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Rational Emotive Religious Education

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Contents

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Introduction

Rational Emotive Behavioral Religious Education (REBRE) is a psycho educational program that addresses various religious topics from the perspective of Rational Emotive Behavioral Education (REBE). In this regard REBRE is based on theoretical principles Rational Emotive Behavior Therapy (REBT) and the principles of fundamental theology centered on the Bible, aiming the reduction of irrational beliefs that are found in religious thinking of children and adolescents to prevent emotional and behavioral disturbances.

Even if at first Ellis (1960) stated that mental health and religiosity are inconsistent, influenced by the writings of Johnson, Ridley and Nielsen (2000), Ellis redefines its opinion. Ellis (2000) emphasized the idea that not only religious and nonreligious causes people to have healthy or unhealthy emotions, but the quality of religious or non-religious thoughts. In Ellis's view, both the Christian and atheist thinking or Islam, may have inflexible and absolutist ideas that disrupt human life. For example, a devout religious person who thinks he is always right and deserves to be successful professionally and in family life will continue to fight for it. Another devout religious person who believes that it is always bad and deserves to fail in work and family life will fight hard to achieve success. Both are devoted absolutists, unrealistic and illogical, even if one succeeds and the other does not. First person absolutism leads to joy, to a state of good, which blocks the person to help the others. The second person, however, will not ask for help, thinking that he deserves his fate. Absolutism is a risk factor and not a way forward or the religious or irreligious those.

Nielsen, Johnson and Ridley (2000) believe that the purpose of REBT is to help the client understand the importance of changing irrational beliefs into rational beliefs. Customers with high religiosity are receptive to disputes REBT and easily understand the relationship between thinking, emotions and behavior. However these clients accept the distinction between self-determination and free will, thus engaging in an active way to change inappropriate thoughts, dysfunctional emotions and maladaptive behaviors. Religious customers support reading of religious books that encourage human acceptance, equality between people and the chance to start things from the beginning. Many traditional religions teach that life does not roll smoothly, and they bear in themselves the opportunity for personal development.

Robb (2001) show that REBT can work well in any religion: Jewish, Christian, Muslim, Hindu, Buddhist, Taoist or another that supports amendment on the importance

inappropriate thoughts. In this respect Robb (2002) show that the largest impediment to human transformation is absolutist religious thought. Each word has its functionality so religious language used improperly can induce or block different emotional feelings. For example, the thought that "I need to pray three times a day for God to forgive me, otherwise I cannot forgive myself," will support the emotional distress, putting God in a bad light and uploading the individual with tasks that do not bring freedom from guilt. Healthy attitude would be: "because I want God to forgive me, I will ask for his forgiveness prayer, being willing to accept this forgiveness, because I know that God loves me as a sinner, even if he does not love sin."

Beck and Emery (1999, 1985) studied the problem of anxiety and described the idea that anxiety, fear and restlessness may take different forms depending on the life area which takes place, or might appear undesirable and unpleasant problem. Thus, Beck and Emery described the four areas of human life that can be affected by anxiety. In the public social sphere, anxiety may occur to disapproval disqualification separation and isolation; in private social sphere anxiety toward deprivation, disapproval, condemnation and abandonment; anxiety in individual public sphere toward failure, devaluation, guilt and inconsistent; and in the private sphere individual anxiety toward disability, dysfunction, disease and death.

Anxiety toward death has been studied since the 70s. Berman and Hays (1973) after a study of 300 students found that there is no relationship between belief in life after death and anxiety towards death. However, the results obtained show that anxiety towards death is significantly higher in women than in men. Pierce and contributors (2007) obtained the same results from a study conducted among 375 adolescents aged 13-25 years. Anxiety towards death was significantly higher in girls as in boys and those with extrinsic religiosity than those with intrinsic religiosity. The personal religiosity is associated with lower levels of anxiety about death.

In the opinion of Baez and Hernandez (2001), those psychotherapists who ignore the religious side of human existence will be ineffective in their work, whatever their orientation is. The successful treatment it depends in the same measure in which is being accomplished the knowledges of both practice of the systems of beliefs and religious of the patients. Plants (2008) argues that psychological practice took over from religious tradition the encourage prayer and bibliotherapy (meditating on passages from the Bible), seeking purpose and meaning of life, unconditional acceptance of oneself and others, encouraging moral and ethical values as: forgiveness, gratitude, love, kindness, compassion, charity and justice.

In some cases spirituality is part of the problem solution. There are people who seek support in religion, for example studies show that 90% of women with medical problems consider prayer as inevitable solution in solving problems. Veterans hospitalized patients, parents of children with various disabilities, widows, those who have undergone a traumatic experience physical abuse at a rate of 50-85% all seek remedy in religion. People expect spiritual support, for example 48% of hospital patients would like someone to pray with them (Pargament, Murray-Swank and Tarakeshwar, 2005).

Brelsford (2005) consider that the terms of cognitive psychology, religious beliefs are formed from a natural process of reflection and insight on supernatural things. Religious beliefs are scientifically explained by the accumulation of previous generations along religious reflections and experiences. But religious beliefs are not limited by the thinking system acquired and assimilated throughout history because on the individual level, religious beliefs are rationalizations that require implicit ability to keep things in balance palpable, and the imaginary.

Ai and collaborators (2009) have conducted a study involving patients hospitalized at the cardiology department. The patients were interviewed within 14 days, then 2 days before surgery. Comparing the results, it was found that the patients with a positive religious thinking forward adaptive behavior to the situation of operation and were more optimistic about the outcome of surgical intervention. Regarding patients characterized by a negative religious attitude, stress level and the anger was significantly higher in those with both a positive religious attitude, making obviously evidence of evitant behavior during hospitalization.

Campbell, Yoon and Johnstone (2010) have expanded their research to patients with different physical disorders (surgery on the brain, or column associated with or without tumor or stroke), admitted at the Hospital of the University of Missouri (USA). The participants were representatives of several Christian denominations (Catholics, Protestants). The results showed that patients, who receive moral and emotional support from members of the congregation, have a positive effect on optics of their health, feeling healthier, unlike patients who ignore the local church; this aspect is relevant, regardless of religion. Patients suffering from cancer, an illness most often use religious coping in order to adapt to the situation, as well as other patients.

Physical pain is often associated with dysfunctional thoughts such as intolerance of pain, catastrophizing situation, global assessment of yourself as helpless, damned good or anything. Among the consequences of such attitudes is emotional exhaustion, loss of hope,

physical isolation, avoiding relationships and depression. Underwood (2009) considers that a high level of self-perception of physical pain may lead to unfavorable changes of expectation towards the future, the loss of meaning of life, but also the self-image and the distortion of perception of God.

Low tolerance to frustration relates to assessing a situation as intolerable, that is impossible to accept and live with it. The mere fact that the person is not ready to tolerate the unpleasant event does not mean that the episode cannot be tolerated. Low tolerance to frustration prevents depositing of the effort required to change dysfunctional negative emotions. Intolerance to frustrating situations leads to self-control, disorders: depression, personality problems and addictive behaviors.

1.Religious attitude to protestants in Romania

Research Methodology

The question arises: to what extent appear irrational beliefs and religious thought? In this sense, the objective of this study is to identify irrational religious cognitions as: demandingness toward God and others, catastrophizing and intolerance in situations of suffering and overall assessment of himself as evil or good. In this research questions are:

- In view of Protestants which are the obligations of God and the people in the relationship between God and man?
- What is the attitude towards a man of a Protestants?
- What are some things about life and death, which are seen as catastrophic and intolerable by Protestants?

