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Material in the following areas will be considered for publication:

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2. Theoretical and research articles which have bearing on the relationship between psychology and Christian faith, including the interface of psychology with theology and the psychology of religion.
3. Applied articles treating current issues in clinical practice, pastoral counseling, family and community services, and similar matters involving the helping professions.
4. Articles dealing with the application of psychological theory and data to the work of the church, missions, and other Christian organizations.
5. Responses to current or past journal articles.
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Guest Editor's Page

P. J. Watson

For the Christian therapist, the Rational-Emotive Therapy (RET) of Albert Ellis presents a paradox. On the one hand, this therapy appears to have great potential for work with Christian clients. A central assumption of RET is that beliefs determine how well a life is lived. This is obvious in Ellis' A-B-C model of psychopathology. When some activating event (A) leads to a disturbing emotional consequence (C) in a client, the rational-emotive therapist assumes that the activating event alone cannot be the pathogenic agent. Instead, some intervening irrational belief (B) must cause the individual to interpret the experience in a manner that then produces psychopathology. The task of the rational-emotive therapist becomes clear. Pathogenic irrationalities must be replaced with health-promoting rationalities. For those who agree that right beliefs are important (e.g., Mark 9:23), such an approach to helping people must seem to be full of promise.

On the other hand, Ellis repeatedly has argued that "rigid" adherence to orthodox articles of faith can sabotage mental health. Such "dogmatic" belief systems supposedly cause individuals to embrace irrationalities that then produce emotional disturbances. Indeed, Ellis at times has implied that traditional religiosity is essentially equivalent to mental illness and that mental health would be encouraged if the orthodox believer would become less religious. For those with traditional Christian commitments, this aspect of Ellis' theorizing must make RET seem wholly unacceptable.

This special issue explores this paradox. Brad Johnson begins the analysis by reviewing the evolution of Ellis' attitudes toward religion. Much of Ellis' speculation about religion has emerged in dialogues conducted between him and what he has called the "religionists." In the history of these discussions, Brad Johnson discerns an increasing flexibility in Ellis' thinking about religion and points toward a conceptualization of RET that is "highly compatible with biblical perspectives."

In the next three papers, the dialogue between Albert Ellis and the religionists continues. Stevan Nielsen has used RET with over 600 Mormon clients, and he describes both the problems and opportunities associated with the effort to integrate RET into the clinical practice of a religious psychologist. Albert Ellis responds to Nielsen's paper by clarifying his most recent positions on religious belief. A dialogue between Stevan Nielsen, Albert Ellis, and a number of other psychologists then follows and affords new insights into Ellis' background and into his current assumptions about religion.

Next, Mark McMinn articulates a perspective that sensitively delineates the complexity of attempts to integrate RET into Christian clinical practice. Operating within a Christian constructivist framework, he argues that RET can be utilized by Christian therapists, but also that "the assumptions of RET must be challenged before being imported into a Christianized form of RET."

In two final papers, my colleagues and I use empirical methods to explore the conflict between rational-emotive and religious belief systems. We present data which contradict many of Ellis' assumptions about the traditionally religious. For example, such individuals tended to be at the highest levels of self-reported mental health, and they agreed with many RET interpretations about the irrationality of beliefs. Religious understandings of at least some beliefs also were superior to those of Ellis in predicting relative mental health. As with most data, numerous complexities were evident, but that precisely was the point. These two studies, along with the rest of this special issue, demonstrate that relationships among religion, rationality and mental health require a detailed and careful consideration. The outcome of such consideration should be the further development of a therapy that will benefit many Christian clients.

ANNOUNCEMENTS

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With 1995 coming over the horizon, now is a great time to renew your CAPS membership for the year ahead. By renewing now you will continue to receive the *Journal of Psychology and Christianity (JPC)* without interruption, will be kept apprised of the upcoming international and regional conventions (at which members benefit from greatly reduced registration fees and hotel costs), and will continue to qualify for many other benefits of CAPS membership. Dues for 1995 are due and payable as of January 1, 1995 and would be delinquent if not paid by March 31. After that time there would be a late-payment penalty of \$10.00 for a Regular Member, or \$5.00 for an Associate Member. Such an assessment would help compensate CAPS for the added expenses of repeated mailings of renewal appeals, and for high-cost individual mailings (vice bulk, group mailing in early March) of the spring, 1995 issue of the *JPC*. So, do both yourself and CAPS a favor by renewing your membership now, while you're thinking of it. Make it a Christmas gift for yourself, if you no longer believe in Santa Claus. We'll all be glad that you did! (If the 1995 membership renewal form that was mailed to all 1994 members in October is not available, telephone CAPS at (210) 629-2277—collect, if you wish—and a replacement form will be mailed to you immediately.)

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Albert Ellis and the “Religionists”: A History of the Dialogue

W. Brad Johnson
George Fox College

Abstract

This article reviews the published works of Albert Ellis and numerous religious authors on the topic of RET and religion from 1957 to the present. Religious critics have frequently taken Ellis to task for his philosophical assumptions, his dogmatic style and his disparagement of religiousness. Ellis' writings show a trend toward increasing flexibility and decreasing interest in religion as a correlate of pathology. The author recommends a new direction for this dialogue and concludes that it has served to highlight numerous issues regarding the accommodation of secular techniques to religious faith.

At the 1993 meeting of the American Psychological Association, Albert Ellis was introduced by the president of the American Psychological Association as “the greatest living psychotherapist.” Indeed, few would disagree that Ellis has been a visionary in the field of psychotherapy and a pioneer among cognitive-behavioral psychologists. Ellis has frequently discussed his conception of Rational-Emotive Therapy (RET) (Ellis, 1962; 1989b; Ellis & Dryden, 1987) and has effectively promoted RET to its current status as one of the most widely used treatment approaches. RET has been carefully manualized (Ellis & Dryden, 1987; Walen, DiGiuseppe, & Dryden, 1992) and recently tailored to explicitly Christian clients (Backus, 1985; Johnson, 1993; Thurman, 1989).

Reviews of outcome research have generally supported the efficacy of RET with a range of disorders (DiGiuseppe, Miller, & Trexler, 1977; Haaga & Davison, 1989; 1993; Lyons & Woods, 1991; McGovern & Silverman, 1984; Rachman & Wilson, 1980). While there has been insufficient testing of several of the hypotheses unique to RET (Haaga & Davison, 1993), and inconsistent design quality in RET outcome research, RET is effective in ameliorating a range of clinical disorders (Haaga and Davison, 1989).

In spite of the above, Ellis has historically been a magnet for criticism from explicitly religious (and in particular Christian) authors. These critiques stem largely from Ellis' epicurean lifestyle, personal atheism, and insistence that religiousness is highly correlated with emotional disturbance. To his credit, Ellis has been responsive to these critiques, resulting in a significant and ongoing dialogue in the literature between Ellis and religious authors (or “religionists” as he refers to them).

This article will briefly review the development of Ellis' views regarding religion and mental health, and the varieties of critiques leveled at Ellis and RET by religious authors. The intent is to better understand why Ellis has generated such controversy among religious therapists and to suggest to both Ellis and his respondents why much of the conflict may have little bearing on either the practice or efficacy of a

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carefully defined “general” RET with religious clients.

Ellis’ Views on Religion: Or the Religious Development of Albert Ellis

Following is a brief survey of Ellis’ views on religion and religiousness. Table 1 offers a chronological list of Ellis’ related publications. From the 1950’s through the 1970’s, Ellis’ writings on religiousness were uniformly hostile regarding the possibility of healthy religiousness.

Ellis’ earliest writings were concerned with the effects of propaganda on mental health (1957), with religion considered one of the more insidious propagandas (1971). In this period, Ellis was unequivocal in claiming a clear linear relationship between religiousness and mental disturbance and in disparaging religious concepts, “When and if humans fully accept the reality that there is no supernatural ‘force’ in the universe that gives a damn about them or ever will, they will then be truly humanistic” (1973, p. 16). Ellis also stated, “There is no place whatever for the concept of sin in psychotherapy and to introduce this concept in any manner, shape or form, is highly pernicious and antitherapeutic” (1960, p. 189). Ellis was equally dogmatic with regard to his statements about RET, “Not only is RET unusually effective, it is more effective than most other kinds of therapy with most patients” (Ellis, 1962, p. 38). This claim was obviously grandiose and, based on available outcome data, could be made of no single approach to psychotherapy even today.

While Ellis clearly linked religiousness with sickness, he simultaneously promoted ethical humanism and the scientific method as guiding values. For Ellis, these principles eliminated discussion of the “supernatural hypotheses” on which religion is based, “It [RET] is one of the few systems of psychotherapy that will truly have no truck whatever with any kind of miraculous cause or cure, any kind of God or Devil, or any kind of sacredness ...” (Ellis, 1973, p. 16).

These writings were notable for a frequent lament over the biologically based tendency for humans to think irrationally. In spite of a capacity for scientific reasoning and logic, people also tended to think in magical and religious ways (Ellis, 1973). In a 1976 article, Ellis concluded that many irrational beliefs are both biologically perpetuated and religious in nature. These included: Devout faith unfounded on fact, slavish adherence to religious dogma, deep conviction that a supernatural force must exist, scrupulous adherence to religious rules, rites and taboos, and complete conviction that some deity will heed one’s prayers (Ellis, 1976).

In a 1980 paper in reply to Bergin (Ellis, 1980), Ellis appeared to show signs of modifying his universal rejection of all religiousness. Ellis insisted he was no longer a humanist/scientist opposed to all religion, but introduced himself as a “probabilistic atheist.” “Probabilistic atheist clinicians like myself believe that since there is an exceptionally high probability that no gods or superhuman entities of any kind exist, one had better assume that they do not and live our lives according to this assumption” (Ellis, 1980, p. 635). No longer willing to openly reject all religion or theism Ellis stated, “Devout, orthodox, or dogmatic religion (or what might be called religiosity) is significantly correlated with emotional disturbance” (1980, p. 637).

From the late 1970’s to the present, Ellis’ writings have been consistent for two themes. The first has been his tendency to dichotomize “devout” and “mild” religiousness. Ellis’ 1983 paper *The Case Against Religiosity* offered a glimpse of this distinction. “Unbelief, skepticism, and thoroughgoing atheism not only abet but are practically synonymous with mental health ... Devout belief, dogmatism, and reli-

Table 1
Chronological History of the Dialogue

Religionist	Ellis
	(1957)
Mowrer (1960)	(1960) reply to Mowrer
	(1962)
	(1971)
	(1973)
Finley (1979)	(1979) reply to Finley
Bergin (1980)	(1980) reply to Bergin
Meehl (1981)	(1981a) reply to Meehl
Sharkey (1981)	(1981b) reply to Sharkey
Lawrence & Huber (1982)	
	(1983)
Wessler (1984)	(1984) reply to Wessler
Evans (1984-85)	(1984-85) reply to Evans
Spilka (1986)	(1986)
Sharkey & Malony (1986)	(1987) reply to Sharkey & Malony
Malony (1987)	
Roberts (1987a; 1987b)	
Finley (1987)	
Miller (1988)	
Jones (1989)	
Warnock (1989)	(1989a) reply to Warnock
Bergin (1991)	(1992a) reply to Bergin
Johnson (1992)	(1992b) reply to Johnson
Watson (1993)	(1993a) reply to Watson

giosity distinctly contribute to and in some ways are equal to mental or emotional disturbance" (1983, p. 1).

Ellis frequently has insisted that he only rejects "orthodox," "pious" and "devout" religiosity (1980; 1981b; 1983; 1984). The central rationale for this rejection has been Ellis' devout contention that religiosity is associated with the following traits to name only a few: low self-esteem, dependency, masochism, intolerance, rigidity, narcissism, hostility, compulsivity, paranoia, depression, self-hate, powerlessness, grandiosity, inadequate social-interest, bigotry, suicidal terrorism and a propensity toward lying (Ellis, 1981b; 1983; 1984; 1986; 1987; 1992a).

In sharp relief, Ellis has contended that "mild religionists" (those who adhere to a religion in a "moderate," "liberal" or "non-orthodox" manner) can be relatively free of pathology (Ellis, 1983). One can sense the parallel between the above and the distinction which might be made between mild and severe schizophrenia. Interestingly, Ellis shows evidence that he may be disturbed not only by dogmatism, but by religious beliefs themselves (Ellis, 1981b).

A second theme in the writings of Ellis from the late 1970's forward has been a grudging acceptance of the benefits of religious belief and practice. Ellis has noted some similarities between RET, the "philosophy of Jesus," and writings of theologians such as Tillich (Ellis, 1989b). He also endorsed the therapeutic benefits of Scripture and the Christian doctrine of grace (Ellis, 1989b). "The Judeo-Christian Bible is a self-help book that has probably enabled more people to make more extensive and intensive personality and behavioral changes than all professional therapists combined" (Ellis, 1993c, p. 336).

Nonetheless, Ellis has subtly sabotaged respectful and legitimate use of these resources by insisting that the ideas are "pollyanish and illogical" (1992b), that the specific belief is irrelevant if curative (1983; 1986), that Jesus was simply a cognitive therapist and philosopher (1989b), and that religious moral constraints are helpful until "foolishly laid at the door of some god or goddess" (1981a, p. 38). The writings from this period suggest Ellis lacks a clear understanding of the qualitative difference between the benefits of religious faith and those of psychotherapy. For example, while Ellis can appreciate Jesus' human therapeutic qualities, he is unable to grasp the theological significance of His identity and purpose: "Although I personally have little use for the Christian faith ... I often remind my clients that Jesus gave unconditional grace and forgiveness to all humans ... So does RET give this kind of grace" (Ellis, 1989b, p. 276).

More recently, Ellis has downplayed the relationship of religiousness to mental health (Ellis, 1993b; 1993c).

Although I originally thought that all religion was pretty dogmatic and absolutistic, I now see that many people who call themselves religionists—including ministers, priests, and rabbis who practice rational-emotive behavior therapy—are pretty openminded and non-absolutist ... I still think that it is rigid, absolutist, and dogmatic thinking that leads to neurotic disturbance, rather than religion itself. (A. Ellis, personal communication, October 15, 1993)

Nonetheless, his published works remain quite inconsistent in this regard. From a developmental perspective, Ellis' writings on religion may be viewed as becoming slowly less rigid and increasingly congruent with the rational-emotive virtues of non-absolutism and scientific objectivity.

Christian Critiques of Ellis: The Religionists Reply

Again, Table 1 offers a chronological list of Ellis' writings relevant to religiousness as well as articles by religious authors which specifically respond to Ellis or address RET. It is noteworthy that the majority of Ellis' writings on the topic in the past 20 years have been responses to these critiques, which can be grouped according to three general themes; Ellis' personal and professional philosophy, Ellis' dogmatic and "religious" style, and his seemingly arbitrary disparagement of religiousness.

Philosophical Critiques

Rational-emotive philosophy/psychology (REP) (Ellis' personal philosophy and faith statement) has been a regular target of both secular and religious critics (Johnson, 1992). These authors claim Ellis is a logical positivist (Finley, 1979; Mahoney, Lyddon, & Alford, 1989; Meehl, 1981; Woolfolk & Sass, 1989), morally

situational, atheistic, hedonistic, and a devotee of scientism (Finley, 1979; Woolfolk & Sass, 1989). When Ellis has rejected the logical positivist label, he has been accused of “philosophical malpractice” for denying his epistemological commitments and for elevation of the empirical method to an “empiricist religion of science” (Finley, 1987, p. 275).

Ellis has been further taken to task for elevating rationality to a supreme value, making REP little more than a modern day extension of the “mind-cure movement” which places faith in healthy mindedness (Mahoney et al., 1989, Woolfolk & Sass, 1989). In a similar vein, Watson (1993) criticized REP as an enlightenment form of thought which presumably uses an “unbiased rationality and value free empiricism” (p. 1). Watson reminded Ellis that rationality is biased and empiricism theory laden. Evans (1984-85) noted that Ellis presents at least two major theories of rationality which are at times mutually hostile and always self-serving. “He [Ellis] claims to know precisely what it is to be rational, both in general and with respect to specific situations” (Evans, 1984-85, p. 129).

Finally, Ellis has been critiqued for atomistic, unclear and incompatible views on the self (Jones, 1989; Roberts, 1987a; Sharkey, 1981). Because Ellis has eliminated theological categories of anthropology, his insistence on unconditional self-acceptance has been difficult to support meaningfully.

Rational-Emotive Philosophy as Dogmatic Religion

An interesting category of criticisms leveled at Ellis has focused on the manner in which REP is dogmatically perpetuated. Lazarus (1977) expressed this concern regarding REP: “When a theory can account for anything and can explain away everything, one grows wary that a once good theory might turn into a cult” (p. 236). Similarly, Finley (1979) said, “RET is dangerous and authoritarian in theory and practice. Fundamentalism sees all views contrary to itself as error, and right action can only derive from its principles” (p. 86). Indeed, the flamboyant and self-promoting style of Ellis, the disciple-like quality of his followers at the “Institute” and the dogmatic manner in which REP has been defended lead to an ironic parallel between REP and other religions.

Certain of these authors note in Ellis’ core philosophy a “programmatic manifesto” (Ewart & Thoresen, 1977) and a profound faith commitment to science and reason. Ellis has been taken to task for dogmatically denying theistic beliefs and transcendent values while simultaneously accepting on faith the process of science (Eschenroeder, 1982; Finley, 1979; Sharkey, 1981). Because the unverifiable articles of faith on which science is based have not been questioned by Ellis, his selection of “rational” and “irrational” beliefs appears especially arbitrary (Zettle & Hayes, 1980). Also troubling is Ellis’ philosophical perpetuation of RET without adequate scientific verification.

In a review of nearly 1000 studies which he felt supported his underlying rational emotive hypotheses, Ellis claimed, “well over 90% of published studies supported RET theory” (1977, p. 3). This conclusion brought a storm of criticism for what was felt to be a self-serving, dogmatic and uncritical review (Ewart & Thoresen, 1977). Ellis’ strategy of selective confirmation concerned Lazarus (1977). “Scientists cannot proselytize. To review research data to support one’s hypotheses and to ignore those that yield equivocal or negative results is decidedly antiscience” (p. 237). It is ironic that Ellis recently warned of the tendency among religions experimenters to find confirmatory data (1992b).

Finally, Ellis has been termed “defensive in the clinical sense” (Finley, 1987, p. 275) in response to claims that he is dogmatic (Ellis, 1981b; 1984-85; 1992b). Rather than addressing his core philosophy (the focus of his critics), Ellis has often responded with semantic/linguistic alterations in his classic phrases. For example, Ellis has initiated liberal use of qualifiers such as “sometimes,” “probably,” “often” and “usually” to demonstrate his flexibility. This change is transparently cosmetic and may belie the rigidity of his basic commitments.

Disparagement of Religion

The final group of criticisms of Ellis and REP in the literature includes those which reject Ellis’ hypotheses regarding the link between religiousness and mental health. These critics have emphasized the benefits of religious commitment and the dearth of data to support a clear relationship between religiousness and emotional health (Bergin, 1980; 1991; Donahue, 1985; Johnson, 1992; Malony, 1987; Sharkey & Malony, 1986). While these authors have acknowledged the positive link between extrinsic religiousness (the “use” of religion primarily for security, sociability, or other gain) and certain measures of distress, Ellis (1992b) has asserted that extrinsicness accounts for only a portion of the devoutness and piety he associates with religionists and which lead to disturbance.

