

Enhancing Stress Management and Work Adjustment in Female Professionals through Rational Emotive Behaviour Therapy (REBT): A Case Series

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Abstract

This case series describes the implementation of Rational Emotive Behavior Therapy (REBT) in the management of dysfunctional beliefs associated with stress management and work adjustment among five female professionals aged 25-35 years employed in multinational corporations. Challenges that were reported by participants included chronic stress, performance anxiety, problems with balancing work and life and feelings of inferiority in highly demanding corporate environments. The main objective of the intervention was to identify and restructure the irrational beliefs that result in maladaptive emotional and behavioral responses to workplace stressors and to adjustment in the workplace. In individual REBT sessions, participants learned how to challenge and modify core beliefs such as "I must always perform perfectly" and "I can't handle criticism at work" by substituting them with more rational and adaptive thoughts. The results after the intervention showed that emotional resilience was improved, job satisfaction was higher and coping methods for dealing with work stress were better. The present case study found that REBT was effective in improving psychological well-being and work adjustment for women with high-demand work in the corporate world.

Keywords: Stress, adjustment, women, REBT

Introduction

Latest figures indicate that women form between 48.4% and 48.8% of the country's population, meaning India has close to 50% women. The World Bank and Indian government sources predict that the figure will climb somewhat by 2036. Women make up about 53% of the workforce-eligible population in 2023. Women in corporate settings have distinct hurdles trying to balance their

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professions and personal lives. The pressure to be successful at work and yet keep the household going can lead to ongoing stress and fatigue. These women could have difficulty balancing work and life, which can have a detrimental impact on their mental health and overall well-being. While several organizations are implementing family-friendly policies and flexible work arrangements to support working women, such initiatives may not be adequate to address the deep-rooted societal and cultural norms that still disproportionately assign caregiving and domestic responsibilities to women.

According to the National Mental Health Survey, 2015-16, the prevalence of depressive disorders, including neurotic disorders and stress related disorders was higher among females, both in the present and over lifetime. The National Mental Health Survey (NMHS) conducted by the National Institute of Mental Health and Neurosciences (NIMHANS) in 2015-16 reported that around 10.6% of Indian adults, i.e. about 11 in every 100, were suffering from a diagnosable mental health disorder. Other studies have shown that women have a higher prevalence of anxiety disorders in their lifetime, except for social anxiety disorder where both genders are equally affected. Mental health disorders are more common in women than men, NIMHANS' study in 2019 revealed. The study revealed that 20% of women suffer from mental health issues as compared to 10% of men. Women in India are more prone than men to problems such as depression, anxiety and somatic complaints.

Stress is a state of being that is frustrated, worried, tired and anxious. Stress is not just a state of being it is a dynamic force that can be used for better performance and personal growth. Stress in the clinical setting is the daily pressures that affect quality of life and require personal adjustment to achieve balance. Different types of stress are suggested by Lazarus and Folkman (1985). On the bright side, stress can motivate individuals to realize their potential (Ellis & Wildle, 2002).

In contrast, experiencing stress beyond a manageable extent can lead to psychological, physical, mental or physiological problems (Romas & Sharma, 2004). Also, high levels of stress also affect the immune system, worsening some health conditions (Beriman, 2007). Long lasting stress can cause disruption of vital systems including cardiovascular, immune, endocrine, nervous and gastrointestinal systems and may have a negative effect on cognitive functions such as executive

attention, working memory and decision making (Agorastos and Chrousos 2022). Physiological effects include oxidative stress, chronic low-grade inflammation, metabolic disturbances and, increased risk of non-communicable diseases such as cardiovascular disease and metabolic syndrome (Crosswell AD, Lockwood KG 2020) (Forman HJ, Zhang H 2021). Psychologically, stress manifests itself in such symptoms as fatigue, tension headaches, guilt, emotional burnout, and symptoms of depression. It is also often associated with sleep pattern disturbances, which are influenced by psychological and physiological factors (Deng J, Zhang L, Cao G, Yin H, 2023) (Walker WH, Walton JC, DeVries AC, Nelson RJ, 2020). Employee mental health is strongly linked to performance at work. The indirect effect of mental health problems among employees on economic performance is through reductions in productivity, especially absenteeism, presenteeism and high staff turnover. The indirect costs to society are much higher than costs associated with health care (WHO, 2025). It was found that control over one's work can reduce the influence of work-related stress on employee adjustment (Bakker et al., 2007). A model of stress coping suggests that the appraisal of the stressful situation, the coping methods, and the coping resources (self-esteem and social support) available to the employees are critical to their adjustment. In general, problem-focused coping is associated with better adjustment and emotion-focused coping with worse adjustment. This model emphasizes the role of situational appraisals and coping responses in the stress-adjustment relation (Terry et al., 1995).