To study the issue of religious attitudes, a questionnaire was constructed to take into account on the one hand as irrational beliefs: absolutist thinking of "should", catastrophizing, intolerance to frustration and overall assessment, on the other hand, they referred to the elements of religious thought as: person of God, attitude toward suffering and death. For the structure of the questionnaire has been consulted a group of experts: seven theologians of Protestant churches and four rational-emotive and behavioral psychotherapists, all with at least 5 years professional experience. The information gleaned from responses served as dependent variables and personal data as independent variables. To identify irrational

religious cognitions, proceeded to distribute a total of 1,000 questionnaires of which 966 questionnaires were returned. Questionnaires were distributed to several Protestant churches in Romania. On the 966 participants, segmenting by gender was as follows: 362 men (37.5%) and 595 women (61.6%), 9 no answer (0.9%). Dividing according to medium indicates that 694 of those who filled out the questionnaire were from the urban environment (71.8%), and 215 from the countryside (13.9%).The criterion of belonging to a Protestant denomination, the variety of participants described as follows: 446 were Baptists (46.2%), Pentecostals 329 (34.1%) and 153 are classic to the item "other", representing: Evangelicals, Adventists and independent churches (15.8%). Of the participants, 899 said they practice their religion. The distribution function of the age of the participants was as follows: 258 individuals were aged 10-15 years (26.7%), 240 have 16-20 years (24.8%), 194 have 21-25 years (20.1%), 121 have 26-40 years (12.5%), 104 have 41-60 years (10.8%) and 42 of the participants were over 60 years (4.3%).

Research results

1.1. Demandingness towards God

Reflection about an Almighty God who is able to do "everything" can be a factor in the emergence of absolutist thinking of "must". In this respect, any religious person is exposed to the extreme of imposing with necessarily some God responsibilities such as: listening to prayers, healing the sick and the punishment of sinners. The existence of these irrational thoughts was followed in Protestantism. Analyzing the frequency of responses given by Protestants, it can be observed that there are irrational thoughts concerning the obligations of God. The results show that in the opinion of Protestants is not absolutely necessary that God will hear the prayers ($\chi^2_{(1)}$=476.130, p<.001, r^2=.51, Yes=131, No=795), or to heal the sick ($\chi^2_{(1)}$=620.479, p<.001, r^2=.67, Yes=84, No=842) or to punish sinners ($\chi^2_{(1)}$=496.419, p<.001, r^2=.53, Yes=124, No=802).

A more detailed analysis (Table 1) shows that although there are significant differences in the views of the research participants in terms of gender and environment, however, results cannot be generalized to the entire population of Protestants because the effect size is very small. Regarding the independent variables and age as a religion, it is worth noting that significant differences demonstrated in the analysis can be generalized to the entire population of Protestants.

Table 1 Obligations of God - according to criteria: gender, religion, environment, age

Dependent variable	Independent variable	χ^2 uniformity	df	p	w
Listening prayer	gender	4.987	1	.026	.08
	religion	12.953	2	.002	.20
	environment	6.054	1	.001	.11
	age	35.545	5	.001	.33*
Healing the sick	gender	7.757	1	.005	.15
	religion	23.598	2	.001	.28*
	environment	6.339	1	.012	.13
	age	55.629	5	.001	.43**
Punishment of men	gender	.535	1	.465	-
	religion	1.443	2	.486	-
	environment	7.960	1	.009	.15
	age	26.448	5	.001	.27*

(* average effect, ** strong effect)

With regard to the phrase "God is required to listen to prayers" shows that there are significant differences depending on the age of participants ($\chi^2_{(5)}$=35.545, p<.001, w=.33). Protestant teenagers aged 10-15 years say that God is required to listen to prayers (residues adjusted=5.5), while young people aged 26-40 years (residues adjusted=2.7) and adults aged 41-60 years (residues adjusted=2.2) believe that God has no obligation to listen to people's prayers. The view that "God has an obligation to heal the sick" has a differentiated approach regarding the age groups ($\chi^2_{(5)}$=55.629, p<.001, w=.43) and religion of the participants ($\chi^2_{(5)}$=23.598, p<.001, w=.28). In view of adolescents (10-15 years), God has the obligation heal the sick (residues adjusted=7.2), while youth 21-25 years say that God has no obligation to heal the sick (residues adjusted=3.8). Religious viewpoint, it appears that Baptists believe that God has no obligation to heal the sick (residues adjusted=3.3), but Protestants belong to the category: Other emphasizes that God must to heal the sick (residues adjusted=4.6).

Approaching the phrase "God is obliged to punish people", there are significant differences in terms Protestants opinion by age ($\chi^2_{(5)}$=26.448, p<.001, w=.27). Adolescents 10-15 years of age claim that God has an obligation to punish people (residues adjusted=4.7), while the opposite pole adults aged 41-60 years (residues adjusted=2.3) whose opinion emphasizes that God is not obliged to punish people.

In conclusion, it may be noted that Protestants do not show irrational beliefs towards God, though it is worth noting that adolescents 10-15 years of age in absolutist thinking about God's obligations.

1.2. Demandingness towards man

The rules and moral laws are present in religious thought and seek to guide man in his relations with the divinity and with others. It makes such a clear distinction between God's laws and rules of religious conduct. In this respect, the Ten Commandments (Exodus 20.2-17) are the essence of God's laws, which involve both rules that govern the relationship with God and relationship with people. The law of God requires respect for the person of God ("Thou shalt not take the Lord's name in vain"), respect for parents ("honor thy father and thy mother"), to peers ("not kill") and to the property of others ("do not steal"). Laws generally are not negotiable, but apply regardless of the opinion of others. Thus every law, norm or rule implies the need for obedience and in this sense is characterized by rigidity and exclusiveness. Even if at first glance it seems mandatory the application of God's laws fall within absolutist requirements of "need" (irrational thinking), however if the conditional acceptance of these laws remain in the category of rational thought. In this sense, if someone wants to have a relationship with God, we must obey His laws. But if someone does not want this, then don't have to obey his laws. By taking any decision, the individual assumes the risks and responsibilities that arise from it.

Analyzing data on the validity of the expression: "Man is obliged to fulfill the Ten Commandments." shows that Protestants believes that man has the obligation in relation to God ($\chi^2_{(1)}$=190.086, p<.001, r^2=.20, Yes=674, No=254). A further analysis (Table 2) in terms of the independent variable "religion" highlights the fact that the participants in the study, declared Pentecostals teach that man is obliged to fulfill the Ten Commandments (residues adjusted=6.7), while Baptists opinion that man is not obliged to fulfill these commands (residues adjusted=5.3). There is substantial variation in terms of the independent variable "age" results showing that adolescents 10-15 years of age believes that "man is obliged to fulfill the Ten Commandments" (residues adjusted=7.7), for contrary to the opinion of young people whose age is contained between 21-25 years that man has no obligation (residues adjusted=3.1), and reunited recital category includes participants whose age is between 26-40 years (residues adjusted=4.4). Accepting the statement: "honor your parents" is exceeded indicates lack of respect for parents. But the results show that Protestants denies the validity of this sentence ($\chi^2_{(1)}$=750.150, p<.001, r^2=.81, Yes=46, No=879), so they agree to the

importance of honoring parents. Further analysis by different independent variables shows that there are differences based on age, but the results cannot be generalized because the effect size is small (w=.20).

The religious behavior involves some behaviors that are not imposed by God, but that appear in religious practice. For example, the Bible does not make going to church a legislative rule, although Scripture reference tells about people who went joyfully to "worship tabernacle", temple or synagogue. Unlike the biblical view of attendance at a place of worship, the current generation of Protestants believe that "all people have to attend church", making this statement is imperative to characterize Protestants in general ($\chi^2_{(1)}$=256.178, p<.001, r^2=.27, Yes=704, No=218). A further analysis (Table 2) in terms of the independent variable of "religion" highlights the fact that the participants in the study, declared Pentecostals claim that all people should attend a church (residues adjusted=4.6), while Baptists (residues adjusted=2.4) also opines representatives "other" (residues adjusted=2.8), namely: not all people have to attend a church.