The most recent body of research on this topic (Watson, Folbrecht, Morris, & Hood, 1990; Watson, Morris, & Hood, 1988; Watson, Morris, Hood, & Folbrecht, 1990) has suggested that REP’s conceptualization of religiousness, values and irrationality is limited. Specifically, traits advocated by REP (individualism and hedonism) are not predictive of positive emotional outcomes and the impact of religiousness on mental health is moderated by factors such as grace and guilt. Watson and his colleagues point out that REP has failed to understand religiousness within its own ideological surround. This conclusion is most clearly supported by the negative correlations among scales of the Irrational Beliefs Test with religious subjects (Watson, Morris, Hood, & Folbrecht, 1990).

Finally, these authors have been critical of Ellis’ habit of eliminating the relevance of spiritual issues in psychotherapy (Bergin, 1980; Spilka, 1986; Wessler, 1984). Though the majority of the world population endorses broad spiritual values (Bergin, 1980), Ellis has held to clinical pragmatism and humanistic idealism and rejected consideration of theistic values. These critics note that Ellis lacks insight as to the manner in which his value commitments influence therapy outcome. Ellis has a clear “antimetaphysical metaphysics” (Finley, 1987) and substitutes scientific thinking for religious faith. Ellis assumes his value orientation is somehow correct or ontologically valid. Meehl (1981) challenged this assumption: “Can a therapist, without imposing his personal value commitments on the client, properly ‘correct’ the client’s evaluative dispositions” (p. 4)? Likewise, Spilka (1986) warned of the dangers of unexamined value commitments. “Clinicians who adhere to theoretical frameworks that are negative to religion or who are themselves antithetic to spiritual issues are not likely to be as ‘objective’ in their work as they claim to be” (p. 98).

Redirecting the Dialogue

The foregoing review of the cogent criticisms of RET by religious authors serves to highlight a paradox of sorts to those interested in the accommodation of RET to Christian clients. While rational-emotive philosophy has consistently been demonstrated to conflict with Judeo-Christian goals, virtues and values (Jones, 1989;

McMinn & Lebold, 1989; Roberts, 1987b; Wessler, 1984), the conclusion that RET may not be appropriate for Christian clients is at odds with the existence of several theological and clinically sound Christian approaches to RET (Backus, 1985; Hauck, 1972; Powell, 1976; Robb, 1988; Stoop, 1982; Thurman, 1989). Several of these accommodations are comprehensive and explicitly undergird RET techniques with a Christian rationale. In addition, preliminary outcome research suggests RET can be highly efficacious in treating clinically depressed Christian adults (Johnson, Devries, Ridley, Pettorini, & Peterson, 1994; Johnson & Ridley, 1992).

Resolving the foregoing paradox and facilitating a more productive dialogue between Ellis and religious authors might necessarily require a new critical approach. This approach, while uniquely Christian, would be as pragmatic as philosophical and would acknowledge various definitions of RET. Hints of how this approach to integrating RET and Christian practice might look are evident in the current writings of Ellis and various religious critics.

First, there appears to be much of value in Sharkey's (1981) call to distinguish carefully between the philosophy of Ellis (REP) and the clinical approach of RET. While religious critics have emphasized the rootedness of RET in the larger REP metapsychology, Sharkey (1981) and Finley (1987) have advocated an applied distinction between the philosophy of Ellis and the ABCDE model of disturbance and treatment. Ellis (1981b) himself appears to concur ... "Sharkey is correct in stating that even if rational-emotive psychology has its limitations, rational-emotive therapy may still be, as he puts it, 'viable and defensible in itself'" (p. 155).

Further evidence of the need to responsibly discriminate philosophy from practice appears in Ellis' own writings on two distinct approaches to RET. According to Ellis, "preferential" RET is a philosophically pure (dogmatic) version of RET which explicitly indoctrinates clients with REP, including: long-range hedonism, ethical relativism, "nondevoutness" in all circumstances and the goal of "encouraging people to emphasize human interest (self and social) over the interests of deities" (Ellis & Dryden, 1987, p. 61). In contrast, "general" RET is simply a form of broad cognitive-behavior therapy which emphasizes rational-emotive techniques such as disputation of irrational beliefs. General RET has been the focus of both the Christian accommodations of RET and outcome research noted above.

Additional support for this approach stems from the application of Jones' (1994) discussion of the interaction between the science of psychology and religion. Jones noted that religious authors should function in a "critical-evaluative" mode, evaluating psychotherapy theories and paradigms with respect to their own religious presuppositions. Jones was careful to note that rejecting a specific therapy paradigm (preferential RET or REP) is not synonymous with rejecting the usefulness of some of the paradigm's elements (general RET).

This solution is obviously similar to the "technical eclecticism" advocated by Lazarus (1989). Technical eclecticism implies using numerous techniques drawn from different sources without also adhering to the theories or disciplines that spawned them. Thus responsible eclecticism founded on critical evaluation of RET might lead to a general approach to RET, largely unattached to the philosophical commitments of Ellis or preferential RET.

Such a version of RET could be supported by the Christian faith (Johnson, 1992; Sharkey, 1981) and, in fact, has been found to be highly compatible with biblical perspectives on the importance of beliefs (Lawrence, 1987; Lawrence & Huber, 1982; Thurman, 1989). Warnock (1989) and Johnson (1993) have elsewhere

offered examples of how such an approach to RET might be employed with Christian clients.

Conclusions

In summary, the dialogue between Albert Ellis and religious critics has been helpful in underscoring some of the principal roadblocks to integrating secular therapies with Christian faith. A review of his writings suggests Ellis has become somewhat less dogmatic with respect to his disparagement of religion. Religious authors have been most opposed to Ellis' personal style, rational-emotive philosophy, and the equation of religiousness with pathology. The following are brief suggestions to Ellis and "religionists" regarding the future of this dialogue.

First, Ellis should strongly consider abandoning religiousness as a relevant construct in his discussion of psychopathology. Many of the articles reviewed herein appear generated by Ellis' unfortunate use of terms such as devout, pious and orthodox to indicate immaturity and dogmatism. In fact, Webster's (1979) defines these terms quite differently: (a) Devout means "devoted to religion or to religious duties or exercises." (b) Pious means "marked by or showing reverence for deity and devotion to divine worship." (c) Orthodox means "conforming to established doctrine, especially in religion." Defined as such, each of these terms has clearly positive connotations for religious persons and each is unrelated to cognitive style per se. Instead, Ellis "should" remain true to his original hypotheses (1957, 1962) and describe the correlation between "absolutistic," "dogmatic" thinking and negative emotional outcomes.

This will require Ellis to let go of religion as a pathogenic entity and focus more precisely on the broad human propensity toward rigidity and irrationality. Ellis is also encouraged to examine more explicitly and responsibly his continued implicit faith commitments to science, logical-positivism and atheism.

Second, religious authors are encouraged to move beyond philosophical criticisms of Ellis based on unitary definitions of RET. This will require a more careful distinction between general and preferential (philosophical) RET as well as increased familiarity with the actual therapeutic techniques associated with RET. Such a critical evaluation of RET might assist Ellis in becoming increasingly self-critical regarding his assumptions (Jones, 1994) and simultaneously facilitate appropriate utilization of those components of RET found congruent with Christian faith and practice (Backus, 1985; Johnson, 1993; Thurman, 1989).

Finally, it is important to note that the fundamental principle undergirding RET has remained remarkably simple. "This is what the rational therapist teaches his clients to do: to understand exactly how they create their own emotional reactions by telling themselves certain things, and how they can create different emotional reactions by telling themselves other things" (Ellis, 1957, p. 38).

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Rational-Emotive Behavior Therapy¹ and Religion: Don't Throw the Therapeutic Baby Out With the Holy Water!

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Abstract

Belief systems are fundamental to religion and to the theory and practice of Rational Emotive Behavior Therapy (REBT). Despite this shared focus, REBT is likely underused by therapists treating religious clients. This is unfortunate since religious doctrine and scripture may include ideas that could enhance or accelerate REBT used with religious clients. Many scriptures could help REBT therapists dispute irrational beliefs, for example. Several examples are described of using scripture in REBT practiced among members of the Church of Jesus Christ of Latter-day Saints (Mormons). There are multiple issues to consider in attempting to integrate religion and REBT including ethical concerns, resistance related to religion, and prediction of avenues for psychotherapeutic intervention which are otherwise impeded or eased by religion. Examples of these are discussed.

It is ironic that the psychotherapy that focuses most directly on the emotional and behavioral effects of belief systems, Rational Emotive Behavior Therapy (REBT), was devised and is still most actively championed by an aggressively skeptical unbeliever, Albert Ellis. It is equally ironic, and regrettable, that many believers, including many religious psychotherapists, are offended by his atheism or irreverence and reject this belief-oriented psychotherapy (Weiner, 1988). Religious psychologists and clients may miss out on a therapy uniquely beneficial for them because of its focus on beliefs.

My experience in treating more than 1,200 clients with REBT, including more than 600 devoutly religious members of the Church of Jesus Christ of Latter-day Saints (Mormons) in Utah, suggests that the antipodal, often hostile positions of irreligious and religious psychologists are unnecessary. Identification of REBT with irreligiosity is partly to blame. Because REBT is belief oriented, it may be more effective for religious clients than other therapies. An REBT which makes accommodations to rational religious creeds, doctrines, scriptures, parables, and traditions may be a more powerful REBT. While there are many issues which might be examined when attempting to inte-

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grate religion and psychotherapy, this paper will discuss five main points: a) the basic affinity between REBT and much of organized religion found in a focus on the importance of beliefs; b) the use of scripture in REBT's distinctive technique of disputing irrational beliefs; c) adding religious elements to other elements of cognitive behavioral techniques for religious clients; d) resistance and ethical matters which might be encountered when using REBT with religious clients; and e) sensitivity to cognitive distortions which may be specific to particular doctrines or creeds.

The Basic Affinity Between REBT and Religion

REBT and most organized religions have similar goals regarding belief. The objects of belief considered will often differ, but both REBT and organized religion generally attempt to define, catalogue, and otherwise work with and use belief systems. Religions usually adopt a very broad focus: deities, time, the past, present and future of humanity, the world, and the rest of the universe. REBT focuses on clients' beliefs about human experience and human events. Both REBT and organized religions will view the changing of beliefs as important to changing behavior, often for the purpose of reducing emotional distress. Like most religions, REBT even makes use of songs—hymns—in challenging or reinforcing beliefs (Ellis, 1985).

Consider REBT's *ABC* model: It is not *As*, Activating events, but *Bs*, Beliefs about *As*, that largely cause *Cs*, Consequent emotions and behaviors. If the *Bs* are irrational, the *Cs* are more likely to be dysfunctional. Ellis describes two fundamental, but not necessarily independent irrational beliefs (Dryden & Ellis, 1991; Ellis & Dryden, 1987): self- or human-rating and masturburbation. It is often useful to further subdivide masturburbation into three types: demanding, awfulizing and low frustration tolerance. The *ABCS* expand to intervention: REBTers *D*, Dispute irrational Beliefs, and *E*, Establish Effective rational beliefs or philosophies. Effective rational philosophies lead to *F*, Feeling better.

Beliefs are more fundamental in REBT than the chance positioning of *B* in the *ABC* model. REBT is a multimodal therapy, including behavioral and emotive as well as cognitive components. However, modification of beliefs is a predominant goal in REBT (Dryden & Ellis, 1991; Ellis, 1989; Walen, DiGiuseppe, & Dryden, 1992). Ellis (1985, 1989) has noted, for example, that resistance often arises because clients do not really believe the rational self-statements they are making, or because therapists have not accurately detected what clients really believe. Ellis and colleagues have emphasized that the most effective and, ultimately, most efficient solutions often occur elegantly in helping clients change their fundamental beliefs and establish new philosophies for living—new belief systems (Ellis, 1985; Walen, DiGiuseppe, & Dryden, 1992).

Scripture in the REBT Disputation Process

The role of beliefs in REBT pleads for careful evaluation of clients' religious beliefs. Clients committed to religious belief systems may already accept creeds which could provide rational antidotes to irrational beliefs which upset them. Disputing religious clients' irrational beliefs may begin easily. Remind them of rational (self-helping) creeds in the belief system they already accept. An example: Religious parables may powerfully "jump-start" disputation of religious clients' irrational beliefs (we might call this Parable-ic Disputation) and more quickly grow into effec-

tive rational, religious philosophies for living. Quoting scriptures which are congruent with REBT's fundamental principles may empower other therapeutic techniques used in REBT. Here are examples of such uses of scripture, organized in terms of the four irrational themes described above: self- or human-rating, and masturbation as demanding, as awfulizing, and as low frustration tolerance.

Scriptures Related to Self-Rating and Human-Rating

I tell the Parable of the Sheep and the Goats to many depressed religious clients: The King shall say, Come, ye blessed of my Father, inherit the kingdom prepared for you. For I was an hungred, and ye gave me meat; thirsty, and ye gave me drink; a stranger, and ye took me in; naked and ye clothed me; sick, and ye visited me; I was in prison and ye came unto me. They shall answer him, saying, Lord, when? And the King shall answer and say unto them, Verily I say unto you, Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me (see Matthew 25:34-40; emphasis added in the manner that the scripture is used in therapy sessions). The parable presents Jesus Christ (the King) stating that the poor (the hungry and naked), strangers, and even felons (who many might denigrate) are, according to Jesus Christ, as valuable or important as Jesus is to himself.

This has had powerful effects for some religious clients. Some have wept as they considered it, agreeing that they probably have little religious foundation for down-rating themselves. I presume that the powerful, positive emotions come from a combination of accepting this scriptural disputation of their down-rating and from emotion-laden beliefs about Jesus Christ. The strong emotions generated by reading this parable also reveal the therapeutic potential for kindling strong emotions specifically related to their religious beliefs during the rational process of disputing beliefs.

Religious creeds may form the foundation of rational and religious philosophies. For example, the REBT philosophy of accepting oneself as no more or less than a fallible human being (an FHB) is supported in scripture. From the Old Testament: "There is not a just man upon earth that doeth good and sinneth not" (Ecclesiastes 7:20). From the New Testament: "All have sinned, and come short of the glory of God" (Romans 3:23); and, "If we say that we have no sin, we deceive ourselves" (1 John 1:8). Religious clients may more fully accept themselves as fallible if asked to remind themselves of these or similar scriptures.

Scriptures Related to Demanding Masturbation

REBT maintains that anger usually arises because of what Ellis calls "Jehovian" demands. Though Ellis believes the devoutly religious are often rigidly demanding, religious scripture actually often disputes masturbatory demands. Though Jehovah appears to have used shoulds in biblical commandments ("shoulds" frequently signal the presence of masturbatory, demanding beliefs), these commandments were actually conditional (should ifs). The first commandment in the story of Eden was conditional. God said to Adam and Eve, "Of every tree of the garden thou mayest *freely* eat; but of the tree of the knowledge of good and evil, thou shalt not eat of it: *for in the day that thou eatest thereof thou shalt surely die*" (Genesis 2: 16, 17; emphasis added in the manner that the scripture is used in therapy sessions). This is no more demanding (or Jehovian) than telling a diabetic, "You shouldn't eat candy bars, because if you do, you will be sicker and die sooner than if you don't."

Angry clients may use Jehovian musts, but Jehovah (or Jehovah's prophets) actually gave people choices: "Behold, I set before you this day a blessing and a

curse; a blessing, if ye obey the commandments ... and a curse, if ye will not obey the commandments” (Deuteronomy 11: 26-28). Disputing religious clients troubled by anger may be easier after they read verses from scriptures. “If God can let people choose whether or not to obey, why can’t you? Where is it written that your spouse (child, boss, friend, acquaintance) must behave in any particular way? Why be more demanding than God?”

Scripture often teaches philosophical acceptance of unchangeable difficulties. Mormons believe that an ancient prophet named Lehi (quoted in the Book of Mormon) said there will be “opposition in all things” (2 Nephi 2:11). Commenting on two sons who tried to kill him, he said, “the Lord God gave unto man that he should act for himself” (2 Nephi 2:16). Reminding Mormon clients of Lehi’s statements and the context of extreme family violence in which Lehi said this may anchor a religious philosophy of disliking, but accepting others’ unchangeable bad behavior.

Scriptures Related to Awfulizing Musturbation

Anxious clients often believe they cannot or must not have to tolerate discomfort. Ellis calls this “I-can’t-stand-it-itis” (Dryden & Ellis, 1991; p. 58). The I-can’t-stand-it-itis of devout Mormons may be disputed by reminding them that there will be “opposition in all things” (quoting from Lehi, above). They may also be helped by something Mormons believe God told Joseph Smith, their 19th century prophet, “If thou art called to pass through much tribulation; ... *if the very jaws of hell shall gape open ...* after thee, know thou, my son, that all these things shall give thee experience, and shall be for thy good” (Doctrine and Covenants 122: 5, 7, emphasis added in the manner that the scripture is used in therapy sessions). These verses often open a cognitive door through which devout Mormon clients may begin to see hassles, even very tough ones, as learning experiences rather than as catastrophies.

Consider this classic “Ellisonian” disputation:

Suppose [the airplane I’m flying on] does [crash] and suppose I actually die, where is it written that I *must* not die? Why do I need a *guarantee* that I won’t? In what way would my death be *unthinkable* and *absolutely horrible*?” (Dryden & Ellis, 1991; p. 46)

A religious client may accept this kind of disputation more quickly with the reminder from scripture that “to every thing there is a season, and a time to every purpose under the heaven: A time to be born, and a time to die ...” (Ecclesiastes 3:1, 2; emphasis added in the manner that the scripture is used in therapy sessions).

Scriptures Related to Low-Frustration-Tolerance Musturbation

Scripture is filled with exhortations to work hard. All may be potential antidotes to Low Frustration Tolerance (LFT), reminding religious clients that most lasting or long range goals, enjoyments, or pleasures usually require hard work. God told Adam, “cursed is the ground *for thy sake*, ... in the sweat of thy face shalt thou eat bread” (Genesis 3:17, 19; emphasis added in the manner that the scripture is used in therapy sessions). This selection suggests that hard work was designed into life for our benefit.² Jesus Christ asked, “Which of you, intending to build a tower, sitteth not down first, and counteth the cost, whether he have sufficient to finish it?” (Luke 14:28), suggesting that we had better anticipate and plan for the difficulties of life.

Adapting Other REBT Techniques for Religious Clients

While scripture-augmented disputation may help start REBT for religious clients, most clients improve most quickly if they also work to change their philosophy of life by thinking and behaving and emoting during and between REBT sessions. This would include anti-shame exercises, ABC work sheets, teaching others about REBT, using rational-emotive imagery or doing other behavioral or cognitive homework assignments. While most of these techniques are religion-neutral, clients' religious beliefs or religious life styles may enhance or strengthen the impact of these many other cognitive-behavioral techniques. Three examples are noted specifically below: bibliotherapy, visualization and emotion enhancing techniques, and behavioral homework.

Religious Enhancement of Bibliotherapy

Bibliotherapy has long been an important part of REBT (Ellis & Harper, 1975), but it may actually be more effective among religious clients. Reading scripture is often an important part of a religious life style. Reading rational passages from the Bible or other scripture may be particularly effective rational-emotive bibliotherapy (Holy Bible bibliotherapy!). Having established a biblical foundation, areligious or even irreligious bibliotherapy may become more effective among religious clients.

When I ask religious clients to read *How to Stubbornly Refuse to Make Yourself Miserable About Anything—Yes Anything!* (Ellis, 1988), *A New Guide to Rational Living* (Ellis & Harper, 1975), or some other REBT self-help book, I warn them that Dr. Ellis is an atheist whose ideas will not always match their values. Most find his irreligiosity irrelevant to their goals. Religious clients sometimes do object, however. Their objections may be helpful in development of the therapy, as their objections may disclose irrational ideas, including irrational ideas about religion. When invited and encouraged to object, objections can then be discussed along with other strong beliefs about life.