Rational emotive behavior therapy states that stress-related disorders are not inevitable but are caused by irrational beliefs, self-defeating philosophies and a pessimistic outlook. The principal sources of stress are irrational beliefs and self-destructive behaviors (Decker et al., 1982; Vestre & Burnis, 1987; Forman et al., 2009). Such irrational beliefs and self-defeating behaviors may show up as negative self-talk, perfectionism, and avoidance of difficult situations. Irrational thoughts of employees have been shown to be important predictors of workplace distress (Sporrle, Welpe, and Forsterling, 2006; Harris, Davies and Dryden, 2006).

Rational Emotive Behavior Therapy (REBT) is a therapeutic modality that has proven effective in managing stress by addressing irrational beliefs. REBT targets these irrational beliefs, which include demandingness, awfulizing, low frustration tolerance, and global evaluation. In the context

of work, demandingness manifests as beliefs that certain situations "must" or "must not" occur (Dryden & Neenan, 2004), and can be categorized into demands directed toward oneself, others, and life (Dryden & Neenan, 2004; DiGiuseppe, 2007), such as "I must be accepted by colleagues" (DiGiuseppe et al., 2012). Preference beliefs, in contrast, are more flexible and lack the rigidity of demandingness (Dryden & Neenan, 2004). In therapy, rational beliefs are expressed in a flexible manner such as "want" or "choose" (DiLorenzo et al., 2007), e.g., "I want my boss to respect me, but it is not a necessity." Awfulizing is the belief that an event is too negative, or over 100 percent bad (Ellis & Dryden, 2003). An example is the thought "It is awful if my boss does not respect me." Non-awfulizing is a non-extreme response to unmet demands (Dryden & Neenan, 2004) and recognizes the possible advantages of adversity, as in "It's not ideal if my boss doesn't respect me, but it's not really awful. Low Frustration Tolerance and High Frustration Tolerance: People with low frustration tolerance have difficulty coping when their needs are not met (Dryden & Neenan, 2004; DiLorenzo et al., 2007). They tend to state, "I can't stand it when my boss does not respect me." In contrast, high frustration tolerance is an expression of rational beliefs when expectations are not met (Dryden & Neenan, 2004). Rational beliefs lead to high frustration tolerance and acceptance of negative events (Dryden & Ellis, 2003). "I want my boss to respect me, but I can stand it if this does not happen. Global evaluation is a cognitive process in which employees make global generalizations about themselves, others, and the world when expectations are not met (Walen, DiGiuseppe & Dryden, 1992; DiLorenzo et al., 2007). Such distortion causes workers to devalue themselves by incorporating their failures into their self-image (Ellis & Dryden, 1997). An employee might think, "I am worthless if my boss doesn't respect me" or "Life is bad if my boss doesn't respect me. Conversely, acceptance beliefs are the rational thinking, where the employees still accept themselves and the situation surrounding them even when faced with hardship (Dryden & Neenan, 2004). I can respect myself even if others don't respect me.

In therapy, rational beliefs are expressed in terms of flexible language such as "want" or "choose" (DiLorenzo et al., 2007), e.g., "I want my boss to respect me, but it is not a necessity". Awfulizing is the belief that an event is too negative, or over 100 percent bad (Ellis & Dryden, 2003). An example is the thought "It is awful if my boss does not respect me." Non-awfulizing is a non-extreme response to unmet demands (Dryden & Neenan, 2004) and recognizes the possible