Table 2 Human Obligations - gender, religion, environment, age

Dependent variable	Independent variable	χ^2 Homogeneity	df	p	w
All to the church	gender	.824	1	.364	-
	religion	23.115	2	.001	.28*
	environment	10.187	1	.001	.01
	age	14.182	5	.014	.18
Fulfillment of the 10 Commandments	gender	.023	1	.880	-
	religion	44.761	2	.001	.40*
	environment	.528	1	.467	-
	age	68.141	5	.001	.48**
Dishonoring parents	gender	1.937	1	.164	-
	religion	3.498	2	.174	-
	environment	3.272	1	.070	-
	age	16.131	5	.006	.20
Giving	gender	.013	1	.909	-
	religion	12.974	2	.002	.20
	environment	3.383	1	.066	.04
	age	28.619	5	.001	.29*

(* average effect, ** strong effect)

Another aspect that highlights a difference of opinion among Protestants is related to the principle of giving. The Scripture distinguishes between tithing and generosity (Deuteronomy 12.6), so the tithe prescribed by God, but generosity is presented as a voluntary act. In this regard, the statement "man is bound to give" is considered to be an irrational thought because God necessarily requires the exercise of this behavior. Even if there are significant differences depending on the age variable, though generally cannot conclude that Protestants would agree or against the statement ($\chi^2_{(1)}$=2.914, p<.088, r^2=.001, Yes=490, No=438). Adolescents 10-15 years of age believe that "man is required to give" (residues adjusted=3.3), opinion that agrees with that of adults aged 41-60 years (residues adjusted=3.2). Opinion young people aged 16-20 years, that "man is not obliged to give" (residues adjusted=2.3) is recovered and participants 26-40 years of age (residues adjusted=2.5).

In conclusion it may be noted that Protestants believes that the man in relation to God, has the obligation to fulfill the laws of God represented by the Ten Commandments, to attend church and have a giver attitude. It therefore emphasizes the idea that if the man wants to be in relationship with God, the fulfillment of God's law need not be considered irrational thinking. But the claims of necessity obliged to attend church and be merciful (giver) is considered irrational thoughts.

1.3. Religious attitude towards man

Dichotomous thinking such as "good-bad" is characterized by inflexibility, meaning the inability of the individual to see things more nuanced. Thus the acceptance statement "whether I'm good or are bad - there is no alternative", indicates the presence of irrational thinking in terms of rational-emotive therapy. Human facts can be labeled as good or bad, but to generalize the presence of human behavior is an inaccurate description. In this context, to emphasize that the one who does good deeds or bad is good or bad man is an exaggeration. Man by definition is a living being, male or female, with a particular age who has the freedom to decide for both good deeds and for the bad.

Analyzing the data obtained, it appears that no significant differences on this item, equally some believe that man can be defined by being good or bad, and others do not ($\chi^2_{(1)}$=.027, p=.869, Yes= 454, No=459). A more detailed analysis, however, shows significant differences depending on the religion of the participants (Table 3). People belonging Baptists agree with the statement "Whether I'm good or are bad, there is no

alternative" (residues adjusted=5.4), while Pentecostals believe that there is another alternative (residues adjusted=4.8).

Table 3 Being good or bad - based approach criteria: gender, religion, environment, age

Dependent variable	Independent variable	χ^2 Homogeneity	Df	p	w
To be good or worse	gender	.168	1	.682	-
	religion	30.207	2	.001	.33*
	environment	.007	1	.935	-
	age	7.971	5	.158	-

(* average effect, ** strong effect)

1.4. Catastrophizing

Analyzing responses to complete the statement "In life is the most catastrophic thing is...", it was found that 42.02% (n = 406) of participants said that life without God is the most catastrophic thing. For 126 people (13.04%) death of a loved one is the most catastrophic, and for 107 of the participants (11.07%) the presence of sin in their lives or the lives of people is the most unpleasant thing. Analyzing responses based on independent variables shows that life without God is the most disastrous thing for all existing subsets. Losing a loved one and the presence of sin share positions 2 and 3, so for those who come from rural areas and those who belong to Baptists, the presence of sin precedes the death of loved ones. While those in urban areas and those who subgroup belong to Pentecostals or "other" death is in position 2 and position 3 sin. No gender differences are found, but there are differences according to age, so adults aged 41-60 years puts sin to death, while all the other death is present with a higher frequency as sin. Since it is assumed that the idea of death might occur among the responses to the issue of catastrophizing, was intended thinking about death. In this respect, the most common responses to the phrase "The worst thing about death is" were to die without being saved (n = 323), the go to hell (n = 145), family pain bereaved (n = 121) and that it is not known to be after death (n = 78). An analysis of responses according to the independent variables gender, and religion, points out that there are no differences in terms of the first (without saving) and fourth place (unknown). In men, the second position shown idea of hell, where as in women, there is some family drama. Those who came from urban, family drama is in second place, while for the rural idea of hell. For Baptists, family drama preceding hell, while the others hell is before family drama. An analysis in terms of age shows that adolescents aged 10-15 years the worst thing about death is hell (n = 90), an idea

that participants over 21 years appears in the fourth position, or those over 60 do not appear. In more than 16 years, to be without salvation at death is the worst thing in life, followed by the bereaved family drama. In those aged over 60 family drama does not appear in response.

1.5. Intolerance

Embracing the idea, that the hardships of life are unbearable reinforce absolutist requirement, which states that life must necessarily be easy. But life is not easy, but is a continuous confrontation with unpleasant situations. Displeasure intensity varies from less to more, but that does not mean they cannot be compared. Subjective experience, that cannot be supported inconvenience, prevent confrontation, and solving the problem. To see among Protestants which are the most unbearable things to frequency analysis concepts with which to complete the statement: "The thing for me is unbearable…" Of the participants, 125 said that "sin" is the most obnoxious thing in their lives, for 112 the idea of being away without God, lie 74 and 54 for swearing. For those aged 10-25 years and those aged over 60 years, the idea of sin precedes the idea of being without God. For those aged 26-60 years to be without God is unbearably as the presence of sin. Lying is intolerable how swearing for those aged over 16, but those under 16 are more unbearable as swearing as lying. It is interesting to note that not at all mentioned cursing those aged 21-60 years. To be without God appears as the most unbearable thing for women who live in urban areas and those belonging Baptists or "other". For men and for those in rural and Pentecostals the sin is most unbearable thing.

2.Relitionship between religious attitudes and emotions

Research Methodology

The objective of the study is to highlight the link between attitudes of tolerance/intolerance toward different situations of distress and negative emotions that are dysfunctional in the situations of discomfort felt by Protestants from Romania.

Research hypotheses

1. There is an association between attitudes of intolerance against various forms of suffering.
2. There are differences in the association between types of intolerance to suffering by gender, origin, religion and age of Protestants membership.
3. There is a close correlation between the different forms of fear at Protestants.

4. There is any difference in how the various forms of association of fear by gender, origin, religious membership and age Protestants.

5. There is any association between the attitudes of intolerance towards experiencing emotional distress and dysfunctional (fear) at Protestants.

IV – gender (1 = male, 2 = female)

– medium (1 = urban, 2 = countryside)

– religion (1 = Baptist, 2 = Pentecostal, 3 = other Protestant denominations)

– age (1=10-15 years, 2=16-20 years, 3=21-25 years, 4=26-40 years, 5=41-60 years, 6=over 60 years)

DV – the level of intolerance attitudes (on a scale of 1 to 10)

– the level of dysfunctional emotion, fear (on a scale of 1 to 10)

Design: multifactor, correlation and comparison intergroup.

Questionnaires were distributed to several Protestant churches in Romania. On the 966 participants, segmenting by gender was as follows: 362 men (37.5%) and 595 women (61.6%), 9 no answer (0.9%). Dividing according to medium indicates that 694 of those who filled out the questionnaire were from the urban environment (71.8%), and 215 from the countryside (13.9%).The criterion of belonging to a Protestant denomination, the variety of participants described as follows: 446 were Baptists (46.2%), Pentecostals 329 (34.1%) and 153 are classic to the item "other", representing: Evangelicals, Adventists and independent churches (15.8%). Of the participants, 899 said they practice their religion. The distribution function of the age of the participants was as follows: 258 individuals were aged 10-15 years (26.7%), 240 have 16-20 years (24.8%), 194 have 21-25 years (20.1%), 121 have 26-40 years (12.5%), 104 have 41-60 years (10.8%) and 42 of the participants were over 60 years (4.3%).

The 966 participants in the study were put two questions: 1. How much you are afraid, when you think of the following: death, illness, violence and failure? 2. How unbearable are: disease, frustration, injustice, and fault isolation? The answers were rated on a scale of 1 to 10, where 1 means very little, and 10 represent very much. A score above 7 indicates an intolerance or increased fear in the respective field.

