assertive training skills, Mr. P gave positive feedback of Assertive training skills and reported decreased social isolation and he started making attempts to slowly participate in social activities. Assertive training skills also helped him to overcome interpersonal problems that arose on a daily basis with his parents. He attempted to spend leisure time with his parents and also agreed to attend few social occasions in which he felt comfortable.

After that researcher used cognitive conceptualization of the problem, based on the ABC model, to identify cognitive errors committed by Mr. P and to teach REBT to
overcome cognitive errors. The cognitive conceptualization of the problem is a core technique in REBT. A stands for Activating Events, or situation encountered by him (e.g. Unemployment); B for the Beliefs that are triggered by the activating events (e.g. I must have a government job, I should become an employed, I ought to be employed) and such beliefs are usually irrational, dogmatic, absolutistic and negative; and C for the Consequences (emotional and behavioral) of the belief, E. g., feeling sad, depressed and avoidance of embracing situations (e.g. birthday and other parties of relatives). Mr. P thus learned that A does not lead to C, but rather A triggers B, which then leads to C. He was made to understand that his irrational beliefs, triggered by activating events in his life, lead to his emotional disturbance, and his behavioral problems. E. g., family members don’t acknowledge his presence or neglect him or ignore him because of unemployment (A, Event); Inferences about the event: parents ignoring me; they don’t like me; Beliefs about A, I’m unacceptable to my family so I must be worthless as a person. The C (Feelings and Behaviors): lonely, depressed, avoiding people generally. The Researcher helped Mr. P to dispute his irrational beliefs in a vigorous, active and direct way, first demonstrated by the researcher and then practiced by Mr. P. For disputing irrational beliefs researcher used the following technique to address the irrational beliefs i.e. Method of changing/converting and substituting rational thinking in the place of irrational thinking.

Approach 1: Disputing Focused on Separate irrational Beliefs. Disputing Focused on Separate irrational Beliefs will now be illustrated. Irrational beliefs are as follows:

Demand: “I should have a government job.”

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

LFT: “I couldn't 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.”

Mr. P was taught and trained in converting irrational beliefs into rational beliefs as follows:

Preference: “I would like to be having 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.”

HFT: “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 2: Disputing Focused on Paired Components of Irrational and Rational Beliefs.** The researcher used paired components for Mr. P’s irrational belief and rational belief at the same time in this approach. e. g., Demand (“I should have a government job.”); Preference (“I would like to have a government job, but this is not essential.”)

**Approach 3: Disputing Focused on one Belief at a Time (E-Effective).** Approach number three effort was made to develop effective and helpful beliefs. The researcher proceeded as follows to dispute irrational beliefs, Awfulizing beliefs and self-depreciation beliefs and replace it with healthy beliefs or rational thinking.

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

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

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

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 one Paired Set of Components at a Time (E – Effective).**

Again the focus of the disputing was on the arguments used earlier, but this time each paired set of components relating to the irrational and rational belief is considered together. e. g., I couldn't stand it if I were not having a government job (LFT) replaced by It would be difficult for me to tolerate not being having a government job, but I
could stand it \((HFT)\). In a similar manner many other irrational beliefs are converted into rational beliefs. Finally Mr. P’s reported and made attempt at disputing such his negative beliefs into more positive and helpful ones. He reported feeling better emotionally! e. g., he felt more positive (more relaxed, calmer, happier) and less strongly negative (e.g., annoyed vs. furious, disappointed/sad vs. depressed); Mr. P behaved in a more helpful way e. g., he continued intervention and socialized with his friends or pursued a hobby and he felt physically better, he felt more energetic with less muscle tension. The success of this case (Mr. P) demonstrated the success of Intervention (REBT) and similar cases that rational emotive behavior strategies in reducing stress, depression, dysfunctional attitudes and increasing self-esteem and general health among the unemployed.

5.2.2. Observations

Observations made by the subjects, parents and the researchers can provide some additional information about the effectiveness of Rational emotive behavior therapy. Observations of each of them are presented below.