advantages of adversity, as in “It’s not ideal if my boss doesn’t respect me, but it’s not really awful. Low Frustration Tolerance and High Frustration Tolerance: People with low frustration tolerance have difficulty coping when their needs are not met (Dryden & Neenan, 2004; DiLorenzo et al., 2007). They tend to state, “I can’t stand it when my boss does not respect me.” In contrast, high frustration tolerance is an expression of rational beliefs when expectations are not met (Dryden & Neenan, 2004). Rational beliefs lead to high frustration tolerance and acceptance of negative events (Dryden & Ellis, 2003). “I want my boss to respect me, but I can stand it if this does not happen. Global evaluation is a cognitive process in which employees make global generalizations about themselves, others, and the world when expectations are not met (Walen, DiGiuseppe & Dryden, 1992; DiLorenzo et al., 2007). Such distortion causes workers to devalue themselves by incorporating their failures into their self-image (Ellis & Dryden, 1997). An employee might think, “I am worthless if my boss doesn’t respect me” or “Life is bad if my boss doesn’t respect me. In contrast, acceptance beliefs include rational thinking, where employees maintain self-acceptance and acceptance of circumstances, even when faced with challenges (Dryden & Neenan, 2004). For example, “I can respect myself even when others don’t respect me.” REBT helps people to control stress better by changing these beliefs (Onuigbo et al., 2018). Through its emphasis on the cognitive components of stress management, REBT offers useful insights into the critical influence of people’s belief systems and interpretations of events in influencing their emotional and behavioral responses. REBT can especially help working women understand and deal with the causes of stress, since it helps them look more deeply into their own beliefs and ways of thinking that may increase their stress reaction on the job. In therapy, REBT is used to teach people to replace irrational beliefs with rational ones, an important skill for coping with high-pressure environments like the corporate sector (Rational and Irrational Beliefs, 2009). Studies with athletes (Turner and Barker, 2013) have shown that REBT has been effective in reducing cognitive anxiety and improving mental health, suggesting it could be beneficial in high-stress environments such as corporate settings, although not limited to corporate settings. Social validation data showed that all participants improved in emotional regulation and athletic performance (Cunningham & Turner, 2016). Chinweuba et al. (2024) discovered that the use of rational, emotive occupational health coaching had a significant effect on the way school administrators in the Southeast managed their work-related stress. Similarly, Tóth et al. (2023) demonstrated that Rational Emotive

Behavior Therapy (REBT) is effective in reducing negative cognitions, perfectionism, and competitive anxiety, and in improving some executive functions such as cognitive flexibility and inhibition. In a similar study, Okeke et al. (2023) revealed that rational-emotive behavior intervention significantly reduced the mean level of depression among adult education instructors in training in the treatment group when compared to the control group. Similar findings were reported by another study that participants showed significant reduction in academic procrastination three months after the REBT session, suggesting that rational emotive behavioral therapy is effective in reducing procrastination in traditional educational environments (Amoke et al., 2025).

The above empirical findings have shown that REBT is an effective therapeutic intervention in the management of negative thoughts. These studies have shown the effectiveness of REBT in stress management. However, there is a lack of studies in the corporate settings. However, the practices and findings from the educational and sports environments indicate a promising potential for the application of it in the corporate world. Integrating the ABCDE Model into workplace wellness programs may allow organizations to provide employees with practical tools for cognitive restructuring, workplace adjustment and stress reduction. This method might be especially applicable to working women who often experience specific stressors linked to work-life balance and gender-related issues in the workplace. The implementation of these programs may require customized training of human resource professionals and managers for the appropriate application of REBT techniques. In addition, longitudinal studies could be very useful in providing information regarding the long term benefits of REBT based stress management strategies for both individuals and organizations.

Very few studies in India have investigated REBT in the areas of stress management and work adjustment of female professionals. The application of REBT principles in workplaces may offer a novel approach to stress management, addressing the gap in current research and practice. The efficacy of REBT in workplace stress and adjustment has not been studied systematically in the Indian context. Most of the existing literature on rational emotive behavioral therapy (REBT) for women is from Western countries. Research about therapeutic interventions for working women

is in its early stages in India. In the Indian context, where a large number of women seek help for stress and adjustment issues at work, REBT could be a potentially time- and cost-effective approach.

Aims

The present study aims at enhancing Stress Management and Work Adjustment in Female Professionals through Rational Emotive Behavior Therapy (REBT)

Objectives

To evaluate the effectiveness of REBT in reducing stress symptoms and dysfunctional cognitions in professional women.

To evaluate the effectiveness of REBT in improving workplace adjustment among professional women.

