GRIEF AND RATIONAL EMOTIVE BEHAVIORAL THERAPY

By

Gary Kemp

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By

Gary Kemp

has been approved

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APPROVED:  

[Signature]

[Signature]

ACCEPTED:  

[Signature]

Director of Graduate Studies
ABSTRACT

The purpose of this project was to use a bereavement support group to investigate if Ellis' Rational Emotive Behavioral Therapy (REBT) is effective in dealing with the feelings experienced during the grieving process of losing a loved one. There were eight participants who started in the bereavement group, and six participants completed the group. All the persons had experienced the loss of a loved one and were at different stages of the grieving process. The therapeutic goal of REBT is to change irrational thoughts, to enhance self-esteem and to diminish anxiety through the use of group in utilizing an REBT modality of treatment.

The effectiveness of REBT was measured by observing the difference between responses to grief selected in pre-test and post-test surveys. The overall results indicated that REBT was effective in changing irrational thinking to more rational processes. After using REBT, group members overall had gained more insight into the death of the loved one by showing less disturbance in their feelings, thus, setting the stage for possible healing and improved functioning. This project did not measure how well the individuals functioned in their daily lives; however, it did demonstrate a change in their feelings after using REBT in the support group from August 7 to August 28, 1994.
ACKNOWLEDGEMENTS

Without the assistance and encouragement of my wife who would not let me give up and my parents over the years for their continued lifetime support being there through my losses, this research project would have not been possible. To those very special people who bonded together as part of a powerful group which ended after a short time, I want to thank you for participating in this group. I would like to give credit to you personally, but my responsibility to you as my clients prohibits me from disclosing your names.
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CHAPTER 1
THE PROBLEM

Introduction to the study

The focus of this research was to examine the effectiveness of a Rational Emotive Behavioral Therapy (REBT) based support group dealing with death of a loved one where there are self-defeating patterns of grief. Spouses and "significant others" may become sad or angry when they experience the loss of a partner or "significant other"; if they become depressed, they may become victims of self-defeating behavior. Ellis and Crawford (1989), and Ellis and Abrams (1994) suggest this self-defeating behavior could include being over anxious or depressed over an extended period of time, procrastination, withdrawal, addiction, and expressing guilt. It is not the event itself, but the interpretation of the event that is processed in a cognitive way in terms of irrational or rational thinking and causes the feeling to continue for unhealthy periods of time (Ellis, 1974). For example, a death may cause irrational thinking such as, "I don't see how I can make it without that person." A rational thinking model may express much concern, but not anxiety about the death. The final stages of grief should bring more resolution toward concern or sadness.

Cognitive processes generate irrational beliefs (iBs) which include all-or nothing thinking, disqualifying the positive, jumping to conclusions, absolute "should" and "must" statements, labeling oneself or others, giving the past an enormous amount of power, or making others responsible for the way one feels.
Background of the study

Throughout history most societies have had a mourning period for grief. Primitive societies feared death. Later, the Egyptians saw death as necessary for the individual soul to reunite with the divine spirit. The Egyptians carried out rituals they considered to be beneficial toward their new place after death. During the Middle Ages, death was accepted and ritualized. It was only during the industrial revolution in the 1800’s that denial replaced the earlier acceptance of death, a drastic view of death (Irion et al., 1985). A comparison of the view of death in ancient and contemporary societies can be seen in the following statement.

... It is discovered that the meaning of bereavement, grief, and mourning has changed. Bereavement, once necessary for the deceased in order to be accepted by the society of the dead, is not a concern for the survivor in order to be accepted by the society of the living. The old cultures absorbed the process of bereavement in rituals devoted exclusively for the benefit of the dead person that freed the family and the community from sorrow, guilt, or confusion. Moreover, mourners, having ritualized and generalized the transition of the death, were enabled to detach themselves from the deceased and experience reintegration into the social group with the expression of deep feelings, with support of the community and opened the way for a healthy healing to take place. (Irion et al., 1985, p. 53)

Purpose of the study

The purpose of this study is to determine the effectiveness of a group application of REBT in dealing with the inappropriate and self-defeating patterns of grief caused by the death of a spouse or "significant other." This study excludes those who develop grief syndromes which require specific intervention. The focus of this project is on groups that seek to help members deal with grief using a REBT
application that strives to change irrational thinking to rational thoughts, enhance self-esteem, and diminish anxiety.

Statement of the problem

There are many appropriate feelings associated with grief; individuals who lose a spouse or "significant other" through death will go through a grief process. There are those that recover soon. However, there are also those who take several more months to recover and experience difficulties in overcoming the grief due to irrational, inappropriate, and self-defeating thoughts. The problem is to determine how effective is REBT in the grieving process.

Question to be answered

What is the effectiveness of REBT in group therapy in treating (and in recovery from) self-defeating and inappropriate thought patterns of grief caused by the death of a spouse or "significant other?"

Rationale of the study

Grief is the emotional side to loss and bereavement, and it is translated into feelings and actions expressed in a continuum that should be directed toward a restoration of the emotional balance that has sorrow on one end, the absence of pain in the middle, and pleasure at the other end (Irion et al., 1985). Grief can be either real or imagined loss whether it is a significant other person or a spouse. In addition, bereavement is an object which often involves a change in status, such as a spouse becomes a widow or widower (Irion et al., 1985).
Born in 1913, Albert Ellis developed Rational Emotive Therapy (RET) in early 1955 by combining humanistic, philosophical and behavioral therapy; he gave his first paper in 1956 at the American Psychological Association in Chicago (Ellis and Harper, 1975). Since that time, RET has undergone slight changes, such as combating absolutistic thinking, giving up self-rating, combating self-damnation, discriminating inappropriate from appropriate emotions, using emotive and affective methods, and using imagination techniques. In the spring of 1993, Ellis announced the change in name of RET to REBT (Rational Emotive Behavior Therapy) (Ellis, 1994). REBT is used in dealing with self-defeating thoughts.

Bernard "places greatest emphasis on helping people to think clearly, flexibly, and scientifically" (1991, p. 17). The scope of this study is to determine the effectiveness of REBT by administering a pre-test and post-test with individuals in a bereavement support group which was formed specifically for this purpose. The individuals in the support group may be in any stage of grief, and may be experiencing unusual and inappropriate patterns of grief. The purpose is to determine the effectiveness of using REBT in group therapy in dealing with grief caused by death of a spouse or "significant other."