**Observations of the unemployed**

1. Reduced the stress, depression symptoms and dysfunctional attitudes.

2. Increased the level of self-esteem and general health.

2. Improved relationship with family members.


4. Improved interest to continue REBT.

5. Improved interest to continue searching job with hope.

**Observations by parents**

1. Reduced the stress, depression symptoms in their son

2. Improved self-esteem, general health and life style.

3. Improved relationship with family members

4. Parent showed interest to continue REBT of their son
**Observations made by researcher**

During the sessions researcher found that:

1. Some of them expressed necessity to take REBT intervention along with parents.

2. Many of the unemployed expressed their willingness to continue their therapy probably, because of reduced psychological pressure on them. This feedback leads to support the effectiveness of REBT.

3. Some of the unemployed need more REBT intervention sessions because some of them reported difficulty in understanding ABCDE model.

**5.3. Main findings of the study**

1. Hypothesis-1 Results indicated that REBT is effective in the management of stress among literate unemployed, as the stress scores of the experimental group has decreased by 11.54 scores from pre-test to post-test, which was found to be significant \[F (1, 28) = 2045.58, p<0.01\]. The calculation of the effect size also revealed large effect of the intervention. (Cohen’s \(d = 5.00; r= 0.93\)). In other hand result of stress control indicated that REBT is also effective in increasing control over stress, as the stress control scores of the experimental group has decreased 28.4 scores from pre-test to post-test, which was found to be significant \[F (1, 28) = 400.84, p<0.01\] and the calculation of the effect size revealed large effect of the intervention.

2. Hypothesis-2 Results indicated that REBT is effective in the management of depression among literate unemployed, as the depression scores of the experimental group has decreased by 13.2 scores from pre-test to post-test, which was found to be significant \[F (1, 28) = 809.25, p<0.01\]. The calculation of the effect size revealed large effect of the intervention. (Cohen’s \(d = 3.99; r= 0.89\)).

3. Hypothesis-3 Results indicated that REBT is effective in the management of dysfunctional attitude among literate unemployed, as the scores of the experimental group has decreased by 38.93 scores from pre-test to post-test, which was found to be significant \[F (1, 28) = 239.66, p<0.01\]. The
calculation of the effect size revealed large effect of the intervention. (Cohen’s $d = 5.40; r= 0.94$).

4. Hypothesis-4 Results indicated that REBT is effective in the management of self-esteem among literate unemployed, as the self-esteem scores of the experimental group has increased by 5.53 scores from pre-test to post-test, which was found to be significant \[F(1, 28) = 203.78, p<0.01\]. The calculation of the effect size revealed large effect of the intervention. (Cohen’s $d = 4.54; r= 0.92$).

5. Hypothesis-5 Results indicated that REBT is effective in the management of general health among literate unemployed, as the general health scores of the experimental group has decreased by 3.33 scores from pre-test to post-test, which was found to be significant \[F (1, 28) = 228.05, p<0.01\]. The calculation of the effect size revealed large effect of the intervention. (Cohen’s $d = 3.09; r= 0.84$).

5.4. Discussion:

The primary goal of the present study was to assess the effect of REBT on stress, depression, dysfunctional attitude, self-esteem and general health of literate unemployed males. Review of research studies have shown that REBT was effective in decreasing levels of stress, depression, dysfunctional attitude and enhancing self-esteem and general health. REBT and its utility have been examined regularly in terms of its ability to lead to emotional, cognitive and behavioral changes across a number of clinical populations and across various diagnoses. REBT is used as an effective intervention for adults (Silverman, McCarthy & McGovern, 1992; Lyons & Woods, 1991; Mersch, Emmelkamp & Lips, 1991; Mersch, Emmelkamp, Bogels & Van der Sleen, 1989); children (Gonzalez, Nelson, Gutkin, Saunders, Galloway, & Shwery 2004); parents (Maughan, Christiansen, Jenson, Olympia & Clark, 2005; Bernard, 2003); and teachers (Martens, Kelly & Diskin, 1996; Knoff, Sullivan & Liu, 1995; DeForest & Hughes, 1992). As an extension to the above line of studies, the present study is an attempt to verify the efficacy of REBT on the literate unemployed male population.