Method

A pre-post intervention methodology was employed in this study. Four clients, who exhibited high scores on the administered assessments, were selected from the Mastishk Clinic in Delhi. The exclusion criteria for this study included patients residing outside Delhi and those with primary sensory motor deficits, neuropsychiatric conditions, or major comorbid medical illnesses such as tuberculosis, cancer, cardiac issues, mental retardation, or substance abuse, as well as individuals who had received psychological intervention for stress within the past year. Assessments were conducted at three intervals: pre-intervention, mid-intervention, and post-intervention. Informed consent was obtained from all participants before the commencement of the study.

Sample

The sample for the present study consisted of four professional females from the Mastishk Clinic, aged between 25 and 35 years, who were employed in Delhi. Individuals with primary sensory deficits, mental retardation, or those residing outside Delhi were excluded from the study.

Tools

The Socio-Demographic and Clinical Data Sheet (SDCS) was employed to gather socio-demographic details.

Shortened General Attitude and Belief Scale: The measurement tool used for attitude and belief assessment was the Shortened General Attitude and Belief Scale (SGABS) (Lindner et al., 1999).

The Perceived Stress Scale (PSS), a psychological instrument developed by Sheldon Cohen in 1983, was used to measure perceived stress.

The Work and Social Adjustment Scale (WSAS) (Mundt, J. C., I. M. Marks, et al. 2002) was administered for assessing functional impairment. The WSAS evaluates the impact of an individual's mental health challenges on their capacity to function across various domains, including work, home management, social leisure, private leisure, and personal or family relationships.

Procedure

Therapeutic Programme:

The program comprised a total of 20-22 sessions, including 16 therapeutic intervention sessions, with the remaining sessions dedicated to assessment. Each session lasted 60 minutes and was conducted over a period of 6-8 weeks. Therapy was divided into two phases: Phase I of REBT, which included psychoeducation, ABC model analysis, maintaining a thought diary, and activity scheduling. A mid-assessment was conducted after completing the first phase of therapy. In Phase II, cognitive and behavioral components were introduced, such as cognitive restructuring, assertion training, the Time Projection Technique, problem-solving strategies, Rational Emotive Imagery (REI), behavioral assignments, and behavior activation. The session content was kept flexible to accommodate the specific needs of each client.

CASE REPORTS

Patient 1

Ms. V., a 34-year-old divorced woman, experienced excessive tension, restlessness, difficulty concentrating on daily activities, poor sleep quality, and persistent rumination on unhelpful thoughts, all of which significantly diminished her quality of life. As an IT professional, her inability to maintain composure at work further impaired her professional performance. Her

heightened anxiety often led her to cancel client appointments and avoid professional meetings, resulting in financial difficulties. Clinical evaluation revealed no psychiatric comorbidity, and aside from stress symptoms, she had no psychiatric history. Her distress was not attributed to the physiological effects of substances (e.g., drugs, medication) or any other medical condition (e.g., hyperthyroidism). There was no evidence of head trauma, seizures, suicidal thoughts or attempts, excessive euphoria, persecutory ideas, or grandiose delusions. An assessment of her mental state indicated that her excessive stress was due to her life circumstances. She had not received treatment for her current condition, but she demonstrated insight. The patient was found to have elevated stress levels and rigid beliefs and attitudes.

Patient 2

Ms. A, a 29-year-old unmarried woman, presented with symptoms of depression, anxiety, agitation, and tension. She also struggled with a lack of conviction in her professional life and often feared losing her current job, which was evident in her frequent job changes. She found it challenging to adapt to unexpected situations and reported not functioning at her best, as seen in her tendency to procrastinate. She felt powerless over her life and was easily upset. The patient expressed resentment towards her parents due to their demands on her. There was no history of head trauma, excessive cheerfulness, grandiose delusions, made effect, made action phenomenon, or compulsions related to cleansing or checking. A psychological health evaluation revealed feelings of worthlessness, a lack of confidence and assertiveness, sorrow, anxiety, and anger. She lacked insight and exhibited moderately elevated stress levels.