Significance of the study

There have been various orientations and methods for treating bereavement. Ellis has applied REBT in specific cases of bereavement on an individual basis; however, little is known about the effectiveness of using REBT as applied to support groups.
This exploration will attempt to address the effectiveness of REBT applied to a bereavement support group. Although there have been many studies to test REBT effectiveness in many situations, there were none on grieving issues. Numerous types of therapists such as counselors, mental health professionals, as well as agencies would be interested in the findings.

**Operational definition of terms**

Activating Events (A’s)—events that block one’s goals such as "a person’s failing at some important task or getting rejected by an individual whose love he or she seeks" (Bernard, 1991, p. 45).

Bereavement—"the objective state of loss, or a change of status resulting from loss" (Kastenbaum and Kastenbaum, 1989, p. 127).

Consequences (C)—one’s disturbed feelings and behaviors (Ellis, 1989).

Consequences are of an emotional or behavioral nature and are usually known as neurotic symptoms or disturbances (Bernard, 1991).

Dependent Grief Syndrome—-the focus is on one’s image which is contingent on the availability of another person (Rynearson, 1987).

Goals—desires of an individual (Ellis, 1989). Bernard (1991) suggests that therapists help clients to achieve goals or desires of self-interest, social interest, self-direction, tolerance, acceptance of uncertainty, commitment, scientific thinking and self-acceptance.
Grieving--"the individuals response or feelings regarding that loss" (Kastenbaum and Kastenbaum, 1989, p. 127).

Irrational Beliefs (iBs)--self-defeating thoughts which seriously interfere with basic goals and desires. The beliefs are absolutistic, highly exaggerated, and rigid (Ellis 1989). Irrational beliefs consist of unconditional shoulds, oughts, musts, commands, and demands, and are insistence on one’s self, or other people. The irrational beliefs are illogical and contradictory (Ellis, 1989, pp. 4-5).

Mourning--"the culturally patterned expressions or rituals that accompany loss and allow others to recognize that one has become bereaved" (Kastenbaum and Kastenbaum, 1989, p. 127)

Rational Beliefs (rBs)--feelings that are appropriate toward an event (Ellis, 1989).

Bernard (1991) says that rational beliefs take the "form of wishes, wants and preferences."

Rejection--a feeling of being discarded or abandoned during bereavement.

Self-defeating behaviors--disturbed feelings such as anxiety, depression, withdrawal, or addiction (Ellis, 1989). Bernard says that self-defeating behaviors or "disturbed consequences have clear-cut antecedent causes" (1991, p. 46).

Unexpected loss syndrome--the sudden death of another which qualifies as a traumatic stressor. The syndrome follows the incomplete fragmentary resolution of self (Rynearson, 1987).
Assumptions and limitations

The limitations are that this descriptive design suggests relationships and lacks predictive ability. This study will be further limited because outcomes depend on the honesty of individuals in the group responding to the bereavement survey. The study assumes that the group members do not have bias toward each other. It also assumes there is no gender bias.

Organization of the remainder of the study

The remainder of the study is presented in four chapters following Chapter One. Chapter Two, The Review of the Literature, provides an introduction and the literature review relating to a body of research on grieving and REBT.

Chapter Three examines the methodology used to evaluate the effectiveness of REBT in dealing with inappropriate and self-defeating patterns of grief in the bereavement support group. It has a review of the purpose and identifies methods used in the research. A finite population in a bereavement support group is discussed, along with the bereavement survey.

In Chapter Four, the findings of this study are presented. It includes evaluative reporting of the data and reports responses to each of the questions stated in Chapter One on the effectiveness of REBT in a bereavement support group.

Chapter Five presents the summary, conclusions and recommendations. Also included is an overview of the entire study on the effectiveness of REBT as a modality of treatment of self-defeating behavior as a reaction to bereavement.
Chapter 2

Review of the Literature

Introduction and organization structure of the chapter

Chapter 2 is divided into two parts. The first part of Chapter 2 discusses grief. Death is a certain element of life and involves elements of grief and bereavement. Grief is the emotional side to loss and bereavement, and it is translated into feelings and actions expressed in a continuum that should be directed toward a restoration of the emotional balance that has sorrow on one end, the absence of pain in the middle, and pleasure at the other end (Irion et al., 1985). Grief can be either real or imagined loss. Bereavement is an object which often involves a change in status, such as a spouse becomes a widow or widower (Irion et al., 1985).

The second part of Chapter 2 deals with REBT used as a modality of therapy. REBT is a cognitive-behavioral approach to therapy using thinking straight or rationality in therapy. Although REBT is extremely didactic, it is directive and involves itself with thinking and feeling of emotions. REBT is based on the idea that emotions are entrenched in our beliefs. The therapy may be used on an individual basis or with a group. The members of a bereavement group can bring change to their own personal lives.

Grief

Ellis (1994) believes that grief is painful and hurtful emotionally. When an individual loses a loved one, upon whom he or she depended, or with whom he or she
identified, that person will naturally suffer through a grieving process. Ellis (1994) distinguishes healthy or rational grief from an irrational (self-destructive) grief which usually involves depression. In addition, Ellis (1994) suggests that absolutely demanding that a person should not or must not have died is irrational. Instead, accepting the death as regretful or sad is a rational way to handle the grief.

The symptoms of grief include shock, denial, yearning for the lost person, anger, guilt, and one’s inability to perform daily tasks (Kitson and Zyzanski, 1987). Loss of spouse requires the person to adjust to the loss of the partner, to reconstruct his or her life, and to adjust the loss associated with no longer being married, life style changes, and economic difficulties (Kitson and Zyzanski, 1987). Bunsick believes the "greater the attachment to the spouse, the more intense our [one’s] emotions" (1990, p. 8). "The rending of attachments produces anxiety, loneliness, confusion, helplessness, fear and rage" (Irion et al., 1985, p. 47). Grimby (1993) found in a study in Gotenburg, Sweden, that after one month of bereavement, dysphoria, fatigue, anxiety, lack of interest, and reduced cognitive functioning were common among elderly aged 71-74. Length of marriage was not associated with the incidence of grief reactions or hallucinations. Marital happiness correlated with the frequency and good quality of hallucinations.

"People deal with death with a very special part of the mind. The large part of the mind fails to believe it or accept it" (Benoliel et al. 1978, p.5). "When the loss of someone close is felt within a normal or optimum range of grief, the experience is
followed by healing and peace in its wake, and social bonds permitted to replace the old one." (Irion et al., 1985, p. 47).

There are five stages of grief as follows: denial, anger, bargaining, depression, and acceptance (Kubler-Ross, 1969). Denial is the first response to the death. It is a temporary state of shock from which one can recuperate gradually, when the numbness begins to disappear. Denial is a temporary defense which will soon be replaced by partial acceptance. In addition, denial is an individual’s attempt to escape the reality of the death and is fueled by anxiety (Kubler-Ross 1969).