Religious Enhancement of Visualization and Emotive Techniques

Religion may broaden the range of emotional experience available to clients. Consider a religion-augmented version of an emotive technique which often helps clients experiment with the links between belief, emotion and behavior, the Twin Thought Experiment. Clients imagine identical twins in identical circumstances who differ only in their beliefs. One has irrational beliefs close to the client's; the other has beliefs like the client's, which, however, avoid or dispute self-rating and masturbation. Clients try to guess, estimate, imagine, visualize or, if possible, empathize with each twin. Clients often detect changes in their emotions and impulses as they try to put themselves vicariously into one and then the other imagined twin's belief system.

It is generally the goal of REBT to move as quickly as possible to challenge clients' fundamentally upsetting beliefs, often hastened by guiding clients to face their worst fears. Consider a descending hierarchy of worse and worse fears. Many religious clients' worst fear? Hell! The Twins in Hell Thought Experiment allows religious clients, all at once, to face and perhaps laugh at one of their worst possible fears. It usually goes something like this (in a dialogue with the client):

If identical twins commit identical grievous sins and do not repent, where are the twins likely to end up? Probably Hell! One twin says (and believes), "This is horrible! It proves what a worthless worm I am!" The other says (and believes), "Boy, sure is

hot down here! Certainly my biggest screw-up yet! I wish I weren't here! But that's life, or rather, that's afterlife! This surely proves humans make mistakes." Now, I ask the client, is either twin happy to be in Hell? No, of course not (this question helps ward off Pollyannaish thinking). But which of the two is most unhappy?

Most clients quickly see that it is the twin who awfulizes or denigrates him- or herself. I then ask a series of emotive-analytic questions, such as: To which twin are you closest right now? What were you feeling as you put yourself in each twin's mind set? When religious clients work to deal with the fundamental badness of their own imagined Hell, they have a particularly wide range of emotive situations available to work through.

Religious Enhancement of Behavioral Home Work

Famous in the story of REBT is Ellis's account of his first attempts to get dates in New York City. He asked out more than 100 women before anyone accepted, and then she stood him up! He tried again and was more successful with the next 100 (Wiener, 1988). Many religious clients have available to them what may be socially supportive venues for such behavioral experimentation—their congregations. The REBT therapist might do well to evaluate the congregation as a resource for their religious client's homework assignments. Young Albert might have enjoyed more dates, more quickly had he been flirting at church!

Religion, Resistance and Ethical Use of REBT

Understanding particular religious doctrines and sensitivities may help REBTers keep clients in therapy longer, allowing for more effective REBT. Clients' religious beliefs may contribute to their either feeling comfortable or resisting psychotherapy. In *Overcoming Resistance*, Ellis (1985) describes and criticizes techniques likely to create resistance, including trying to make clients devoutly mystical or trying to convince them they are going to go to Heaven or Hell. If they would avoid resistance, neither should therapists—REBTers, in particular—attempt, even subtly, to criticize clients' religious values. From *Overcoming Resistance*:

Clients sometimes resist change because therapists have their own fish to fry and mistakenly see these clients as having symptoms that they really don't have ... or as having their symptoms originate in certain "events" or "facts" ... that the clients view as figments of the therapists' imaginations. Rather than allow these therapeutic "authorities" to lead them up the garden path, such clients refuse to accept their therapists' "discoveries" or interpretations and healthfully resist or flee from treatment. (Ellis, 1985, p. 7)

Religious individuals may feel especially suspicious of psychotherapy if they discover that their therapist is critical of their religious beliefs. Paraphrasing Ellis, rather than allow therapists who seem critical of their religious beliefs to lead them down some atheistic path toward Hell, religious clients may healthfully (faithfully?) resist or flee such therapy. A desire to protect cherished and (to them and many others) not necessarily irrational religious beliefs may drive religious clients from therapy, prolonging their suffering.

Conservatively religious clients (such as many devout Mormons) may be skep-

tical of therapies which seem passive, sensualistic, or arcane. I discover that many psychotherapies sound like psycho-babble mumbo-jumbo to my more conservatively religious clients, while REBT's ABC model sounds straightforward and sensible to them (as it also sounds to me!). How unfortunate if religious clients who are quite prepared to accept REBT's ABCs find that they are thought of as ignorant or inherently irrational just because they are religious. REBTers had better work overtly to change self-rating and masturbation, *not* fundamental religious beliefs; attempting to do so is unlikely to help anyone. Preaching (even subtly) for or against religion is a respectable enterprise, but not during psychotherapy sessions. Confusion may arise because of confusion in the psychotherapist's mind about the goals of REBT. Ethical concerns may be particularly important when entering into the client's religious belief system in an attempt to modify his or her irrational beliefs. Finally, some religious clients may disagree on doctrinal grounds or may cite their own scriptures in responding to scriptural disputations.

Resistance Related to Therapists' Confusion About REBT's Goals

Ellis has been careful to explain that absolutistic atheism as well as devout religiosity are likely to lead to emotional disturbance (Ellis, 1983). But casual listeners or even inattentive REBTers may not understand the difference between a rational-emotive philosophy of life, implementation of REBT, and Albert Ellis's beliefs and biases about the universe. While tolerance is fundamental to the goals of both REBT and religion, the focus of REBT may be misunderstood even by its supporters. For example, Woolfolk and Sass, in the book *Inside Rational-Emotive Therapy* say of Ellis that he has

beheld with clarity what other theorists have glimpsed only dimly and [has] been willing to bite the intellectual bullet: If religion stands in the way of happiness, then religion must go. (Woolfolk & Sass, 1989, p. 15)

Of course, neither REBT nor Ellis is responsible for other REBTers' misunderstandings. But it does sound as if Ellis can be misinterpreted by other psychologists to yield atheistic masturbation against religion. Such misinterpretations may impede use of REBT with religious clients.

Ethical Treatment of Religious Issues

Even when attempting to use a religiously oriented REBT in a setting where I know most of my clients will be devoutly religious, I first introduce religion only by way of assessment. I ask new clients to describe their religious preferences and thereafter structure interviewing to allow them to reveal how religious beliefs may be involved in their distress. Only then, only if clients are interested or agree, do I discuss religious elements of clients' distress. It would, of course, be inefficient to use religiously oriented REBT to try to help an atheistic client and probably inefficient to use religiously oriented REBT to help a client who feels confused or ambivalent about religion. I believe it would be unethical to try to convert the atheist or encourage formerly religious clients to "return to the fold." Using religiously oriented therapy with *irreligious* clients might upset them; hopefully they would resist. Using religiously oriented therapy with a formerly religious client who feels disaffected with religion may be harmful by further confusing or upsetting them. The same issue applies to religious clients being treated by an irreligious thera-

pist. Hopefully religious clients would resist attacks on their religious beliefs.

Resistance Related to Use of Humor and Profanity

REBT is famous for humorous use of profanity to increase its efficiency and reduce resistance (Ellis, 1985). However, some devoutly religious clients may be offended by the profane irreverence of some REBTers' humorous approaches. I find that REBT humor can, with care, still help religious clients.

An ill-considered use of humorous profanity in a therapy group at Brigham Young University (BYU) alerted me to both the advantages and liabilities of profane humor. The group members were Mormon BYU students. A law student was upset about her poor academic performance—I believed she exaggerated this, as she was actually in the top third of her class. I told her, “A famous psychologist, Albert Ellis, has a technical term for this. Your less than perfect performance is proof to you of your shithood!” Tears ran down her face she laughed so hard. She was quickly able to dispute her self-rating, in part because of my profane satire of what she believed about herself. She soon seemed comfortable with her level of achievement. Other group members laughed, too, but not everyone. Two other group members seemed offended. Luckily, they were offended with Dr. Ellis, not me, and we were able to cooperatively continue with therapy as long as I avoided profanity. I have since discovered that about 30% of my BYU clients will be offended by this particular REBT technical term. However, none has been offended by the BYU modification of the term, “manurehood,” which often provides a satirical inroad to helping them dispute their self-rating. The experience suggests that REBTers may do better with religious clients by adjusting their approach to account for the clients' religious sensitivities. Deciding whether to use humorous profanity is an issue of therapeutic efficiency which is probably only loosely related to the fundamental goals of REBT.

Resistance Related to Doctrinal Disagreement

Religious clients may develop their own scriptural foundation for their distress. Religious clients may grow alarmed or even offended if they find that one verse of scripture is used to contradict another verse which they consider particularly meaningful. This may seem like a religious roadblock. The REBTer attempting to integrate religion with therapy may actually have advanced the therapy when this occurs. If this occurs the religious client may be quite engaged in the process of considering the importance of his or her religious beliefs. The REBTer can then encourage the religious client to employ a religiously experiential and experimental approach to dealing with their distress. Therapeutic use of this discovery might go something like this, “Your concern highlights your sophistication and thoughtfulness. Consider these conflicting scriptural references carefully and then imagine how your problems (e.g., your depression, your anxiety, your anger) will change depending on the alternative explanations afforded by these two verses which seem to conflict. Imagine how you will feel if one is correct and then imagine how you will feel if the other is correct.”

Detecting Doctrine- or Creed-Specific Distortions

While REBT posits that self-rating, human-rating and masturbatory are at root in most dysfunctional behavior and emotion, clients cultivate their own unique irrational distortions. Some creeds may invite particular irrationalities, not necessarily

because the doctrines are irrational, but because humans easily formulate distorted versions of almost any idea. It is helpful to anticipate beliefs likely to create difficulty. I will give two examples from Mormonism.

1. Mormon doctrine teaches that marriages performed by the proper ecclesiastical authority may last beyond the grave. Young Mormon clients can become upset if they catastrophize about making an eternal marriage mistake. Some fear that they could be forced to stay forever with someone they dislike. These individuals misunderstand the doctrine, however. Those married with proper ecclesiastical authority may stay together eternally if they want to and if they live properly. Young Mormon clients often catastrophically exaggerate the importance of the decision to marry believing they must have certain religious experiences to confirm who is the “right” spouse. They elevate the importance of the choice above living the relationship. Notice that it is not really the eternal marriage doctrine, but distortion of, or musturbation about the doctrine that causes dysfunctional reactions.

2. Creed-specific ideas may have mixed effects in therapy. For example, Mormon doctrine encourages hard work, which may both contribute to distress and help clients see the importance of working hard to change. Prominent on BYU's seal is a beehive (BYU is owned by the Mormon Church). The beehive signifies industry. Mormons seem more prone than many clients from other backgrounds to engage in masturbatory perfectionism: “Anything worth doing is not only worth doing well—is should be done perfectly and right away!” At the same time a “be-thou-industrious” belief may help during therapy. Joseph Smith reported that God told him, “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” (Doctrine and Covenants 64:33). This creed-specific verse suggests that consistent, detailed, sometimes tedious work is needed for change. Reminded of this, Mormon clients may work harder and more consistently at changing.

Must REBT therapists (or other therapists) and clients have matching religious beliefs? No. But considering that the majority of our clients are likely to be religious (Bergin, 1980), therapists would do well to carefully consider the match between religious clients' beliefs and particular interventions. A good match can probably be achieved through combination of well understood REBT and familiarity with the implications of particular religious doctrines. The REBTer, in particular, would do well to know something about the religious beliefs he or she is likely to encounter with each client. Still, such as the case of being upset about the Mormon doctrine of eternal marriage, it may not be the particular doctrine, but irrational beliefs about the doctrine which cause the dysfunctional emotions and behaviors.

I believe that detailed, scientific, psychological discussion of where and how religious beliefs may hinder or accelerate REBT and other psychotherapies is needed. A growing literature may provide practical and theoretical help. Study of the effects of religion and value-related effects in psychotherapy is accelerating (c.f., Kelly & Strupp, 1992; Lawrence, 1987; Richards & Davison, 1989; Warnock, 1989). Even more encouraging, a treatment protocol for a Christian REBT (Johnson, 1993) and positive outcomes from integrating religious concepts in cognitive behavior therapy (though not REBT) have been documented (Propst, Ostrom, Watkins, Dean, & Mashburn, 1992). Given a fair hearing and careful study, REBT could contribute positively and powerfully to these scientific investigations and to efforts to increase the efficiency and efficacy of psychotherapy offered to religious

clients. Hopefully this will be the focus of future studies and articles appearing in journals that link psychology and religion.

Notes

1. Albert Ellis announced at the 1993 convention of the American Psychological Association, in Toronto, that he has acceded to the frequent suggestions of, among others, Raymond Corsini, and has begun to call Rational Emotive Therapy (RET) Rational Emotive Behavior Therapy (REBT). This better describes what actually has been happening in therapy as he has practiced it all along. However, RET is easier to say than REBT, he noted.
2. One reviewer disagreed with my interpretation: "Inaccurate use of this quotation [Genesis 2:16, 17]. The ground was cursed because of Adam and Eve's sin, and as a punishment for it. Bitter toil was the result of sin, and not designed for human betterment. The condition of Eden before their sin was the Creator's design for life...."

This paper describes my admixture of Mormon precepts and REBT as a model for how other REBTers might work with their religious clients. I believe my interpretation of Genesis, though contradicting some other Christian traditions, fits Mormon doctrine. Mormon doctrine holds that Eden was pleasant, but less desirable than this corruptible life because it provided no opportunity for learning from life experiences such as marriage and raising children and the conflict, sorrow, sickness, and death which are inevitably part of life (McConkie, 1966).

The reviewer's comment suggests an important caveat about doctrinal conflict, however. Doctrinal disputes might, themselves, lead to emotional distress. REBTers who attempt to use scripture during REBT had better be familiar enough with a client's religious background to anticipate or at least understand such conflict, certainly by doing careful assessment and perhaps by confidentially consulting with an expert on doctrines in the client's faith.

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The winter, 1996 issue of the *Journal of Psychology and Christianity (JPC)* will be a special issue devoted to the topic of homosexuality from a Christian perspective. Dr. John Court will be the guest editor. Manuscript ideas, completed papers and relevant book reviews should be submitted to:

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See p. 298 of this *JPC* for instructions about how to prepare manuscripts, except be sure to submit any to Dr. Court instead of Dr. Peter C. Hill. Book reviews on this topic should also be submitted to Dr. Court.

My Response to “Don’t Throw the Therapeutic Baby Out With the Holy Water”: Helpful and Hurtful Elements of Religion

Albert Ellis

Institute for Rational Emotive Therapy

Abstract

Religions often include psychologically helpful philosophies and social rules. Helpful social rules or philosophies are not evidence that religion is true or good. Religions may also include harmful or irrational rules or philosophies. Examples of both elements in Christianity are discussed briefly. More than particular religious beliefs, it is absolute, dogmatic devotion to beliefs which helps to create emotional disturbance. This is true for dogmatic adherence to atheism or to political ideas as much as it is true for religion; all are examples of rigid religiosity. Religiosity tends to preclude reality and logic by insisting that one “correct” idea or belief must absolutely prevail.

Well, I enjoyed Dr. Nielsen’s original talk (Nielsen, 1992). I also agree with many aspects of his paper (Nielsen, 1994). First, let me go through some of my agreements, state what I think of the effects of his points and discuss a few more things he said in his original paper.

First of all, he points out that global self-rating and what I call musturbation are the really neurotic philosophies that people hold and that many religious philosophies, especially Christian ideas, are opposed to these disturbing cognitions; and he uses some helpful religious parables as rational coping statements.

Religious philosophies, as I’ve pointed out for many years, do frequently have a good, sensible core. But for that matter, so did Hitler have some good ideas, so that’s not a very good argument for religion. Every religion, including some of the nuttiest ones, and Christianity isn’t the worst by far, include some good ideas, and what I call the secular religions, like Naziism, also include a few healthy views.

I wrote a paper around 1961, *The Case Against Religion* (Ellis, 1961), but then I changed it in 1983 to *The Case Against Religiosity* (Ellis, 1983), because the term religion often means a philosophy, and may consist of a vague idea that there is a God and maybe He or She is merciful and helpful. That notion won’t do much harm. But devout religiosity, meaning a rigid, absolutistic belief in almost anything, is one of the cores of human disturbance; and the secular religions, such as Lenin’s and Mao’s Communism, have just as much religiosity in them as the theo-

This paper was adapted from an address delivered at the Division 36 hospitality suite at the 1992 Annual Convention of the American Psychological Association (APA) in Washington, DC. Requests for reprints or inquiries should be addressed to Albert Ellis at the Institute for Rational-Emotive Therapy, 45 East 65th Street, New York, NY 10021-6593.

logical religions. So it isn't Communism or Maoism which is itself disturbance-creating; it's the devout, absolutistic belief in it and the insistence that non-Communists are damnable and should be exterminated. All absolutist religions have some good points, because you can't have religion without a philosophy. But you can have philosophy without any devoutness, absolutism, or religiosity; and, usually that makes it a saner, more productive, and humane philosophy.

Christianity, particularly, has a very healthy notion of grace. It accepts the sinner but not the sin, and includes many other very good ideas. Stevan Nielsen points out that the Bible can be used as a self-help book and can be used therapeutically. I once pointed out in a paper on self-help at an American Psychological Association convention that the Bible is really the most read self-help book in the world. It includes some very healthy points—but also much self-damnation.

Nielsen shows that a hassle is not a horror. I particularly liked his view of Hell, because I'm writing a book now on the use of Rational Emotive Behavior Therapy (REBT) with AIDS and other fatal diseases, showing that REBT is almost the only therapy that indicates that even that kind of affliction—and AIDS is about as bad a disease as you can get—is not *awful* and *horrible* (Ellis & Abrams, 1994). It's just very, very bad. If you accurately define *awful* and *horrible*, they mean, first, very, very bad, which, of course, AIDS and dying slowly of cancer are. They mean, second, totally bad, 100% bad, which is practically never true, because things always could be worse—thus, you could have AIDS *and* cancer. Third, *awful* really means *more than* bad. That's what people truly mean by *horrible* and *terrible*. Even Hell, to use Nielsen's analogy, is not *more than* bad, it is quite, quite, quite, quite bad. *Awful* stems from a *must*. It means that something is worse than it *should* or *must* be. That's how you get *awful*; you don't create it just by saying something is very bad. Nielsen rightly shows that the Christian religion, and some other religions, like Buddhism, are sometimes against what I call *awfulizing* and *I can't stand-it-itis*, and that REBT techniques are inherently religion-neutral and can be used along with some religious views.

This was shown particularly by Howard Young, one of our best REBTers, who wrote what has become a popular book, *A Primer of Rational Counseling*, of which we've sold tens of thousands of copies. Howard had worked in the back woods of West Virginia with devout fundamentalists, and he used some of their religious ideas and amalgamated them with REBT. The devil can quote the scriptures, and you can use almost any kind of idea to help persuade and induce people to use REBT or any other sensible philosophy. That doesn't mean that the idea you are using is good, it just means that you can use it to good effect.

Nielsen shows rightly that the Mormons are taught to work hard and to fight their low frustration tolerance (LFT). Even New Age religionists and mystics can have some good teachings. They often encourage their followers to work very hard to follow their creeds; and that helps them acquire high frustration tolerance, which can be anti-neurotic.

Nielsen notes that we'd better not demand that religious clients be unreligious, which is correct. But we'd also better not demand that atheistic clients be religious.

