

Counseling and Psychotherapy With Religious Persons

*A Rational Emotive
Behavior Therapy Approach*

*Stevan Lars Nielsen
Brigham Young University*

*W. Brad Johnson
United States Naval Academy*

*Albert Ellis
Albert Ellis Institute*



LAWRENCE ERLBAUM ASSOCIATES, PUBLISHERS

2001 Mahwah, New Jersey

London

Contents

Preface	ix
1 Elegant Psychotherapy for Religious Clients	3
2 Rational Emotive Behavior Therapy (REBT) Today	41
3 Rational Emotive Assessment with Religious Clients	65
4 Rational Emotive Case Conceptualization and Session Planning: An Overview	79
5 Disputation	101
6 Behavioral and Emotive Interventions for Religious Clients	147
7 Obstacles to Effective REBT With Religious Clients	169
8 Guilt and REBT	207
9 Forgiveness and REBT	233
10 REBT With Specific Religious Groups	243
References	263
Author Index	277
Subject Index	281

1

Elegant Psychotherapy for Religious Clients

This book proposes that rational emotive behavior therapy (REBT) is uniquely and exceptionally well suited to treating the problems and concerns of religious clients. It offers a theoretical framework, practical recommendations, and examples from practice for accommodating clients' religious beliefs. It discusses why interventions derived from the theory of REBT are seldom at odds with clients' religious traditions and can, therefore, usually accommodate client religious beliefs even when client and therapist have very different religious orientations—even when a devoutly religious client, for example, is treated by a nonreligious, atheistic therapist. Moreover, because rational emotive interventions focus so specifically on beliefs, REBT is particularly well suited to integrating clients' religious beliefs in its interventions. The book further proposes that integrating religious material with rational emotive interventions can render them particularly personal, forceful, vivid, and deep for religious clients.

Neither accommodating clients' religious beliefs during therapy nor integrating their religious beliefs in rational emotive interventions are at all foreign to the preferred practice of REBT. Because REBT is essentially a constructivist psychotherapy, it is both accommodative and integrative of client values and beliefs, including religious beliefs. As is described in greater detail later, REBT's emphasis on finding core beliefs allows for a simplicity and elegance of focus that is neutral with respect to most particulars in a client's situation, including the particulars of a client's religious beliefs.

Although REBT can and usually does approach most problems from a neutral, constructivist perspective, its fundamental principles are quite sympathetic with most religious beliefs and “may actually be closer to the Judeo-Christian position than...most other systems of psychotherapy” (DiGiuseppe, Robin, & Dryden, 1990, p. 362). A number of rational emotive behavior therapists (REBTers) have noted profound similarity between the premises of REBT and Christian

theology (Beaman, 1978; Beit-Hallahmi, 1980; Carter, 1986; W.B.Johnson, 1992; Jones, 1989; Lawrence, 1987; Lawrence & Huber, 1982; Nielsen, 1994; Warnock, 1989; Young, 1984). Attempting to build on this congruence, several REBTers have developed and articulated their own Christian-oriented versions of REBT (Backus, 1985; Hauck, 1972; W.B.Johnson, 1993; Nielsen, W.B.Johnson, & Ridley, 2000; Powell, 1976; Robb, 1988; Stoop, 1982; Thurman, 1989). In addition to this pioneering work, five realizations regarding the potential elegance of REBT as a treatment approach for religious clients inspired and prompted this book.

First, because most people are religious, most psychotherapy clients will be religious. This means that most people either belong to and participate actively in a church or temple or adhere informally to a religious tradition, believing in a deity or some other religious, mystical, supernatural, or spiritual principle or reality. Thus, the majority of clients are likely to maintain some kind of religious faith or commitment. And their religious beliefs may figure prominently in both their views of difficulties and in their hopes for possible solutions to their problems.

Second, clients' religious beliefs may provide essential structure to their organizing schemata. Psychotherapies that accommodate or, better still, integrate clients' religious beliefs in interventions are more likely to be congruent with their organizing schemata, and therefore are more likely to facilitate therapy.

Third, congruent with most religious traditions, and unique among most contemporary psychotherapeutic models, REBT focuses on beliefs and belief change. Organized religions typically instill beliefs specific to organized doctrine, strengthen these beliefs, or attempt to correct beliefs that conflict with dogma. Rational emotive theories about the fundamental importance of understanding the effects of beliefs, REBT's fundamental goal of changing irrational beliefs, and many rational emotive techniques for changing belief are likely to seem straightforward and perhaps even familiar to religious clients.

Fourth, despite wide variation in doctrine, the basic undergirding religious tenets, doctrines, stories, and traditions in major religions will very often support fundamental elements in the theory of REBT. Fundamental tenets of the world's major religious traditions seldom interfere substantially with rational emotive theory or goals for reducing self-defeating upset.

Fifth, because REBT's core assumptions and fundamental goals are likely to be at least somewhat similar to the core tenets in most religious systems, fundamental elements of client religious traditions can be used during REBT's belief-oriented interventions. This may help move the therapy along. Integrating religious material from a client's religious tradition with rational emotive interventions can increase an intervention's effectiveness by rendering it more vivid, more forceful, broader, and deeper. The following pages elaborate on each of these areas of congruence and explain why using REBT with religious clients makes good (and rational) sense.

FIRST, YOUR CLIENTS ARE LIKELY TO BE RELIGIOUS

Religious believers are in the majority. According to *Britannica Book of the Year* (Barrett & T.M.Johnson, 1998), in 1997 nearly 4.9 billion of the world's 5.9 billion people were adherents of, or believers in, some religion or religious tradition. By comparison, less than a billion people consider themselves nonreligious or atheist. Nearly 2 billion people considered themselves Christian, just more than 1 billion of these were Roman Catholic. About 1.1 billion people were Muslim, about 746 million were Hindu, and another 353 million were Buddhist.

As the population of the world increases, it is estimated that the proportion of those who consider themselves to be religious will increase slightly relative to those who consider themselves to be nonreligious or atheist (Duke & Johnson, 1990, cited in Palmer & Keller, 1990). The fall of communist governments, many of which were officially-often dogmatically-atheistic, may further contribute to a trend of increasing the proportion of religious to nonreligious individuals. The vast majority of Americans acknowledge some belief in God, and a full one third avow firm religious commitment (Gallup, 1989).

In stark contrast to the likelihood that clients will be religious, recent surveys suggest that psychotherapists are typically nonreligious. Compared to the general population, psychologists are particularly unlikely to report religious belief or participation in church-related activities (Ragan, Malony, & Beit-Hallahmi, 1980; Shafranske & Malony, 1990). Bergin and Jensen (1990) found that only 25% of those from a large sample of psychotherapists who responded to survey questions about their religious belief viewed religious concerns as important for inclusion in the content of therapy sessions. Interestingly,

nearly one fourth of these same psychotherapists also admitted to having had negative experiences with religion that may have contributed to antireligious sentiments.

Antireligious sentiments could lead psychotherapists to discount or disparage client religious beliefs. Psychotherapists may assume that religious beliefs and practice cause psychopathology. No such link is supported by research. Rather, a growing body of research reveals a positive relation between religious commitment and physical health; summaries of studies examining a link between mental illness and religion find that religion is either a neutral factor or there may be a positive relation between mental health and religious commitment (Bergin, 1980, 1983, 1991; Bergin, Masters, & Richards, 1987; Bergin, Stinchfield, Gaskin, Masters, & Sullivan, 1988; Donahue, 1985; Gartner, Larson, & Allen, 1991).

Religious clients often report concerns that their faith will be discounted by mental health professionals (Rayburn, 1985; Worthington, 1986). Clients who adhere to Christian beliefs frequently express concern about nonreligious professionals and are inclined to prefer mental health practitioners they believe will have similar religious beliefs (Dougherty & Worthington, 1982; Worthington & Gascoyne, 1985). Concerns about such a “religiosity gap” (Genia, 1994) are not unreasonable if comparatively few religious psychotherapists are available for the majority of clients who acknowledge a belief in God or if many therapists do convey hostility for religion. Two sets of findings are relevant to such a religiosity gap: First, clients’ values, attitudes, and beliefs appear to change during successful psychotherapy, usually in the direction of therapists’ values (Beutler, 1972). Second, therapist understanding and sensitivity to client values, including sensitivity to client religious beliefs, appear to be critical indicators of successful outcome; religious values appear, therefore, to be important “matching variables” in therapy relationships (Kelly & Strupp, 1992).