The second stage begins when denial cannot be maintained any longer. It consists of anger, rage, envy and resentment (Kubler-Ross, 1969). Anger is more difficult to cope with. Grieving individuals may become angry at other people and/or at God. Kubler-Ross (1969) cautions that if blame is placed on the grieving individuals for daring to ventilate their feelings of anger, grief may be prolonged by shame and guilt resulting later in physical and emotional ill health.

The third stage of grief is bargaining. In this stage, an individual attempts to make a private deal with fate. Kastenbaum (1993) refers to Kubler-Ross who suggest that a grieving individual promises to be a better person if his or her loved one could have lived longer.

The fourth stage is depression. There may be feelings of being unworthy of life and have low self-esteem. This individual may become sorrowful, withdrawn and less responsive to the environment. In this stage, an individual may also feel guilt.
The final stage of the Kubler-Ross (1969) model is acceptance which involves the end of the struggle and letting go. This is not necessarily a happy or serene condition. The person is almost void of feelings. It is as if the pain has gone; the struggle is over. This individual will be in a stage of neither being depressed nor angry about the death. This individual may have finished mourning the loss (Kubler-Ross, 1969).

These stages are not as rigid as they seem since a person might return to an earlier stage because of issues that appear on important birthdays, anniversaries of weddings, or the date of the death. The participants in this project seemed to go back to an earlier stage on special dates which brought back issues that were difficult for them.

Kubler-Ross (1969) believes that when individuals are faced with tragic news, they use coping mechanisms such as denial to help them to deal with extremely difficult situations through the stages of guilt.

"Guilt is perhaps the most painful companion of death" (Kubler-Ross, 1969, p. 142). Guilt may make it difficult for an individual who is in one of the stages of grieving as shown in Ellis’ video of “Coping with the Suicide of a Loved One.” The video showed a 35-year old woman in therapy with Ellis 10 years after her husband’s suicide. The woman continued to suffer over grief and guilt related to her husband’s suicide.
Symptoms related to assessment of grief

Kitson and Zyzanski (1987) in their assessment study concluded the following symptoms: widows felt numb and tried to make sense of what happened: widows reported painful waves of missing their husbands, feelings of numbness, times of going over and over what happened, and expressions of their spouse’s death as a dream. Widows who had little forewarning before death were more likely to grieve. Kitson and Zyzanski (1987) hypothesized that the widow’s loss in economic status is associated with greater stress in the grieving process.

Grief may be compared metaphorically to one season of life. There are various seasons within the life span—one season is grief. Grief is one "season" that no one can avoid. Cole says, "Every season, whether of joy, worry, sadness, or happy expectation, has a way of taking on its own special tone, as identifiable in memory as a familiar song" (1992, p. 24). Bereavement takes on sadness and sometimes worry.

Pathological and compounding factors contributing to grief

Grief can be short-term and long-term pathological. Short-term grief is easier to deal with in therapy. Long-term grief involves many failed recovery cases. Failed recovery is not uncommon in pathological grief. A minority of non-patient population may develop intense and enduring pathology. Rynearson (1987) indicates pathological treatment in short-term intervention may fail. The following pathological factors may cause any therapy treatment to fail: Dependent Grief Syndrome and Unexpected Loss Syndrome.
Dependent Grief Syndrome is a pathology where the focus is on one’s image which is contingent on the availability of another person (Rynearson, 1987). An example would be a parent who has a narcissistic or borderline disorder. This parent has a conflict in himself or herself over his or her son’s death. The conflict is of the images of himself or herself as nurturing, protecting and providing for the son, and the parent’s image of failing to protect the son from death and dying. The dependent grief model proposes that "pathologic self-images are powerful and compelling organizers of perception that independently deform the thoughts, feelings and behavior of pathologic grief" (Rynearson, 1987, p. 492).

Unexpected Loss Syndrome is the sudden death of another which qualifies as a traumatic stressor. The syndrome follows the incomplete fragmentary resolution of self (Rynearson, 1987). Post-traumatic stress would qualify under this syndrome as extremely overwhelming and fearful. An example would be post-traumatic stress caused as a result of violence from unnatural causes such as death by victimization, death or murder.

Compound factors in Kitson and Zyzanski’s (1987) study indicate that a person is at greater risk for a more emotional reaction to loss when there is a loss of parents in childhood, or a previous mental illness. Compound factors are more difficult to deal with in therapy. Other factors such as age, income, and the consciousness of social class also make a change in one’s status more difficult (Kitson and Zyzanski, 1987). Factors subsequent to the bereavement such as social isolation, the presence or
absence of children, employment and money problems also make the grieving process more difficult (Kitson and Zyzanski, 1987).

**Theoretical Concept of REBT.**

The field of psychotherapy has diverse theoretical orientations of treating clients. There are various therapies for treating grief that promise recovery (Rynearson, 1987). Ellis authored REBT giving him the title of "grandfather" in cognitive-behavioral therapy (Ellis and Abrams 1994). Although REBT (formerly RET) has undergone some slight inception in 1955, REBT is a brief therapy.

Figure 1 on the following page gives an example how one's belief or interpretation about an experience has upsetting emotional consequences (depression) (Ellis 1974). Figure 1 demonstrates the A-B-C Theory of Emotional Disturbance illustrated by the Institute for Rational Emotive Therapy in a pamphlet.

A review of the diagram could imply possible gender bias. Gender bias can be removed by stating that the sketch could have just as easily been sketched to be a female as it was a male. In the diagram, a female client has broken news to a boyfriend that she is breaking up with him. He interprets the experience as feeling "worthless" due to her rejection of him. The consequence of thinking that he is "worthless" is that he becomes hostile, and then he becomes depressed. Eventually, he returns to his original idea that he is worthless, and challenges that idea. He disputes his belief of thinking that he is worthless by the fact that he has no evidence to support his belief.
Figure 1
Rational-Emotive Therapy's
A-B-C Theory of Emotional Disturbance

"Men are disturbed not by things, but by the views which they take of them."
—Epictetus, 1st century A.D.

It is not the event, but rather it is our interpretation of it, that causes our emotional reaction.

A
Activating experience
Womanfriend breaks the news that she is going out with another man, and therefore wishes to break off the relationship with you.

B
Belief about
(or interpretation of the experience)
"I really must be a worthless person."
"I'll never find another great woman like her."
"She doesn't want me; therefore no one could possibly want me."
and/or
"This is awful!" "Every-thing happens to me!"
"That bitch! She shouldn't be that way."
"I can't stand the world being so unfair and lousy."