There are other good points about the Christian religion, such as its concepts of forgiveness and grace. Christians are encouraged to accept the sinner but not the sin and to see all people equal in their personhood. They don't have equal traits and abilities, but can accept their selves regardless of their failings. Religion also provides people with a moral code, but that moral code is not truly religious,

because humans have to have a moral code in order to live in a social group. Some religious ethics are “good” and some (like the moral rules of the Nazi religion) are “bad.” But the mere fact that religions have a moral code doesn’t mean that you can’t have a moral code without religion. All humans in all places have a moral code.

Religion often gives people what I call in *A New Guide to Rational Living* (Ellis & Harper, 1975), a vital, absorbing interest. It often offers a long-range goal or purpose that helps one become highly involved and that distracts one from problems. Such an interest can make one happy because of deep involvement in it. Religion usually includes a very social view, as REBT also does and as Adlerian therapy does; and social interest can be quite therapeutic (Adler, 1964; Ellis, 1994).

However, religion, just to mention briefly some of its bad sides, very frequently does have damnation in it and eternal punishment. Nielsen shows that Mormons are taught that once you marry religiously in the church, you have to stay married even in the afterlife. Now to have a bad marriage is pretty grim, even for a mere lifetime! Nielsen says he disputes his Mormon clients’ irrational belief that “I must not marry the wrong person for all eternity!” Good, but although he shows them that even that grim fate is not *awful*, is not *horrible*, is only a pain in the ass, how can he, as a Mormon, get them to dispute the highly questionable “fact” that they have to stay hooked to the wrong person *forever*?

Religions, as I say in my writings against devout religiosity, are very frequently, not always, absolutely strict. They have one God and they fight each other about whether it is Thor or Zeus or Jehovah or someone else. They are almost always very dogmatic. Certainly the devout religionists are dogmatic. They go by imperatives, not by preferences or by chosen goals and values.

REBT says that almost any goal or value, even a perfectionistic one, will not get you into trouble as long as it is preferential and not masturbatory. Because even if you strongly want a billion dollars this second, if you only say “I prefer it, but I don’t have to have it,” you will not disturb yourself when you have less than that. But if you say, “I *absolutely must* have a penny right now!” you are in trouble. So it is with the imperatives which most religions definitely include. They frequently include damnation. They demand certainty, which doesn’t seem to exist in the universe. As far as we know, the universe only includes probability. There is a high degree of probability that an airplane is not going to fly in this window and kill us all right now, but there is no certainty that this will not occur.

Religions often involve bigoted, nationalistic prejudices against every other religion. Not all of them, but a great many of them, do. We have many religious fights and wars. Religions are very often fanatical, and they almost always have some authoritarian views and rules. So again, I say that as long as humans stick to their preferences and probabilities in religion, they will not disturb themselves. Thus, if they can say, “I believe that in all probability there is this particular God, and I think that He or She does have power over us, therefore I’d preferably better stick to this God’s laws,” that would be okay. But as soon as they believe, “The God in whom I believe *absolutely must* exist and Her or His rules must rigidly and perfectly be at all times followed,” they are often headed for emotional trouble.

First, devout religionists are unrealistic and against reality, because reality is most probably not the way they insist it absolutely *has to* be. Second, they are illogical, because they are really saying, “Because I believe that my God and religion prevail, they actually *must* prevail.” Third, they are inflexible and antiscientific,

because science is invariably flexible. It sets up hypotheses, like the law of gravity, but never says that under all conditions at all times these laws absolutely *must* be true. It tentatively accepts hypotheses and then, when the facts seem to be against them, knocks them down, and changes them to new hypotheses. Devout religiosity, on the other hand, sets up hypotheses, and under all conditions and at all times defines them as “valid” and “good.” Now even devout religiosity can be used, as Dr. Nielsen has shown, to some good effect when combined with REBT. But my hypothesis would be that on the whole it still does more harm than good. The problem is to get evidence, scientifically I hope, in favor of or against this hypothesis.

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Albert Ellis earned the Ph.D. from Columbia University. He is President of the Institute for Rational-Emotive Therapy, which he founded. The Institute is a not-for-profit organization chartered by the Regents of the University of the State of New York. Dr. Ellis, who celebrated his eightieth birthday in September of 1993, maintains a heavy weekly schedule including therapy sessions with individuals and groups at the Institute, and weekly training and supervision of other REBT practitioners. He continues to travel and give lectures and demonstrations of REBT. His revision of Reason and Emotion in Psychotherapy is scheduled for publication in the Fall of 1994.

A Discussion with Albert Ellis: Reason, Emotion and Religion

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Abstract

Albert Ellis discusses religion, including his personal experiences with religion. He discusses his rejection of his own childhood faith and development of his current philosophical stance. He notes that rational emotive behavior therapy (REBT) challenges self-defeating absolutistic beliefs, not religious beliefs. Challenging clients' religion may be unethical. The effects of religious ideas should be studied. REBT should not be sacredized, but practiced flexibly and studied scientifically. Religion and mysticism might be studied with personal experiments, though not in the nomothetic, scientific manner, he notes. Ellis is not averse to experimenting with mysticism or religion—even experimenting personally, but mystical experience may be exaggerated and other evidence ignored by those who are devout.

Following his response to the paper “Rational Emotive Behavior Therapy and Religion: Don't Throw the Therapeutic Baby Out With the Holy Water!” (both included in this issue), Albert Ellis agreed to discuss his views of religion with Stevan Nielsen and members of the audience at the Division 36 hospitality suite at the 1992 annual convention of the American Psychological Association (APA) in Washington, D. C. While that paper and his response were being prepared for submission for this issue of the *Journal of Psychology and Christianity*, Dr. Ellis agreed to meet with Dr. Nielsen for further discussion of religion and REBT at the APA convention in Toronto in 1993. The program submitted for that discussion, “The Case Against the Case Against Religiosity,” was rejected by the convention committee. However, a private discussion was held in Toronto. The current paper was drawn and adapted from the transcripts of the 1992 question and answer session and the 1993 Toronto discussion. Several unidentified psychologists asked questions during the 1992 session. Peter Hill and Brad Johnson were present for the Nielsen/Ellis discussion in Toronto. The two discussions were lengthy and required extensive abridging to fit in this issue. Omitted from this article are topics not directly related to religion, including discussion of intuition, existentialism and evolutionary psychology.

Stevan Lars Nielsen (SN): Could you tell us how your thinking about religion developed? You've said that as a preteen you concluded that the biblical time line for creation of the Earth was incorrect, leading you to decide that the Bible could not be correct.

Albert Ellis (AE): Well, first of all, it is a major error to say that the world was created in seven days. Obviously, it wasn't. I was in a physical geography class in the 6th

Inquiries or requests for reprints should be sent to Stevan Lars Nielsen at the Counseling and Development Center, 149 SWKT, Brigham Young University, Provo, Utah 84602. Interested readers may obtain full transcripts or recordings of the 1992 presentations and question and answer session and the 1993 discussion from which this paper was drawn from Dr. Nielsen.

grade, before I started junior high school, and I don't remember whether they gave us the Big Bang Theory, but they said very clearly, and had evidence to show for it, that the world was millions or billions of years old. So that made me lose my faith in the Bible.

I had faith in the Bible before that. Not completely, because in Sunday School they gave us metaphorical lessons and explanations: "Did the Red Sea really open, or was it just shallow at that time? And did God strike the Egyptians dead or was there a plague?" So there was some skepticism already, and I'm naturally skeptical. But I thought that the Bible was basically true before that. And later, incidentally, I've found out that there is archeological evidence—a good many findings—providing some support for parts of the history in the Bible. Just the other day I read in the New York Times of more excavations supporting the historical authenticity of some features of the Old Testament. In fact, I think it was as good a scandal sheet as any we have today. It includes all the incest, rape, fornication, adultery, and other salacious human behaviors. So I thought it had a lot of truth in it, but that it had basic falsehoods, and therefore was not to be taken as literally true. So I gave up my belief in the Bible, but not in all the events of the Bible. Since that time, I haven't changed the belief that it obviously was a work of humans, who wrote it for various reasons. And not just one human, a good many; and that therefore we can doubt its veracity just as well as we can doubt that of any other human drama, novel, or other creative work.

Then I was influenced by a great many other people, especially the 19th century and early 20th century philosophers, Nietzsche, Immanuel Kant, Bertrand Russell and others. The more I thought about it and the more I saw what harm various kinds of dogmatic religion did, the more I became an atheist. I already was an atheist, but I became more against many forms of organized religion. But not all forms. The Quakers, for example, are a form of organized religion; but they have many humanist ideas that I agree with.

So I disbelieved in the truth with a capital "T" of the biblical scriptures when I was young. I hadn't read the New Testament, I read it later. So I saw the Bible as a philosophical work with a lot of ideas, most of which I didn't agree with—but not all of them. I not only became atheistic, but also disagreed with many aspects of what we call organized church religion. And especially I opposed the basic issue—which I still oppose—that religious people often, though not always, tend to hold their creeds devoutly and absolutely—which I call religiosity. That kind of religiosity leads to immense harm.

SN: How do you think religious beliefs and religiosity develop?

AE: Well, I think they develop out of desires. The human tendency, which I think is biologically based, is to take strong desires, most of which are either good and preservative (e.g., "I desire to live and be happy, and to be comfortable.") and turn them into dogmatic musts. Other desires are just idiosyncratic ("I desire ice cream." or "I like sports."). Humans frequently turn their strong desires into musts, needs, shoulds, oughts, absolutes. But, none of those absolutes exists in reality. There's never a reason why you absolutely *must* win the game, *must* be loved, or *must* do anything. You have anxiety, which the existentialists call existential anxiety. That is, concern about survival; they mainly seem to mean that. They call it angst, but I think they mean anxiety about survival. But then, as I just said, as soon as you have a *must* and it's not acceded to—it *may* not be, and it *will* not be in many cases—then

how can your demand lead to anything but anxiety and depression? And therefore you may think you *need* some solution for your anxiety. All humans look for some basic solution, and religion, both God and some kind of church authority, are chosen as that “solution.”

SN: And an afterlife?

AE: Of course, that may be a little different, because maybe we could find some non-religious people who believe in an afterlife. But there again, people start with, “I know that I’m alive.” and they egotistically often add, “I *have to* exist forever.” But they add, “I know good and well that I’m going to die. Therefore, I *need* to know that my soul will go marching on forever.” So, once you create needs, then it’s logical to create some supreme being, some secret of it all that will fulfill your “necessities,” because they’re often not going to be fulfilled in this life.

SN: REBT’s unique therapeutic goal is producing specific, profound philosophical change. Is this like converting clients? Almost as missionaries try to proselyte and convert ...

AE: Why not say deconvert?

SN: Does it make a difference?

AE: I’ll show you why it does. Because I once gave a talk, about 30 years ago, to the Society of General Semantics in New York and I showed how REBT overlapped with General Semantics because I took several ideas from Korzybski and the general semanticists (cf. Bois, 1978; Korzybski, 1933). So, some fellow in the audience said to me, “Well, look, in your therapy aren’t you really brainwashing people?” Another man in the audience quickly answered, “Oh, no, Dr. Ellis is trying to brain wash the brainwashing!” So, you see, what we’re usually trying to do in REBT is unconvert the devout convert. “Convert,” you see, is another word that has multiple meanings. To a certain degree we’re trying to deconvert the absolutists who, I say, largely converted themselves to rigid dogma. Most other theorists would say that clients learned their absolutist musts from their parents or culture. But I believe that people easily are that way. I think that individuals with severe personality disorders almost routinely think that way. There’s something biological about the force and the vigor with which they believe the dogmas that they believe—especially when they have obsessive-compulsive disorders (ocd).

SN: In *The Case Against Religion* (1961) you said you would willingly try to change clients’ religious beliefs, but I did not read that in *The Case Against Religiosity* (1983). Am I reading correctly?

AE: Well, it is still in there, and I would be willing to help change any client’s *devout, absolutist* belief in anything, in God, the devil, or anything else—providing that the client has the kind of musturbatory belief that is the essence of what we call neurosis. [A musturbatory belief is an extreme or absolute belief, a demand, that a situation *must* be different than it is.] I didn’t say that very clearly when I wrote *The Case Against Religiosity*.

The foundations of neurosis are tacit, implicit, unconscious or conscious dogmas that necessitate, (1) “I absolutely must do well”; (2) “You people completely must treat me well”; and (3) “The world must give me exactly what I want when I want it.” These are the main essence of neurosis as far as I can see. If you *prefer* something, that is okay, but if you devoutly command that you must get what you prefer, whether you are an atheist or a believer, that often creates neurosis. And incident-

tally, I show some of my atheist clients that they are not good atheists because they devoutly believe that there cannot be a God. If you are devout, you are not likely to be a sensible skeptic and atheist. Atheists, as well as religionists, make themselves neurotic by surrendering open-mindedness for rigid devoutness.

SN: What are the ethical subtleties of working with someone who is religious? Is it ethical for a therapist to directly dispute a client's religious beliefs?

AE: Well, let me answer that a little indirectly first. Let's suppose a client comes—and I have hundreds of them—with a devout belief in psychoanalysis, which is a kind of religion. Then I show them it is highly dubious that they became neurotic because their mother looked at them cross-eyed. I may show them that object relations is not an accurate theory of disturbance. I really teach them to think skeptically. I usually don't get around to their religion, whether they are Buddhist, Christian, or Jewish or anything else. But I do focus on their devout ideas about themselves, about other humans, and about the world. I almost never focus on their preferences, goals and wishes, or their values. If they feel okay with whatever values they have, fine. But if their values are raised to dire necessities it's that kind of musturbation that I focus on. So I attack what I would call their religiosity without attacking their religion. That is what I define as religiosity—being absolutist, dogmatic, and demanding in one's beliefs.

SN: Are religious beliefs themselves fair targets for disputation? You've noted that it's important to be sensitive to your client's ethnic background and religious beliefs (Dryden & Ellis, 1991; Ellis, 1994).

AE: Right. Be sensitive to their cultural and ethnic religions. Normally, I don't dispute people's religious beliefs unless they are self-defeating and include some absolutistic musts which they devoutly hold. If they want to believe in their own kind of religion, that's fine. I have one client right now—a successful financier—who's devout about acupuncture and herbs. I think that herbs probably do a lot more harm than good, because people often take them instead of proper medication. But I don't argue about it with her. Her naturist religion doesn't seem to affect her adversely. And she's making money selling herbs; she's made \$200,000 on them in the last two years.

Most of the time I don't question a client's dogmas. I'm a therapist, and my concern is whether their beliefs are self-defeating. If I were having a debate with them, I might question their rigid views. But during therapy I'm very selective. So I very rarely question whether they hold Jewish, Muslim, Christian, or any other religious values. But, if they believe in a particular dogma and believe that they should kill all who don't share that dogma, then I go after that bigotry. They then have a damnation approach and will be consumed with neurotic hostility.

SN: You've made an important distinction between, say, a public debate and psychotherapy.

AE: Oh, yes, that's right. In psychotherapy I would be unethical if I didn't pretty much try to limit my focus to the clients' problems, their goals, and their self-fulfillment. Now every once in awhile we may get into some philosophical discussion, and we may be having a good time doing so. But then I remind them, "You know, the time is passing. We'd better get back to your specific problems." I enjoy this kind of discussion, but that's not what therapy is for.

Unidentified Questioner (UQ): Isn't it possible that REBT is being used less widely than it could be because you are so closely identified with atheism and moral relativism? For example, I saw a newspaper article about an REBTER (not you) giving courses advertised as teaching women how to have successful affairs. Isn't it possible that kind of hedonism or your liberal use of profanity could reduce the efficiency of REBT, turning religious people away from REBT.

AE: It is certainly possible, but don't forget that it is just as much or more possible that this attracts people. My language, for example, doesn't really go specifically with REBT. When I was a psychoanalyst I used profane words. When I get up in a public meeting, which I do all of the time—I give workshops and talks throughout the world—and use obscenities I definitely turn a minority of the audience off. But I often turn the majority of sensible, bright, educated people on. And, when adolescents come to therapy against their will, because they have been delinquent or over-rebellious, I utter a few obscenities and they immediately get on my side. Once in awhile one of them says, "Why are you using that vile language?" and then I know that he is psychotic! (Audience laughter.)

So, first of all, REBT itself isn't in itself anti-religious because I am. I was so before REBT and I still am. We have John Powell (1976), a Jesuit priest, who wrote the book, *Fully Human, Fully Alive*, who espouses REBT. Many priests, rabbis and ministers are REBTers and teach it and use it in their pastoral counseling. So REBT is definitely not anti-religious. I personally am against any dogmatic concepts of God, the devil, angels, fairies, and other supernatural processes. But some other REBTers favor them, just as they favor other kinds of ideas. REBT is not intrinsically anti-religious. If some people get turned off because I am anti-religious and some people get turned off to psychoanalysis because Freud was an atheist, too, that is too bad. They are rigid and bigoted and we had better try to help them become less prejudiced.

SN: Why change from "The Case Against *Religion*" (Ellis, 1961) to "The Case Against *Religiosity*" (Ellis, 1983)?

AE: Because I realized, especially when I thought about the Russian Communists, that they obviously were atheists, they were fascistic, and they were authoritarian and dogmatic. They often killed you, just like a lot of religious groups have done in the past, when you opposed their views. So it seemed to me, for that reason and a few others, that what we call religion itself, is a pronounced point of view. If you look it up in the dictionary, you'll see that one of the definitions of religion is philosophy. To be religious is to have a philosophy. Well, I thought, but that's not what I was really against in the original, "The Case Against Religion." Let people be as philosophical as they want to be! I would guess that on the whole, statistically, more religious people are devout than non-religious people. But not all. The Fascists, the Nazis and the Russian Communists were also devout and dogmatic. So I saw that I was wrong in my original article and that therefore I'd better change it and focus on devout belief in *anything*.

SN: Isn't this kind of religiosity more a matter of an individual's thinking patterns or personality style rather than something inherent to religious doctrine or religious tradition?

AE: Yes, I think definitely so, but it's not either/or. It's both/and. Religion often encourages religiosity. But, it doesn't obviously sell it to everybody.

SN: Would it be helpful to look at the distinct influences of different ideas, theologies, and doctrines? Perhaps fewer REBTers are devout. Some are often dogmatic.

And adherents of some religions may be more likely to be dogmatic, though they need not be. Religion may contribute to being dogmatic, but it might be helpful to distinguish between religiosity as an individual difference variable and ideas propagated by religion.

AE: Yes. As a matter of fact, we can use another term. While you were talking I thought of the famous book, *The Authoritarian Personality* (Adorno, Frenkel-Brunswik, Levinson, & Sanford, 1950). We can also say authoritarian religion, or something like that, rather than devout religion, is absolutist and that that kind of religion often leads to harmful results. “Devout,” as we said before, has several possible definitions. But you rarely get one good word that is universally clear and accurate. There are always contradictory definitions of many words.

SN: Perhaps theologies could be evaluated for their independent quality, like the scientific knowledge which Popper called “World Three” (Popper, 1962, p. 136). Theologies could be evaluated for their effects. The written or formalized elements of theologies may or may not predispose to psychological difficulty, to what you call religiosity or authoritarian religion.

AE: That’s right. A study of this could be done. I don’t know if one has been already. Certain groups may have more devout followers, a bigger percentage, than other groups. Perhaps the Quakers, who aren’t very devout as I describe it, could be compared with another regular religious group. I’m sure, though, that a few Quakers are devout. There are probably obsessive compulsive (ocd) Quakers.

SN: Popper wrote that ideas may take on a life of their own (Popper & Eccles, 1983).