Research results

2.1.The tolerance level of pain

To establish a model of explaining about the association of different forms of intolerance, the regression was applied multiline for the purpose of explaining. As a result of data processing (Table 4) are satisfied:

The level of intolerance against disease is most influenced by the intolerance of failure (β=.231, p<.001) and intolerance towards isolation (β=.124, p<.001). At the same time it is observed that the level of intolerance towards the disease can be expected depending on age (β=-.102, p<.001); in this respect, as younger an individual is, the level of intolerance against the disease will be increased. Religious membership also contributes to forming attitudes of intolerance against sickness (β=.078, p<.012) with respect to an individual pertaining to the Baptist cult, it's expected that the level of intolerance against the disease to be lower as those belonging to the groups of Pentecostals and others (the membership listing to religion was done as follows: 1 = Baptist, 2 = Pentecostal 3 = splints). And which contribute to the formation of intolerance attitudes towards sickness (β=-.061, p<.049); thus, for an individual originating in urban areas will be expectant as the level of intolerance against the disease is higher than of those who belong to the rural environment (environmental membership listing was done as follows: 1 = urban, 2 = rural).

The level of intolerance of failure is most influenced by intolerance towards the illness (β=.205, p<.001), followed by intolerance towards isolation (β=.198, p<.001) and intolerance of injustice (β=.147, p<.001). At the same time it is observed that the level of intolerance of failure can be expected depending on age (β=-.089, p<.004), such as an individual is, the more the level of intolerance of failure will be increased.

The level of intolerance for injustice is most influenced by intolerance towards isolation (β=.210, p<.001), followed by intolerance towards guilt (β=.189, p<.001) and intolerance of failure (β=.169, p<.001). At the same time it is found that the level of intolerance for injustice can be expected depending on age (β=.103, p <.002); in this respect, how an individual is, the more the level of intolerance of injustice will be low. National environment also contributes to the formation of intolerance attitudes against injustice (β=.073, p<.020); therefore, with respect to an individual representative of the urban environment will be expectant as the level of intolerance for injustice to be lower as those belonging to the rural environment.

Table4. Regression multiline with explanatory purposes – intolerance (N = 966)

Dependent variable	Variable criteria	β	p	r_{sp}
Unbearable disease	Medium	-.061	.049	-.061
	Age	-.102	.001	-.098
	Religion	.078	.012	.077
	Unbearable failure	.231	.001	.195
	Unbearable isolation	.124	.001	.107
Unbearable failure	Age	-.089	.004	-.085
	Unbearable disease	.205	.001	.181
	Unbearable isolation	.198	.001	.167
	Unbearable injustice	.147	.001	.131
Unbearable injustice	Medium	.073	.020	.073
	Age	.103	.002	.099
	Unbearable isolation	.210	.001	.177
	Unbearable guilt	.189	.001	.168
	Unbearable failure	.169	.001	.144
Unbearable isolation	Age	-.066	.033	-.063
	Unbearable guilt	.247	.001	.223
	Unbearable failure	.214	.001	.184
	Unbearable injustice	.185	.001	.166
Unbearable guilt	Medium	-.066	.033	-.066
	Age	-.082	.011	-.078
	Religion	-.112	.001	-.112
	Unbearable isolation	.252	.001	.217
	Unbearable injustice	.186	.001	.168

The level of intolerance toward isolation is most influenced by intolerance towards guilt (β=.247 p<.001), followed by the intolerance of failure (β=.214, p<.001) and intolerance of injustice (β=.185, p<.001). At the same time it is observed that the level of intolerance towards the isolation can be expected depending on age (β=-.066, p<.033); how much an individual is younger with both the level of intolerance towards the isolation will be higher.

The level of intolerance towards guilt is most influenced by intolerance towards isolation (β=.252, p<.001), followed by the intolerance of injustice (β=.186, p<.001). At the

same time it is observed that the level of intolerance towards guilt can be expected depending on age (β=-.082, p<.011); thus, the more an individual is younger the more the level of intolerance towards guilt will be increased. Religious membership, also contributes to the formation of attitudes of intolerance to come (β=-.112, p<.001); thus, with respect to an individual from the category Protestants towns, it will be expected that the level of intolerance toward guilt to be more grown than for those belonging to the Pentecostal groups or others. And the environment of origin contribute to the formation of intolerance attitudes to come (β=-.066, p<.033); thus, in the case of an individual who belongs to the urban environment, the expected level of intolerance toward guilt to be higher in the case of those who belong to the rural environment.

Based on the results they had built a model that presents the relationships of influence of different attitudes of intolerance. Thus the presence of two cells of three groups: on the one hand intolerance towards guilt, isolation and injustice, and on the other hand intolerance towards isolation, illness and failure. This intolerance occurs in relation to disease, and isolation and failure. But isolation is associated with situations of injustice and guilt.

By comparing the results in terms of gender, the averages obtained from the dependent variables of t Test for intolerance samples, show that no significant differences were found between the groups of men and women.

Comparing data from the dependent variables intolerance with the t Test for independent samples of the environment from the point of view of participants in the study, it is found that there are significant differences between the two groups in the variables (Table 5): intolerance against sickness ($t_{(850)}$=3.068, p<.002), intolerance towards containment ($t_{(848)}$=2.336, p<.020) and intolerance to guilt ($t_{(847)}$=2.579, p<.010). Analyzing media group, it is found that the children of urban areas are more intolerant towards sickness (m=5.669, σ=2.91), isolation (m=6.391, σ=2.95) and guilt (m=7.186, σ=2.88) for those coming from rural areas.

Table 5. Depending on the comparison of provenance (N = 966)

Dependent variable	t	df	p	m_{urban}	σ_{urban}	m_{rural}	σ_{rural}	r^2
Intolerance against disease	3.068	850	.002	5.669	2.91	4.951	2.93	.010
Intolerance against isolation	2.336	848	.020	6.391	2.95	5.822	3.32	.006
Intolerance to guilt	2.579	847	.010	7.186	2.88	6.558	3.43	.007

Comparing the data depending on the religious membership, $ANOVA_{(one-way)}$ was used. The results obtained show that there are significant differences between the groups in

dependent variables: intolerance to illness ($F_{(1,228)}$=5.622, p<.004), intolerance towards isolation ($F_{(2,859)}$=5.652, p<.004) and intolerance to come ($F_{(2,857)}$=5.515, p<.004). To find out the meaning of the differences, the post-hoc test Games-Howell (GH) because lack of homogeneity test Levene indicates lack of variants (meaning it was under the threshold .05) and the herd was absolutely unequal groups. Analyzing the difference of (GH=.736, p<.002), it is found that those belonging to the Protestants group of Pentecostals (m=5.932, σ=3.11) have a higher level of intolerance towards the disease towns (m=5.195, σ=2.63). Intolerance to come (GH=.959, p<.009) is greater among Baptist (m=2.87, σ=7.332), compared to Protestants belonging to the "others" group (m=5.783, σ=3.20). In the case of intolerance towards isolation, significant differences appear both between groups of Baptists and Pentecostals (GH=.611, p<.022), as well as between Pentecostals and others (GH=.997, p<.013). Thus, those belonging to the Pentecostals (m=6.703, σ=3.16) presents a higher level of intolerance towards isolation as the dependant Baptist group (m=6.091, σ=2.86) or "other" category (m=6.373, σ=3.42).

Comparing the data according to age, $ANOVA_{(one\text{-}way)}$ was used. The results obtained show that there are significant differences between the groups in dependent variables: intolerance against sickness ($F_{(3,774)}$=11.052, p<.001), and intolerance towards isolation ($F_{(3,770)}$=4.551, p<.004). To find out the meaning of the differences, the post-hoc test Games-Howell (GH) for the variable from the disease because intolerance test Levene indicate lack of homogeneity groups are deeply unequal population. For variable front insulation intolerance calculated post-hoc test Hochberg (H) since the test indicates the homogeneity of variance Levene.

Analyzing the difference of intolerance of variable disease, it is found that there are significant differences between adolescents aged 10-14 years and adolescents aged 16-20 years (GH=1.367, p<.001), as well as among adolescents 10 to 15 years, and young people between the ages of 21-25 years old (GH=1.133, p<.001), and also between those aged 10-15 years and young adults aged 26 to 40 years (GH=1.201, p<003). Calculating variable environments intolerance towards disease on age groups, it is observed that adolescents aged 10-15 years (m=6,494, σ=3.27) have a higher level of intolerance towards the disease as well as those between the ages of 16-20 years old (m=5.126, σ=2.50), young 21-25 years old (m=5.360, σ=2.63) and young adults the relatives of 26-40 years (m=2.87, σ=5.292).