C
upsetting emotional Consequences
DEPRESSION
and/or
HOSTILITY

D
Disputing of irrational ideas
"Where's the evidence that because this woman wishes to end our relationship, that I am a worthless person, or that I'll never be able to have a really good relationship with someone else; or even that I couldn't be happy alone?"
and/or
"Why is it awful that I'm not getting what I want?"
"Why shouldn't the world be full of injustices?"

E
New Emotional consequence or Effect
Sadness: ("Well, we did have a nice relationship, and I'm sorry to see it end—but it did have its problems and now I can go out and find a new friend.")
or
Annoyance: ("It's annoying that she was seeing someone but it isn't awful or intolerable.")

Source: Ellis, 1974, pp. 2-3.
The boyfriend replaces the idea of thinking that he is "worthless" with sadness about his girlfriend’s breaking up with him. Figure 1 illustrates the A-B-C Theory of Emotional Disturbance which has its roots in a quote from Epictetus in the 1st century A. D. which states "Men are disturbed not by things, but by the view which they take of them" (Ellis, 1974, pp. 2-3).

The activating experience can be used to illustrate bereavement and the grieving process in a theoretical construct of REBT. "A" represents the activating event or experience. In this illustrative case, "A" would be bereavement or emotional consequence which leads to "C". The feeling of the bereavement may be one of self-blaming. An example of self-blaming is, "I should have done more things with my husband or wife." Between "A" and "C" is "B", one's belief system. "B" stems from one's general philosophy of life that one has constructed. A bereaved person feels bad when he or she blames himself or herself for the death of the spouse or "significant other." The philosophy that one "should" blame himself or herself for the death of the spouse or "significant other" seems to justify a feeling of shame. In the illustration, blame is entrenched in the belief system so that the person feels he or she "should" take the blame. In taking the blame, the person would feel the emotional consequences at "C", considering oneself to be hopeless. This emotional state becomes one of anxiety, procrastination, or some other self-defeating behavior. The event is disputed with emotion "D" and is interpreted by the person as regretful. When the blame is disputed, it is replaced with regret which gives the person a less
painful emotional feeling about the death at "D."

According to Ellis, unlike other popular psychotherapies, REBT "has always tried to distinguish between clients' appropriate and inappropriate feelings" and does not favor eliminating all painful emotions" (Ellis, 1990, p. 105). Refer to Appendix C for inappropriate and appropriate negative emotions and their cognitive correlates.

Ellis says in regard to widowed clients "RET [REBT] encourages them to experience feelings, and often intense feelings, of loss, sadness, sorrow, frustration, concern, and grief when a loved partner dies" (Ellis, 1990, p. 105). His rationale is that they have suffered a great loss, and it would be inappropriate if they did nothing about it. Ellis (1990) had a case that reports success with a widowed person "Sarah" who was successfully treated with REBT. Ellis explains that grieving problems in widowhood are common, and that widows are appropriately sad, but can become inappropriately depressed. Ellis called his Sarah's depression as a self-defeating, irrational idea. Ellis (1990) believes that self-defeating ideas of depression can be discovered by the therapist's understanding of the widow's emotional state, and by uprooting, and acting against such emotional states.

Theme of rational versus irrational beliefs

Irrational beliefs (iB's) consist of unconditional shoulds, oughts, musts, commands, and insistences. Examples of iB's follow. For instance, one iB toward loneliness is that, "I must not be alone because I can't stand it" (Ellis 1989, p. 17). An example of an irrational belief toward guilt is, "I must not act wrongly and harm
someone" (Ellis 1989, pp. 4-5). Another example of an iB toward anger is, "Things should go my way and give me exactly what I want and definitely need" (Ellis, 1989, p. 7). An iB toward sorrow and regret is, "I should have done the things I regret not doing, and should not have done the things I regret doing" (Ellis, 1989, p. 22). An example of an iB toward self-downing is, "I must succeed but because I don’t have the ability to do so, I can’t stand my inadequacies and hate myself for being deficient" (Ellis, 1989, p. 22). The iB toward self pity is, "Conditions must be better! What an awful world for its poor arrangements .... to me!" (Ellis, 1989 p. 23).

Rational Beliefs (rBs) are feelings that are appropriate toward an event (Ellis 1989). Ellis gives an example of an rB toward anger as, "I want what I want, and I don’t want to go without it " (Ellis, 1989, p. 6). The rB toward anxiety is, "I anticipate misfortunes that I won’t like" (Ellis, 1989, p. 8). The rB toward blame is, "Nature (or perhaps God) made things turn out wrongly and badly and thus acted undesirably" (Ellis, 1989 p. 9).

Ellis (1989) in his use of REBT assumes that when one has disturbed feelings, such as anxiety, depression, self-downing or self-pity or has self-defeating behaviors such as procrastination, withdrawal, or addiction, one unconsciously or consciously creates them. In REBT, Ellis (1973) assumes that human beings have to act rationally or irrationally. In 1980, Ellis stated an assumption that the majority of people prefer survival and happiness as main values. Gandy (1985) believes that
REBT major cognition can bring about important changes in behavior whereas a significant change in a feeling or in a behavior may bring about limited cognitive change. Ellis (1980) believes that when people become emotionally upset, their emotional reaction is caused by their interpretation of the event rather than the event itself.

Although Gandy (1985) indicates that REBT neglects emotions and values a detached, intellectualized, unemotional life, it is an approach which can be presented on a basic level as a short-term therapy. Even though REBT is useful in changing irrational thoughts to rational ones, Gandy (1985) believes REBT is a superficial and suggestive form of therapy which involves an authoritarian imposition of values, and that the client-centered relationship is neglected and considered unimportant in REBT. REBT is not effective with emotionally disturbed or mentally limited clients, but works well with intellectual, educated individuals (Gandy, 1985).

Support group as a foundation for the study

Bereavement support groups may have trained volunteers or professionals as leaders. A longitudinal study of widowed spouses who joined bereavement support groups were compared to non-joiners of widows who were recently bereaved (Leavy and Derby, 1992). The study took widows who were in their first 13 months of bereavement. The number of people who joined compared to those who chose not to join, was small compared to those who did not join. Non-joiners reported not to join because of their perception that the joiners of a bereavement group were less self-
sufficient than non-joiners. The study is important because it shows that the individuals seeking support groups (compared to those not seeking support groups) have higher ranges of depression, anger, anxiety, and subjective stress. This is important to know in forming the support group because of the difficulty in finding enough joiners to have a bereavement group. It is also important because the expression may be more visible in individuals who seek and join a support group.