Concerns about this kind of religiosity gap and about past neglect of religious concerns by psychotherapists have prompted renewed interest in client religious beliefs (APA, 1992; Giglio, 1993; Hawkins & Bullock, 1995). Professional mental health organizations are advocating careful examination of the religious values and religious concerns of psychotherapy clients. Exploration of religious issues is increasingly seen both as an appropriate part of comprehensive treatment and an important component of informed consent,

development of the therapy contract, and formulation of the treatment plan (Hawkins & Bullock, 1995; Richards & Bergin, 1997).

SECOND, RELIGION MAY BE INTEGRAL TO YOUR CLIENT'S SCHEMATA

Consider Sam's presentation at intake: Sam, a 23-year-old university student, indicated on his intake questionnaire that he wanted help with study skills. Sam was actually performing quite well at the university, earning A's in nearly all his courses. Nonetheless, he felt quite guilty about a C he had earned in a calculus class. Early in his first session he told me (SLN), reading from the Scriptures he carried with him in his backpack "You know, the Lord told Joseph Smith, 'Wherefore, verily I say unto you that all things unto me are spiritual'" (Doctrine & Covenants 29:34). He said that he felt that by getting a C in calculus he was letting the Lord down. His life was so infused with religion that earning an average grade, in what for many students is a very difficult class, was a sin for him!

Sam's view of calculus was extreme, but it is not atypical for religious individuals to view their life as consecrated to God. Membership in an organized religion or adherence to a belief tradition may color or contribute to client distress or difficulty (Bergin, 1980). Clients who have rejected earlier religious training or beliefs and now consider themselves nonreligious or atheist may bring what could be called spiritual concerns-antispiritual concerns, really-to therapy, because they may define themselves through their rejection of religion (Loving, 1984). Client religiosity, especially if a client belongs to a specific organized religion, will often offer clues for understanding the client and tailoring treatment for maximal effect. For example, orthodox Christian clients are likely to value prayer, meditation, biblical teaching, and application of belief-congruent techniques (Gass, 1984), any of which could prove important to understanding a religious client's life, or could become important elements in the therapy.

THIRD, REBT IS FUNDAMENTALLY FOCUSED ON BELIEF CHANGE

REBT and organized religions overlap in focusing on the importance of belief. This is epitomized in REBT's famous A-B-C model of emotion

and behavior. The A-B-C model stipulates that it is not an Activating event (an A), such as adversity, by itself, that causes distress, but Adversity (A) plus a Belief (B) about A that leads to C, a distressing, self-defeating Consequent emotion or behavior. Rational emotive theory holds that in the broad array of clients' thoughts, it is core irrational beliefs about potential or actual adversities that cause client distress (Ellis & Dryden, 1997). Thus, $A \times B = C$. Furthermore, REBT holds that therapeutic change will occur most quickly and changes will be most pervasive when core irrational beliefs are accurately detected, actively disputed, and replaced with alternative rational core beliefs.

Importantly, supernaturalism and mysticism in religious beliefs do not provide prima facie evidence of irrationality in REBT. Although many would consider a belief irrational if it were arbitrary, internally inconsistent, illogical, antiempirical, or otherwise unscientific, rational emotive theory holds that two additional components of beliefs are more important to understanding and treating distress. These additional elements are fundamental to REBT's definition of irrationality: First, if a belief creates self-defeating upset, then it is irrational. Second, beliefs are likely to be irrational if they include an absolute evaluation, usually a demand that people and conditions absolutely must be better than they actually are (DiGiuseppe, et al., 1990).

An REBT therapist might disagree with a client's religious belief tradition (just as they might disagree with a client's political affiliation, dislike a client's favorite art or music, or abhor a client's taste in food). However, REBT's criteria for irrationality will not usually conflict directly with the fundamental religious tenets that form the foundation for the client's religious faith. Rather, REBT's criteria for evaluating beliefs focus on clients' evaluations of their world, certainly including their evaluative beliefs about their religious world. Although an REBT therapist may disagree with the verity of the client's religious worldview—indeed, the therapist may consider the religious view inconsistent, illogical, impractical, and decidedly unscientific—this kind of irrationality (from the therapist's point of view) is probably not relevant to the client's self-defeating emotion. The theory of REBT holds that what likely will be relevant to the client's self-defeating upset are *absolutistic evaluative* beliefs about the religious and nonreligious world.

Furthermore, because religions address and attempt to change beliefs that are incongruent with doctrine or scripture or that are based on a distortion of doctrine or Scripture, REBT's goals of understanding

and replacing a client's core irrational belief (IB) with an alternative rational belief (RB) will seem familiar to the religious client. More importantly, when an REBTer understands a client's religious beliefs well enough to integrate these beliefs into the current session's belief-oriented therapeutic interventions, integration of the client's religious beliefs in REBT interventions is likely to speed the therapy.

REBT is, and always has been, a multimodal, integrative therapeutic approach. An REBTer will happily use interventions from a wide range of therapeutic techniques, including many cognitive, emotionally evocative, and behavior modifying or conditioning techniques (Ellis, 1994b, 1996b, 1998, 1999, 2000b). Modification of beliefs is, however, REBT's unique focus; it is the theoretically integrative glue that binds interventions together according to the theory of REBT. Whatever technique is used, the essential purpose for applying each cognitive, emotive, and behavioral technique is to help clients understand and modify their beliefs. It is this overarching goal that makes REBT more than an eclectic bundling of cognitive, emotive, and behavioral techniques (Dryden, 1995; Ellis, 1994b, 1996b, 1999, 2000b; Walen, DiGiuseppe, & Dryden, 1992).

The definition of belief in *Webster's Unabridged Dictionary* is quite relevant here. According to Webster's, belief is

1: a state or habit of mind in which trust, confidence, or reliance is placed in some person or thing: *faith*. 2a: something believed; specifically: a statement or body of statements held by the advocates of any class of views; 2b: trust in religion: persuasion of the validity of religious ideas...a statement of religious doctrines believed: *creed*... (Gove, 1981, p. 200, italics added)

As the word "belief" is most often used in American English, then, it is synonymous with "faith," a word closely identified with religious experience. Furthermore, belief is also very often used as synonymous with religious faith. Thus, as *Webster's* describes the use of the word "belief," both everyday and religious uses can refer to similar processes of mind.

The B in the A-B-C model is more important than might be suggested by the helpful positioning of the letter B in a mnemonic. To be sure, the A-B-C model does provide clients and therapists with a helpful, easily remembered way to understand and work at changing

problems. The A-B-C model is catchy and easily remembered. When taught that the A-B-C model depicts both the likely genesis of their distress and the likely solution to their problems, clients are usually quick to grasp, accept, remember, and begin to use the A-B-C model to work at changing.

As is noted later, and as is evident from offerings in the catalogue of REBT materials available from the Albert Ellis Institute, REBTers are delighted to use catchy slogans on posters, T-shirts, buttons, pencils, and other materials to help their clients remember how to change (e.g., “Do! Don’t Stew!” “I will not *should* on myself today!” etc.). A different sequence of letters might spell out a more easily remembered mnemonic—perhaps a catchier, more memorable phrase. If B is removed from the A-B-C model, or, more accurately, if the importance of understanding and changing beliefs is minimized during therapy, then REBT is not being practiced—REBT would lose its most distinctive and fundamental element.

From its beginnings, the goal of REBT was to attend to and change clients’ core, life-guiding, evaluative philosophies. Call these schemata, constructs, perceptual matrices, or, as in the theory of REBT, core beliefs. This goal was based on the philosophical notion that people’s view of the world creates their distress, summarized succinctly by the first-century Stoic philosopher, Epictetus: “People are disturbed not by things, but by the views they take of them” (trans. 1890). More importantly, Epictetus also held that individuals’ upsetting views can be modified to render them less upset and less upset-able.

The theory of REBT holds that whereas a good many cognitive, emotive, and behavioral techniques may help clients, these techniques are maximally effective when they integrate important thinking, feeling, and behaving elements that interactively affect each other. They then may be called an organizing construct or schema, but calling it a core belief system is equally descriptive (Ellis, 1994b, 1996b). From its inception, REBT’s “approach to psychotherapy [has been] to zero in, as quickly as possible, on the client’s basic philosophy of life, to get them to see exactly what this is and how it is inevitably self-defeating” (Ellis, 1973b, p. 13). But it does so in forceful, dramatic ways rather than purely cognitive ones (Ellis, 1999, 2000).

Belief, a basic religious philosophy, is likely to be a defining issue for religious clients, just as a coherent belief structure (doctrines, tenets, etc.) is a defining element of religion itself (King, 1987b; McClenden & James, 1975; Whitehead, 1957). Religious doctrines or tenets will

usually form the basis for a religious client's philosophy of life. Religious clients will usually understand that beliefs exert a pervasive, multifaceted influence in their life. Most religious clients simultaneously understand a belief to be a tenet or creed, a rule for living, and a feeling. Many religious clients will consider faith (belief) to be linked with works (behaviors). Religious clients are also likely to view belief as a process akin to what psychotherapists call cognition.