AE: Didn’t Gordon Allport say the same thing? What did he call it? Functional autonomy.

SN: Wouldn’t it be helpful to study religious beliefs and popular cultural beliefs in an attempt to determine which of these encourage irrational or rational thinking?

AE: Yes. Very, very important. That’s a very good idea. And Allport partly did that with his analysis of different kinds of religious beliefs.

SN: Intrinsic and extrinsic religiousness?

AE: Yes, right. That is exactly what the psychology of religion had better really focus on. There are thousands of different religious beliefs. Which ones, if people really believe them and follow them—because beliefs would often lead to behaviors—which ones seem to encourage physical and mental health? Of course, we would have to come to some agreement on what’s physically and mentally healthy and unhealthy. That would be very important. I think that your suggestion is excellent. Research would probably show that: One, there’s no one absolutely correct, true religion, because some follow one kind and some follow another. And it would probably show that, two, what we call religious rules overlap with many other political, social, and economic ideas.

Religion includes a lot of good sense. The Proverbs have some excellent sense in them. Now, are they religious? They’re in the Bible, but is everything in the Bible religious? I’d say no. Some wise people included these rules and *called them* religious.

SN: In *Why Some Therapies Don’t Work* (Ellis & Yeager, 1989), you and Yeager suggested comparing 1,000 transpersonalists with 1,000 skeptics. That sounds like a repeat of the outdated psychotherapy research question, “Which psychotherapy works best?”

AE: You're right. The other way you put it before was better. You pick the specific ideas of the transpersonalist, which are different from the ideas of the non-transpersonalists. The transpersonalists are nice people. They have many good principles. Christians have good ideas. Muslims have good ideas. Jews have good ideas, and so forth. Which, by the way, may have relatively little to do with their religion. They include codes of conduct that many nonreligious people also subscribe to. So, it would be better to take the specific ideas commonly believed by transpersonalists and then make a comparison with the common beliefs of non-transpersonalists and see what the effects of these beliefs are. See who is healthier and happier when he or she holds or does not hold specific beliefs.

SN: You have said that religion—religiosity—can be inherently demanding. However, many—though certainly not all—devoutly religious individuals value faith. Faith, to take one definition, is “the substance of things hoped for, the evidence of things not seen” (Hebrews 11:1). This sounds like flexible acceptance of uncertainty.

AE: That is one definition of faith.

SN: Well, actually, it's a definition from the Bible.

AE: Right, but you can find other definitions in the Bible. You see that is the trouble with sacred texts, they often contradict other parts of the same text. But if you are talking about faith being hope that things could be better—that's okay. But faith unfounded in fact usually equals dogma, absolutism: “Because I strongly believe there is a God or devil, there is!” That is normally what faith is.

SN: There may be empirical answers to the questions, “Is there a God?” and “Is there an afterlife?” If believers are correct, we'll find out when we die. If you are correct, no one will ever know.

AE: That is a very good point because humans almost always—not always—*demand* to know. They *absolutely must* know an answer to a question, which, so far, and maybe for all time, is unanswerable; and that is, “Is there an afterlife?” Well they don't *have* to know. As long as humanity lasts, we probably will find certain answers to important questions and not find other answers. For many questions we never may know the answers. So we won't know! So?!

UQ: Isn't it disappointing though to think of existence as being so tentative as to be just for this life. Wouldn't you like to have your knowledge increase in an after-life?

AE: Well, yes it is disappointing that I am going to be dead as a duck one of these days. It is highly disappointing, but it is *not awful* and *I can stand it*, and I can live with that disappointment and *still* be a happy human.

SN: Beliefs in the ABC model of REBT, are they different from what most identify as their religious beliefs?

AE: Again, you have at least two definitions: One would be like this, “I believe this with a high degree of probability.” Another would be, “I believe this devoutly, because it is *so!* My religion, or my experience, or something else says it's *so!* The Bible says it's *so*, therefore it is.” So, belief has at least those two definitions or styles and many gradations between and among those two.

SN: Devout—there are different definitions of devout. What's your definition?

AE: Well, that's true. You see, the trouble with all of these terms is that they are partly definitional. We could discuss them forever. Devout means at least two basic

things: First, devout religionists strictly follow the rules of their religion, which I think is foolish. If you think about these rules and follow some of them, that seems more sensible to me. The other, the second definition, is the one I'm mainly against: Dogma. Absolutism. Truth with a capital "T": "Because we have the truth with a capital 'T,' and you bastards don't agree with it, we can destroy you, and it's very good, moral, and legitimate for us to do so." Devout really has several different definitions, as do most other controversial terms.

SN: You're critical of blind obedience to authority (Ellis & Yeager, 1989). What role do you think authoritative sources of information should play in our lives?

AE: Authority, that's another word that has several meanings. I'm really critical of blind obedience to dogmatic authority, but, as you point out, REBT is taught forcefully and authoritatively. Any psychotherapy, or any science tends to be authoritative. For example we often say, "If you build a bridge that way, it's probably going to fall." "Well, who said so?" "Engineers, who know more about bridges than you do." So, there's nothing wrong with authoritativeness. It's authoritarianism which is the issue. Authoritarianism means forcing people undemocratically to follow your views and rules. I am hardly the only one who ever pointed out the difference between beneficial authoritativeness and harmful authoritarianism.

SN: You've said that 10% or more of your clients seek you out because of your reputation as a mental health authority and that your reputation may, by itself, induce helpful change.

AE: Yes, but not as helpful as if clients made progress without crediting my reputation. It would be more helpful if they tell themselves, "Well, Ellis has a hypothesis, and maybe it will work, so I'll experiment with it and see if it works." But they had better not say, "Oh, he's an authority, he's an outstanding psychologist, and therefore REBT must work. I'll try it!" Well, it's nice if they try it, but they're really wrong in overemphasizing my reputation. If you sacredize REBT, that's wrong. If you say, "I *must* be rational," that's irrational, as I've said for years.

SN: You've just said then that one would do better to trace authority back of its scientific roots.

AE: Or back to a higher degree of probability that the authority's view may possibly work—but that it also may not work. Because sometimes authoritative statements may be common sense or grounded in scientific research. So one would best take pains to test them out in one's own life.

SN: Wouldn't it be possible to do the same with religious authority—test it?

AE: Oh, yes. Religious authority has at least two major aspects: First of all there are authorities on the religion itself. You see, the Pope is an authority on Catholicism; a bishop is an authority. So, there's no argument about that kind of authority. Second, religions also have a set of rules which are partly religious. But as I keep pointing out, many of these rules are social and economic rules which were put into the religion. For example, the rules against adultery were designed to make sure that the father of the family knew that his sons were really fathered by him and that therefore he had the right to their labor to till his land and help him in other respects. Religions have their various rules, and some of those rules work quite well. For example: Be kind to your neighbor. That will probably work. So, there's nothing wrong with that "religious" rule and it may be very useful.

Authoritarianism often exists in religion because social rules may be turned into sacred commandments and stated imperatively. Therefore a rule such as "Thou

shalt not steal” becomes *absolutely* good, and you *must* follow it or be damned on earth and be condemned to hell. Now that’s authoritarianism. But, religion has its own authoritativeness, separate from authoritarianism. Religion includes much useful authoritativeness. Ministers, priests and rabbis, in their sermons, often give fairly sound advice, based on their own and on social experience.

SN: Scientific authority comes from theoretical and experimental foundations and from reasonableness. Is it possible to conduct *personal* religious experiments to determine whether religious authority has a foundation in reality?

AE: It could work two ways. First, you could carry out your own personal religious experiment: “My religion says X, Y and Z, and I’d better follow that and see if it works. It works for me or it doesn’t work.” And, incidentally, most people change their religion because of that. For example, “My religion says we’re not allowed to use birth control. That doesn’t work for me. I don’t want 8 or 10 children.” So they question the authority. But certainly some religious precepts will get some support if you experiment with them. Secondly, any religious rule, like any non-religious rule, can be taken as a hypothesis. You may see it as saying something like, “If you do X you’ll get better results than if you do Y.” That’s what had better be done—treat religion as a sort of hypothesis. But that is usually only partially done, if it’s done at all, with religious rules and dogmas.

We can experiment with the effects of the rules of religion, just as we can and had better check out the effects of other precepts, including those of REBT. Let’s take the religious rule, “Thou shalt not commit adultery.” We can try to show that committing adultery has bad and good effects. We can look at those who do commit adultery and those who don’t and compare them on various criteria and find out who did better. We can’t tell whether they’re going to roast in Hell for doing badly, however!

SN: At least not yet.

AE: Yes, not on earth. We can find out whether religious rules lead to more or less of what we call mental and physical health on earth, in this life. We can do scientific experiments, and/or personal experiments to test their effects.

SN: Is it not possible to see religious beliefs as subjects for personal, existential, religious or mystical experiments? Perhaps religious beliefs could be grounded in personal empiricism. By analogy, a scientist evaluating results in a journal may believe them or not, or may even attempt to replicate the experiment to try to gather her or his own evidence. Similarly, wouldn’t it be possible to experiment with religious beliefs. If you wanted to test whether there is a God, wouldn’t a prayer like this one quoted in the *Book of Mormon* be a kind of personal, religious, mystical, empirical experiment, “Oh God, ... if there is a God, and if thou art God, wilt thou make thyself known unto me?” (Alma 22:18).

AE: No, I am afraid not, because as Popper has shown, questions like whether or not there is a God, or a devil, or a fairy or gnome, or anything supernatural—and they are all equal as far as I am concerned—are unfalsifiable. So you can’t in any manner verify nor falsify faith in God because the experiment you would set up would only be for you and not apply to more than one person.

You could say I prayed to God and my child got free of cancer. But we would have to have everybody or the vast majority of people, or statistically significant proportions of people who pray to God, have a child become free of cancer. So, I don’t see that as an experiment—that is just another way of saying I believe what I believe.

SN: Science is a group process. Scientific societies fund research, publish journals ...

AE: And science has a lot of faith in it.

SN: But scientists as individuals make personal decisions about which theories they will believe. Couldn't we look at religions as including religious hypotheses for religious experimentation?

AE: But devout religionists don't do that. If they believe in a hypothesis, they almost always shut out experiments that would falsify it. And their dogmatic conviction that their hypothesis is true never proves that it really is. Truth with a capital "T" in all probability doesn't exist, as postmodern philosophers now show. You can get a consensus that more scientists go along with this experiment and the negation of that experiment than not, but you never can prove any Truth. That's why logical positivism, which I used to believe in years ago, is misleading. Because you can't validate any hypotheses absolutely and completely. There is no way. For you can always possibly find new evidence to falsify it in the future.

SN: So, what is the difference between a scientific and a personal experiment? Just the culture—the rules, politics and literature—of science versus personal experience?

AE: Largely, yes. Scientific testing would include wide-range, nomothetic research with experimental and control groups. Take a nonreligious rule, for example, like one rule of REBT—encouraging clients to give up their absolutist *musts* and change them to preferences. Take a group of people who *musturbate*—who strongly believe devout *musts*, a group who change their *musts* to preferences, and a group who have many preferences and few *musts* to begin with, and you see which does better in certain aspects of living. That would be a scientific experiment. Or you can turn that into a personal experiment. Our REBT clients often do personal experiments. They say, "Well, I'm going to follow this REBT technique or philosophy. It looks good to me." So they do an experiment, and it seems to work with many of them some of the time, but not with other clients.

Science is a set of rules, as you pointed out. It's a set of social rules for those who want to be known as scientists. It has great practical value, as when it tests medicines to see if they really work. But it doesn't answer many important questions, nor need it do so. Scientific and personal experimenting may check the outcome of many religious and nonreligious theories, or of the results that people get from following them.

SN: Finally individuals decide whether they are convinced by the evidence.

AE: You could decide whether you fully believed in the devil, God, science, or anything, but so what! That just shows that you are human—and, we might say, a born believer! Incidentally, humans are very creative, such as you are when you use religious hypotheses and ideas to validate or at least to help people with REBT. It just shows how constructive and creative humans are. They can do almost anything with their belief systems.

SN: Aren't scientists also at risk to become devout about science?

AE: That is a very good point. There is such thing as scientism, which is devout, dogmatic belief in science, and which is anti-scientific. So clever humans—most scientists are intelligent—can be dogmatic. You can even take science and make it into dogma. Also, you are, I think, correctly implying that a person who is devoutly religious could still be quite a good scientist.

SN: Buber was influential in your existentialism. Because he emphasized not objectifying other people, but really accepting them?

AE: Yes, I got the philosophy of unconditional acceptance partly from him and from Paul Tillich, two religionists. But I usually warn people that Buber said that an “I/thou” relationship is ideal. Most of the time we are in an “I/it” relationship. And I would add we had damn well better be. If you were really always in an ideal “I/thou” relationship with everybody, you might not survive, because that assumes that other people will also be “I/thou” with you. Well are they? Of course not! So, Buber had a good point, just like the Satori experience is good, but you don’t *always* stay in an “I/thou” or a peak experience.

I usually quote Alfred Adler. He said that when people don’t have real social interest they are pretty nutty, and I agree with him. You get into trouble when you’re against the society in which you choose to live. That’s irrational and illogical. So I say social and individual experience are important. Normally, I’d say that most of the time, you can choose to put yourself a little before other humans, because otherwise they’re not going to put you first. But put others and your social group a reasonably close second. Now some of the existentialists would put sociality ahead of individuality and that may be a reasonable choice, as long as they don’t rigidly insist, “At all times and under all conditions I *absolutely must* favor others over myself.”

SN: What of Buber’s goal of having an “I/thou” relationship with God?

AE: I say, “Nonsense!” First of all, he’s assuming there is a God. Quite an assumption! Very improbable. There *could* be a God, so when Madalynn Murray says “There *can’t* be a God,” she is being dogmatic. Let’s assume there is a God. First of all, you’re going to have to pick your God. You can’t be “I/thou” with Jehovah. You’ve got to kowtow to him; unhesitatingly obey him. Put him first or he damns you and punishes you. So, you’d have to pick which God. Maybe the Greek gods were better. They were sort of human, so you might be “I/thou” with them.

SN: Buber seems to have believed that he had that kind of relationship with God.

AE: Well, he was most probably deluded.

SN: You would assume that if he believed he had that kind of relationship ...

AE: That his assumption was a) there was a God. That’s okay. And b) that he personally had an “I/thou” *relationship* with him. Well that is mysticism. Because “I experienced it so, it *is so*.” Not impossible, but highly unlikely.

SN: So, you believe it’s very improbable that there is a God.

AE: Yes, and I also believe it very improbable that there is a devil. Presumably Faust believed that he sold his soul to the devil. But it wasn’t true. I’m betting against it.

SN: O.K. You’re hoping.

AE: No, no. I’m betting the devil never existed; that there was no devil; and if there was one, Faust didn’t sell his soul to the devil.

SN: Are you “immune” to mystical experience?

AE: Well, yes; and yet I have had mystical experiences in the past. I don’t try to get them, but I can even bring them on, peak experiences of a sort of semi-mystical

character. But it's more like focused perception. I don't believe that I know the Truth of it all. I am just about allergic to that, you see: to believing that there is a Truth with a capital "T." But I can experience certain aspects of "mysticism." The words "mystical experience" could have many definitions. I've had peak and "cosmic" experiences. I can throw myself into bringing them on, but I normally don't bother to do so. I can get them for a few minutes, and that's interesting. But I don't delude myself that such an experience provides me with the essential Secret of the Universe. It doesn't!

But I can create "mystical" experiences. And I did it early in life deliberately, even before I heard of the peak experiences of Abe Maslow. Early on, when I was only about 19, I read considerable mystical literature, and I was friendly with a guru who only ate fruit. He's not known, because he didn't have a cult of supporters. He had a beard, he looked like Jesus, and came from a nice Protestant family. He was a fruitarian and wouldn't even eat vegetables. He tried to turn me on to Madame H. P. Blavatsky, a screwball, but not hostile (cf. Ryan, 1975). I turned him onto a few secular things and argued with him, but we nicely disagreed. I used to meet him when I went to read in the Botanical Gardens, and he was really sold on mysticism. But he was so pure that he didn't sell anybody else on it. A lot of the mystics are anti-mystical, because they have to go get a flock of adherents who agree with and worship them.

Brad Johnson (BJ): I've read a little about this dialog with religious psychologists before. I've noticed that as you've moved along your writing has become more conciliatory, or—I don't want to use the word soft—open to religiousness. That stood out to me. That's been a little bit developmental almost, and I'm just wondering, if, as you're moving along, you're noting that there is some change in terms of being more open to a variety of options.

AE: Well, I think so, because I practice openness, and I'd better not be dogmatic. Because even if I note that a great many devoutly religious people are screwballs—some of them are actually psychotic and more devoutly religious because of their psychosis. But you obviously can't say that all religious individuals are psychotic or are afflicted with a serious personality disorder. Probably the great majority are just normally religious without being what I call devoutly or authoritarily religious. And as I said before, even within their own religion they pick and select certain aspects and rules, and they ignore other rigid aspects. Now you're not really supposed to do that when you are piously religious, but they do.

BJ: One other thing, as a spectator from the outside, one of the things I notice about the Institute for REBT in New York City, viewed from afar: You're the centerpiece. It's almost like there are disciples around you. It gives the image as almost a kind of church, a religion of Albert Ellis. You've been criticized for that before, by Paul Sharkey and others, who've said it's almost a religion.

AE: Well, I'm opposed to that. You see, I definitely oppose sacredizing REBT, or sacredizing me, because that's putting in the devoutness, the *must*, the worship. So, I say let's keep testing the theory and if it's good, it's good, if it's not good, let's change it. We have changed REBT theory and practice a good deal. But, REBTers can act as a group of teachers, too. They can proselytize, as I proselytize. And I did that, incidentally, for my political and economic views long before I was a therapist. If I believe in something, then I try to spread the Gospel according to St. Albert. But that's just said satirically. I'm not St. Albert. Sharkey indicates that people can do REBT (or anything else) devoutly, and can make me a guru of psychotherapy—which I don't want.

Peter Hill (PH): There are some psychologists who are also devoutly religious who believe that somehow—the buzz word that has often been used is “integration”—they can integrate psychology as a science with their theological beliefs and doctrines. One model of that is that you can use the fields of psychology and theology as check systems, you might say, recognizing that there are multiple psychologies, and that there are multiple theologies, as well. Maybe one can be used to test the other. Do you think there’s legitimacy to that thinking.

AE: Yes, along the lines we’ve said before. You can test two or more theories to see whether they work, or whether certain aspects of them work. Actually, what I think they mean, these people who talk about integrating psychology and religion, is that they really want to integrate some of the non-theological views of several religions with psychology: the social, economic, existential and other views. I think they mostly mean that, but if they mean integrating religious theology with psychology, then I don’t think that will work out. The more theological the integrationists are, the more they adhere to faith unfounded on fact, the more they will be troubled with unfalsifiability. For how can you falsify the belief that there absolutely must be an omnipotent God who created and runs the universe? But some of the other so-called religious views range all over the place and are not really theological; they’re pseudo-theological.

PH: But, if they stay within a pure domain of theology, and don’t mix in the social or economic aspects, would you say that there is legitimacy to it, then?

AE: I do not like the word legitimacy; it would be an interesting experiment to have religious and psychology integrationists try to integrate theology with scientific psychology. Let’s see what happens.

PH: I mean a reasonable experiment.

AE: Yes, go experiment, as I said. My prediction is it won’t work, but of course I could be wrong.