Analyzing the difference of intolerance towards variable isolation, it is found that there are significant differences between adolescents aged 10-14 years and adolescents aged 16-20 years (H=.734, p<.041) and between teenagers from 10 to 15 years, and young people

between the ages of 21-25 years (H=.805, p<.031) and also between those aged 10-15 years and young adults aged 26 to 40 years (H=1.017, p<.014). Calculating variable environments intolerance towards isolation on age groups, it is observed that adolescents aged 10-15 years (m=6.930, σ=3.11) have a higher level of intolerance towards isolation, as well as those of ages 16-20 years old (m=6.196, σ=2.82), young 21-25 years old (m=6.125, σ=2.90) and young adults for 26-40 years (m=5.913, σ=2.93).

2.2. The level of emotional feelings in situations of distress

To establish a model explaining how the various experiences of emotional, applied multiline regression multiline explanatory purposes. As a result of data processing (Table 6): the level of fear of death is the most influenced by the fear of disease (β=.313, p<.001) and fear of violence (β=.137, p<.001). At the same time, it should be noted that the level of fear of death can be estimated depending on age (β=-.228, p<.001); thus, as long as an individual is younger with both the level of fear of death will be more expensive.

The level of fear of the disease is most influenced by the fear of death (β=.327, p<.001), followed by fear of failure (β=.189, p<.001) and fear of violence (β=.147, p<.001). Also observed that the level of fear of death can be estimated by age (β=.086, p<.007) in this respect, as an older individual is the level of fear of disease will be increased.

The level of fear of failure is most influenced by fear of violence (β=.234, p<.001) and fear of illness (β=.175, p<.001). Also observed that the level of fear of failure can be estimated by age (β=-.084, p<.006) in this respect, as an individual is the youngest as much the fear of failure will be increased.

The level of fear of violence is most influenced by the fear of failure (β=.206, p<.001), and fear of illness (β=.152, p<.001) and fear of death (β=.127, p<.001). It is noted that the level of fear of humans can be estimated by age (β=-.119, p<.001), therefore, the more an individual is younger than the level of fear of violence will be increased. Gender study participants also influence the level of fear of violence (β=.171, p<.001), thus, women experience higher levels of fear of violence as men (1=male, 2=female).

Table 6. Multiline regression with explanatory purposes – fear (N = 966)

Dependent variable	Variable	β	P	r_{sp}
Fear of death	Age	-.228	.001	-.222
	Fear of illness	.313	.001	.283
	Fear of violence	.137	.001	.118
Fear of illness	Age	.086	.007	.080
	Fear of violence	.147	.001	.119
	Fear of failure	.189	.001	.158
	Fear of death	.327	.001	.278
Fear of failure	Age	-.084	.006	-.081
	Fear of violence	.234	.001	.200
	Fear of illness	.175	.001	.155
Fear of violence	Gender	.171	.001	.170
	Age	-.119	.001	-.111
	Fear of death	.127	.001	.104
	Fear of illness	.152	.001	.125
	Fear of failure	.206	.001	.178

Based on the results to build a model showing relationships between different association dysfunctional negative emotional feelings in situations of distress. In this context, the fear of death appears with the fear of disease and fear of violence.

Comparing data from the dependent variables of "fear of" the t Test for independent samples in terms of gender, it is found that there are significant differences between the two groups at variable: fear of violence ($t_{(880)}$=-5.324, p<.001). Analyzing media groups, it appears that women have a higher level of fear of violence (m=4.897, σ=2.91) for both men.

Comparing the terms of the averaged backgrounds with independent samples t Test, no significant differences were found between urban and rural groups.

Comparing data by religious affiliation, we used a simple $ANOVA_{(One-Way)}$. The results show that no significant differences between groups on the dependent variables.

Comparing the data by age, we used a simple $ANOVA_{(One-Way)}$. The results show significant differences between groups on the dependent variables: fear of death ($F_{(3,780)}$=18.392, p<.001), fear of illness ($F_{(3,779)}$=3.205, p<.023) and fear from violence ($F_{(3,770)}$=8.033, p<.001). To determine the meaning differences test was used post hoc Games-

Howell (GH) for the variables listed, as the Levene test indicates lack of homogeneity of variances, and numbers of groups are profoundly unequal.

Looking at the average difference for the variable fear of death, it appears that there are significant differences between adolescents 10-15 years of age cares and adolescents aged 16-20 years (GH=1.382, p<.001) and among adolescents 10-15 years and young people aged 21-25 years (GH=1.440, p<.001) and also between those aged 10-15 years and young adults aged 26-40 years (GH=2.268, p<.001). Computing environments variable fear of death, it appears that adolescents aged 10-15 years (m=5.737, σ=3.40) have a higher level of fear of death as those aged 16 to 20 years (m=4.355, σ=2.84), how young people 21-25 years (m=4.296, σ=2.76) and young adults from 26-40 years (m=3.469, σ=2.72). Looking at the average difference for the variable fear of disease, it is found that there are significant differences between adolescents aged 10-15 years and adolescents aged 16-20 years (GH=.774, p<.011). Computing environments, it appears that adolescents aged 10-15 years (m=5.283, σ=3.01) had a higher level of fear of sickness, as those aged 16-20 years (m=4.508, σ=2.46).

Looking at the average difference for the variable fear of violence, it is seen that there are significant differences between adolescents aged 10-15 years and adolescents aged 16-20 years (GH=.911, p<.003) and between teenagers 10-15 years and young people aged 21-25 years (GH=1.160, p<.001) and also between those aged 10-15 years and young adults aged 26-40 years (GH=1.131, p<.004). Calculating variable environments fear of violence, it notifies that adolescents aged 10-15 years (m=5.322, σ=3.10) had a higher level of fear of violence as those aged 16 - 20 years (m=4.411, σ=2.59), how young people 21-25 years (m=4.162, σ=2.65), but also as young adults 26-40 years (m=4.191, σ=2.87).

2.3. Correlation between attitudes of intolerance and fear in suffering

To establish a model explaining how an association between different emotional experiences and attitudes of intolerance in suffering, regression was applied multiline explanatory purposes. As a result of data processing (Table 7) shows.

The fear of death is most influenced by intolerance towards the illness (β=.246, p<.001). At the same time, it is observed that the fear of death can be estimated according to age (β=-.240, p<.001); thus, the more an individual is younger with both the fear of death will be increased.

Level of fear of illness is most influenced by the unbearable of the disease (β=.472, p<.001), followed by the intolerance of failure (β=.096, p<.006) and intolerance towards

isolation (β=.070, p<.037). The fear of failure is most influenced by the intolerance of failure (β=.613, p<.001).

Table 7. Multiline regression with explanatory purposes – emotions and attitudes (N=966)

Dependent variable	Variables	β	p	r_{sp}
Fear of death	Age	-.240	.001	-.234
	Unbearable sickness	.246	.001	.239
Fear of illness	Unbearable sickness	.472	.001	.419
	Unbearable failure	.096	.006	.082
	Unbearable isolation	.070	.037	.062
Fear of failure	Unbearable failure	.613	.001	.598
Fear of violence	Gender	.183	.001	.182
	Age	-.091	.005	-.088
	Unbearable failure	.176	.001	.150
	Unbearable sickness	.176	.001	.155
	Unbearable isolation	.158	.001	.141

The fear of violence is most influenced by the intolerance of failure (β=.176, p<.001), followed by unbearable illness (β=.176, p<.001) and unbearable isolation (β=158, p<.001). It is observed that the level of fear towards humans can be expected depending on age (β=-.091, p<.005); in this respect, how an individual is younger with both the level of fear in relation to violence will be increased. The genre also influences the level of fear of violence (β=.183, p<.001); thus, women experience higher levels of fear of violence as men (1=male, 2=female).