Because a religious client is likely to live in a world oriented toward or focused on faith and belief, when taught the A-B-C model, the notion of the importance of beliefs will be familiar. Furthermore, the therapist will probably be able to use the religious writings of the belief tradition to which the client adheres to buttress the A-B-C model. The REBT therapist might remind the Christian client that Paul wrote in his general letter to the Hebrew Christians (in the New Testament), that "without faith it is impossible to please God: for he that cometh to God must believe that he is, and that he is a rewarder of them that diligently seek him" (Hebrews 11:6, King James Version). A Muslim could be reminded that Mohammad wrote, "Those who believe [what Mohammed revealed], and those who are Jews, Christian, Sabaeans or whoever believes in Allah and the Day of Judgment, they shall have their reward and there is no fear nor grief for them" (Koran 5:69).

Note that scripture would not be cited by an REBTer to encourage clients to believe in God, Allah, or any other particular religious tradition or to encourage them to move from one belief tradition to another. Seeking to support or reduce the client's convictions about a particular religious tradition, whether the client's religious beliefs are shared or disagreed with by the therapist, raises distinct ethical concerns. If pressed by a client to discuss the verity of religion, brief discussions of the theological merits of particular religious doctrines are relatively harmless so long as they are distinguished from psychotherapy. If clients seek answers to theological or ecclesiastical questions or if they seek help to change a religious belief, then the request would probably be dealt with through reference to their own authoritative ecclesiastical resources or through referral to a variety of religious missionary organizations.

Epictetus described belief as a cognitive process. To paraphrase Epictetus, people's beliefs "color" their perception of events to so great a degree that these beliefs can create or relieve disturbance. If beliefs are processes that can alter perception, then they are also phenomenological personality processes. This view of belief is

consistent with currently popular constructivist (cf Mahoney, 1991, 1995) and schema theories in psychotherapy. REBTers want to teach clients to understand and use this phenomenological aspect of belief to reduce their distress. Almost any available cognitive, behavioral, or emotive technique, including REBT's own uniquely forceful and vivid techniques (Dryden, 1990; Ellis, 1999, 2000b), would then be gladly used to deepen or make more pervasive the extent to which the client changes phenomenological beliefs.

We contend that this view of belief as a constructive process is paralleled in most religious traditions. While postmodernism has contributed to growing interest in constructivism, this is hardly a new psychological position (cf Bartlett, 1932; Kelly, 1955). This philosophical view was not new even in Epictetus' day! If traditional chronologies can be believed, Epictetus' philosophical position, voiced at some time during the first century C.E., would have seemed familiar and old to Buddhists. The Buddha is held to have said something quite similar as much as 600 years earlier. It is written that he said suffering could be relieved by following the Noble Eightfold Path, "namely: right view, right aspiration, right speech, right action, right livelihood, right effort, right mindfulness, right concentration" (Saccavibhanga Sutta: The Noble Eightfold Path, Majjhima Nikaya iii. 251). Paralleling the REBT position, "right view" is sometimes translated as "self-helping belief" or "right belief," and "right aspiration" is sometimes translated as "healthy goal-seeking" or "right thought."

The Buddha is also recorded to have said, "All that we are is the result of what we have thought: it is founded on our thoughts and is made up of our thoughts" (Dhammapad 1.1). This Buddhist doctrine might be called an identity function: We are what we believe. Our self or our ego is based on what we believe about our self. This further parallels REBT theory that a person's view of self is pervasively powerful in determining emotional distress or comfort.

If, as tradition holds, Solomon wrote the Hebrew Proverbs, then Solomon anticipated the Buddha's view by as much as 300 years when he wrote about man that, "as he thinketh in his heart, so is he" (Proverbs 23:7, King James Version)—*another* identity function. The Buddhist view would have seemed familiar to Hebrews who had heard, listened to, and believed the Proverbs.

Solomon's view accords with the Bhagavad Gita and likely would have seemed familiar to Hindus: "The faith of every man...accords with his nature. Man is made up of faith; as is his faith, so is he"

(Bhagavad Gita 17.3)—yet another identity function! Tradition holds that the Buddha was an Indian prince, so he may well have been quite familiar with the Gita when he spoke of right views, right thoughts, and right beliefs.

Perhaps you can understand the contention that REBT and religion hold similar constructivist views that thought processes accompany and influence individuals' emotions and actions. This congruence is very helpful during therapy, for even if religious clients are not immediately familiar with those components of their scriptures that support the importance of belief as a phenomenological process, an REBTer familiar with clients' belief traditions can use scripture (which clients likely already accept or believe) to remind or teach clients of this principle. Therapists might familiarize themselves with a range of relevant religious references. It is strongly recommended that they do so, especially where it is possible to anticipate the religious traditions that will be more frequent among their clients. In the pages that follow, some references are provided and other sources are suggested.

Robb (1993) proposed that justification for beliefs based on the supernatural will likely have roughly the same practical effects as the nonsupernatural system employed in most REBT. For the religious client, the religiously based—and perhaps supernaturally justified—belief system may prove more salient than a nonreligious or even religion neutral presentation. Here is an example of how I (SLN) taught Esther, a religious client, about the relevance of beliefs to psychological and emotional distress using the client's own religiously grounded beliefs:

SLN: If I've understood correctly, you feel anxious [*this is C, the consequent emotion, the self-defeating upset*]. When you go to Church, especially when you have to teach Sunday School, you feel anxious [*Teaching Sunday School is A, the Activating event*]. Have I understood?

Esther: Yes.

SLN: You'd like to be able to teach without getting so anxious [*The client wants C to change in a particular way*]

Esther: Yes.

SLN: Well, I'm going to assume that if you teach Sunday School you have some strong religious convictions.

Esther: Oh, yes.

SLN: I would guess then that you believe in the Bible.

Esther: The word of God. Yes.

SLN: Someone pointed this out to me in the Bible and I wonder what you think of it, “As a man thinketh in his heart, so is he.” It’s in Proverbs. What do you think that means?

Esther: I’ve read it, but I’m not sure I know.

SLN: Well, I’m not completely sure I know what it means either. But what if it means that your beliefs go a long, long way toward determining how you view yourself and how you feel? Would that make sense? If you believe something about yourself or if you believe something about a certain situation, then that may control how you end up feeling?

Esther: That makes sense.

SLN: Okay. Does this make sense? To paraphrase Proverbs, if you think in *your* heart that you *have to, have to, have to* be *absolutely* expert when you teach [*this is an attempt to assess the client’s beliefs by giving voice to what the therapist infers to be the core irrational belief*], the belief that you *have to* know is liable to make you feel anxious, especially if you are a little unsure about how to teach something or if you discover that you don’t have an answer to a question asked by someone in your class.

Esther: That makes sense, too.

SLN: Now in my view it is your believing that you *have to* know that makes you anxious. How strong a belief is “have to”?

Esther: Pretty strong.

SLN: And is that what you “think in your heart” when you are about to teach your Sunday School class? That you *have to* be an expert?

Esther: Yes. But *don’t* I *have to* be an expert to teach?

The verse from Proverbs was used to establish in the client’s mind the connection between belief and self-defeating emotional or behavioral consequences. This is what REBTers call *establishing the B-C connection*, or teaching the client that it is not the activating event, but

that event plus the irrational belief about the activating event that is upsetting. The therapist in this excerpt has presented the B-C connection and, by tone of voice and implication, has also begun to D, or Dispute, the client's demand that she *has to be* expert. The therapist believes this may be a main cause of anxiety. The client is also beginning to feel the emotional significance of this belief and sense that the therapist may not agree when she says, "*Don't I have to be an expert?*"

This verse from Proverbs might also have been used to introduce the B-C connection to an observant Jew. Similarly, the verses noted from the Bhagavad Gita or from the sayings of the Buddha might have been used to introduce a Hindu or Buddhist, respectively, to the A-B-C model.

Understanding the effect of beliefs—the B-C connection—is a fundamental step in helping clients understand and change the source of their self-defeating distress. REBTers attempt from the first session on to teach clients the A-B-C model, emphasizing the role of irrational beliefs in causing self-defeating emotions and behaviors.

It might, of course, go less smoothly in therapy than was the case in the excerpt presented earlier. If the client had disagreed with the therapist at some point during the dialogue, then, like other artisans practicing a skilled craft, the REBTer would look for alternative ways to get to the therapeutic goal of teaching the B-C connection. Ultimately, it might not work to use a verse from the Scriptures with a specific religious client. Nonetheless, use of the Scriptures to augment teaching the B-C connection would remain in the REBTer's armamentarium.