The support group is the basis for many support programs, concerned bereavement hospices and other agencies. However, the number of people that join them compared to the incidence of bereavement is small (Leavy and Derby, 1992). The majority of persons are non-joiners who must process their own grief or process it through a therapist.

Leavy and Derby (1992) indicate the control variables in the support group study were gender, age, and socioeconomic status. The result was that there were no differences for perceived levels of social support. Those who joined the bereavement groups reported more stressful events or higher ranges of depression, anger, anxiety, and subjective stress than those who did not (Levy and Duly, 1992).

Joiners of the support group were exposed to a larger number of stressors during the early phase of their bereavement, scoring higher than non-joiners in depression, anger, anxiety, and subjective stress. Levy and Duly (1992) stressed that their data on levels of distresses of joiner and non-joiners of bereavement cannot be used to draw inferences about the bereavement groups because some joiners were still
participating in their groups. In addition, the effectiveness required use of controlling initial levels of stress, which was absent in the study.

Levy and Duly (1992) suggested that people who join self-help groups do so either to make up for lack of social support or because they tend to be more socially active joiners. Whatever social support those who were in the support group received, it may not have been sufficient for them perhaps due to their higher level of stress.

Summary

As discussed, death is a certain element of life which involves elements of grief and bereavement. Ellis (1994) believes that grief is painful and hurtful emotionally. When an individual loses a loved one, upon whom he or she had depended, or with whom he or she identified, that person will naturally suffer through a grieving process. The symptoms of grief include shock, denial, yearning for the lost person, anger, guilt and inability to perform daily tasks (Kitson and Zyzanski, 1987).

Rational Emotive Behavioral Therapy (REBT) is a cognitive-behavioral approach to therapy using thinking straight or rationality in therapy. REBT involves itself with thinking and the feeling of emotions. Ellis (1994) distinguished healthy or rational grief from an irrational (self-destructive) grief which usually involves depression. Accepting the death as regretful or sad is a rational response. REBT is based on the idea that emotions are entrenched in our beliefs. The therapy may be used on an individual basis or with a group to bring change to one’s own life.
CHAPTER 3

METHODOLOGY

Introduction and reviewing purpose of the study

The purpose of this study is to determine the effectiveness of REBT in dealing with the inappropriate and self-defeating patterns of grief caused by the death of a spouse or "significant other." This study excludes those who develop grief syndromes which require specific intervention. The focus of this project is on a support group which was formed by advertising in several newspapers and through personal contacts of those recently bereaved. The therapeutic goal of REBT is to change the irrational thought to thinking that will enhance self-esteem, and to bring about diminishment of anxiety through the use of a group in a REBT modality of treatment.

Identification of research methodology used

The research design selected is a descriptive model to determine if REBT is significant in effectively dealing with inappropriate or self-defeating patterns of grief in the support group which was formed. This investigation inductively inquires into the private lives of those in a bereavement group in dealing with REBT.

Design of the study

This descriptive approach has been designed to collect data through surveys on the characteristics and personal problems of those in a bereavement group using REBT. The questions asked were used to look for any change from the first session to the last session. Background characteristics such as time since bereavement and extent of
attachment to the spouse have been considered. The focus of this research was to examine the responses given by members of the bereavement support group.

Population

The population consists of eight group members at a support group that was advertised in several papers in Maricopa County, Arizona and through personal contacts. This project was advertised in The Arizona Republic, New Times, Arizona Senior World, Valley Classified, Sun City News, and the Recovery newspapers. Data for this study was gathered by distributing pre-tests and post-test surveys to assess grief in the support group. There were eight participating members in the group for eight sessions lasting approximately two hours on Sunday afternoons over a four-week period from August 7, 1994 through August 28, 1994.

There are five background questions that require responses. Question 1 asked for responses to the number of years married or number of years with "significant other." The number of years in the relationship with the individual who died ranged from 4 years to over 21 years. Those in attendance of the group of individuals were either affected by the death were individuals who either were married: wives surviving their husbands, or were individuals affected by "significant other" bonded relationships: aunt survived by the niece, child survived by either the parent, sister survived by sister, and close friend survived by the close friend.

The remaining questions asked for more background information were issues found in the literature by the researcher: Question 2 asked for responses for number
of months since death which ranged from their first month of grieving to the twentieth month. Question 3a asked, "Do you have a history of previous mental illness?" One out of the eight responded that they had a previous mental illness. Question 3b asked, "Do you have other issue(s) in addition to the loss of a love one?" Five out of eight indicated that they had issues in addition to the death of the loved one. These were the compound factors discussed in Chapter 2. Question 4 asked about nationality, and the responses were that all participants were Caucasian.

All eight participants in the group were women. One individual who inquired about the group and who chose not to attend the group was a man whose brother had committed suicide four years ago.

Instrumentation

The questionnaire was taken from Kitson and Zyzanski (1987) and was modified to gather background information on the participants. Sentences were shortened for briefness in the survey, and four additional questions were included which were derived from information found in the literature by the researcher. Eight bereavement pre-tests and six post-tests were used.

Two (25%) less post-test surveys were used because two group members dropped. Additional background questions on both the pretest and posttest were included involving issues of guilt, depression, compound factors, and unusual stress created by the suddenness of death.
The pre-test and post-test surveys were used to measure the changes in feelings of grief within the bereavement support group in evaluating the effectiveness of REBT. Changes to the Kitson and Zyzanski (1987) study included the addition of background data statements such as the number of years married and the number of months since death. The term "divorcees" was changed to "significant other." Two added background questions were asked: "Do you have other issues in addition to the loss of a partner?" and "What nationality are you?" Other questions added include, "I feel guilty all the time," "I feel self-drowning in my depression," "I feel angry about losing one or more parents in childhood," and "I am unable to cope with the suddenness of the loss." Sentences from the original assessment were shortened slightly to make the survey simple; however, no meaning was changed. The descriptive design does not lend itself to predictability generally.

Kitson and Zyzanski (1987) suggest that concurrent factors in assessing grief may discount its validity such as the loss of parents in childhood, previous mental illnesses, the occurrence of other life events around the loss, the timing of the event, and the importance of, strength of, and ambivalence toward the lost partner. These questions were included on the instrument and will be observed to see if there were any significant changes or deviations from the rest of the group. The literature indicate that there might be different responses given because these factors are compound, adding to the depth of the grief.
The questionnaire did not require disclosure of a person's identity because of confidentiality. The questionnaire design of the bereavement survey is one page in length with responses on an assessment scale ranging from 1 to 5 with 1 being "not at all my feelings" to 5 being "very strong feelings." A copy of the questionnaire is included in Appendix A.