3. Rational Emotive Behavior Religious Education Efficiency

Sample of Research

The efficiency of primary counseling program gives point by many researchers (Trip, Vernon and McMahon, 2007; Opre and David, 2006; Vernon, 2004; Bernard, 2004). These educational programs concentrates to identify the emotions, presence of relations between emotions and cognitions, and to underline the importance of rational thinking which leads to functional emotions appearance. Within the context of programs of prevention topics like by the unconditional acceptation of their own person and the other one, toleration the school and the family unpleasant situations which were understood to be injustice, such as: acceptations of the social rules.

The subject of suffering was neglected in the primary counseling programs for teenagers. This study proposes highlighting of an efficient primary counseling program (preventive) focused on the suffering. It is expected that the significantly differences between the experimental group and the control group from the experimental group appeared because of the primary counseling intervention. Therefore on a score of counseling program for teenagers increases the acceptations of death, reduced the level of emotional distres, anxiety toward death, intolerance toward the situations understood being injustice and it is improved the image of God.

At this study participated a group of 129 adolescence between 14-17 years, between 69 boys and 60 girls. They were pupils from Emanuel Baptist High School from Oradea, from 4 classrooms. These classrooms were grouped in two: in the experimental group were 68 adolescences, and in the control group were 61 adolescences.

Instrument and Procedures

In the first phase all participants filled in some scales that measured the emotional distres level (PECA), of anxiety toward death (DAxS), of acceptation of death (DAcS), of the intolerance of injustice (CASI) and the way of describing God. In the next phase the experimental group followed a primary counseling program. Using the conceptions of REBT and the biblical review about suffering we built the program *So they still have a hope*. The experimental group participated at five meetings in which they followed the program. The control group did not participate at the primary counseling. Finally both groups were tested again to follow the modifications of the primary counseling.

The counseling program *So I still have a hope* was organized on period of five weeks, with one hour a week. At the first meeting the objective we followed was to help the adolescents to be aware of the fact that not the evens are the ones who determine de emotional feelings, but the attitude toward those events. In this way they differentiated the type of events (pleasant – unpleasant and expected – unexpected), establishing this way that the most unpleasant emotions appear when we experience the unpleasant and not expected events. Therefore the intensity of unpleasant emotions is reduces in the situation in which an unpleasant event is expected toward a case in which the event is unpleasant and unexpected. Analyzing the biblical narration about Job, who experienced unpleasant and unexpected events (earthquake, the children' death, injustice), we observe a differential approach concerning his attitude and his wife's. While Job's wife had an intolerant attitude and did not accepted the situation, at the other pole is Job, who choose to accept the unpleasant events that he could not avoid or change.

The second meeting had the purpose the classification of emotions. In the first phase we established the category of positive emotions (pleasant) and those which are negative (unpleasant) and the way in which these can be functional (constructive) and dysfunctional (nonconstructive). For that purpose, anxiety and restlessness, for example, are negative emotions: anxiety takes place from the negative dysfunctional emotions category, because determines a blocked in the confrontation of unpleasant situations. While the restlessness is a negative functional emotion, this fact activates in the confrontation of unpleasant situations, helping the human being to become vigilant, prudent and precaution. On the other hand the joy and ecstasy are positive emotions, from which the joy is a positive functional emotion, while the ecstasy is a positive dysfunctional emotion, because it involves the temporary suspension of conscious control.

In the third meeting, the main objective was awareness of the fact that the way we think influences the emotional feelings and it pointed the idea that the emotions we experience take place in the thinking way. In the first part it showed that the absolute requirement toward God, for example: „God had to protect me by....." determines anger, nervosas, depression, which are negative dysfunctional emotions. In the last part of the meeting we demonstrated that a flexible thinking such as "I would prefer", "I would like" contributes in confronting the unpleasant situation and determines the appearance of functional emotions.

The fourth meeting was a prolongation of a precedent meeting, in the way that it followed the same objective: the way of thinking influences the quality of emotions.

Therefore, the lesson focused on modifications of intolerance thoughts in unpleasant situations from the home life and from school of teenagers. During the lesson it pointed evidently the idea that a difficult and unpleasant situation is not unbearable, too.

In the final lesson proposed the understanding of the mechanism of awful showing that the finality of awfulling is the losing the hope. Therefore, the best antidote against awful is hope. Analyzing the Job's limit circumstances, in the way Job brings in discussion the image of a tree trunk to whom it was cut the branches, the hope of a fulfilled life, which still revive under a benefactress rain. In the same way the man can take over, having a new chance to readjust his life, no matter of the nature of events through which goes. Therefore, hope derives from a positive, nonawfulling approach.

To accentuate the efficiency of the counseling program has been carried out inter and intra group comparison in the pretest phase but in the posttest, too.

Research results

In pretest phase the data analyzed does not indicate significantly differences between the two groups, so the distress level (PECA, $z=-1.42$, $p=.153$), by anxiety to death (DAxS, $t=-1.369$, $p=.173$), the death acceptance (DAcS $t=.238$, $p=.814$) and the injustice intolerance (CASI, $t=.201$, $p=.841$) are almost the same.

In the posttest phase we see significantly differences, therefore the result of experimental group is significantly better than the results of the control group. The emotional distress is lower at experimental group (PECA, $t=-5.690$, $p<.001$, $m_e=31.94$, $StDev_e=8.08$, $m_c=41.57$, $StDev_c=11.04$), anxiety toward death has a lower level (DAxS, $t=-5.565$, $p<.001$, $m_e=33.92$, $StDev_e=11.82$, $m_c=45.32$, $StDev_c=11.38$), the level of death acceptance is increased (DAcS, $t=4.508$, $p<.001$, $m_e=23.32$, $StDev_e=5.43$, $m_c=18.93$, $StDev_c=5.61$) and the intolerance of injustice is lower (CASI, $t=-1.708$, $p<.01$, $m_e=20.11$, $StDev_e=3.55$, $m_c=21.24$, $StDev_c=3.94$).

Comparing the results of experimental group in phase of pre and posttest we see improvements after the primary counseling program in reducing the anxiety and intolerance: PECA, $z=-3.94$, $p<.001$, $d=.69$, $m_{pre}=41.50$, $\sigma_{pre}=12.80$, $m_{post}=31.94$, $\sigma_{post}=8.08$; DAxS, $t=4.651$, $p<.001$, $d=.76$, $m_{pre}=44.57$, $\sigma_{pre}=11.42$, $m_{post}=33.92$, $\sigma_{post}=11.82$; DAcS, $t=-4.135$, $p<.001$, $d=.70$, $m_{pre}=19.32$, $\sigma_{pre}=5.17$, $m_{post}=23.32$, $\sigma_{post}=5.43$; si CASI, $t=3.924$, $p<.001$, $d=.68$, $m_{pre}=22.29$, $\sigma_{pre}=3.49$, $m_{post}=20.11$, $\sigma_{post}=3.55$.

4. The primary counseling toward death's anxiety

Research Methodology

Principles of Rational Emotive Behavioral Religious Education (REBRE) can be used in individual counseling. Using the study case as a specific strategy of scientific clinical research (David, 2006), will illustrate how, clinical conceptualization of cognitive-behavioral and specific methods of rational emotive behavior religious education are effective in individual counseling. The case described the difficult road of a 10-year old child, from the state of fear of death to the maternal grandfather's death acceptance.

Descriptive assumptions of qualitative study are:

1. REBRE individual counseling is effective in children who experience the loss of a loved one by reducing irrational beliefs, emotional distress and anxiety to death.
2. REBRE increase rational cognition acceptance unpleasant situation (death) and to improve the image of God.

Rational Emotive Behavioral Religious Education Program *Yet I hope* for children and adolescents to reduce the frequency of irrational thoughts in situations of suffering.

Case history

Basil is 10 years old, is a student in the fourth grade with good academic results. He lives with his parents in an apartment, being their only child. Spends more time with his father because, at the age of 42 his father is retired from the disease. Mother, aged 44, is working in two shifts in a hospital as a nurse. The main complaints for which parents have requested a specialist in clinical psychology were: exaggerated fear of the child towards death and towards the darkness, and behavioral problems of disobedience to parents.