FOURTH, THERE IS FUNDAMENTAL CONGRUENCE BETWEEN CORE REBT TENETS AND RELIGIOUS BELIEFS

There are, to be sure, important differences—sometimes divisive differences—in the fundamental tenets, doctrines, or customs of different denominations or religious traditions. And consider that religious wars rage and there are other violent conflicts that blend culture, ethnicity, and religious belief. These wars focus on elements of religious difference. This is especially ironic given that the cardinal tenets of the religions, to which the warring parties subscribe usually explicitly proscribe violence.

There is, however, good news to be found even in the face of such divisiveness. These same acrimoniously divided religious positions are likely to be discussable under REBT's therapeutic system, which stresses that people are entitled to their own radically diverse desires, goals, and values, but merely recommends they not hold them too absolutely or so rigidly that they defeat themselves and other humans. There appears to be ample room in the tenets, doctrines, and creeds of major religious traditions to absorb the fundamental focus of REBT, which is changing irrational beliefs. For example, Lawrence (1987) noted that "while there are many differences in religious dogma among various [Judeo-Christian] denominations, a balanced biblical position will never support irrational or dysfunctional conclusions" (p. 15).

Although different religious traditions may strongly disagree about God, creation, sex, gender, sin, salvation, holy days, diet, dress, and so forth, most major religious traditions will support the following REBT therapy goals: acceptance of human worth as a constant, acceptance of uncontrollable situations, and acceptance of life's inevitable discomforts.

REBT holds that human rating, demanding, catastrophizing, and low frustration tolerance (LFT) are strongly implicated in almost all self-defeating upset. When a client is distressed by some self-defeating emotion or behavior ("C," the Consequent emotion or behavior), you will usually, with just a bit of psychotherapeutic exploration, find an irrational Belief that fits one of these four categories. Whatever else may be true of your client's situation, whatever their complex and adverse psychosocial situation or biological state, they will almost always also have learned, created, and cultivated irrational beliefs that elevate their upsets about adversity to self-defeating levels. More to the point, it is likely that they will be cultivating one, two, three, or all four of these irrational beliefs while they are sitting in your office during the session.

After detecting clients' irrational belief, or IB, the REBTer attempts to demonstrate or teach clients the IB-C connection, the link between their particular irrational beliefs and their self-defeating emotions and behaviors. The REBTer then works to D, Dispute, the clients' IB's. More importantly, the therapist also attempts to teach clients to Dispute their own IB's. Finally, it is the goal of REBT to help clients E, Establish, a lasting Effective rational philosophy of life. Disputations and an Effective rational philosophy of life could be seen as providing antidotes to irrational beliefs. A client who works to dispute an

upsetting irrational belief will likely experience fairly fast relief from a self-defeating emotion. Moreover, clients who adopt a consistent rational philosophy of life will eventually become emotionally robust and less upsettable.

Religious traditions are rich in life-guiding philosophies. Many of these life-guiding philosophies can contribute useful rational antidotes to irrational beliefs. Scriptures, sagas, and parables will usually include material that may intimate, suggest, or directly dispute human rating, demanding, and catastrophizing with acceptance of uncontrollable, imperfect humans (including oneself) and events. Religious clients may have a head start on establishing Effective rational philosophies of life if they can discover how to adapt the religious philosophies they already believe to developing new philosophies for living. Consider the following examples:

Human Rating

If, after failing to accomplish a goal (A, the Activating event), one rationally tells oneself (B, Believes), “I failed to accomplish my goal, this is a bad outcome,” then one will likely feel sad (C, the Consequent healthy negative emotion). This emotion, although unpleasant, could helpfully motivate one to approach the goal more effectively in the future. If, however, one resorts to irrational beliefs involving human rating at B, then same adverse Activating event or adversity will likely yield, at C, an unhealthy self-defeating emotion such as depression: “I have failed at this important goal, what a *failure* I am!” As is discussed further in later chapters, this IB is very common during depression.

Depression linked with failing to accomplish a goal might be radically reduced and changed to the healthy emotion of sadness by adopting the belief, “Yes, I failed to accomplish my goal, and that is lousy, for it was a very important goal. But because I fail at something, even at this very important thing, that *does not* generalize to *all* of me. That doesn’t make *me* a failure. I am just a human being who failed to do something!”

Religion and Human Rating

Disputation of human rating is often easily facilitated through use of supporting material from the client’s religious background. Scriptures usually represent core beliefs and life-guiding philosophies held

strongly by religious clients. The New Testament, for example, contains many passages that maintain that all are equally worthwhile and that all are sinners. The therapist might remind a Christian client that Paul wrote, “all have sinned, and come short of the glory of God” (Romans, 3:23, King James Version). The therapist might then ask, “Now what would that mean about the Apostle Paul (since he wrote it)? Me? You? If we all sin ‘and come short of the glory of God,’ why not dislike sins and try to change them, but accept us all as fallible human beings or, if you will, sinners?”

Demanding

Anger usually arises because of some rigid demand. For example, on hearing that one’s child has misbehaved badly (the Activating event), a parent might believe and tell herself, “I told him a hundred times not to do this. I can’t believe this. He knew better. It is just *unacceptable* for a son of mine to do such a thing!” With this kind of belief the client might well feel intense anger.

If the client wanted help to feel less angry, then the REBTer might begin by disputing the idea that it is unacceptable for a human being to make a mistake: “How does it follow, considering all the millions of sons alive on the planet, including the millions who have been taught how to behave—how does it follow that your son must not be one of the many who ignores that training and misbehaves?”

Notice that even if the client were to agree there is indeed no absolutistic rule saying her son must remember and obey parental teaching or that her son among all sons must behave well, it would not necessarily remove all distress. It is not the REBTer’s goal to convince the client that an undesirable situation is good or even just neutral. Rather, the goal is to help the client believe that people have little rational choice but to accept that which cannot be changed. This would be especially true of things that have already happened. It is quite sensible to feel irritated or sad about a family members’ misbehavior, but it is irrational and needlessly angering to demand that a family member not do what has already been done. The goal of the disputation would be to reduce the distress from a self-defeating level, in this case anger, to a self-helping level of emotion. In this case, a self-helping level of upset might be the healthy negative feeling of irritation or frustration.

Religion and Demands

Consider how a client's religious belief system might be used in the same situation. Again, the client is asking for help to deal with anger about a child's misbehavior. If the REBTer knows the client is committed to a Jewish, Christian, or Moslem tradition, then the therapist might use the creation story to formulate a disputation. It might go something like this: "As I remember, God told Adam and Eve how to behave while they were in the Garden of Eden. Is that the way you remember it? But even after they were told by God how to behave, they still misbehaved! I don't think I'm making this up, that's what scripture tells us. Right? Now, if Adam and Eve didn't obey, even after God, Himself, gave them specific instructions, how does it follow that *your* son *should* have listened to you?"

If the story of Adam and Eve has meaning for the client, as it does for many (but not all) Jews, Christians, or Moslems, then this use of the creation story for disputation of rigid demanding might help the client be more accepting. A disputation like this is enhanced by the emotional value of a metaphor meaningful to the client (DiGiuseppe, 1991). This metaphor, by an implied analogy, compares the client's relationship with a son or daughter to God's relationship with Adam and Eve. Because this metaphor accesses the client's emotions about the creation story, the disputation is emotionally enhanced. Emotional enhancement is one example of what the theory of REBT refers to as forcefulness. The metaphorical use of the story of Adam and Eve would contribute enhanced emotional meaning and forcefulness to the disputing in proportion to the depth of the client's belief in God, God's creative work, and God's relationship with Adam and Eve.

Notice that the REBT therapist in the situation described could be an atheist and still use this particular disputation maneuver. There is great variability in how the creation story is viewed among those who consider themselves religious. In some religious communities, Adam and Eve are believed to be real, specific individuals—literally, our first mother and father. In other religious communities, the story of Adam and Eve is considered symbolic of the general human relationship with deity, without accepting that there were two first humans named Adam and Eve. A religious therapist using REBT could come from a religious community with either view and use this kind of metaphorical disputation. Likewise, a therapist who did not believe in God, but knew of the client's belief in God, could adapt the client's beliefs about Adam and Eve to this kind of disputation.

Catastrophizing

Concern is a somewhat unpleasant, but helpful, emotion. Concern turns to panic, an unpleasant *and* self-defeating emotion, when individuals catastrophize about an adversity. Catastrophizing and awfulizing are REBT terms for believing (irrationally) that a situation is worse than it should be (i.e., terrible, awful, horrible), too bad to be stood emotionally. Consider, for example, a client who is anxiously contemplating the possibility of unemployment: “I don’t know what I’ll do if the business closes. I couldn’t stand it!”