SN: Consider what I think is a testable hypotheses from scripture, a challenge to conduct a mystical, but empirical experiment, one which seems falsifiable so that it perhaps fits in the category of a personal scientific experiment. From *The Book of Mormon*, from the last chapter, nearly the last page: “And when ye shall receive these things, I would exhort you that ye would ask God the Eternal Father, in the name of Christ if these things are not true, and if ye shall ask with a sincere heart, with real intent, having faith in Christ, He will manifest the truth of it unto you by the power of the Holy Ghost, and by the power of the Holy Ghost ye may know the truth of all things” (Moroni 10:4, 5). It seems to be saying, “Take this, read it, pray about it and you will receive a divine revelation.”

AE: Yes, but obviously many people haven’t received such a revelation.

SN: Well, when I was a missionary people who did not were those who would not try ...

AE: Those who won’t try won’t get it. But let’s just take 100 who try. Now all 100 won’t get it. Some will, and I say they’re deluded. They’re deluded in their thoughts. They’re not deluded that they have had an experience, they’re not deluded that they believe it’s God’s will, and they’re not deluded that it may help them. But, that it was God’s will is still unfalsifiable. Are we ever going to falsify that?

SN: So would you say that each individual must or had better ascribe to a principle of following falsifiable hypotheses *only* in living their life, or ...

AE: Well, no, no. They could take other hypotheses on probabilistic grounds. They could say, "Well, it looks like this damn hypothesis is not falsifiable." For example, we're having a hard time putting up an experiment to falsify my hypothesis about the role of *musts* in disturbance. So let's just suppose we never did falsify my hypothesis that *musts* usually lead to neurotic behavior, because it has peculiar overtones. We could still have people try to change their *musts* to preferences, and our hypothesis would still be that most of them, most of the time would benefit. Now, that doesn't prove that they absolutely did have a *must* in there, or that the *must* caused their disturbance. We would have built a higher degree of probability for my hypotheses. But you'd have a hard time proving it, proving that neuroses almost always stem from absolutist *musts*.

SN: Still, do you consider yourself to be in a position to carry out that kind of a personal, religious, rational *and* mystical experiment for yourself?

AE: To do what? To devoutly believe?

SN: For example, what if I come to your door at the Institute and give you a copy of the *Bible* or *Book of Mormon*, and say to you, "If you read this and pray about it, God will give you a powerful, mystical, religious experience and you'll find out that God exists and that the book is true." Incidentally, I brought this copy of the *Book of Mormon* for you for that reason, so that you could carry out that kind of religious experiment. I assumed you would already have a copy of the *Bible*.

AE: I'd be glad to try that experiment. In fact, I suggested that once, that some of us rational people go create a religion, that we invent it and we do it psychologically. We could put good revelations and miracles into it. Later we would expose it and show that we had deliberately invented it, even though we were atheistic and didn't at all believe in the religion we were converting others to. But I figured out that even when we exposed our lying plans, many of our converts would still choose to devoutly believe in this "true" religion!

SN: Well, I'm certain many readers will be interested to know the outcome of this experiment!

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RET, Constructivism and Christianity: A Hermeneutic for Christian Cognitive Therapy

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Abstract

Constructivism has brought changes in cognitive therapy, including Rational-Emotive Therapy, in recent years. The benefits of constructivism in cognitive therapy include a stronger tie with personality theory, greater appreciation of contextual factors affecting individual clients, and opportunities for considering religious values in therapy. The major liability of constructivism is that it allows little room for external sources of authority. A Christian hermeneutic is presented which allows cognitive therapists to enjoy the benefits of constructivism within a worldview that asserts authoritative boundaries. Clinical implications are discussed.

Therapies and therapists change with time. Personal maturation and changing social tides affect clinical style, alter theoretical frameworks, and modify the nature of interventions. When Albert Ellis, founder of Rational-Emotive Therapy (RET), wrote his *Case Against Religion* in 1971, it would have seemed inconceivable that 22 years later the same author would conclude:

I think that I can safely say that the Judeo-Christian Bible is a self-help book that has probably enabled more people to make more extensive and intensive personality and behavioral changes than all professional therapists combined. (Ellis, 1993a, p. 336)

This change, though dismissed as minimal by Ellis himself (Ellis, 1992a), reflects a broader change within psychology that leaves more room for religion than was present two decades ago (see Bergin, 1980, 1991; Jones, 1994). The move away from the rationalist and positivist approaches, often associated with anti-religious sentiments, and toward the postmodern, constructivist approaches has made it possible to consider religion and psychology in the same context.

Whereas the old positivist paradigm emphasized "truth" as discovered in science, constructivist views emphasize human values and context as an integral part of knowing truth. As faith in an objective science wanes, we are witnessing "softer" research methodologies (Howard, 1993) as well as evolving models of therapy (Neimeyer, 1993). In early days of cognitive therapy, the therapist was seen as an

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objective observer of clients' irrational thinking, and had the job of correcting the clients' faulty cognitions. In contemporary cognitive therapy, the therapist is a "co-constructivist" (Meichenbaum, 1993, p. 203), collaborating with the client to transform the narrative of her or his life.

There are many benefits of this changing philosophy of science among Christian psychologists, especially because it has allowed an integration movement to flourish. Moreover, constructivist cognitive therapy has allowed for a greater awareness of childhood and interpersonal factors than earlier forms of cognitive therapy (see McMinn, 1991, 1992; Ryle, 1990; Safran & Segal, 1990). Nonetheless, it is constructivism, with its many benefits, that causes me some concern when evaluating the cognitive therapies, including Rational-Emotive Therapy. In this paper I will consider the benefits and liabilities of constructivist cognitive therapies, and conclude by considering the merits of a specific hermeneutic for a Christian form of cognitive therapy.

RET and Constructivism

Constructivism, in its many forms, emphasizes the construed nature of reality. For example, a frustrated driver on a crowded freeway constructs an interpretation of the situation. Is it the situation or the constructed interpretation that is most relevant to the driver? Radical constructivists view reality as an internal, perceptual process rather than an objective set of events (Hermans, Kempen, & van Loon, 1992), and would likely conclude that the perception of the driver is the only reality that can be known. Rationalism stands in stark opposition, suggesting that the driver can reduce frustration by being more objective in interpreting the situation (implying that reality is separate from the driver's perceptions). If a client's memories of the past or perceptions of the present are fictional, the rationalist would be more concerned than the constructivist: rationalists view accuracy as important for mental health whereas constructivists see the inner phenomenal world of the client to be most important. Between these two extremes are moderate forms of constructivism that emphasize the mind's ability to actively construct reality while still maintaining the existence and relevance of objective reality.

There is little doubt that cognitive therapies are moving toward constructivism (Guidano, 1991; Mahoney, 1991, 1993; Meichenbaum, 1993; Neimeyer, 1993), but it is less clear whether RET is best described as rationalist or constructivist. Mahoney has argued that RET is the prototype of rationalist cognitive therapy (Mahoney, 1988a, 1993; Mahoney & Gabriel, 1987), an assertion largely supported by Wessler (1992). Those who see RET as rationalist focus on Ellis' insistence that certain ways of thinking are faulty and inaccurate and inevitably lead people to upset themselves. For example, when Ellis (1962) writes, the "concept of sin is the direct and indirect cause of virtually all neurotic disturbance" (p. 146), he implies that a dogmatically religious way of thinking is wrong and that his "rational" ways of thinking are better. The guilty, religious client might report, "I was wrong to be unfaithful to my spouse," to which the traditional RET therapist might respond, "Prove to me, logically, that having sex with someone else is unfaithfulness, and even if it is, prove to me that you have anything to feel bad about." Thus, RET often assumes an "objective reality," as defined by the values of the RET therapist, and has epistemological ties with rationalism and logical positivism (Rorer, 1991; Wilber, 1989) because only that which can be logically or scientifically proven is

accepted by the therapist as a legitimate way of thinking. At times, Ellis makes statements that link him to his positivist roots. For example,

... if people rigorously use the scientific method and if they think only in terms of preferences and desires instead of ... antiscientific thinking, they will ... virtually never make themselves seriously neurotic. (Ellis, 1986, p. 148)

And,

I believe there is no God and there are no devils. I don't believe that that can be absolutely proved, but that since the probability of any superhuman existence is about .0000001 or less, I choose to believe that He or She does not exist, until someone shows me empirical evidence to the contrary. (Ellis quoted in Weinrach, 1980, p. 158)

Although others see RET as positivist and rationalist, Ellis insists that RET is based on constructivism (Ellis, 1988, 1993b). Although he acknowledges that RET was initially developed in the days of logical positivism (Ellis, 1992b, 1993b), Ellis reports that RET was never rationalist or positivist because it has always been rooted in humanistic and existential theory (Ellis, 1993b). According to Ellis, as RET has evolved (Ellis now calls it preferential RET), it has become increasingly constructivist. Ellis (1993b) offers evidence that RET is "distinctly constructivist and humanistic" (p. 199). First, RET maintains that humans construct (and therefore can reconstruct) personal demands and "musts," and then experience the emotional consequences of their constructs. Second, humans construct an interpretation of how others are responding or should respond, then because they are innately creative they are able to evaluate and change their dysfunctional and self-defeating thinking. Third, though RET is usually described by its cognitive focus, it is and always has been multimodal. Rational-Emotive therapists recognize that feelings and behaviors affect thoughts just as thoughts affect feelings and behaviors, and often work to evoke emotions in therapy.

Is RET constructivist or rationalist? Wessler (1992) concludes that "RET can appear constructivistic or rationalistic depending on where you look" (p. 624). Those describing it as rationalist focus on the techniques of RET therapists, and the implicit assumption that the therapist is more rational and logical than the client. Although many of the techniques of RET and many of the quotes made by its founder appear rationalistic and positivistic, the theory that underlies RET leaves ample room for constructivism. Theoretically, RET has more depth than critics imply when they reduce RET to a therapist insisting a client conform to the therapist's way of thinking. Indeed, the closest theoretical relative to RET may be humanistic psychology, the "third force" in psychology that helped usher in the values of constructivism and phenomenology in the 1960s and 70s. Ellis identifies himself (1980) and RET (1993b) as humanistic, then adds:

Unlike Carl Rogers and other existential therapists, who believe that unconditional positive regard can be given by the therapist's modeling it and accepting clients unconditionally, RET practitioners try to give this kind of acceptance to all clients but also teach them how to give it to themselves. In this way, RET is both humanistic-existential and didactic and active-directive. (1993b, p. 200)

Thus, on a theoretical level it seems reasonable to view RET as constructivist (Wessler, 1992). RET therapists attempt to teach clients to experience peace and freedom by reconstructing their thoughts in ways that reduce unnecessary demands from self and others.

Benefits of Constructivism in Cognitive Therapy

The rise in constructivism has affected the practice of RET and other cognitive therapies, and many of these changes have helped compensate for longstanding weaknesses in the cognitive therapies. First, cognitive therapies have traditionally been weakly tied to underlying personality theories. Both Albert Ellis and Aaron Beck rebelled from their psychodynamic training in favor of their techniques which appeared to work more quickly than traditional insight-oriented therapy, so in a sense their therapies were pragmatically-derived and almost void of theory. The theory most often identified to support cognitive therapy is information processing theory, coming from experimental cognitive psychology in the 1960s (Meichenbaum, 1993; Safran & Segal, 1990). Information processing theory traces a linear route of information through human sensory and cognitive processes. This same information processing model is often used in RET to interpret emotional experiences. Some activating event (A) happens, followed by a belief (B), and a consequent emotion (C). Safran and Segal (1990) direct cogent criticism toward an information processing model for cognitive therapy because it lacks real-world validity (Neisser, 1982), it incorrectly portrays humans as passive accumulators of information, it ignores the social milieu and motivational factors, and it relegates emotions to post-cognitive phenomena (Lazarus, 1982, 1984; Zajonc, 1980, 1984). Jones and Butman (1991) raise similar concerns in their critique of cognitive therapy from a Christian perspective:

... one is left with a clear sense that there is much more to human beings than cognitive-behavioral therapy would lead us to believe. Where is transcendence and spirituality? How do we understand self-deception or evil? Does this view really plumb the profound depths of relationships and the terrific impact we have on one another? Isn't emotion more than the output of cognitive habits? What about conflict within the person; isn't this inevitable and indeed helpful to us understanding what it means to be truly human? How are we to grow? Are there any important regularities to the way we develop as human beings? Cognitive-behavioral therapy's silence on each of these questions is disconcerting. (pp. 222-223)

Constructivism has opened doors for alternative personality models that include a richer understanding of developmental, interpersonal, and social factors. For example, Safran and Segal (1990) describe a form of interpersonal cognitive therapy that builds upon Bowlby's (1969, 1973, 1980) attachment theory and Greenberg and Safran's (1987) emotion theory. Other constructivist therapies have juxtaposed cognitive processes with object relations theory (Ryle, 1990), self psychology (Guidano, 1991), narrative psychology (Mair, 1988), and systems theory (Guidano, 1988; Hoffman, 1988). These works attempt to integrate a rich tradition of well-developed personality theory with cognitive change procedures.

Second, although cognitive therapies have traditionally emphasized the present, constructivism requires a fuller understanding of contextual information, and thus a heightened awareness of the client's past (McMinn, 1991, 1992; Neimeyer, 1993). As constructivism has gained momentum, cognitive therapists have become interested in deep cognitive structures called schemas (Beck, Freeman, & Associates, 1990; Young, 1990). Schemas are closely linked to the psychodynamic understanding of narrative (Russell & Van den Broek, 1992), and thus to a careful understanding of a client's perceptions of the past. Donald Meichenbaum (1993), a pioneer in cognitive-behavioral therapy, now identifies constructive narrative as the metaphor guiding the cognitive therapies. In this sense, the cognitive therapies are becoming more and more similar to psychodynamic therapies (Arkowitz & Hannah, 1989; Mahoney, 1988b), and have played a major role in the movement to integrate different theories of psychotherapy (Mahoney, 1993).

Third, constructivism has moved the focus of cognitive therapy beyond the individual and toward a systemic perspective (Neimeyer, 1993). An individualistic approach to therapy is overly simplistic and ignores the importance of the social milieu. For example, Safran and Segal (1990) note that depression is often precipitated by marital conflict, marital conflict contributes to depression, and depression contributes to marital stress. Thus, dealing with the isolated cognitions of the individual is unlikely to produce long-term effects for many forms of depression.

Fourth, constructivism has changed the role of the cognitive therapist from being a skilled, directive technician to being reflective and "intensely personal" (Neimeyer, 1993, p. 225). The psychotherapy relationship has become a source of data for the cognitive therapist, much as it always has been for the psychodynamic therapist. Recent empirical evidence suggests that the relational aspects of successful cognitive therapy share important similarities with brief psychodynamic therapy (Jones & Pulos, 1993), and that the therapeutic relationship is more closely related to positive outcome than other variables studied to date (Whiston & Sexton, 1993).

Mahoney (1993) summarizes the effects of constructivism on the cognitive therapies:

Whereas early cognitive therapies were relatively more introspective, individualistic, ahistorical, and inattentive to the emotional relationship between counselor and client, the opposite of each of these is more characteristic of contemporary cognitive psychotherapies. (p. 190)

In addition to these four changes, postmodernism and constructivism have opened the door for the integration of religion and psychotherapy (Jones, 1994). When psychotherapy was bound by positivism, religion was considered unrelated, even irrelevant, to the methods of clinical psychology, but with constructivism has come a number of efforts to blend Christian thought with cognitive therapy, especially Rational-Emotive Therapy. These Christianized forms of RET (DiGiuseppe, Robin, & Dryden, 1990; Hauck, 1972, 1985; Johnson, 1992, 1993; Johnson & Ridley, 1992; Lawrence, 1987; Lawrence & Huber, 1982; Powell, 1976; Warnock, 1989), and Ellis' relatively gracious reception of them would not be possible if RET were completely rooted in positivism or in Ellis' version of rationalism (which he described in 1980 as probabilistic atheism). That is, if RET were exclusively rationalist, then only those thoughts that Ellis finds acceptable would be endorsed as appropriate for RET. This is not the case. Indeed, Ellis has given guarded praise for

some forms of Christianized RET (see Ellis, 1989, 1992b; Weinrach, 1980).

Liabilities of Constructivism in Cognitive Therapy

Although Christians have benefitted from constructivism as religious models of RET have been developed, constructivism also has liabilities that Christian therapists would be wise to consider when evaluating therapeutic methods and goals. These liabilities emanate from the central thesis of radical forms of constructivism: that our notion of objective reality be discarded and replaced by understanding the phenomenal reality of the individual.

The constructivist position implies that a person's version of reality cannot be tested by objective criteria, for there are none; instead, a criterion of utility is applied: is the person's version of reality useful in living in the world? (Wessler, 1992, p. 620)

This assumption is precisely what Ellis has advocated in his arguments against religion (Ellis, 1971, 1980, 1983), suggesting that religious people would do well to "give up all absolutistic thinking and stop making themselves emotionally disturbed" (Ellis, 1980, p. 637). Thus, I am inclined to agree with Ellis that RET has always been constructivist and has become increasingly so as science has moved away from positivism. Moreover, non-dogmatic religious forms of RET have been tolerated by Ellis because they can easily be adapted to this constructivist world-view and used with religious clients, regardless of the religious values of the therapist (see Young, 1984a, b). Before importing the RET world-view further into Christian forms of cognitive therapy, however, it is important to consider carefully the implications of constructivist assumptions of phenomenal reality.

First, though constructivism is sometimes seen as an antidote to psychotherapy's traditional overemphasis on individualism (Safran & Segal, 1990), it also introduces a subtle, and perhaps more pernicious, form of individualism. In deterministic forms of behaviorism, rationalism, and psychoanalysis, therapy was often focused on the individual to the exclusion of the social system in which he or she lived, leading to a narrow view of the causes of pathology and poor generalization of therapeutic gains. We could call this *naive individualism*. Constructivism has compensated for naive individualism by adding a social context to the focus of therapy, encouraging clients to create narratives that include multiple actors, and often by treating more than one individual at a time. These are helpful changes. But at the same time as constructivism alleviates naive individualism, it creates or perpetuates another form of individualism which places the primary locus of authority within the individual. We could call this *ethical individualism*. Imagine, for example, asking a sample of people where they find truth. In earlier days they might have reported sources of truth that include parents, the Bible, science, humanities, the Church, cultural mores, or God. But in our postmodern era of constructivism, the obvious answer is self: "I find truth by looking inside myself." To the radical constructivist, perceived reality is reality.

... constructivist critics have begun to undermine people's traditional faith in their quest for the "timeless truths" embodied in social charters, cultural mores, masterworks of literature, educational curricula, and even science itself. (Neimeyer, 1993, p. 221)

Even in the midst of considering social influences and contextual factors, con-

constructivist psychotherapists (Christian or not) may unwittingly promote ethical individualism in their clients.

In response to the unfaithful spouse mentioned earlier, a constructivist therapist might ask, "What are your values regarding sex outside of marriage?" This is a better alternative than a therapist assuming values the client may not have, because it is sensitive to the client's cultural context and allows the client the dignity of expressing and examining his or her own values. However, the danger in the therapist's response is that the client might easily assume his or her values to be the correct or proper values. The pervasive cognitive distortion of constructivism is, "This value is right, because I believe it is right."

Many RET therapists embrace ethical individualism as the desired goal. Ellis writes, "The emotionally healthy individual should primarily be true to himself and not masochistically sacrifice himself for others" (1971, p. 3; see also Ellis & Schoenfeld, 1990). Many other therapists, including most Christian therapists, will undoubtedly identify the atomistic view of self as problematic (see Jones, 1989). A biblical anthropology clearly requires Christians to view the human condition by ethical and moral standards that transcend individual concerns (Anderson, 1992).