Present disturbance history - small Basil had good relationships with grandparents, especially maternal grandfather. Once he finished writing his homework, most of the time was spent with his grandfather in the workshop, carving, repairing and mounting the technical objects. A year ago, his grandfather was diagnosed with a cancerous disease, for which he had repeated and prolonged admissions (hospitalizing). The relationship between the two became even stronger during this period, the child crave for the grandfather to heal and return home, so that together, the two to return to the studio. However, because of the disease, his grandfather died three months ago. Intending to protect the child, taking into account its adoration to the grandparent, the child was not told anything about the death of his grandfather. Basil thought that Grandpa is back in the hospital, but still it seemed that

something was wrong: the family hustle, notice his mother crying and parents often whispered, as if they had something to hide from him. When Basil asks his parents to take him to the hospital to visit his grandfather, the parents told him that's not possible, because they are very busy. After grandfather's funeral, an event which Basil did not know and who did not participate has been followed by the ritualistic, according to Orthodox tradition that the family was visited by the Orthodox priest to take remembrance after death. It was told to the child only then, that his grandfather died and was buried a few days ago. Three months have passed since then, the child does not want to be alone in the house even in his room, is not willing to enter the church, even avoid streets that have churches, did not agree to be taken to the cemetery to see where his grandfather was buried and he is not listening to his parents. The child's sleep is restless, characterized by bad dreams. Often complains and says that he is afraid of death and darkness.

Medical history - The baby was born prematurely at 34 weeks because the mother suffered from hypertension and had to give birth prematurely by Caesarean section. At birth, the baby had Apgar score of 8/9. By the age of two years, during which Basil has spent most of his time with his mother, the baby was healthy. After this age, repeatedly, the child was hospitalized due to complications that arose as a result of viral or bacterial super infection of the respiratory tract. Because of the many illnesses, child employment team barely held Preschool at age of 5.

Mental status - the child was targeted spatial-temporal.

Diagnosis DSM-IV-TR (2003):

Axis 1 (clinical disorders) acute stress, subclinical depression - have some symptoms of depression, without having met all the criteria for either depressive disorders.

Axis 2 (personality disorders): no clinically significant.

Axis 3 (somatic diseases or other medical conditions): nothing significant.

Axis 4 (psychosocial stressors): primary support inadequate, overwhelmed by the death of a family member (his maternal grandfather).

Axis 5 (index of global functioning - GAF) GAF = 60, moderate difficulties in social functioning.

Case conceptualization

Etiological factors - Due to repeated illness, his parents were overprotective with Basil (predisposing factor), which led to a secretive attitude (risk factor) of the child, which is why they did not release the death of his beloved grandfather (trigger). When bad news stay (trigger) the child's attitude towards parents has changed in a negative way, being

overwhelmed by the feeling of abandonment and exaggerated fear of death (retention factors).

Table 8 Results of repeated assessments of the 10 years old child (Basil)

Scale	Evaluation 1 1.week		Evaluation 2 5. week		Evaluation 3 9. week		Evaluation 4 13. week	
CAEP	55	high	39	medium	42	high	32	low
DAxS	61	very high	42	medium			27	very low
DAcS	7	very low	19	medium			22	medium
IGP	44	low	53	high			55	high
CASI	88	medium	97	high	98	high	73	low
$CASI_{jus}$	15	low	20	high	23	very high	17	medium
$CASI_{ge}$	38	very high	39	very high	37	very high	20	medium

Assessment of cognition and emotional experience occurred by the following psychological scales: CAEP (Children and Adolescents Emotional Profile), DAxS (Death Anxiety Scale), DAcS (Death Acceptance Scale), IGP (Image of God Profile) and CASI (Children and Adolescents Scale of Irrationality). The results (Table 1) indicates a high level of emotional distress (CAEP = 55), high level of anxiety about death (DAxS = 61), low level of acceptance of death (DAcS = 7), negative image of God (IGP = 44), mid-level irrationality (CASI = 88) and a very high level of irrationality in the global evaluation of oneself ($CASI_{ge}$ = 38).

Intervention plan and results

In the first phase treatment plan aimed at reducing anxiety towards death and accepting that his grandfather died. In this regard, in the first four treatment sessions had approached topics like: identifying emotions that arise from the loss of his grandfather, identifying thoughts about the loss of a major unpleasant event acceptance and tolerance of functional negative emotions (sadness, anger and grief) associated with grandfather's death. The material used was a Rational Emotive Behavioral Religious Education Program *Yet I hope* (lessons 2-5).

Session 1 - Using the technique of free associations, it was found that Basil is overwhelmed by feelings of sadness. For words that have a positive connotation, such as joy, smile and grandfather, the child activates the word *sadness*. In the case of negatively charged words, such as fear, sadness and death, the child's response: *master head cloudy* and *badly*

denotes a deep emotional pain. Using the thermometer of emotions, emotional faces and emotion classification table (lesson 2) to encourage the identification and differentiation between personal emotions unpleasant emotions that help us (functional negative emotions) and that does not help (dysfunctional negative emotions). At the end of the meeting, Basil made the conclusion: "I think I feel rather sad, how to be afraid."

Session 2 - The child was encouraged to draw something for his grandfather as a kind of farewell. He drew a large box with various tools: hammer, screwdriver, drill, French key and various types of stone. While drawing, Basil recounted how he feels about his grandfather's death: anger, sadness, sorrow and fear. The intensity of emotion on a scale of 1 to 10 was of grade 10. Based on negative emotions, it had been tried to identify irrational thoughts. Ideas disrupting the child's emotional life were: God had to heal my grandfather, but he did not, this is unbearable, Satan is the cause of sickness and death, and Satan is stronger than God so it can happen anytime all evil. Using material *Suffering God* (lesson 3), the child understand that God is more powerful than Satan and nothing is beyond His control. However, God is not indifferent to his suffering, but it is next to him. At the end of the meeting, anger intensity dropped to level 5, and the offense, and the trouble and the sadness went down to level 8. The child was encouraged that the other side of the drawing sheet to write a few words of farewell, and then during the week to take the drawing to his grandfather's grave and leave him there.

Session 3 - At the beginning of therapy session the child told that he was at his grandfather's grave and left at the tomb the drawing. Still feels sadness, being emotionally grade 7/8. Using material *I can bear!* (lesson 4) has been working on the realization that unpleasant events are part of human life, our task is to learn how to confront them.

Session 4 - Using the material *Ray of hope* (lesson 5), it was found that Basil avoids discussion of disease. Being encouraged to draw how he feels when he hears the word disease; the child drew a sad face and tells: "I am not afraid; I'm just feeling sad, because I was often in the hospital." Continuing the dialogue it was found that Basil associated the idea of illness with the hospital and hospital with the idea of death, so he thinks that if he would get sick and be hospitalized, death would be very close to him. The child was shown through personal experience that there is no direct relationship between disease-hospital-death, because when he was young, hospitalization were not completed with death but with healing. He thus emphasized the idea that even if an unpleasant situation is difficult, it does not mean that is unbearable.

The revaluation of emotional feelings and cognitions, after four sessions, had been found improvements, so accepting of death (DAcS = 19) increased, and emotional distress (CAEP = 39) and anxiety towards death (DAxS = 42) decreased at an average level, while the image of God became more positive (IGP = 53). But the level of irrationality increased the average level at high (CASI = 97), which was due to the very high level of global evaluation of oneself ($CASI_{ge}$ = 39) and the high level of absolutist demands for justice ($CASI_{jus}$ = 20).

Among the positive effects of the first meeting are listed avoidant behavior modifications, so Basil has agreed to visit the grave of his deceased grandfather and was eager to enter into an Orthodox church. Since then he no longer avoided the streets with churches and he is no longer hiding when he hears church bells around. But relations with parents have not noticed improvements; conflicts between them are very bright.

In the second phase, the following four sessions, aimed at improving family relationships. In this regard, we worked to identify emotions and thoughts of family (session 5), identification of family rules and his attitude towards them (session 6), the obstacles to cater to the demands of family (session 7), and self-image system family relations (session 8). During these meetings it was found that the most heated conflict between child and mother overprotection, often she labeled him for unfit behavior, as:"the last man, worthless, a loser."