Disputing this belief could begin with the belief that the client could not stand being unemployed. The therapist might begin with a statement like this, “It sounds as if you would then have two problems. One, you would face all the hassles of losing your job. Two, you would suffer from ‘I-can’t-stand-it-itis!’” Calling the client’s irrational belief “I-can’t-stand-it-itis” is an attempt to humorously dispute the irrational belief. The humor associated with the disputing increases the forcefulness of the disputation. The REBTER might continue with something like this, “Losing your income would be quite a headache, what with having to look for another job, perhaps one where you earn less. Lousy! But telling yourself you couldn’t stand losing your job makes you feel panicky now, even before you know for sure what is going to happen! If you tell yourself you couldn’t stand it, does that help you do the job you now have? Does it help you plan for the future?” Again, it would not be the REBTER’s goal to persuade the client that losing a job is good or even neutral. REBT holds that not getting, or in this case not keeping what one wants is undesirable. The goal is to help the client view the problem as an undesirable human event, not as a totally bad or worse than bad event.

Religion and Catastrophizing

If the client were a Sikh, disputation of the client’s I-couldn’t-stand-it-itis might include reference to excerpts from the Adi Granth, canonized Sikh writings, “I thought I alone had sorrow; Sorrow is spread all over the whole world. From my roof-top I saw every home engulfed in sorrow’s flames” (Adi Granth, Shalok, Farid, p. 1382). The REBTER might then ask, “What do you think the Guru is saying about suffering here? Does it sound as if he believes humans can escape suffering? How is this verse different from what you are telling yourself about

your potential difficulty? What might you tell yourself about the troubles you face compared with the troubles that others face?"

Religious scripture will almost always help an individual who believes in the scriptures to place difficulties in a broader, religiously philosophical context. It is a common human event to become unemployed. Often, perhaps usually, it is an unfortunate event. Calling it an event that cannot be stood puts the event in the most extreme context imaginable. The extremeness of one's awfulizing belief is likely to create an extreme and dysfunctional emotional reaction. Because religious clients likely already invest scripture with great emotional significance, and give a higher emotive investment to scriptural material, this emotional context may aid greatly in changing the meaning of the client's adversity from the horrorizing the client is adding to it. The religious context then tends to deawfulize it.

Low Frustration Tolerance

Low frustration tolerance (LFT) is a self-defeating mixture of demanding and catastrophizing beliefs about life difficulties. LFT is closely linked with procrastination and avoidance, probably the primary component of poor compliance with treatment regimens in medicine and psychotherapy, and a main reason humans fail to follow through with their best intentions for completing rewarding tasks. LFT is so ubiquitous, so automatic, and so close to fallible human nature that it is often difficult for beginning REBTers to see it. Simply stated, LFT is epitomized by the "too" in "too hard." For example, when asked about neglected homework assignments, clients will often report-and will almost always be thinking!—"The homework was *too* hard."

If a client says, "It was too hard," then it is quite instructive to ask them to define the "too" in "too hard." How was the homework too hard? It is, of course, empirically possible for a task to be too hard. Some tasks are physically impossible for humans. For example, going without oxygen for more than a few minutes is too hard. But the "too hard" of LFT really means "harder than I wanted," "harder than it should have been," or "harder than I cared to put up with."

Consider a mundane task most individuals probably really do want to get accomplished eventually, but that they are prone to put off in self-defeating ways, such as balancing the checking account after a long period of neglect. When LFT is operating, an A like balancing the checkbook activates Beliefs something like: "It shouldn't be so hard to

balance my checkbook,” or “I just can’t take that much tedium today,” or “I need a break from this right now,” or “I bet Bill Gates [or Tiger Woods or Martha Stewart or Queen Elizabeth or some other prominent person] doesn’t have to balance his or her checkbook-so neither should I!” These beliefs result in avoidance and inaction, at least until some other influence (e.g., overdraft notices) exert more insistent pressure.

LFT is disputed by helping clients identify their demands for and their awfulizing about uncomfortable, frustrating circumstances and by showing them, in a variety of ways, that their LFT is irrational, antiempirical, and, most importantly, self-defeating, because it prevents one from accomplishing tasks by making the tasks seem more unpleasant and onerous than they really are. I (SLN) often point out to my male clients who are sports fans that their favorite athletes are likely to put in far more than 40 hours of training, practice, and competition per week during the athletic season, and often put in as much as 40 hours of training and practice during the off season. For example:

SLN: I remember watching some years ago as Steve Young ran a “victory lap” around the football field after the San Francisco 49ers beat the Green Bay Packers to win the NFC championship. He seemed to be enjoying himself quite a lot. I bet he enjoys his multi-million dollar pay checks, also. Tell me, do you think he enjoys all the hours of weight lifting and running he does? The hours of memorizing plays? Each of the daily meetings with coaches? Living out of suit cases while he travels? Being thronged by autograph seekers everywhere he goes?

Client: Maybe some of it, but not all of it, no.

SLN: Did he enjoy getting tackled when he was playing in cold cities like Cleveland or Green Bay during the Winter months? Did he enjoy being spit on or having things thrown at him by fans in rival cities?

Client: No.

SLN: What do you think he told himself about how hard or uncomfortable or boring or irritating or physically dangerous these activities were? Why didn’t he quit as soon as he was rich, despite boring workouts, boring practices, boring travel, often painful injuries, and insulting, profane fans?

Client: Probably because he thought it was worth it.

SLN: Couldn't you tell yourself something like that? "This is boring and I don't like boring stuff, but in the long run it is likely to be worth it." Would it feel any different when you are faced with your check book [or term papers or cleaning the kitchen, etc.] if you told yourself that?

Religion and LFT

Religious scripture is filled with admonitions to tolerate difficulty with patience. This may help religious clients understand and dispute their LFT. I (SLN) have found a particular verse from Latter-day Saint scripture helpful in dealing with my devout Mormon clients' LFT about tedium and boredom. The verse comes from the 64th section of the Book of Doctrine and Covenants (the D & C). The D & C contains 140 brief sections that Mormons believe were revealed to Joseph Smith and other of their latter-day prophets. I have used the verse many times in a manner something like this:

SLN: Why would the Lord bother to give us commandments?

Client: So we'll know what He wants from us.

SLN: Is it obvious to us *before* he tells us?

Client: Maybe sometimes, but not usually.

SLN: So why would He have said this: "Wherefore, be not weary in well-doing, for ye are laying the foundation of a great work. And out of small things proceedeth that which is great" (D & C 64:33)? What would this say about our tendency to get weary, that we easily get weary or that we almost never have any trouble with getting weary?

Client: He would have said that because we are prone to getting weary.

SLN: When the Lord mentions small things do you think it means we get physically tired from doing small things or that we humans get psychologically weary from doing small things? Could this kind of weariness be like boredom?

Client: “Small things” would suggest that details can make you feel weary or bored.

SLN: Sure. Now you said that you *need* breaks from studying. You’re telling yourself that you need a break from weariness. What if you began to tell yourself that the small stuff *is*, indeed, *tedious*, but that it can pay off with big stuff if you just keep at it and don’t let your boredom and weariness stop you? What if you began telling yourself, “If I keep at this small stuff it will pay off with bigger rewards eventually?”

Short scripture-based dialogues like this one have helped many of my devout LDS clients understand how their LFT has led them to avoid and procrastinate tasks they themselves consider important, helped them accept that the weariness and procrastination it causes are pretty common, and provided alternative, religiously rational, motivational self-statements (e.g., “out of small things proceedeth that which is great”) that have helped them counter their LFT and avoid future procrastination.

FIFTH, ELEMENTS OF RELIGIOUS TRADITION AND PRACTICE ARE CONGRUENT WITH REBT THEORY AND PRACTICE

Religious activities are myriad in their variety, yet distinct categories of religious activity can be identified, among them: Most organized religions or religious traditions actively teach and preach. They actively encourage religious study. Adherents of most organized religions use icons or icon-like objects to remind them of important beliefs. To the end of encouraging specific beliefs, religious traditions use worshipful language, sometimes renaming people or ideas in faith-specific terms. Religious adherents often practice recitation or memorization of specific creeds. Religious worship includes music, including setting doctrines, beliefs, Scripture, and holy sagas to music in the form of hymns. Religious denominations encourage acts of faith in the form of sacraments, pilgrimages, or religious duties. Similarly and strikingly, REBT’s array of therapeutic techniques parallel a broad range religious activities.