Prior to the intervention, the subjects of the experimental and control groups showed almost same level of stress, depression, dysfunctional attitude, stress, depression,
dysfunctional attitude, self-esteem and general health (Table 4.2.8). The post REBT assessment tables revealed a change in the same variables. Results showed that the REBT is very effective in decreasing stress (Table 4.3.1), depression (Table 4.4.1), dysfunctional attitude (Table 4.5.1) and enhancing self-esteem (Table 4.6.1), general health (Table 4.7.1) of literate unemployed males. After the subjects were trained to handle their thinking and mindset, they began searching for other constructive ways of living rather than living an idle life. Analysis of the pre and post intervention data indicates that the relaxation, cognitive restructuring, anger management & assertiveness training had brought about a positive change in their beliefs and thought processes and decreased depressive symptoms and made them emotionally balanced and healthy.

Cognitive Behavior Therapy is effective for stress, dysfunctional attitude, self-esteem and general health and is also more suitable for use with people who are unemployed because of the high rates of anxious and depressive symptomatology within the group (Sharma et al., 2010; Granath, Ingvarsson, Thiele, & Lundberg, 2006; Comino et al., 2000; Compas et al., 2011; Manicavasgar, Parker, & Perich, 2011; Mimura & Griffiths, 2003; Eriksen et al., 2002; McManus, Waite, & Shafran, 2009; Taylor & Montgomery, 2007; Arora, 1994; Verma, 1989). So, REBT is effective in the management of stress, depression, dysfunctional attitude, self-esteem and general health among unemployed. Findings of the present study support the earlier studies.

5.5. Strengths of the study

1. Study demonstrated the effectiveness of Rational Emotive Behavior techniques in managing stress, depression, self-esteem, dysfunctional attitude and general health among unemployed.

2. Implementation of a structured multi component, comprehensive, individual intervention study.

3. Experimental and control group were comparable at pre intervention stage on demographical and outcome variables which minimized the possibility of selection bias.
4. Addressed unemployment related stress, depression, self-esteem, dysfunctional attitude and general health using Cognitive and Emotive techniques which are specifically applicable to each individual.

5.6. Limitations of the study

1. Post intervention assessments after the completion of each intervention component could not be done due to unwillingness on the part of the participants.

2. Some subjects behaved cautiously in the first session of intervention with the researcher because of confidentiality and fear.

3. Significant ones of the unemployed were not included for intervention. Doing so could have enhanced the effectiveness of the intervention. Including relatives of the unemployed would have compounded the findings.

4. Generalization of the results to different therapies on the outcome variables needs to be investigated.

5. A small sample were (15 unemployed) selected for REBT in this study. So, generalization of the results is probably limited due to small sample.

5.7. Implications of the study

1. The present study targeted the unemployed who are in age group of 20-40 years which is considered as more suitable and eligible age to become employed.

2. Study result indicates that REBT individual intervention was effective in the management of stress, depression, self-esteem, dysfunctional attitude and general health.

3. Findings of the present study suggest that psychologists can help the unemployed to manage the emotional impact before, during and after therapy.

4. Unemployed can be trained in relaxation, assertive training skills, anger management and REBT to help the unemployed to become aware of and to identify the problems regarding unemployment. Further it is aimed at restoring self-esteem; improve communication difficulties with family and friends.

5. Emotional support and good mental preparation helps the unemployed to reduce mental stress and other unemployment related problems.
5.8. Suggestions for future study

1. Post assessment/ follow up after presentation of each intervention technique may be investigated.

2. Future study may focus on joint participation of unemployed and their parents in intervention programs because some of unemployed have some interpersonal problems with their parents.