Data Collection Procedure

The source of data is from a finite population, a bereavement group, in Maricopa County, Arizona where the researcher completed a practicum. The source of research was from bereaved individuals who had suffered a loss of a spouse or "significant other." A REBT group process was used over eight sessions over a four-week period. There was one pre-test and one post-test. Each group member received a survey at the beginning of the first session and one at the end of the last session. The researcher read the following instructions to accompany the survey:

Because of the strong emotions and all the changes they are experiencing, some widows and "significant others" indicate that they have felt some of the feelings that your are going to read. Answer with a response from 1 to 5 with "1" meaning "not at all my feelings" to "5" meaning "very strong feelings." Please use the number that best expresses your feelings about each statement. Answer the appropriate feeling in the response as honestly as you can. The response given should be how you are feeling now. When you are finished, the surveys will be collected.

The effectiveness of REBT was assessed on the basis of any change in self-defeating behavior reported from the surveys as a result of REBT.
Summary of the REBT Program

The goal of group counseling was to change the irrational thought of grieving members to thinking that will enhance their self-esteem, and to bring about diminishment of their anxiety through the use of a group in a REBT modality of treatment. Participants were encouraged to express their needs in dealing with grief and to set rational goals as to what they would like to accomplish in the group. A closed-end group was used in a group therapy setting using REBT in eight group sessions. For detailed information of the REBT program, refer to Appendix B. The REBT program will involve identifying stress-related disorders in grieving, defining and giving examples of rational and irrational emotions and their cognitive correlates in grief, reviewing posters of REBT terminology, singing Ellis' "Perfect Rationality" song, explaining how irrational emotions lead to self-defeating emotions, and reinforcing rational emotions. A summary of the group sessions is as follows:

<table>
<thead>
<tr>
<th>Session</th>
<th>Group Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction, Rules, Personal Experiences, and Stress-Related Disorders</td>
</tr>
<tr>
<td>2</td>
<td>Five Stages of Grief</td>
</tr>
<tr>
<td>3</td>
<td>Re-Introductions, Reminders of the Rules and Criteria for Rationality</td>
</tr>
<tr>
<td>4</td>
<td>Disclosures and Appropriate Emotions and their Cognitive Correlates</td>
</tr>
<tr>
<td>5</td>
<td>Video on &quot;Coping with the Suicide of a Loved One&quot;</td>
</tr>
<tr>
<td>6</td>
<td>Changing Beliefs and Depression</td>
</tr>
<tr>
<td>7 and 8</td>
<td>Discussion of Issues in REBT and Closure (no break between sessions)</td>
</tr>
</tbody>
</table>
CHAPTER 4

PRESENTATION AND ANALYSIS OF THE DATA

The surveys were distributed to the group as a pretest at the beginning of the group’s first session, and at the conclusion of the last session. All the respondents were females. The responses in numeric values from 1 to 5 for each question on both the pretest and posttest are shown in Figure 2.

Figure 2
Response Scale

1 = Not at all my feeling
2 = Some feeling
3 = Significant feeling
4 = Strong feeling
5 = Very strong feeling


The responses of each individual were recorded in terms of numerical value. In the pretest and posttest, the total numeric value of each question was obtained by adding each numerical response to each question. The total numeric value for each question was divided by the total number of persons who answered the question. For example, the total value was arrived by adding all the numeric values of each response from each person together. The total numeric value of all the responses of each question was divided by the total number of individuals to arrive at averages shown in Figure 3.
<table>
<thead>
<tr>
<th>Question No.</th>
<th>Survey Statement</th>
<th>Pretest Average</th>
<th>Posttest Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.</td>
<td>I keep going over and over what happened.</td>
<td>3.14</td>
<td>1.67</td>
</tr>
<tr>
<td>6.</td>
<td>At first, I felt numb.</td>
<td>3.63</td>
<td>2.67</td>
</tr>
<tr>
<td>7.</td>
<td>It is hard to take pleasure from things I usually enjoy.</td>
<td>2.25</td>
<td>1.17</td>
</tr>
<tr>
<td>8.</td>
<td>So much about my life has changed, it is hard to know who I am.</td>
<td>2.13</td>
<td>1.33</td>
</tr>
<tr>
<td>9.</td>
<td>I tried to make sense about why this happened.</td>
<td>2.38</td>
<td>2.33</td>
</tr>
<tr>
<td>10.</td>
<td>There are people that I blame about what happened.</td>
<td>2.00</td>
<td>2.00</td>
</tr>
<tr>
<td>11.</td>
<td>When I least expect them, I get painful waiver of missing my spouse.</td>
<td>3.38</td>
<td>2.40</td>
</tr>
<tr>
<td>12.</td>
<td>This all feels all like a dream.</td>
<td>2.75</td>
<td>1.50</td>
</tr>
<tr>
<td>13.</td>
<td>I am angry about what has happened.</td>
<td>1.75</td>
<td>1.50</td>
</tr>
<tr>
<td>14.</td>
<td>I try not to think about what has happened.</td>
<td>2.38</td>
<td>2.50</td>
</tr>
<tr>
<td>15.</td>
<td>I'm a good person, and I feel like I don't deserve this.</td>
<td>1.00</td>
<td>1.50</td>
</tr>
<tr>
<td>16.</td>
<td>I find myself &quot;flying off the handle&quot; at others for pretty minor reasons.</td>
<td>1.25</td>
<td>2.00</td>
</tr>
<tr>
<td>17.</td>
<td>All my life, I've followed the rules, and now I feel cheated by what has happened.</td>
<td>1.13</td>
<td>1.33</td>
</tr>
<tr>
<td>18.</td>
<td>I feel overwhelmed, like I have too many things to do.</td>
<td>3.13</td>
<td>3.00</td>
</tr>
<tr>
<td>19.</td>
<td>Despite the difficulties, there is some relief that this is all over now.</td>
<td>2.75</td>
<td>2.33</td>
</tr>
<tr>
<td>20.</td>
<td>Sometimes I feel scared.</td>
<td>2.50</td>
<td>2.00</td>
</tr>
<tr>
<td>21.</td>
<td>People expect me to have bounced back from all of this faster than I am able.</td>
<td>2.13</td>
<td>1.83</td>
</tr>
<tr>
<td>22.</td>
<td>It is difficult to concentrate on anything else but what has happened.</td>
<td>2.25</td>
<td>1.33</td>
</tr>
<tr>
<td>23.</td>
<td>I feel guilty all the time.</td>
<td>1.13</td>
<td>1.17</td>
</tr>
<tr>
<td>24.</td>
<td>I feel self-drowning in my depression.</td>
<td>1.00</td>
<td>1.33</td>
</tr>
<tr>
<td>25.</td>
<td>I feel angry about losing one or more parents in childhood.</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>26.</td>
<td>I am unable to cope with the suddenness of the loss.</td>
<td>2.00</td>
<td>1.17</td>
</tr>
</tbody>
</table>
The order of each question was the same order of the Kitson and Zyzanski (1987) survey. They appear to be at random and not in any one order. Based on their research, Questions 5 through 22 signify reactions to death (Kitson and Zyzanski 1987). Based on more review of the literature by the researcher, questions 23 through 26 were added to the survey by the researcher to address other symptoms of grief found in the literature for the grief support group.