Patient 3

Ms. P, a 26-year-old unmarried IT professional, found herself in a toxic relationship where her partner frequently used foul language towards her. This situation led to a diminished sense of self-worth, low confidence, self-doubt, and poor decision-making, which were evident in her work performance and her overall perception of herself as a worthless individual. She also reported experiencing a persistently low mood and feeling trapped in the relationship. Despite having no history of psychiatric illness, she had not sought any treatment for her ongoing stress. She expressed feelings of inadequacy and believed something was inherently wrong with her. Her lack

of assertiveness kept her in both the challenging relationship and her workplace environment. She frequently experienced low moods and a lack of motivation at work due to her self-critical thoughts. She constantly questioned herself and sought validation from others. Her lack of confidence in speaking in front of others led to reduced interactions, and she often felt helpless. There was no history of head injury, seizures, excessive cheerfulness, delusions of grandeur, made affect, made action phenomenon, or compulsions related to washing or checking. A Mental Status Examination revealed irrational thoughts and feelings of helplessness, worthlessness, and a sad mood.

Patient 4

Ms. AN, a 30-year-old unmarried woman, faced temperamental challenges with her coworkers. She harbored significant anger towards her subordinates, driven by her intense competitiveness at work. Additionally, she reported experiencing low mood and anxiety about her future job security. The patient had no history of psychiatric illness and had not sought treatment for her ongoing stress. Her lack of assertiveness in the workplace, coupled with her controlling nature over her work performance, hindered her ability to remain calm and contributed to her high-performance anxiety. She also lacked confidence in her professional life and frequently feared losing her job. There was no history suggestive of head injury, seizures, excessive cheerfulness, delusions of grandiosity, made affect, made action phenomenon, or compulsions such as washing or checking. A mental status examination revealed irrational cognitions, feelings of helplessness and worthlessness, and a sad mood. The patient's interpersonal relationships outside of work were also strained, as she found it difficult to maintain close friendships due to her competitive nature. Her family reported noticing changes in her behavior, including increased irritability and social withdrawal. Despite her professional accomplishments, Ms. AN struggled with imposter syndrome, constantly doubting her abilities and fearing that her colleagues would discover her perceived inadequacies.

Statistical Analysis

Statistical analysis was carried out for all four patients, and clinically significant changes (i.e., 50% and above) based on pre- and post-therapy were used to assess the effectiveness of the therapeutic

intervention. Therapeutic changes between pre- and mid-, mid- and post-, and pre- and post-therapy assessments were calculated in terms of percentages using the following formula:

$$\frac{\text{Pre-score} - \text{Mid-score}}{\text{Pre-score}} \times 100 = \% \text{ of therapeutic change}$$

Prescore

Results

Table 1: Pre-, mid-, and post-therapy scores for 4 clients on SGABS, WSAS, and PSS

Measures	SGABS			WSAS			PSS		
Clients	Pre	Mid	Post	Pre	Mid	Post	Pre	Mid	Post
1	105	80	45	33	20	10	31	25	14
2	110	85	50	28	15	8	28	20	13
3	111	79	38	22	19	10	32	25	16
4	113	75	41	38	25	15	38	26	15

Shortened General Attitude and Belief Scale (SGABS), Work and Social Adjustment Scale (WSAS), The Perceived Stress Scale (PSS),

Table 2: Pre-mid, mid-post, and pre-post therapeutic change in percentages for four patients on SGABS, WSAS and PSS.

Improv- ement Score %	SGABS			WSAS			PSS		
Clients	Pre- Mid	Mid Post	Pre Post	Pre- mid	Mid Post	Pre Post	Pre- Mid	Mid post	Pre Post
1	23.81	43.75	57.1	39.3	50	69.6	19.3	44	54.8

2	22.7	41.1	54.5	46.4	46.6	71	28.5	34	53.5
3	28.8	51.89	65.7	36.3	47.3	54.5	21.8	36	50
4	33.6	45.3	63.7	34.2	40	60.5	31.5	42.3	60.5

Table 1 and 2 show improvement scores and therapeutic changes (in percentages) on the SGABS, WSAS, and PSS questionnaires.