Teaching

Most religions overtly work to teach correct belief (Moran, 1987). In reacting against the indirectness of psychoanalysis, REBT has been, from its inception, an open, direct, educational approach to psychotherapy. Ideally, clients in REBT are actively taught about REBT's A-B-C model of self-defeating emotions and behaviors from their first session on. Typically, it is the REBTer's goal to "zero in" (Ellis, 1973a, 1999) on the client's core irrational beliefs in the first few sessions; teach the client about these IBs; identify the connection between IBs and self-defeating emotions and behaviors ("Cs"); teach the client how to D, Dispute their IBs; and E, establish an Effective rational belief system during the first session. Thereafter, REBTers work continually to teach clarity of thought.

REBT's direct emphasis on teaching probably leads to many similarities between its preferred practices and the practices of many organized religions. When trying to teach, especially when trying to teach philosophies for living, there are likely common educational modes toward which humans tend to gravitate.

To the extent that an organized religion directly, overtly teaches traditions, tenets, doctrines, dogmas, creeds, rituals, and so forth—as most organized religions do overtly teach—REBT's direct teaching will likely seem comfortable to religious individuals seeking psychotherapeutic help. A highly indirect, subtle, slow-to-give-a-direct-answer therapeutic approach may well seem foreign to religious clients familiar with and comfortable with direct teaching.

Religious scripture supports teaching as a religious enterprise, for example:

From the *Rig Veda* (Hindu): "One not knowing a land asks for one who knows it, he goes forward instructed by the knowing one. Such, indeed, is the blessing of instruction, one finds a path that leads him straight onward" (Rig Veda 10.32.7).

From the *New Testament* (Christian): Jesus said, "You call me teacher and Lord, and rightly so, for that is what I am" (John 13:13, Revised Standard Version).

From the *Doctrine and Covenants* (Mormon-Christian): "Teach ye diligently and my grace shall attend you, that you may be instructed more perfectly in theory, in principle, in doctrine, in the law of the gospel, in all things that pertain unto the kingdom of God, that are

expedient for you to understand; of things both in heaven and in the earth, and under the earth; things which have been, things which are, things which must shortly come to pass; things which are at home; things which are abroad..." (Doctrine and Covenants 88:78, 79).

Since 1965, the Albert Ellis Institute (formerly the Institute for Rational-Emotive Therapy) has actively and energetically offered lectures, workshops, and public demonstrations that present the theories and techniques of REBT to the general public and interested mental health professionals (Ellis, 1994b, 1996b). Like many organized religions, the institute developed an educational curriculum based on its principles and ran a school for children that, in addition to a regular, general curriculum, taught rational emotive principles and philosophies for living. A rational emotive curriculum plan is available for elementary and secondary grades (Vernon, 1989a; 1989b).

More than 150,000 members of the general public have participated in these educational programs. For more than 35 years, the institute has offered its famous weekly Problems of Daily Living workshop, during which volunteer participants sit with an REBT therapist "on stage" and work through problems using REBT while members of an audience of 100 to 200 watch and ask questions. The Friday night workshop is one of the institute's most popular programs.

The institute has recently added a training course in rational emotive pastoral counseling (S.Johnson, 2000). The course, for ministers and mental health professionals who counsel in religious settings, focuses on the principles and techniques explored here. Faculty members include ordained clergy who are REBTers.

Preaching

Most religions include sermonizing and often religionists use forceful preaching to change or strengthen beliefs (Moran, 1987; Speight, 1987; Watt, 1987). REBT therapists likewise directly and forcefully dispute their clients' irrational, upsetting beliefs. REBT therapists also teach and encourage their clients to forcefully dispute their own irrational beliefs. When clients learn to do this, they become free to work at changing their beliefs between sessions (Ellis, 1994b, 1996b, 2000b). REBT holds that a range of techniques may be useful in helping clients change. This certainly includes the use of history taking, reflective listening, and Socratic questioning (part of many psychotherapies).

However, whereas some psychotherapeutic approaches abjure directness (emphasizing a diplomatic approach), it is not unusual for an REBT therapist to provide a client with straightforward, didactic minilectures about the principles of REBT (Ellis & Dryden, 1997; Walen, et al., 1992).

Reading and Study

Most religions encourage or even require reading or recitation of commentaries, sagas, canonized scriptures, sutras, treatises, tracts, upanishads, vedas, and so forth (King, 1987b). Religious individuals may even structure their lives around the reading, recitation, pondering, or memorization of such scriptural works. REBT therapists likewise strongly encourage—but do not require—clients to read and study material from among more than 200 different self-help works. Many self-help books, pamphlets, essays, video- or audiotapes, comic books, and coloring books are available from the Albert Ellis Institute's catalogue (Ellis, 1998, 1999). Clients will usually begin therapy with a packet of reading materials, including pamphlets presenting the basic principles and practices of REBT. Just as study of Scripture helps religious clients keep their thoughts focused on religious beliefs, the theory of REBT holds that reading and studying REBT material helps clients in REBT remember and practice or anticipate the therapist's interventions.

Icons

Many religions encourage or even require the use or worship of religious pictures, symbols, jewelry, statuary, symbols, artwork, and so forth (Cândeia, 1987). Religious adherents may use iconlike materials to establish shrines in their homes, offices, or vehicles. For example, statues of Jesus or the Holy Virgin are commonly seen on the dashboards of automobiles owned by devout Roman Catholics. Observant Jews attach a mezuzah to the doorframe of their home. The mezuzah is inscribed with the word *Shaddai*, and it contains a parchment on which is written the *shema*. The mezuzah is a metal tube, sometimes ornately decorated, *Shaddai* is a Hebrew name for God, and the *shema* is an excerpt from the Torah encouraging one to keep devotion to God always in one's heart. The *shema* includes the words:

Hear, O Israel: The Lord our God is one Lord: And thou shalt love the Lord thy God with all thine heart, and with all thy soul, and with all thy might. And these words, which I command thee this day, shall be in thine heart: And thou shalt teach them diligently unto thy children, and shalt talk of them when thou sittest in thine house, and when thou walkest by the way, and when thou liest down, and when thou risest up. And thou shalt bind them for a sign upon thine hand, and they shall be as frontlets between thine eyes. *And thou shalt write them upon the posts of thy house, and on thy gates.* (Deuteronomy 6:4–9, King James Version, italics added)

The flag of Saudi Arabia is itself an icon, consisting of these words in Arabic: “There is no god but God; Muhammad is the messenger of God.” This is written in Arabic script, over a saber, and on a plain green field. This profession of faith, the *shamada*, is the first of the Five Pillars of Islam.

Although REBT avoids sacredizing anything, it does encourage clients to frequently remind themselves of important insights and lessons learned during sessions. Clients are encouraged to listen to recordings of their psychotherapy sessions (Ellis, 1996b). Additionally, the Albert Ellis Institute offers a wide range of reminders available to clients, including games, nicknacks, T-shirts, posters, and pencils, which humorously remind of REBT philosophical points such as, “Do, Don’t Stew,” “Don’t Should On Me,” and so forth.

Rituals and Sacraments

Ritual, sacred acts may be defined as conscious and voluntary, repetitious and stylized symbolic bodily actions entered into for sacred reasons (Zuesse, 1987). They are fundamental to most religions (Beit-Hallahmi, 1989). Sacraments are, by definition, sacred activities, and, as already noted, REBT avoids making its principles or techniques sacred. However, although not sacredized, some REBT techniques have been used and tested over many years so as to become highly, almost ritually, familiar.

From its beginning, REBT therapists have given homework assignments. These between-session activities are designed to reinforce and

deepen the belief changing principles presented during the session. REBT continues to encourage active therapeutic work, including a range of in-session and between-session homework and behavior change activities. These may include tape recording and reviewing the clients' attempts to dispute their own irrational beliefs, role reversals during sessions, attempting to teach family members or significant others what has been learned during sessions, and so forth. Many of these techniques, are presented in the following chapters, including methods for accommodating and assimilating clients' religious beliefs during these activities.

A particularly unique REBT innovation is the famous shame-attacking homework assignment: Clients are encouraged to engage in harmless tasks that, formerly they would have experienced as shameful. Shame-attacking exercises might include singing out loud in public or calling out stops on subway trains or elevators. These homework assignments help clients overcome their self-defeating, shame-inducing beliefs (Ellis, 1994b, 1996b, 1999, 2000b).

Creeds and Articles of Faith

Many religions imbue specific statements, including prayers, chants, meditations, or affirmations of faith with particular significance. Religions frequently encourage or even require recitation or repetition of these special statements, treating the speaking of certain words or phrases with special, sacred significance, as in prayer (Moran, 1987; Speight, 1987). Judaism's *shema* and Islam's *shemada* (mentioned earlier) are also examples of creeds, the recitation of which are sacred responsibilities for both Jews and Moslems. Counting recitation of prayers using rosary beads is a means for marking passage of such sacred acts.