Second, as Christian therapists attempt to integrate religious constructs such as forgiveness and restitution into therapy (Worthington, 1993), veracity of memory becomes important. The constructivist therapist is less concerned with the external validity of a memory than with the internal effect of the memory (Neimeyer, 1993). For the client remembering childhood abuse, it may be helpful to fit those memories into a coherent narrative and to retell the story until it has an ending that leads to feelings of hope and self-efficacy, but it may be equally important to determine the veracity of those memories before efforts of forgiveness or reconciliation are made, or before requests for restitution are made. Perhaps the concern about False Memory Syndrome and the contemporary controversy about inaccurate construction of false memories have been fueled by some constructivist therapists' lack of concern for external validity.

Third, the direction of therapy for the constructivist RET therapist and the Christian therapist may be mutually exclusive at times. The constructivists' preference for narrative usually (though not always) assumes the client takes the role of protagonist—the hero of the story. The Christian narrative includes God, not self, as the central figure, and therefore focuses on self-denial and yielding to divine authority more than self-direction, self-fulfillment, and personal control. Ellis (1971) notes, correctly I believe, that "religion ... is self-abasement and self-abnegation—as, of course, virtually all the saints and mystics have clearly stated that it is" (p. 11). Likewise, Ellis and Schoenfeld (1990) criticize the 12-step programs for their teaching regarding a Higher Power: "... teaching patients they can only recover through the intervention of a Higher Power locks them into a pattern of dependence on something outside themselves in order to function" (p. 459). Thus, the goals of constructivist RET and Christian maturity may, at times, be in direct conflict. Vitz (1992) advocates narrative structures for Christian psychology, but carefully distinguishes between his ideas of narrative (which he describes as typical of pre-modern thinking) and the contemporary postmodern ideas of narrative that are largely "secular and atheistic" (p. 26).

In sum, the contemporary movement toward constructivist cognitive therapies leaves little or no room for external authority. The philosophical goal of RET is to move people toward greater reliance on themselves (Ellis, 1993b) whereas the goal

of Christian maturity is to rely more fully on God. It is disconcerting that many Christian versions and defenses of RET (Hauck, 1985; Johnson & Ridley, 1992; Lawrence & Huber, 1982; Warnock, 1989) focus on similarity of techniques while overlooking the fundamental incompatibilities in world-view. Lawrence and Huber describe RET as “perhaps the most compatible with biblical teaching of all current major psychotherapeutic systems” (p. 210). Elsewhere, Lawrence (1987) concludes that “RET is based on a thoroughly biblical principle, the importance of what one thinks” (p. 19). Although an extreme example, this is analogous to saying lust and contemplative prayer are alike because both are primarily driven by cognitions.

Beyond looking for compatibility of techniques, some have looked for compatibilities between the RET and Christian worldviews. DiGiuseppe, Robin, and Dryden (1990) assert that the compatibility between RET and Christianity “exists because rational-emotive therapy works to change core philosophical beliefs, and religious clients who are disturbed have typically misconstrued some of the philosophical core of their religious beliefs” (p. 366). They are undoubtedly correct that many religious clients have misconstrued the core of their religious beliefs, but it does not necessarily follow that RET will provide a better philosophical core. Only as Christians acknowledge the fundamental incompatibilities between RET and Christianity (see Johnson, 1992) can we work together to develop a form of cognitive therapy based on a Christian world-view (Wessler, 1984).

Toward a Hermeneutic for Christian Cognitive Therapy

If, as I have suggested, the constructivist approach to cognitive therapy has both benefits and liabilities for Christian psychology, the challenge is to find an adequate epistemological framework upon which a Christian cognitive therapy can be built. Although it would be unwise to uncritically accept the constructivism implicit in RET, it would be equally unwise to reject it altogether, returning to a Christianized form of rationalism. Therapists who proclaim, “This is true because God says it is true,” will find it difficult to maintain credibility and establish good therapeutic rapport in a pluralistic culture comprised of people with diverse religious values (McMinn, 1984; McMinn & Lebold, 1989). Just as Christian critics of RET dislike the hedonistic value assertions popularized by Ellis, critics of Christian therapy will react to unsupported theistic value assertions. Furthermore, the many merits of constructivism would be lost if Christian therapists returned to a rationalist basis for therapy.

How much constructivism can a Christian therapist embrace without compromising the objective nature of Christian truth or falling prey to haphazard relativism? That is, what *hermeneutic* scheme do Christian therapists use to understand both foundational truth and constructed meanings? *Hermeneutics* is a term originally used by biblical scholars in translating and interpreting sacred texts (Mahoney, 1993). The biblical scholar interprets the Bible as text, valuing both the authoritative nature of Scripture and the reality that all interpretations are ultimately human constructions to better understand the meaning of Scripture. Similarly, the Christian therapist interprets a client's life story as text, valuing both the events in the client's life and the interpretive processes the client and therapist use to understand those events. The task of Christian therapy is further complicated because we interpret multiple texts—the client's life events, life events of other people in the client's social system, Scripture, Christian and denominational traditions, the nature of God, scientific findings, and so on.

Christian cognitive therapists are wise to question a radical hermeneutic of constructivism that suggests all reality is subjectively created. Whereas radical constructivists view all reality as *construed*, placing the therapist and client in the role of co-constructors of a narrative (Meichenbaum, 1993), a view more compatible with Christian thought is to view reality as *interpreted*, placing the therapist and client in the role of co-interpreters of a life story. In radical constructivism, therapist and client *construct* a script. In this more measured form of constructivism, therapist and client *interpret* a script. For the biblical scholar, this would be analogous to the difference between writing a treatise on pain and suffering as opposed to interpreting the passages on pain and suffering in the Bible. Both efforts would result in subjective appraisals that reflect the author's values, biases, cultural experiences, and methodology, but the latter hermeneutic assumes an authoritative source of information as a starting point. Although it is impossible to directly access the authoritative source without the subjective biases of human interpretation, the source nonetheless exists as a standard of truth.

Thus, there are at least two distinctives to the hermeneutic of a Christian cognitive therapist. First, it leaves room for an appreciation of constructivism. This requires one to recognize that all knowledge is contextual (Packer, 1985). Just as a good biblical scholar interprets a Scripture passage in light of the context of that passage, all interpretation of life experiences and values occurs in a sociocultural and interpersonal context. Furthermore, that which we discover through interpreting events is inseparable from the context. Messer (1992; see also Woolfolk, Sass, & Messer, 1988) refers to the hermeneutic circle to describe this contextualism: just as a sentence can only be interpreted by the meaning of the words therein, so also we interpret the words in light of the sentence. The word is in the meaning, and the meaning is in the word. The parts can only be interpreted within the context of the circle, and the circle is dependent upon the parts for its definition. Similarly, knowledge cannot be separated from the knower, and the knower is shaped by the knowledge he or she has.

Second, a distinctively Christian hermeneutic requires us to believe in an authoritative text. For example, God's character and Scripture are unchanging, authoritative guides for living. Although any interpretation of these texts is construed, and therefore subject to numerous human distortions, the underlying authority of the texts is assumed.

Many contemporary hermeneutic scholars share with Christian scholars the first of these distinctives, but not the second. They often emphasize interpretation to the exclusion of objective reality, and end up taking constructivism too far. Lundin (1993) concludes: "While contemporary hermeneutical theory may help the Christian to comprehend the power of modern schools of interpretation, it cannot be of much assistance in formulating an explicitly Christian response to questions about the validity of any particular interpretation (p. 252)."

A Christian hermeneutic allows cognitive therapists to maintain the advantages of constructivism while specifically addressing the disadvantages. There are several implications for Christian cognitive therapy.

First, consistent with a constructivist hermeneutic, the primary focus of therapy is meaning and not the accumulation or analysis of facts. There is room for agents of meaning, such as religious beliefs, in psychotherapy, regardless of whether those agents can be empirically or rationally verified. For example, if a client interprets abortion as immoral and is experiencing distress about a past abortion, Therapist A

and Therapist B might respond differently. Therapist A requests logical proof that abortion is immoral and risks being insensitive to the meanings constructed by the client. Therapist B helps the client identify and clarify the meanings attached to the event. Therapist A communicates, "You have no logical proof that abortion is wrong, and you can stop feeling guilty." Therapist B communicates, "Your distress is a function of your values. Your values are important to me, and they are important to you because they shape the way you see yourself and others." Notice that both interventions are cognitive, but only the second is constructivist.

Second, because our hermeneutic leaves room for authoritative texts, we look to sources outside the client for truth. For example, scientific methods can be helpful in understanding religious experience (Foster & Ledbetter, 1987). Similarly, Scripture gives absolute moral values that exist as boundaries for human construction of meaning. Although different interpretive strategies lead people to different conclusions about Scripture, the interpretive process does not define morality. Rather, human construction limits an accurate understanding of an authoritative morality defined by God and described in Scripture. Moreover, the objective veracity of memories is important if Christian therapists are to implement religious principles such as forgiveness, repentance and restitution.

Although these two therapeutic implications may appear contradictory at first glance, I do not believe they are. Just as hermeneutic theory and scientific principles can be compatible in psychology (see Meichenbaum, 1992), hermeneutic theory and religious authority can be compatible for Christian therapists. We believe in constructivism enough to respect our clients' interpretations of life events, but we are aware of other possible interpretations because of our respect for other, more authoritative sources of meaning. Then we gently guide our clients toward a more comprehensive interpretation of their life events, being aware of potential misuses of our power as therapists and forthright about our hermeneutic schemes and underlying assumptions. In the previous example, the Christian cognitive therapist might listen intently to the client's interpretation of the past abortion, accept and empathize with that interpretation, but then gradually move the client toward greater awareness of God's forgiveness and redemption. The therapy succeeds as the client learns to interpret her situation from several perspectives.

Third, the assumptions of RET must be challenged before being imported into a Christianized form of RET. The goal of traditional RET is to assert greater control over one's life by dismissing ideas of a divine being. The goal of Christian maturity is giving up control to God. Christianity moves one toward a theistic social anthropology rather than a psychological anthropology (Anderson, 1992). Similarly, the nature of thoughts that have been labeled "irrational" or "dysfunctional" deserves careful evaluation. For example, some dichotomous thinking may be useful for those striving for Christian maturity (see Galatians 5:16-26). Moreover, some "irrational" beliefs may be an essential part of Christian growth. For example, Ellis and Greiger (1977) describe as irrational the idea that one needs someone stronger than oneself to rely on. This belief, irrational to some, is the essence of Christian devotion.

Conclusion

It would be impossible to do justice to complex philosophical systems in a short paper such as this. The complexities of constructivism go well beyond the scope of this discussion. Nonetheless, this brief overview shows some of the effects of post-

modernism's changing view of knowledge on RET. Constructivism has ushered in helpful changes for Christian therapists, but also dangers. A hermeneutic that assumes an authoritative structure for morality and human values allows for the benefits of constructivism within the confines of a distinctively Christian world-view.

Although Christian forms of cognitive therapy have been developed (Johnson & Ridley, 1992; McMinn, 1992; Propst, 1980; Propst, Ostrom, Watkins, Dean, & Mashburn, 1992; Wessler, 1984), most tend to simply Christianize the tools used by Ellis and other pioneers of cognitive therapy. To date, none has been based on a distinctively Christian hermeneutic or a critical examination of the RET world-view.

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Religion and Rationality: I. Rational-Emotive and Religious Understandings of Perfectionism and Other Irrationalities

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Abstract

In some of his clarifications of Rational-Emotive Therapy (RET), Albert Ellis has argued that traditional religious beliefs serve as pathogenic irrationalities and that less religious individuals should be emotionally healthier. A test of these ideas involved an examination of four beliefs presumed to be irrational within a RET frame of reference. Special procedures allowed these beliefs to be operationalized as religious as well as rational-emotive irrationalities. Analysis of these data demonstrated that the RET measure of perfectionism was largely "irrational," that religiously defined irrationalities displayed greater predictive validity than did those of RET, that less religious participants were not the most obviously adjusted, and that the intrinsically religious displayed the most adequate personality organization. RET hypotheses about religiosity therefore were contradicted.

Among the many systems of psychotherapy, the Rational-Emotive Therapy (RET) of Albert Ellis offers one of the most coherent, consistent, and extreme critiques of traditional religious commitments (e.g., Ellis, 1962, 1970, 1983, 1986). The coherence of this critique lies in its ability to integrate religious beliefs into an A-B-C model of psychopathology. Psychological disturbances occur when activating (A) events appear to trigger unhealthy emotional consequences (c). Rejection by a friend (A) for example, may seem to produce depression (c). However, the assumption underlying RET is that intervening beliefs (B) about the event, rather than the event itself, actually serve as the pathogenic factor. For instance, an individual may think, "I must never be rejected. It's awful if I am, ... that makes me an inadequate person!" (Ellis, 1987, p. 368). Such irrationalities putatively supply the crucial interpretative mediation that connects activating events with maladjusted emotional reactions. With different beliefs, the same experience could have no negative impact on mental health.

Ellis' complaint against religion essentially rests on the idea that traditional religious beliefs can operate as pathogenic irrationalities. "People who adhere to the teachings of absolutistic and perfectionistic religious groups will tend to be more frequently and more intensely disturbed than those who follow more flexible, less dogmatic religions" (Ellis, 1986, p. 106). More succinctly, he argues, "Religiosity ... is in many respects equivalent to irrational thinking and emotional disturbance,"

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and his overall prediction about the relative adjustment of individuals is that the “less religious they are, the more emotionally healthy they will tend to be” (Ellis, 1980, p. 637).

Ideology and Rationality

Ellis’ approach to religion has been questioned in recent studies that see the psychology of religion as unavoidably ideological. The word “ideology” has a long and complicated history (e.g., Larrain, 1979) and to say that something is “ideological” can have pejorative connotations. Within some conceptual frameworks, however, to identify the psychology of religion as ideological implies no condemnation. MacIntyre (1978), in particular, argues that ideologies “delineate certain general characteristics of nature or society or both, characteristics which do not belong only to particular features of the changing world which can be investigated only by empirical inquiry” (p. 5). Christians, for example, affirm whereas Ellis (e.g., 1980) denies that God created and maintains the universe. Such beliefs can influence how life events are interpreted, but at the same time, such beliefs can be neither confirmed nor falsified because the pivotal issue, the existence of God, is beyond the reach of empiricism.

In addition to being somewhat nonempirical, ideologies offer “an account of the relationship between what is the case and how we ought to act, between the nature of the world and that of morals, politics, and other guides of conduct.” This relationship between “what is” and “what ought to be” is central because an ideology “does not merely tell us how the world is and how we ought to act, but is concerned with the bearing of one upon the other.” Interpretations of the world that can be neither confirmed nor falsified therefore supply presuppositions from which a normative system of conduct is rationally derived. Finally, an ideology has a sociological element because “it is not merely believed by the members of a given social group, but believed in such a way that it at least partially defines for them their social existence.” As MacIntyre illustrates, “There is a Christian account of why Christians are Christians and the heathens are not” (all quotes, MacIntyre, 1978, p. 6).

In short, to argue that all positions in the psychology of religion are ideological can mean merely that they are sociological, normative, and somewhat nonempirical. One noteworthy consequence of such an analysis is that it questions the validity of attempts like those found in RET to articulate a universally acceptable form of practical-ethical rationality (MacIntyre, 1981, 1988; Watson, Morris, & Hood, 1988, 1990a, 1992). Different systems of ethical conduct will be based on somewhat nonempirical premises that can receive no definitive defense or falsification, and the practices of different communities may be organized around somewhat incommensurable assumptions about what individuals ought to be (Watson, Morris, Hood, & Folbrecht, 1990). Ellis’ critique of religiosity, therefore, may reflect the friction that can exist between ideologically incompatible social constructions of practical rationality (Watson, 1993, 1994; Watson, Folbrecht, Morris, & Hood, 1990).

Perfectionism and Other “Irrationalities”

In the present project, this ideological interpretation of the psychology of religion was extended by testing the general hypothesis that at least some “irrationalities” for Ellis may be religious “rationalities” and vice versa. While identifying a multitude of pathogenic irrationalities (Ellis, 1987), Ellis in his earlier work emphasized a subset of beliefs (e.g., 1962, pp. 60-88; 1973, pp. 242-243) that have been opera-

tionalized in a number of instruments, including the Irrational Beliefs Test (IBT: Jones, 1968). Hence, irrationalities can be measured and correlated with other variables in an attempt to document their pathogenic properties.

Scorings of these beliefs need not be limited to Ellis' understanding of RET, however. The religious irrationality of particular questionnaire items can be determined by having research participants evaluate each statement as consistent or inconsistent with their personal religious ideologies. Through an assessment of such ratings, new measures of irrationality can be constructed, this time in terms of religious rather than rational-emotive belief systems. A comparative analysis of irrationalities can then be accomplished by intercorrelating the RET and religious measures of irrationality and by examining their associations with other indices of personal and interpersonal functioning (e.g., Watson, Morris, & Hood, 1988, 1993).

Use of these procedures already has uncovered commonalities between religion and RET, but contrasts also exist because the IBT Dependency subscale apparently operates as an RET irrationality and as a religious rationality (Watson, Morris, & Hood, 1988, 1993). This finding could mean that religious individuals do suffer from at least some irrational thinking, except that the religious description of Dependency generally seems more valid (Watson, Morris, Hood, & Folbrecht, 1990). Specifically, Dependency scored as a religious rationality correlates in a more coherent fashion with other irrationalities and with other measures of mental health. At the same time, both interpretations of Dependency may have liabilities. The religious operationalization of this belief suggests a vulnerable openness to others, whereas the IBT subscale seems to record a somewhat antisocial individualism (Watson, Morris, & Hood, 1993).

The relationships among religion, rationality and mental health therefore seem to be more complicated than Ellis implies, and the present study further explored this complexity by examining four more IBT subscales. Of central interest was Perfectionism, an index of the "idea that there is invariably a right, precise, and perfect solution to human problems and that it is catastrophic if this perfect solution is not found" (Ellis, 1962, pp. 86-87). Perfectionism can correlate negatively with other IBT subscales, while a positive correlation is the most obvious prediction. Perfectionism data also support the essentially nonsensical conclusion that low empathy, social alienation, interpersonal manipulativeness and depression are all "rational" (Watson, Morris, Hood, & Folbrecht, 1990; Watson, Folbrecht, Morris, & Hood, 1990). In short, the IBT description of Perfectionism might be "irrational," and religious understandings of this subscale might be more valid.

Problem Avoidance, High Self-Expectations, and Blame-Proneness also were examined. Problem Avoidance refers to the idea that "it is easier to avoid than to face life difficulties and self-responsibilities" (Ellis, 1962, p. 78), and earlier findings suggested an accord between RET and religion on the meaning of this belief (Watson, Folbrecht, Morris, & Hood, 1990). Blame-Proneness is the notion that "certain people are bad, wicked, or villainous and that they should be severely blamed and punished for their villainy," and High Self-Expectations involves the belief that "one should be thoroughly competent, adequate, and achieving in all possible respects if one is to consider oneself worthwhile" (Ellis, 1962, pp. 63-65). Both of these beliefs seemed similar to orthodox understandings of sin; so, interpretative conflicts might be expected. Still, previous data have uncovered no consistent correlations between religiosity and either of these two irrationalities (Watson, Folbrecht, Morris, & Hood, 1990).