Obstacles in therapy - Reassessment after the eighth meeting show no improvement (Table 8), both the level of distress (CAEP = 48) and that of irrationality (CASI = 92) were high. Facing (confronting) the mother of the child with her critical attitude towards her son, she agreed to participate in a personal meeting, during which it was addressed the issue of unconditional acceptance of the child. After this meeting with the mother, it resumed therapy of Basil.

In phase three, therapeutic sessions aim was to familiarize children with the concept of unconditional self-acceptance (sessions 9, 10) and unconditional acceptance of the other (sessions 11, 12). During these meetings we used different therapeutic games, stories and disputes that had that role to achieve the objectives.

The final results show that (Table 8), the level of distress (CAEP = 32) and irrationality (CASI = 73) and anxiety towards death (DAxS = 27) decreased significantly; acceptance of death (DAcS = 22) and the positive image of God (IGP = 55) remained at the same level that promotes mental health, thus overcoming anxiety towards death.

Conclusions and Discussion

Protestants believe that God, in his dealings with men has no bound, while man has the obligation to God. In this context, both women and men agree that all people are required to attend church, to observe the commandments and to honor their parents. Among the first things that appear to be catastrophic both for women and for men, is the condition of man without God, the idea of death and becomes conscious of sin. In the idea of death the worst thing for both gender groups, is for someone to die without salvation. This fact at women is followed by family drama, those who remain alive will suffer, but at men on the second position is the idea of hell, fear or sorrow that someone could get there. Among the most unbearable things in life, at women appears the idea to be without God, while for men on the first place is the idea of sin.

For adolescents God in his dealings with people has an obligation to heal the sick, listen to prayers and punish people. In turn people are obliged to attend church, to observe the commandments, to honor their parents and to be generous. Adolescents aged 10-15 years considered the most catastrophic things are to be without God, the idea of death and sin. The idea of death, the worst thing is the fear of hell, a concept which only occurs in young Protestants and between adults does not appear. The idea of hell is to be followed by the recital without salvation at death, which implicitly indicates again the idea of hell, because in the Protestant belief, those who are not saved at death go to hell. Among the most unbearable things, adolescents 10-15 years remember sin, to be without God, swearing and lying.

Both Pentecostals and Baptists believe that God is not bound in its dealings with people. Command to venerate parents is not exceeded, but in terms of church attendance and fulfillment of the Ten Commandments, their opinion differs. The Baptists claim that man has no obligation to attend church and observe the commandments in relation to God, while Pentecostals believe that man has the obligation to go to church and keep the commandments. For both groups, the most catastrophic is life without God. At Baptists second place is occupied by the presence of sin, followed by the concept idea concerning death. At Pentecostals, life without God is followed by death, and sin. The worst thing about death, for both groups is the condition of dying without salvation, followed by fear of hell to Pentecostals, and the Baptists followed by drama, or family pain. For Baptists, the most unbearable aspect of life is life without God, an idea followed by the presence of sin, while the Pentecostal notion of sin is first, followed by the presence of it. Definition of man as good

or evil is an idea supported by Baptists; Pentecostals believe that while there is another alternative.

Bible truth about man is that God created man with "honor and glory" (Ps. 8.5), therefore human dignity is defined by his existence and not by his actions. But this fact does not negate the reality that every man carries within him the potential to commit evil deeds, which the Apostle Paul expressed his "all have sinned" (Romans 3.23). God in holiness and His love has found the solution to the problem of sin and the punishment of certain holy sinless who willingly unhindered identified with sinners and "bore our sins in his body on the tree" (1 Peter 2.24). The sacrifice of Jesus is the reason that God can make the difference between sinner and his sins, so God loves the sinner (John 3:16), but hates sin. The big question is inevitably arising: does God loves man? The positive charge is warned by the Apostle John: "if anyone says, I love God, and hates his brother is a liar: for he that loveth not his brother whom he has seen cannot love God that he has not seen?" (1John 4.20). Unconditional acceptance of the other is encouraged by Jesus to "love your neighbor as yourself" (Matthew 19.19). The premise of unconditional acceptance of the other is unconditional acceptance of self, which is based on unconditional acceptance of man from God. The man must be good to be accepted by God, but this reality does not diminish human responsibility for their own actions.

For centuries it was thought that the only sin is the cause of suffering. The book of Job shows that sin is not the only cause pain generators. Even if Job's friends believed that God punished Job for his sins, this was not consistent with reality. Job's suffering was a form of examination of his faithfulness. Thus, even if neither the beginning nor suffering throughout her Job did not know the cause of this great trial, however, accepting the suffering of Job, led to his healing.

In moments of despair, confusion, lack of acceptance from friends, Job not catastrophes, but has a promising prospect for the future: "a tree is hope, because it is cut again and again gives shoots. When the old root in the ground, when his stump dies in the dust, the smell of the water and flourish again like it gives branches plant." (Job 14.7-9). Kisch (1990) believes that criticism of friends, who were as a counselor, Job did not help. Man is not omniscient; therefore, man must accept his role in the rehabilitation of suffering is limited.

This study reveals that the fears of illness and violence are sustained by the intolerances: disease, failure and isolation. The intolerance thinking “I can not bear it anymore” generates tension and emotional distress. The disease is an unpleasant situation in

which is acceptable the discomfort feeling. But if to this disease is associated the intolerance thinking then the discomfort turns into distress. This way the intolerance towards the illness underlines the negative dysfunctional emotions (anxiety, depression). For minimizing the emotional tension it is recommended the modification of intolerance thinking in to tolerance "I can bear it".

The intolerance towards disease beside the fear of disease also generates the fear of death and violence. This way the persons who are afraid of illness will experience uncertainty towards death and violence. The fear of violence and illness are also sustained by intolerance of failure and isolation. Finally the intolerance of failure is associated with the fear of failure.

Adolescence is a period of transition between infancy and adulthood. The maturation process involves among others, also the acquirement of a rational thinking which is the base of mental health. It is certifiable that as younger an adolescent is, the more he is exposed to an irrational thinking of intolerance and experiments deeper the anxiety. In this way the primary counseling has a preventive role.

In case the social worker meets adolescents which go through suffering (sickness, a close person's death, school conflicts, rejection from others) it is recommended to distinguish the emotional feelings and the attitude toward the unpleasant situation. If it turns out a high level of intolerance, then it is recommended the primary counseling. During the discussion it will be essential to be reduced the level of intolerance. The simple fact the person is not available to tolerate the unpleasant event does not mean that the situation is impossible to be endurance. The reduced tolerance to frustration blocks the necessary effort to change the negative dysfunctional feelings (anxiety, fear).

It is recommended the next questions for the primary counseling in suffering case:

- How is the adolescent feeling in suffering situation?
- What does he think about the situation he goes through?
- Which are the arguments that he can no longer endure the situation he goes through?
- If he was able to handle this gravity, what makes him think that he can no longer endure it?

The adolescents of z generation (by internet) live in a society in which obtaining the pleasure is on the first place, therefore if now it is satisfied now and here adolescences become frustrated and restless. When appears a difficult situation they think that is not right that something like this happens to them. But through primary counseling the adolescents can be helped to understand suffering as part of human life and that we are not born having a guarantee certificate against suffering. If an adolescent will accept the idea of suffering and

will have a tolerance attitude toward it, he will pass through that situation sooner and will solve the problem in a constructive way.

In final this research finds it is limits in the fact that reality shows the results are limited just to adolescents with a protestant religious orientation, it was not verified and applied to adolescents from different religions. On the other hand there is not established the advantage of doing the program *So they still have a hope* for children, adults and older persons. Another limit aspect is that the program was not applied to a group in mourning situation.

It would be necessary building other rational-emotional and behavioral prevention programs, too, which reduce the irrationality from the unconditional acceptance of their own person in relation with God, the anxiety toward failure and future, or to approach the intolerance toward guilt and sin. Subsequent studies could demonstrate the efficiency of these programs in of these subjects.

In conclusion it can be said that the REBRE program *Yet I hope!* is effective in individual counseling for children who experience the loss of a very dear. In the future it would be necessary to build also other Rational Emotive Behavioral Religious Education programs targeting dispute irrationality of the unconditional acceptance of oneself in relation to God, to reduce anxiety and future failure or fault-tolerance approach and sin. Further studies may demonstrate effectiveness in addressing these issues of REBRE programs.

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