Again remember that REBT does not sacredize anything, including its own formulations about rational and irrational beliefs. However, REBT holds that some beliefs or ideas are risky, whereas other ideas are likely to counter and relieve self-defeating upset. Rational ideas are likely safer, more efficient beliefs (Ellis, 1994b) that are likely to help the client if they are internalized. REBT encourages clients to work to internalize rational beliefs.

REBT was neither the first psychotherapy to encourage self-talk, nor the only current psychotherapeutic approach to encourage and study self-talk (cf. Meichenbaum, 1977). But REBT was probably the first

and most influential approach among modern cognitive behavioral therapies to encouraging self-statements (cf. Mahoney, 1974). As is discussed in detail in later chapters, REBT is probably the psychotherapy that attempts to be most careful and exact in its use of self-talk. REBTers attempt to identify and develop the most efficient and philosophically elegant—*fine tuned*—ideas for clients to repeat to themselves (cf. Ellis, 1994b, 1996b, 1999, 2000b; Walen et al., 1992).

Just as religious creeds are often spoken with care and exactness, self-talk in REBT is approached with an eye toward philosophical elegance and semantic precision. In the case of religious creeds, care and exactness are usually based on a desire for maintaining doctrinal correctness and sometimes are based on a desire to retain the sacredness of the words spoken. In REBT, semantic precision is sought for philosophical elegance and to achieve greater therapeutic efficiency. It is the contention here that philosophically elegant self-talk will yield more efficient therapeutic outcome and reduce the client's future disturbability.

Naming

Many organized religions imbue names and the process of naming with great religious significance. For some religions and religious traditions, certain words or names are sacred. Important figures from religious history had their names changed for holy reasons. For example, Jesus gave Simon, the son of Jonas, the new name of Peter. Many Christians believe this renaming was a sacred play on words used as a sign for Peter's duties to come, his subsequent leadership of the Christian church. Jesus said, "And I say also unto thee, That thou art Peter, and upon this rock I will build my church; and the gates of hell shall not prevail against it" (Matthew 16:18, King James Version). The Greek word for rock or stone is *petrus*, hence Peter could be seen as the foundation stone on which the Christian church was built.

It is written in Genesis that Jacob, the son of Isaac and the grandson of Abraham, wrestled with an angel. Afterward the angel told him, "Thy name shall be called no more Jacob, but Israel: for as a prince hast thou power with God and with men, and hast prevailed" (Genesis 32:28, King James version). Israel, or Yisra'el, in Hebrew can be interpreted as "God prevails." Thereafter, the descendants of Jacob became the nation of Israel—the nation through or for which God prevails. The name *Israel* therefore takes on religious and

psychological significance. It might be speculated that it could become an identity function for an entire nation. Many other examples of this kind of religious renaming could be given.

From its beginnings, REBT has used humorous renaming of concepts in order to elucidate and emphasize the upsetting effects of irrational beliefs and the upset relieving effects of rational beliefs. For example, clients can develop an easily remembered way to accept themselves by adopting the self-rating scheme of seeing themselves as no more or less than fallible human beings (FHBs). And they can easily remember to work to develop unconditional self-acceptance (USA). These simple acronyms can become shorthand expressions for new ways of thinking and feeling better.

At least two words coined in REBT are famous and immediately recognizable to many therapists if not unforgettable to clients: It is difficult to be as concise or as memorable when describing the human tendency to demand the impossible than to call it “musturbation,” the process of rigidly demanding that the world, others in the world, or people themselves **MUST** be different than they are. REBT’s term for global, internalized, negative attributions is equally concise, and probably even more memorable: “shithood,” which explains, in one word, the reducing of a person’s essence, or “personhood,” to the lowest possible value. Of course, some religious individuals may find the term *shithood* offensive, whereas others find it helpfully humorous. The issue of profanity in work with religious clients is discussed later in this book. Renaming of REBT concepts, especially renaming its concepts in a humorous form, provides the client with a concise means for remembering the ridiculous irrationality of an irrational idea.

Music

Most religions include music in worship (Ellingson, 1987). Many religions set important beliefs to music in the form of hymns, conduct their rituals to music, or consider music and hymn singing a form of prayer. Religious leaders urge personal hymn singing as a defense against temptation. Presumably, beliefs are rendered more emotive and more memorable through the combination of meter, melody, rhythm, and rhyme that turns words into a hymn (Wulff, 1991).

In a similar manner, many REBTers (Ellis, 1977b, 1987b, 2000b; Nielsen et al., 2000) help their clients attack their upsetting beliefs by singing them satiric, humorous, rational emotive songs. Clients in

REBT might be encouraged to sing rational emotive songs to themselves and to others (Ellis, 1987b), particularly if they are having trouble changing their beliefs (Ellis, 1985). Of course, having clients attempt to sing such songs outside the session can also serve as one of the shame-attacking exercises already mentioned.

RELIGION INTEGRATING REBT: A SYNERGISTIC MIX

The rationale for integrating religiosity in treatment is really quite simple. As Propst (1982) noted, “Therapeutic expectations are made more powerful if the active ingredients of a psychotherapy are translated into the language and belief structures of the patient” (p. 85). Couching cognitive behavioral interventions in religiously meaningful terms will likely render interventions more easily understandable for religious believers. Integrating interventions by defining them in religious terms may make them more vivid for the client. The beliefs and commitment of religious clients can thus be functionally utilized to reduce distress and strengthen treatment gains.

Following is an example of how religious material might augment REBT during the most important phase of therapy, disputation of irrational beliefs. Disputation is the meat and potatoes of REBT (no offense intended to Jainists, Hindus, Buddhists, Adventists, or other vegetarians; choose another idiom if you prefer). An excerpt is presented from a therapy session using religious material to strengthen disputation of a religious client’s self-tormenting irrational practice of relentlessly rating himself according to his most subtle acts, his thoughts.

Tom (not his real name), a depressed, compulsive, perfectionistic student had been meeting with one of us (SLN) in psychotherapy. Tom was a former missionary who had been evacuated from his mission field after suffering a serious depressive episode. His depression could not be effectively treated in the country where he labored, so he returned home. He complained in this session—it would have been about his ninth session—that he struggled with his beliefs and desires. He was especially troubled that he flip-flopped between sometimes wanting to go to heaven, and sometimes not wanting to work hard enough to get there:

SLN: So you go back and forth between saying it's worth it and it's not worth it.

Tom: And then I guess I question my beliefs because, I think that, "We're taught it's worth it."

SLN: So, you're saying to yourself, "Here I am questioning my beliefs. Here I am vacillating about what I've been taught." Right?

Tom: Well, it's just confusing to me, because I believe one thing, yet there's—I don't know—just a conflict in what to believe.

SLN: Right. So what are you telling yourself about having these conflicting ideas? That's what seems key to me.

Tom: Um, well, I just think that maybe I don't believe what I say I believe.

SLN: Right, and if you don't believe what you say you believe...? What are you telling yourself about that?

Tom: Well, that kind of makes me a liar, I guess.

At this point I was confident that Tom's depression was strongly linked with perfectionistic self-rating. He was intensely scrutinizing his motives. This is probably a dubious process anyway, especially for a person with perfectionistic ideas. Motives are unstable, ephemeral, internal states. The very act of focusing attention on one's internal states may itself change the internal state so that it cannot be grasped. If the internal state is judged bad, as Tom did judge his internal state, then this may create anxiety. If this creates more strongly focused attention, as it apparently did for Tom, then more strongly focused attention may alter the internal state even more. Because Tom considered purity of motive important, his inability to grasp his motives may have created more anxiety, creating more scrutiny, creating more anxiety, less ability to grasp his motives clearly, more scrutiny, more anxiety, and so on. My hypothesis was that Tom believed that if his motives fluctuated, then that made him a lower class of human being, or "a liar."

SLN: I think *that* is the important issue that we need to talk about right now.

Tom: Okay.

SLN: You just defined yourself.

Tom: Yeah.

SLN: “A,” the activating event, is you vacillating between what you believe at time 1 and what you believe at time 2, and then at time 3 you might believe something else; you bounce between believing these different things. Sometimes you believe strongly, “Yes it’s worth it to go to Heaven, yes it’s worth it for me to work hard at not getting angry.” And then at time 2 you say to yourself, “Well I’m not sure it’s worth it. I believe Heaven’s there, but I’m not sure it’s worth it, so I’m not going to give a hang about whether I get angry, I’m just going to sort of let go.” [*The Activating event was noticing this way of thinking.*] Then, you just told me that you “B,” Believe, “If I don’t stick with it...if I believe one thing at one time, and I believe another thing at another time, that makes me...” What?

Tom: Well, probably a better word would be a hypocrite.