Questions 5, 6, 7, 8, 11, 12, 20, 22 and 26 showed changes between the pretest and posttest indicate a reduction in anger and grief as indicated in the following: tendency to keep going over and over what happened, their feeling numb, their not being able to take pleasure from things they enjoy, the identity of the individual, painful waves of missing the spouse, their trying to make sense about why the death happened, their feeling of being in a dream, their being scared, their not being able to concentrate and their inability to cope with the suddenness of their losses. "Higher scores on the anger and grief scales are correlated with higher scores on a variety of psychological symptoms and fewer physical symptoms" (Kitson and Zyzanski, 1987, p. 383). Individuals in the support group said they had physical symptoms of tension that showed up as aches and pains in their throats, chests and shoulders.

Questions 15 and 16 were notable in that these feelings increased: their feelings that they do not deserve the affects of the death, and their finding themselves flying off the handle. Overall, there was improvement in the rational thinking in the members as they discussed their losses. Generally, there is a reduction in the severity in feelings which indicate that the group members were processing irrational thinking into rational beliefs.
Summary

The purpose of this project was to set up a bereavement support group and answer the question, "Is Ellis’ REBT effective in dealing with the feelings experienced during the grieving process of losing a loved one." This study investigated the effectiveness of REBT in dealing with the inappropriate and self-defeating patterns of grief caused by the death of a spouse or "significant other." This focus of study excludes those who develop grief syndromes which require specific intervention. The therapeutic goal of REBT is to change the irrational thought to enhance self-esteem and diminishment of anxiety.

There were eight participants who started the bereavement group, and six participants who completed the group. This support group was formed by advertising in several newspapers and through personal contacts of those recently bereaved. All the persons had experienced the loss of a loved one and were at different stages of the grieving process.

Conclusions

The effectiveness of REBT was measured by observing the difference between responses to grief selected in pre-test and post-test surveys. The overall results indicated that REBT was effective in changing irrational thinking to rational processes. After using REBT, group members had gained more insight into the death of the loved one by showing less disturbance in their feelings, thus setting the stage for possible healing and
improved functioning. This study did not measure how well the individuals functioned in their daily lives; however, it demonstrated a change in their feelings after using REBT in the support group from August 7 to August 28, 1994.

The average score on the scale was relatively low because there were members in the group that seemed to be in denial of their feelings, and some were at the last stage of grief. There were two individuals in the very earliest stages of grief, and the rest were in between the first and last stages of grief.

As indicated earlier, the research shows that REBT benefited those who chose to remain part of the group. For those two individuals who dropped out, there is no way of measuring the effect of the limited amount of exposure to REBT. Several group members expressed that the group had been of some value to them.

The results from the survey show the REBT model as theorized did produce more rational thinking by those who attended the group. The therapeutic goal of REBT is to change the irrational thought to enhance self-esteem, and diminishment of anxiety through the use of group in a REBT modality of treatment.

The overall results indicated that REBT was effective in changing irrational thinking to rational processes. After using REBT, group members overall had gained more insight in the death of the loved one by showing less disturbance in their feelings, thus setting the stage for possible healing and improved functioning.

It was a challenge to practice therapy in terms of challenging existing beliefs. The videotape by Ellis was excellent in showing how the therapy worked in dealing with grief
and guilt when the participant's spouse committed suicide. His tape of a "Garland of Rational Songs" was used in therapy, and the song "Perfect Rationality" occasionally added a lighter tone to the grieving group. Referrals were made at the end of the session to those who needed additional support groups or counseling services.

Recommendations

It is recommended for subsequent research that the order of questions be changed, and the questions be rephrased on the posttest so that the respondents do not become conditioned to responses of the questions in the same way they did on the pretest.

In the future, it would be helpful to complete a longitudinal study the same group or similar group members who have been in REBT to determine if there has been a permanent change in the perception in the death of a loved one.

It is recommended that therapists who use REBT for grieving issues in a group state the therapy in very simplistic terms so that each person can understand. Although the therapy uses technical terms, it is best understood in a group by keeping terms simple, by modeling rational and irrational beliefs, and by giving examples.
REFERENCES


Ellis, Albert (video and study guide pamphlet) (Copyrighted with no copyright date shown). Coping with the suicide of a loved one. New York: Institute of Rational Emotive Therapy, Inc.


APPENDIX A

BEREAVEMENT SURVEY
BEREAVEMENT SURVEY

Circle # 1 - 4
1. No of years with "significant other" or married:
   1-3 4-8 9-15 16-20 21+

2. Number of months since death:
   0-2 3-6 7-15 16-20 21-36

3 (a). Do you have a history of previous mental illnesses? Yes No

3 (b). Do you have other issue(s) in addition to the loss of a loved one. Yes No

4. Nationality:
   Native American White Black Hispanic
   Other (specify)

RESPONSES

1 = Not at all my feeling
2 = Some feeling
3 = Significant feeling
4 = Strong feeling
5 = Very strong feeling

5. I keep going over and over what happened.
6. At first, I felt numb.
7. It is hard to take pleasure from things I usually enjoy.
8. So much about my life has changed, it is hard to know who I am.
9. I tried to make sense about why this happened.
10. There are people that I blame about what happened.
11. When I least expect them, I get painful waves of missing my spouse.
12. This all feels like a dream.
13. I am angry about what has happened.
14. I try not to think about what has happened.
15. I'm a good person, and I feel like I don't deserve this.
16. I find myself "flying off the handle" at others for pretty minor reasons.
17. All my life, I've followed the rules, and now I feel cheated by what has happened.
18. I feel overwhelmed, like I have too many things to do.
19. Despite the difficulties, there is some relief that this is all over now.
20. Sometimes I feel scared.
21. People expect me to have bounced back from all of this faster than I am able.
22. It is difficult to concentrate on anything else but what has happened.
23. I feel guilty all the time.
24. I feel self-drowning in my depression.
25. I feel angry about loosing one or more parents in childhood.
26. I am unable to cope with the suddenness of the loss.