3. Similar study using large sample may be done, so that findings become more generalized.

4. Same REBT techniques may be investigated as group treatment.

5. Studies may be designed to evaluate the effectiveness of REBT group intervention on unemployed and parents.

6. More study is needed to determine the effect of cognitive and behavioral techniques (REBT) compared to antidepressants in unemployed suffering from depression.

7. Studies may be designed to evaluate the effectiveness of REBT intervention on unemployed women.

8. Along with the REBT, Life skill intervention can be given to reduce the burden on unemployed.

5.9 Summary and Conclusion

Aim: The present study was undertaken to manage stress, depression, dysfunctional attitude, self-esteem, and general health using REBT as an intervention among literate unemployed males.

Need for the present study:

In the modern world, increasing complexities, competitiveness and the hardened struggle for existence have compelled almost all sections of people to experience stress in day-to-day life. The adult unemployed population comprises a major part of the Indian population. Unemployed tries hard to get job and lead their future life happily and successfully. But lack of determination, poverty, lack of proper guidance, over population, Lack of knowledge of work experience, appropriate educational
qualification, decline of traditional skills or lockout of small scale and cottage industries etc have deprived unemployed adults from getting a decent job and pushes them into the stressful world. Globalization, Privatization, Liberalization, Industrialization, Urbanization, Modernization, Individualization, Technological inventions and discoveries in various fields besides providing comforts have directly or indirectly created huge unemployed adult population in India. Studies show that unemployed population is facing and experiencing stress, depression, dysfunctional attitude and low self-esteem from all directions and such prolonged stress leads to health problems (Singh, Singh & Rani, 1996a, b; Chakrapani, 1995).

Studies have been conducted in India using unemployed samples (Singh, 1990, 1992, 1994, 2001; Singh, Singh & Singh, 1995; Rani, 1993; Singh, Kumari & Singh, 1992) reveal that unemployment particularly among literate ones have been affected adversely. Their psychological well-being is at stake. They are confused. At the individual level, unemployment creates psychological dysfunctions like a feeling of loss, anxiety, stress, insecurity, reduced self-esteem, depression, alienation, hopelessness, dysfunctional attitude and inability to adjust to the existing life situation etc. People encountering prolonged unemployment tend to lose hope, become resigned, apathetic and adopt a somewhat restricted way of life. In fact unemployment can be as debilitating psychologically as it is financially.

Many studies carried out by Indian researchers reported only presence or absence of maladaptive behavior or psychological problems in unemployed. Further review of the studies reveals no attempt has been made to address the psychological problems. Hence the present study is an attempt to address these psychological problems faced by the unemployed through psychological intervention. In other words, to manage these psychological problems such as stress, depression, dysfunctional attitude, reduced self-esteem and general health.

**Objectives**

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

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.
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.

Design of the study:

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

Variables employed

Independent variable: REBT- Intervention.

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

Sample

Based on the above mentioned criteria, a large number of unemployed youths were screened from rural area in Dharwad District 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.

Research tools

The present study was carried out using following research tool

(1) Demographic Data Schedule, (2) Stressful Life Events Questionnaire (Satish, 1988), (3) Beck Depression Inventory (Beck, Ward, Mendelson, Mock & Erbaugh, 1961), (4) Dysfunctional Attitude Scale, (5) Self-Esteem Scale (Rosenberg et. al. 1965), (6) General Health Questionnaire-28 (GHQ-28)
Procedure

Research was conducted in four phases as described below

**Phase I and II:** Screening and selecting subjects for the main study

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.