Perhaps a hypocrite is a slightly higher class of human being than a liar. Although, as becomes clear, a hypocrite is still an inadequate human being.

SLN: So, you have overgeneralized and defined you, all of you, as a hypocrite. I’m going to guess that you disrespect hypocrites.

Tom: Yeah.

Because Tom was highly devout in his religious beliefs, I decided to draw a metaphor between his vacillating motivations and the vacillating motives of a famous, sainted biblical figure. I drew an analogy between Tom and someone in the Bible in hopes that the biblical metaphor would be a forceful disputation:

SLN: Okay, let me give you an example of another famous hypocrite, then.

Tom: Okay.

SLN: I’m going to paraphrase a little, but you could, I think, find everything I’m paraphrasing in the New Testament in the Gospels, “Before the evening’s over, Peter, you’re going to deny me 3 times.”

“No Lord, I’m not going to do that! I won’t do that! No!”

“Before the night’s over, before the cock crows 3 times, you’ll deny me 3 times.”

And what did Peter do?

Tom: He denied Him.

SLN: He denied Christ, right? Didn’t that make Peter a hypocrite?

Tom: It didn’t make him a hypocrite, it made... I mean, depending on what definition you use.

Defining a person is often just another way to rate the person. Tom was overgeneralizing by labeling himself a hypocrite. So, by drawing an analogy between his vacillating faith and St. Peter’s vacillating faith, I was putting pressure on his self-rating. Unless he was willing to similarly overgeneralize to Peter, a figure he revered, he had to accept that he was being unfair to himself. He resisted this, as I both expected and hoped he would:

SLN: I agree completely! It doesn’t make him a hypocrite unless you define him as a hypocrite! Peter denying the Christ, even though he protested that he wouldn’t, that proves he’s...what? [*long pause, Tom didn’t answer.*] You know, That’s an interesting story for several reasons, because in at least one of the versions several people said to him, “Now weren’t you with Jesus Christ?” Remember that?

Tom: Uh-huh.

SLN: And in one version a young woman said to him, “You know, you speak like a Galilean. You’ve got a Galilean accent. I know you were with that Jesus fellow.” And do you remember what it says in the scripture? Peter swore *and* he cursed (cf Matthew 27:74 & Mark 15:71). So what would that mean? That he cursed?

Tom: I don’t know.

I saw that a possible solution would be for Tom to label Peter a fallible human being who behaved hypocritically in this instance and then apply the same rules to himself—He, Tom, is just a fallible human being, like Peter. I focused on another of Peter’s misbehaviors, use of

profanity, because I had noted during previous sessions that Tom was very proper in his use of language. He did not laugh, for example, when I had earlier used the term “manurehood” to emphasize how he down-rated himself at times. I guessed from his earlier reactions that he would be quite conservative about the use of profanity:

SLN: Swearing *and* cursing sound to me like he used profanity. That’s what it means to curse, doesn’t it?

Tom: Oh, maybe.

Tom seemed resistant to the idea that Peter would have used profanity. Doesn’t it seem that way to you? This seemed, to me, to support my hypothesis:

SLN: If it says he swore *and* cursed, does that mean he said, “Rats!”? Is that cursing?

Tom: No.

SLN: No. So what does it prove about the chief apostle, Peter, that he used profane language and denied the Christ?

Tom: That he was fallible.

SLN: What does it mean about Tom...if Tom gets confused about his goals?

Tom: It just means that I’m fallible.

SLN: Yeah. But can you believe it?

Tom: That’s a good question. That’s really interesting, the point you bring up. Because I don’t think that Peter is a liar or a hypocrite, but if I were to do that, boy, I would really give myself Heck [*sic*]!

Bingo! Tom seems to be having an emotional insight here about how unfair he is being with himself. Also note that this is probably the furthest extent of Tom’s ability to use profanity:

SLN: But you don’t think of yourself in the way you think of Peter.

Tom: No

SLN: So what’s the difference?

Tom: There really isn't any.

SLN: Well, I'm glad to here you say that, but what can we do to help you believe it?

Tom: I don't know, just...

SLN: What if you read that story? It's reproduced in all four of the Gospels, isn't it?

Tom: I don't know.

SLN: Yeah, it's in all four of the Gospels, and in at least one of them it mentions that Peter swore and cursed. How about if you, as a homework assignment, read about Peter denying Christ?

Tom: Okay.

SLN: Because if he denied Christ, what was happening in his head with his beliefs?

Tom: He was vacillating.

SLN: He was vacillating, right? So how about if you read that story?

Tom: Okay.

SLN: And what could you puzzle about as you read that story? "Here I am reading about this guy whose beliefs vacillate and..."?

Tom: What does that make him?

SLN: Right! Now if my beliefs vacillate, what would I say that makes me?

Tom: Right.

Nielsen: And up to now the answer has been...?

Tom: Now...hypocrite.

SLN: "I would think it makes me a hypocrite!" Well, if it makes you a hypocrite, what does it make Peter?

Tom: A hypocrite.

SLN: If it makes you a hypocrite, it makes Peter a hypocrite. How do you feel, being in the same company as Peter?

Tom: Oh, I don't know, I can't look at Peter and think he's a hypocrite.

SLN: So you refuse to put him in that company, who else could you refuse to overgeneralize and refuse to call a hypocrite?

Tom: Myself.

I went on to push Tom to formulate a concise, elegant statement about both him and about Peter, specifically, that they were both fallible human beings (FHBs). This was my attempt to move beyond the metaphorical disputation of comparing Tom with Peter, and have Tom create his own Effective rational, and, in this case, religiously grounded philosophy of life. At this writing, Tom is making slow progress in therapy. As you can tell from this excerpt, Tom has a strong propensity to examine and question everything he does, so the focus has been on helping him act rather than perfectionistically analyze his every move-to do, not stew!

OUR GOALS

This book aims to demonstrate that there is reason to be quite optimistic about the benefits of practicing REBT with religious clients. To be sure, there are complexities and problems to be anticipated. To begin with, we three authors disagree among ourselves about religion—sometimes to a strong degree. Nonetheless, we all view REBT as a highly religion-neutral psychotherapy and we believe it can be highly efficacious with most religious persons.

We acknowledge, from the beginning, that the psychological complexity inherent in human religious experience is beyond our ability to represent or anticipate in any one book. It is also impossible to fully anticipate how human religiosity will play itself out in the therapy consulting room. As already noted, you must do your own trail-blazing and map-making with your religious clients. We acknowledge that our knowledge of world religions is limited. Although we attempt to give specific examples from wellknown religious traditions, we are aware that we may have a distorted view of religious traditions to which we do not adhere and that we will neglect other important traditions altogether. Such are the limitations of fallible human beings and their limited abilities. The examples selected are based on our insufficient experience. If these examples match the religious traditions present among your clientele, then we have guessed well and right. If

the examples we offer neglect some or most of your clients, then we hope you will let us know so we can correct ourselves.

For those that live in the United States and Canada, and probably for many countries in Europe, increasing religious diversity is a fact. For example, by most estimates there will soon be more Moslems than Episcopalians or Presbyterians in the United States. Islam and the Church of Jesus Christ of Latter-day Saints (the Mormons) are probably the fastest growing religions in the United States. It is not uncommon to encounter Asian religions even in smaller communities. If psychotherapists practice in a major metropolitan area, as most do, then it becomes increasingly likely that they will have among them clients with unfamiliar religious traditions. We encourage you to become familiar with this very important element of diversity.

Finally, we are not wearing ecumenical-colored glasses: There are many important, meaningful differences in religious beliefs. We do not contend that all religious traditions will equally aid the REBT practitioner, or that REBT will be accepted by all adherents of all religions. We do not wish to suggest that REBTers have to adopt any particular stance toward religion except to accept that religion is a ubiquitous and basic human activity that is charged with highly emotion laden, emotion inducing, and behavior modifying beliefs. We only urge you to pay attention to your clients' religious beliefs.

In the beginning of his monumental work, *The History of the Decline and Fall of the Roman Empire*, Gibbon (1776/1946, p. 22) wrote, "in Rome, all religions 'were considered by the people as equally true; by the philosophers as equally false; and by the magistrate as equally useful'" (quoted in Lovinger, 1984, p. 24). Gibbon described a pragmatic attitude toward religion, perhaps implying that religious belief helped keep the people's behavior under control and was therefore useful to the magistrate. Even if you firmly reject a religious worldview, we nonetheless encourage you to adopt at least a pragmatic attitude toward your clients' religious beliefs. Whatever they believe, you, as their therapist, had better attend closely to their beliefs and attempt to understand the implications of their beliefs. If your clients are religious (and they probably will be religious), there may well be elements in their religious traditions that you can use to help them feel less upset now and become less upset-able in the future.