(Circle below)

\[ 1 \quad 2 \quad 3 \quad 4 \quad 5 \]
THE REBT PROGRAM

The goal of group counseling was to change the irrational thought process of grieving members to thinking that will enhance their self-esteem, and to bring about diminishment of their anxiety through the use of a group in a REBT modality of treatment. Participants in the group process were encouraged to express their needs in dealing with grief and to set rational goals as to what they would like to accomplish in the group. A closed-end group was used in a group therapy setting. There were eight group sessions in the REBT program.

Session 1--Introduction, Rules, Personal Experiences, and Stress-Related Disorders

Freeman (1991) suggests at the first session that group members and therapist introduce themselves. Members of the group were welcomed. The group began with singing with Ellis's tape of "Perfect Rationality" to break the ice. After the song, there was an introduction of each individual group member. The rules of group were presented; the nature of the bereavement group and confidentiality, how to support others, and group rules were emphasized. There was a discussion that the individuals were a part of the group and that many had suffered losses. Any absence would be a detraction from the group and would be of further loss. There was a discussion of how group members would check in at every meeting and instruction on how to give supportive feedback using REBT. Group members shared personal experiences regarding how they are coping with the loss of their loved one. Each member of the group described the symptoms or stress caused by their grief.
During the process of disclosure, there was a focus on support, and common themes to link all the group members together. The process of REBT was discussed. A pre-test was given at the first meeting at the beginning of the session.

Session 2—Five Stages of Grief

The five stages of grief were presented. Each person was asked to identify what stage of grief he or she was in. Group members were asked to bring pictures of their loved one to the next session. Some of the group members seemed to be in denial of the pain and hurt, and others expressed their sadness toward the deceased person. One person seemed to have issues of anger because one’s "significant other" died from a doctor’s failure to detect cancer.

Session 3—Re-Introductions, Reminders of the Rules and Criteria for Rationality

The group started by singing Ellis’ "Perfect Rationality." Group members introduced themselves again, and did check-in regarding problems they had experienced during the week. There was review of stress-related disorders. Group members identified themselves were asked to share how the previous week had gone. Posters were shown that described the criteria for behaving rationally.

Session 4—Disclosures and Appropriate Emotions and their Cognitive Correlates

Group members shared their feelings. The group seemed to bond at this point. There were a number of losses discussed in the lives of each of the individuals. There was a discussion of the inappropriate and appropriate negative emotions and their cognitive correlates. A chart of these emotions and correlates is shown in Appendix C.
Session 5- Video on "Coping with the Suicide of a Loved One"

Individuals of the group reviewed how the week went for them. The group started with seeing a video of "Coping with the Suicide of a Loved One." It was a video of a 35-year old woman dealing with grief and guilt over her husband’s suicide. It ran for 49 minutes. Albert Ellis was shown as the therapist utilizing REBT. Group members were again to bring pictures of their loved one.

Pictures were passed around for those who did not bring those to the second session for the other members to see. The group discussed the "should", "if only thinking," and wishing as it relates to irrational processes. The group was shown what is involved to change a belief.

Session 6- Changing Beliefs and Depression

The group discussed the highs and lows for their week, and discussed thinking rationally. The group was shown a poster of how to change a belief, the anatomy of depression, and relief from depression.

Session 7 and 8 Discussion of Issues in REBT and Closure (no break)

The group discussed the highs and lows for their week. Group members' discussions centered on a parent in the group who was grieving the suicide her daughter. The discussion focused on the similarities of the incident to the video shown one week earlier which illustrated the process of irrational thinking. A chart of the inappropriate and appropriate negative emotions and their cognitive correlates was discussed. Refer to Appendix C. The group ended with singing "Perfect Rationality."
APPENDIX C
INAPPROPRIATE AND APPROPRIATE NEGATIVE EMOTIONS AND THEIR COGNITIVE CORRELATES
<table>
<thead>
<tr>
<th>Inference Related to Personal Domain</th>
<th>Type of Belief</th>
<th>Emotion</th>
<th>Appropriateness of Emotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Threat or danger</td>
<td>Irrational</td>
<td>Anxiety</td>
<td>Inappropriate</td>
</tr>
<tr>
<td></td>
<td>Rational</td>
<td>Concern</td>
<td>Appropriate</td>
</tr>
<tr>
<td>Loss (with implications for future); failure</td>
<td>Irrational</td>
<td>Depression</td>
<td>Inappropriate</td>
</tr>
<tr>
<td></td>
<td>Rational</td>
<td>Sadness</td>
<td>Appropriate</td>
</tr>
<tr>
<td>Breaking of personal rule (other or self); other threatens self; frustration</td>
<td>Irrational</td>
<td>Damning anger</td>
<td>Inappropriate</td>
</tr>
<tr>
<td></td>
<td>Rational</td>
<td>Nondamning anger (or annoyance)</td>
<td>Appropriate</td>
</tr>
<tr>
<td>Breaking of own moral code</td>
<td>Irrational</td>
<td>Guilt</td>
<td>Inappropriate</td>
</tr>
<tr>
<td></td>
<td>Rational</td>
<td>Remorse</td>
<td>Appropriate</td>
</tr>
<tr>
<td>Other betrays self (self nondeserving)</td>
<td>Irrational</td>
<td>Hurt</td>
<td>Inappropriate</td>
</tr>
<tr>
<td></td>
<td>Rational</td>
<td>Disappointment</td>
<td>Appropriate</td>
</tr>
<tr>
<td>Threat to desired exclusive relationship</td>
<td>Irrational</td>
<td>Morbid jealousy</td>
<td>Inappropriate</td>
</tr>
<tr>
<td></td>
<td>Rational</td>
<td>Nonmorbid jealousy</td>
<td>Appropriate</td>
</tr>
<tr>
<td>Personal weakness revealed publicly</td>
<td>Irrational</td>
<td>Shame</td>
<td>Inappropriate</td>
</tr>
<tr>
<td></td>
<td>Rational</td>
<td>Regret</td>
<td>Appropriate</td>
</tr>
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Source: Ellis (no copyright date shown), p. 7.
BIOGRAPHICAL SKETCH

Gary Kemp graduated from Arkansas State University in 1975. He received his Bachelor of Science degree in real estate and insurance. For 15 years, he pursued a career in commercial and industrial real estate appraising. He has spent 12 years in Dallas, 3 years in the Washington, D. C. area, and the last four years in Phoenix. He made a career change in 1992 to the field of education, completing post-baccalaureate work at University of Phoenix and Ottawa University. In 1993 he entered the graduate program in counseling at Ottawa University. He currently is a science teacher.