For irrational beliefs (SGABS), Participants demonstrated a moderate level of improvement from pre- to mid-intervention ($M = 27.23\%$), indicating early cognitive change. Improvement further increased during the mid- to post-intervention phase ($M = 45.51\%$), culminating in a substantial overall pre- to post-intervention gain ($M = 60.25\%$). This progressive increase suggests that cognitive restructuring processes initiated during early sessions were reinforced and consolidated over time. Similarly, work and social adjustment (WSAS) showed marked enhancement from pre- to post-intervention, indicating that functional improvements consolidated with continued therapeutic engagement. For work and social functioning, pre- to mid-intervention improvement was relatively strong ($M = 39.05\%$), reflecting early functional gains. Comparable levels of improvement were observed during the mid- to post-intervention phase ($M = 45.98\%$), with the highest gains evident from pre- to post-intervention ($M = 63.90\%$). This pattern indicates sustained functional enhancement as therapy progressed. In terms of perceived stress (PSS), reductions were more gradual during the initial phase of intervention, with pronounced and sustained stress reduction evident at post-intervention. In contrast, stress reduction during the pre- to mid-intervention phase was comparatively modest ($M = 25.28\%$). However, improvement increased notably during the mid- to post-intervention phase ($M = 39.58\%$), resulting in a marked overall reduction in perceived stress from pre- to post-intervention ($M = 54.70\%$). This trajectory suggests that stress-related outcomes may require longer therapeutic exposure before significant reductions become evident. Across all three measures, pre- to post-intervention improvement scores were consistently higher than both pre- to mid- and mid- to post-intervention scores, indicating that therapeutic gains accumulated progressively rather than occurring abruptly.

Discussion

The findings highlight that while initial improvements were observable by mid-intervention, the most pronounced and clinically meaningful changes emerged by the conclusion of therapy. The present case series examined changes in irrational beliefs, work and social adjustment, and perceived stress among female professionals undergoing Rational Emotive Behavior Therapy (REBT). The pattern of improvement across pre-, mid-, and post-intervention assessments provides meaningful insight into the mechanisms of change proposed by REBT theory. Cognitive Change as the Primary Mechanism of REBT: Consistent with REBT's central premise that irrational beliefs are the core determinants of emotional and behavioral distress (Ellis, 1962), participants demonstrated progressive and substantial reductions in irrational beliefs as measured by the SGABS. While moderate improvements were evident by mid-intervention, markedly higher gains were observed at post-intervention. This trend aligns with the REBT process of systematic belief identification, logical disputation, and cognitive restructuring, which typically intensifies with continued therapeutic practice. The gradual yet cumulative improvement suggests that sustained engagement is essential for the internalization of rational alternatives and the weakening of long-held absolutistic and demanding beliefs. Translation of Cognitive Change into Functional Improvement: Improvements in work and social adjustment, as assessed by the WSAS, were evident relatively early in the intervention and continued to strengthen through the post-intervention phase. From an REBT perspective, this pattern supports the theory that behavioral and functional changes follow cognitive shifts, particularly when individuals begin to adopt more flexible, non-catastrophic appraisals of workplace demands, performance expectations, and interpersonal challenges. As irrational beliefs regarding perfectionism, approval-seeking, and failure tolerance diminished, participants appeared better able to engage adaptively with occupational and social roles, leading to enhanced functioning. Delayed but Sustained Reduction in Perceived Stress: In contrast to cognitive and functional outcomes, reductions in perceived stress were more gradual, with comparatively lower improvement at mid-intervention and substantial gains by post-intervention. This trajectory is consistent with REBT's assertion that emotional change often lags behind cognitive change, as emotional responses are deeply conditioned and require repeated cognitive rehearsal and experiential reinforcement. As participants increasingly practiced rational self-statements and developed unconditional self-acceptance, stress responses

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appeared to decrease more sustainably over time, resulting in pronounced post-intervention improvements. Integrated Pattern of Change: Taken together, the findings reflect a pattern strongly congruent with REBT's ABC model, wherein modification of irrational beliefs (B) leads to changes in emotional (C) and behavioral consequences. The progressive nature of improvement across all three measures suggests that REBT facilitates gradual but enduring change, with therapeutic effects consolidating rather than plateauing by mid-intervention. This is particularly relevant for female professionals, who often experience chronic stress driven by internalized demands, role overload, and self-critical belief systems. The findings are consistent with Mohammadi, L. ., Abbasi, G., & Hassanzadeh, R. (2026) that Rational Emotive Behavior Therapy improves feelings of rejection and alexithymia in women experiencing marital conflict . Interventions like Rational Emotive Behavior Therapy (REBT), time management training, multimedia education, resilience training, stress management, and self-reflection effectively reduced work-family conflict (WFC), thereby improving both mental health and work-family balance. (Farah Kaulina and Henny Permatasari 2025). The patients exhibited progress in managing emotions, cognitive abilities, and overall life quality, as indicated by decreased subjective distress and improved daily functioning. The psychometric scores were clinically significant. Happiness levels and stress management improved, and the degree of adjustment increased following the completion of the rational-emotive behavior therapy sessions.