Subjects who were fulfilling the research criteria (cut off score on research tools) for the present study i.e. subjects who are high on stress level (score of 30 and above on Stressful Life Events Questionnaire); high on depression (score of 30 and above on Beck Depression Inventory); low on self-esteem (score of 15 and below on Rosenberg Self-esteem Scale); high on dysfunctional Attitude (score of 119 and above) and high score on General health questionnaire-28 (8 and above) were selected. Out of 500 subjects studied, Sixty five data were rejected due to incompletion. Hence, the selection of subjects for the main study was based on 435 subjects. 41 subjects fulfilled research criteria. Out of 41 subjects only 30 subjects were available for main study (11 subjects expressed their inability to attend the therapy for reasons like medical emergency at the house, agricultural activities, death in the family, marriage of sibling and so on). 30 subjects were divided into experimental and control group and were randomly allotted. Experimental (N=15) were subjected to intervention and control group did not receive any intervention.

**Phase III:** Intervention (REBT): Subjects of the experimental group received 27 sessions of REBT intervention program individually.
Table 3.1.1. Showing list of intervention modules:

<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>
</tr>
<tr>
<td>10. Post-Assessment</td>
<td>02</td>
<td>Individual</td>
</tr>
<tr>
<td>Total Number of Sessions</td>
<td>27</td>
<td></td>
</tr>
</tbody>
</table>

**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.
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; Repeated measure analysis of variance (ANOVA) to assess the effects of REBT, and effect size calculation in order to determine the magnitude of change occurred due to the interventions applied. Effect size was also done using online calculator.

RESULTS:

1. Demographic data analysis shows that Group has mild stress and mild depression. It also has complete control over stress. Although, it is found out the presence of dysfunctional attitudes among unemployed they have good self-esteem and general health. But a few of unemployed in the age group of 20-40 years are affected a lot because it is a critical period to experience high stress & other psychological problems which play a major role in the individual’s life.

2. Pre-assessment analysis: there was no significant difference between experimental and control groups at baseline on stress, depression, dysfunctional attitude, self-esteem and general health indicating homogeneity.

3. Post assessment analysis: The effect of REBT is examined by assessing the level of changes occurred from pre to post-test. ANOVA was applied. Results are presented and discussed according to the hypotheses of the present study.

H1. REBT is effective in the management of Stress.

Results of repeated measure ANOVA showed that there was a reduction in stress from pre to post-test (Table 4.3.1). Further, there was a significant difference between experimental and control group in relation to stress (Table 4.3.2) and there was a significant improvement in stress control from pre to post-test (Table 4.3.3 & Table 4.3.4). Effect size was large (0.93) for REBT group (Table 4.8.1).
H2. REBT is effective in the management of Depression.

Results of repeated measures ANOVA indicate that there was a reduction in depression from pre to post-test (Table 4.4.1). Further, there was a significant difference between experimental and control group in relation to depression (Table 4.4.2) and the large effect size 0.87 for REBT group indicates improvement (reduced depression) from pre to post-test (Table 4.8.1).

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

Results of repeated measures ANOVA indicate that there was a reduction in dysfunctional attitude from pre to post assessment (Table 4.5.1). Further, there was a significant difference between experimental and control group in relation to dysfunctional attitude (Table 4.5.2). The large effect size 0.94 for REBT group indicates improvement (reduced dysfunctional attitude) from pre to post-test (Table 4.8.1).

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

Results of repeated measures ANOVA indicate that there was an improvement in self-esteem from pre to post-test (Table 4.6.1). Further, there was a significant difference between experimental and control group in relation to self-esteem (Table 4.6.2). The large effect size 0.92 for REBT group indicates improvement (increased self-esteem) from pre to post-test (Table 4.8.1).

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

Results of repeated measures ANOVA indicate that there was an improvement in general health from pre to post-test (Table 4.7.1). Further, there was a significant difference between experimental and control group in relation to self-esteem (Table 4.7.2). The large effect size 0.84 for REBT group indicates improvement (enhanced self-esteem) from pre to post-test (Table 4.8.1).

In conclusion REBT is a very effective therapy to manage stress, depression, dysfunctional attitude self-esteem and general health of people including literate unemployed compared to other therapies. Present study supports the fact that REBT can improve self-esteem, general health condition and make people get free from stress, depression, dysfunctional attitude.