Rationale of the Study

Workplace stress is a critical mental health issue, especially for female professionals balancing personal, familial, and occupational roles. In India, women face role overload and gender-based pressures, causing stress and workplace adjustment issues. Despite more women in corporate sectors, tailored psychological interventions are limited. Stress is influenced by cognitive appraisals, belief systems, and coping styles. Maladaptive cognitions like perfectionism and low frustration tolerance are common in high-performing professionals, leading to chronic stress. These vulnerabilities are relevant in competitive corporate environments. Rational Emotive Behavior Therapy (REBT) addresses maladaptive cognitions by targeting irrational beliefs, facilitating cognitive restructuring and adaptive behavior. Although effective, REBT's use among

Indian female professionals is underexplored. Most research focuses on Western populations, limiting applicability to Indian women due to cultural difference. A research gap exists in examining irrational beliefs and stress within occupational contexts. This case series evaluates REBT's effectiveness in stress management and work adjustment for female professionals, using a multi-assessment design to capture therapeutic changes, contributing to culturally relevant interventions for Indian working women.

Conclusion

This study represents an initial effort to evaluate the efficacy of Rational Emotive Behavior Therapy (REBT) in treating professional women. The findings of this study may inform recommendations for the use of REBT in this population. Rational Emotive Behavior Therapy can be employed in conjunction with standard medical treatment. In this study, a total of 16 therapy sessions were conducted, rendering the therapy both cost-effective and efficacious. The findings indicate the necessity for more intensive research to validate long-term effects. Mindfulness was found to be beneficial in assisting subjects in identifying dysfunctional beliefs and attitudes. Future research could explore the application of Mindfulness-Based Cognitive Therapy (MBCT) along with REBT in professional women.

Strengths of the Study: This study has key methodological and clinical strengths enhancing its contribution to psychological intervention research: Use of a Theory-Driven Intervention: Anchored in Rational Emotive Behavior Therapy (REBT), it ensures conceptual clarity and strong linkage between techniques and outcomes, enhancing internal validity. Multi-Dimensional Assessment was used like Standardized instruments such as SGABS, PSS, and WSAS which enabled comprehensive evaluation of cognitive, emotional, and functional changes, strengthening result interpretability. A mid-intervention assessment offers insights into therapeutic change trajectory, aiding in identifying early versus delayed intervention effects. Focus on an Under Targeting female professionals in the Indian corporate context enhances cultural relevance. This design explores individual experiences, providing rich insights into stress and workplace adjustment, adding qualitative depth. Reports show percentage improvements and clinically meaningful changes ($\geq 50\%$), highlighting practical impact. Consistency Across Participants: All

participants improved across measures, indicating intervention robustness. The intervention also used diverse REBT techniques, ensuring a holistic approach. The 16-session format shows meaningful improvements in a brief, resource-efficient timeframe, increasing real-world applicability.

Weakness of the study: The primary limitation of this study is the restricted generalizability of the results due to the small sample size. Additionally, the inability to conduct follow-up assessments, owing to time constraints, impeded the evaluation of long-term efficacy.

Future directions: To enhance the reliability and validity of these findings, future research should incorporate a larger sample size and a more comprehensive investigation of relevant variables. The long-term efficacy of the therapeutic program should be confirmed through follow-up assessments over a period of six months to a year. Moreover, studies should be conducted with improved experimental controls to bolster confidence in the results.

Conflict of Interest: There is no conflict of interest associated with this study. The research was conducted solely for academic purposes, without any financial or commercial influence.

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Ethical Statement: The study was conducted in accordance with ethical guidelines for psychological research. Informed consent was obtained from all participants prior to data collection. Participants were assured of confidentiality and anonymity, and their right to withdraw from the study at any time was respected. The intervention was conducted with sensitivity to participants' well-being, ensuring that no harm was caused during the research process.

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