Religious Orientation and Mental Health

Examinations of RET hypotheses about religion require the measurement of religiosity, and the Allport and Ross (1967) Intrinsic and Extrinsic Religious Orientation Scales were employed for this purpose. The Intrinsic Scale attempts to monitor a sincere form of commitment in which religion supposedly operates as an adaptive mastermotive in a believer's life. The Extrinsic Scale seeks to record a more self-centered and maladapted use of religion as a means to other ends. The validity of these instruments has been confirmed in numerous studies (Bergin, 1983; Donahue, 1985), and data for the Intrinsic Scale were of special interest. In opposition to Ellis' assumptions about religion, a sincere, intrinsic Christian religiosity might predict "rational" mental health rather than "irrational" psychopathology.

Interpretations of the Intrinsic Scale as an index of healthy religiousness have not gone unchallenged, however. In Christian samples, the Intrinsic Scale correlates strongly and positively with measures of orthodoxy, including "dogmatic" beliefs that "one must accept Jesus Christ as Lord and Savior to be saved from sin" and that "the Bible is the unique authority for God's will" (Batson & Ventis, 1982, p. 154). Such relationships suggest to some "that Allport and Ross' Intrinsic scale, contrary to their intent, measured compulsive, devout allegiance to institutional orthodoxy" (Batson & Ventis, p. 155). This more pessimistic analysis of intrinsicness therefore points toward the kind of pathogenic and "dogmatic" religiosity that Ellis has warned against. In short, this alternative perspective on the Intrinsic Scale identifies it as a measure of "intense, rigid devotion to orthodox religious beliefs and practices" (Batson & Ventis, p. 147) and hence as an operationalization of irrational religiosity.

An additional aspect of the Allport and Ross scales is that some individuals display high scores on both instruments. Allport and Ross categorized such research participants as belonging to an Indiscriminately Proreligious type and argued that they should be differentiated from Intrinsic who score high only on the Intrinsic Scale, from Extrinsic who score high only on the Extrinsic Scale, and from the Indiscriminately Antireligious who fail to score high on either scale. These types were examined in the present project for three reasons. First, nonhomogeneous religious positions within a sample could obscure connections between religiosity and irrational thinking. A separate analysis of types therefore offered a more discriminative understanding of how different kinds of religiosity might influence interpretations of the IBT subscales (Watson, Morris, & Hood, 1992, 1993).

Second, Intrinsic were of particular interest because they seem to have the most internalized belief system (Hood, Morris, & Watson, 1990; Morris, Hood, & Watson, 1989) and tend to express the most orthodox views (Watson, Morris, & Hood, 1989). Given Ellis' criticism about the effects of believing in "dogma," Intrinsic presumably should illustrate how religiosity contributes to irrationality. Still, the percentage of Intrinsic in a sample helps determine the degree to which the Intrinsic Scale predicts adjustment (Watson, Morris, & Hood, 1989) and Intrinsic have been proposed as a useful empirical model for examining the adaptive consequences of religious commitment (Watson, Morris, Hood, & Biderman, 1990). The rationality of Intrinsic also may be superior to that of the other three types, at least where "rationality" is defined by the ability of a personal belief to predict mental health (Watson, Morris, & Hood, 1992, 1993). In other words, a focus on the Intrinsic might uncover difficulties for Ellis' hypotheses about being "dogmatic."

Finally, an examination of types was useful in testing Ellis' (1980, p. 637) claim

about people that the “less religious they are, the more emotionally healthy they will tend to be.” Relative to the more orthodox Intrinsics, the Indiscriminately Antireligious are less “dogmatically” religious and consequently should be the more “rational” and adjusted type.

An exploration of these issues necessitated an assessment of psychological functioning, and variables were chosen in an effort to uncover possible strengths and weaknesses of both the religious and *IBT* interpretations of irrationality. Again, some research suggests that religious rationalities may capture both the positive and negative features of a more communal form of selfhood, whereas *RET*-based operationalizations may be similarly sensitive to a more isolated, individualistic self-structure (Watson, Morris, & Hood, 1993). Measures of personal individualistic and of interpersonal communal functioning therefore were utilized. Personal functioning was monitored with the Rosenberg (1965) Self-Esteem and the Costello and Comrey (1967) Depression and Anxiety Scales. Interpersonal characteristics were recorded with Social Responsibility (Berkowitz & Lutterman, 1968) and Communal Orientation (Clark, Ouellete, Powell, & Milberg, 1987) measures.

Self-esteem, depression and anxiety scales find wide use in personality research, but the two interpersonal measures are less frequently employed. Social Responsibility represents an unalienated, responsible, and trusting involvement in community life, and individuals who self-report high levels of the Communal Orientation “feel responsible for the other’s welfare,” but also “expect the other person to be responsive to their needs and to demonstrate concern for their welfare” (Clark et al., 1987, p. 94). This latter scale was of particular interest because it reflects an interdependent form of individualism which hypothetically is more prosocial than the “narcissistic” and self-contained individualism that supposedly dominates Western social structures (Sampson, 1988, pp. 20-21). Overall, the most “rational,” well-balanced personality presumably would be defined by less depression and anxiety and by higher levels of self-esteem, social responsibility, and a communal orientation.

Method

Subjects

Undergraduate psychology students at the University of Tennessee at Chattanooga volunteered for this project and received extra course credit for their assistance. These 136 females and 101 males were 20.8 years old on average, and ages ranged from 16 to 58. Most participants reported affiliation with one Christian denomination or another with 46.8% Baptist, 11.8% Methodist, 10.1% Catholic, 6.8% Presbyterian, 4.6% Church of God, 3.4% Church of Christ, 4.6% “Other Protestant,” and 11.9% simply “Other.”

Procedure

All participants responded to the four *IBT* subscales followed by the Social Responsibility, Self-Esteem, Costello and Comrey, Communal Orientation, and Allport and Ross scales. Then in a final procedure, the *IBT* subscales were presented once again, but with new instructions designed to have each item evaluated in terms of personal religious commitments:

In this section, you will be presented with some of the very same statements that you responded to in another section of the questionnaire. This time we are not so much interested in

how these statements apply to you in general as we are interested in knowing how they apply more specifically to your religious beliefs.

A five-point scale for evaluating each item then was presented with a zero indicating that "agreement with the statement would be VERY INCONSISTENT with your personal religious beliefs." The other four options pointed to evaluations which were "INCONSISTENT" (1), "NEITHER CONSISTENT NOR INCONSISTENT" (2), "CONSISTENT" (3) and "VERY CONSISTENT" (4). Once these response possibilities were explained, subjects were presented with one last prompt about what was being asked of them:

It is critical that you respond *in terms of your particular religious beliefs*, whatever they may be. If you consider yourself to be an orthodox Christian, you would answer according to the values that you feel go along with being an orthodox Christian. If you are an atheist or agnostic, you would respond according to how your beliefs about religion affect your understanding of life. There are of course many other approaches to religion, and you should respond according to whatever approach applies to you.

Again, what we want you to do is *to accept* a statement and then to determine if that statement is inconsistent or consistent with your religious beliefs.

Reactions to all questionnaire items were entered on standardized answer sheets which were read by optical scanning equipment into a computer data file. Each instrument was scored so that higher values revealed higher levels of the monitored trait. In line with earlier studies (e.g., Watson, Morris, & Hood, 1988, p. 354), religious evaluations of the IBT subscales were combined to produce "Religious Consistency" measures, but these data were not presented because they failed to support any new generalizations not documented by the other findings of this project.

Statistical analyses were conducted in five major steps. Ideological implications of all subscale items were ascertained first. The evolution of these procedures has been detailed previously (Watson, Morris, & Hood, 1990a), and these methods most simply determined if questionnaire items were ideologically imbalanced (i.e., either could or could not be accepted or rejected based upon personal religious beliefs). As the initial step in these procedures, a three category chi-square analyzed the full sample evaluations of each item, examining the frequency of the "Inconsistent" (both the very inconsistent and inconsistent options), "Neither," and "Consistent" responses (both the very consistent and the consistent options). A nonsignificant chi-square was taken to indicate that a statement elicited a "Balanced" reaction and that it consequently was ideologically unbiased.

On the other hand, the observation of a significant chi-square suggested a possible ideological imbalance and was taken as warrant for a second phase of clarifying analyses. Clarifying analyses offered an expedient and objective method for defining imbalanced reactions to each item and involved the use of two separate two-category chi-squares. Specifically, "Inconsistent" (i) reactions were compared with all "Other" (o) responses and then the "Consistent" (c) responses were contrasted with the "Other" (o) reactions. At a purely conceptual level, these analyses could yield the nine patterns of outcomes presented in Table 1.

Table 1
 Ideological Meanings* of Positively and Negatively** Scored
 Irrationality Items as a Function of the Pattern of Outcomes
 Obtained in the Clarifying Analyses***

Consistency (C) Analysis Outcome			
	C > Other	C = Other	C < Other
<u>Inconsistency (I)</u> <u>Analysis Outcome</u>			
I > Other	Impossible	+Item: Proreligious - Item: Antireligious	+Item: Proreligious - Item: Antireligious
I = Other	+Item: Antireligious - Item: Proreligious	Polarized	+Item: Proreligious - Item: Antireligious
I < Other	+Item: Antireligious - Item: Proreligious	+Item: Antireligious - Item: Proreligious	Neutral
<p>* Understandings of an item could be compatible with religious commitments and therefore ideologically "Proreligious" or incompatible and therefore "Antireligious." In the clarifying analyses, significant avoidance of both the consistent and inconsistent options (I < Other and C < Other) would reveal a "Neutral" statement, while a nonsignificant result in both directions (I = Other and C = Other) would demonstrate a "Polarized" outcome. A significant outcome in both the consistent and inconsistent directions (I > Other and C > Other) is mathematically "Impossible."</p> <p>** Positively scored items are those in which agreement represented an irrational response according to RET. Negatively scored items are those in which agreement revealed an RET-defined rationality. The sign before the ideological meaning of each pattern indicates how an item was scored, either positive (+) or negative (-).</p> <p>*** Consistency (C) analyses involved chi-square tests comparing the number of individuals who evaluated a statement as consistent (i.e. – "Very Consistent" or "Consistent") with those who responded with the one of the "Other" options (i.e. – "Neither Consistent nor Inconsistent," "Inconsistent," and "Very Inconsistent"). In the same manner, Inconsistency (I) analyses contrasted those who evaluated a statement as inconsistent (i.e. – "Very Inconsistent" and "Inconsistent") with those who chose one of the "Other" options (i.e. – "Neither Consistent nor Inconsistent," "Consistent," and "Very Consistent"). [This table is reprinted with permission from Watson, Morris, and Hood (1993).]</p>			

In general terms, the clarifying analyses revealed if and how the sample conceptualized an item as ideologically extreme. Subjects could avoid both extremes, of course, and this result would appear when the two chi-squares indicated that the "Other" responses occurred more frequently than the two extremes (I < 0 and C < 0). This clustering of reactions in the "Neither" option would isolate a "Neutral" statement. "Polarized" findings would be obvious when a large enough number of participants positioned themselves in the inconsistent and consistent categories (I = 0 and C = 0). Finally, for the sake of comprehensiveness, it should be noted that the simultaneous observation of extreme reactions in both directions (I > 0 and C > 0) was a mathematically "Impossible" result. All other patterns of results pointed

toward either "antireligious" or "proreligious" ideological implications.

For antireligious items, religious evaluations were incompatible with RET assumptions about how these beliefs should be scored. IBT items scored in a positive direction represented beliefs which were irrational within a RET frame of reference, and such beliefs could be significantly "Consistent" and/or significantly *not* "Inconsistent" with religiousness ($c > 0$ when $l = 0$ or $l < 0$, and $l < 0$ when $c = 0$). These items therefore would be antireligious because RET would condemn what religion either directly recommended and/or found to be *not* incompatible with commitments. In addition, an IBT item scored in a negative direction was a rational belief for RET. These items could be significantly "Inconsistent" and/or significantly *not* "Consistent" with religiousness ($l > 0$ when $c = 0$ or $c < 0$, and $c < 0$ when $l = 0$). These beliefs also would be antireligious because a putative rationality was either directly rejected and/or found to be *not* compatible with religion.

The remaining outcomes pointed toward proreligious items because religion and RET would appear to concur on the nature of these beliefs. Positively scored items could be significantly "Inconsistent" and/or significantly *not* "Consistent" with religiousness ($l > 0$ when $c = 0$ or $c < 0$, and $c < 0$ when $l = 0$). RET therefore would agree with religious belief systems in identifying these "irrationalities" as something that should be rejected and/or that should be *not* accepted. On the other hand, negatively scored statements could be significantly "Consistent" and/or significantly *not* "Inconsistent" with religion ($c > 0$ when $l = 0$ or $l < 0$, and $l < 0$ when $c = 0$). Hence, these items would operate as "rationalities" within both religious and RET conceptual frameworks.

While Table 1 summarizes the clarifying analyses for the IBT subscales, this logic applies to any construct evaluated as "pathological" within the ideological perspective that guided its construction. For instruments operationalizing a putatively adaptive trait, ideological meanings would be reversed. Antireligious patterns would become proreligious and vice versa. One other aspect of these procedures involved the use of a .01 significance level in the clarifying analysis. Other work with a different data set demonstrated that this more conservative alpha level yielded a more precise empirical definition of the antireligious and proreligious interpretations.

After all ideological meanings were determined, responses to the four IBT subscales taken under standard instructions were rescored in order to create new measures of religious "irrationality." Beliefs evaluated by the full sample as proreligious were scored in the same positive or negative direction. On the other hand, antireligious items were reversed so that previously negative statements were scored positively and vice versa in order to make them "proreligious" as well. These items then were combined to create new Sample-Perfectionism, Sample-Problem Avoidance, Sample-Blame-Proneness, and Sample-High Self-Expectations subscales. Balanced, neutral, and polarized statements were ignored in this process.

In the second stage of the data analysis, all measures including the new religious irrationality subscales were intercorrelated. In the third stage of the analysis, type-specific irrationalities were created and intercorrelated. Subjects were categorized based on whether they scored "high" or "low" on the two Allport and Ross scales. Relative to normative data involving 2,435 students (Watson, Morris, & Hood, 1990b), "high" on both instruments was defined by scores that were greater than 30. Use of these procedures resulted in the identification of 90 Intrinsics, 56 Extrinsics, 29 Indiscriminately Proreligious, and 62 Indiscriminately Antireligious. Religious evaluations of the 40 IBT items were then reexamined, this time for each type separately. Based on use of the chi-squares, new type-specific definitions of the four irra-

Table 2
Intercorrelations among the Rational-Emotive and
Sample-Defined Religious Irrationalities

Variables	2.	3.	4.	5.	6.	7.	8.
<u>Rational-Emotive Irrationalities</u>							
1. Perfectionism	-.13 ^a	.05	.11	-.21 ^b	-.12	-.07	-.09
2. Problem Avoidance	-	.25 ^c	.00	.33 ^c	.96 ^c	.38 ^c	.08
3. High Self-Expectations		-	.25 ^c	-.06	.21 ^b	.61 ^c	.02
4. Blame-Proneness			-	-.29 ^b	-.04	-.01	-.03
<u>Sample-Defined Religious Irrationalities</u>							
5. Perfectionism				-	.36 ^c	.27 ^c	.06
6. Problem Avoidance					-	.41 ^c	.11
7. High Self-Expectations						-	.19 ^b
8. Blame-Proneness							-
^a p < .05 ^b p < .01 ^c p < .001							

tionalities were created by rescoring the original IBT subscales.

In the fourth stage of the data analysis, multiple regressions were used as an expediency for describing the ability of the IBT, sample-defined, and type-specific irrationalities to predict scores on the five measures of psychosocial adjustment. In each of these procedures, the four measures of irrationality served as predictors that were entered in simultaneously.

Finally, a MANOVA was used to determine if there were overall type differences in the original IBT subscales and in the five measures of personal and interpersonal functioning. One-way ANOVA'S, along with Student-Newman-Keuls post hocs ($p < .05$), were utilized to specify where the significant differences did occur.

Results

For the full sample, four of ten Perfectionism items were antireligious, three were proreligious, two polarized, and one balanced. The research participants agreed, for example, that it was rational to think that "some problems will always be with us," but did not find it irrational to believe that "I feel I must handle things in the right way." Eight of the ten Problem-Avoidance statements were proreligious while two were balanced, and the High Self-Expectations subscale contained seven proreligious and three antireligious irrationalities. Three proreligious, three antireligious, and four polarized items made up the Blame-Proneness measure. Overall, these data demonstrated that religious perspectives were not universally irrational, even within the ideology operationalized by the IBT, and that Perfectionism was the most antireligious subscale.

Table 2 presents the intercorrelations among the RET and sample-defined irrationalities. For the original IBT subscales, only two of six relationships covaried directly, and the association between Perfectionism and Problem Avoidance was negative. In contrast, the religiously defined subscales offered a more internally

Table 3
Correlations of RET and Sample-Defined Irrationalities with Measures of Religious Orientation and of Psychosocial Functioning

Variables	Religious Orientation		Psychosocial Variables				
	Intrinsic	Extrinsic	Responsibility	Self-Esteem	Anxiety	Depression	Communality
<u>Rationa-Emotive Irrationalities</u>							
Perfectionism	.19 ^b	-.17 ^a	.00	.11	-.15 ^a	-.15 ^a	-.05
Problem Avoidance	-.33 ^c	.19 ^b	-.13 ^a	-.27 ^c	.35 ^c	.42 ^c	-.19 ^b
High Self-Expectations	-.02	.03	-.11	-.17 ^b	.29 ^c	.14 ^a	.00
Blame-Proneness	.09	-.06	.01	.09	-.01	-.01	-.13 ^a
<u>Sample-Defined Religious Irrationalities</u>							
Perfectionism	-.20 ^b	.14 ^a	-.13 ^a	-.09	.16 ^a	.24 ^a	-.19 ^b
Problem Avoidance	-.32 ^c	.19 ^b	-.19 ^b	-.30 ^c	.37 ^c	.44 ^c	-.21 ^b
High Self-Expectations	-.12	.03	-.22 ^b	-.23 ^c	.42 ^c	.32 ^c	-.15 ^a
Blame-Proneness	-.01	-.07	-.03	.00	.12	.12	-.05
<u>Religious Orientation</u>							
Intrinsic	-	-.36 ^c	.21 ^b	.16 ^a	-.16 ^a	-.28 ^c	.14 ^a
Extrinsic		-	-.17 ^a	-.04	.28 ^c	.18 ^b	-.14 ^a

^a*p* < .05 ^b*p* < .01 ^c*p* < .001

coherent depiction of irrationality because four of the six relationships were positive, and none was negative.

Strongest support for RET's analysis of religiosity would have appeared with inverse correlations between the RET and sample-defined irrationalities. Only then would religious rationalities be unmasked as RET irrationalities and vice versa. In actual fact, only two of the 16 relationships were negative, and both involved the sample-defined Perfectionism subscale. Five other relationships were positive, suggesting basic agreements between the RET and religious ideological understandings of irrationality. These positive correlations were not unexpected, of course, because so many items were proreligious and were scored in the same direction as the IBT.

In Table 3, the two sets of irrationalities are correlated with the psychosocial and religious orientation variables. The IBT definition of Perfectionism was challenged, since this "irrationality" was associated with less rather than more anxiety and depression. In contrast, the religious index of Perfectionism presented a more logical linkage between irrationality and mental health. Both the RET and religious measures of Problem Avoidance and High Self-Expectations served as valid indices of irrationality. Only one significant association appeared for either Blame-Proneness subscale, and here the IBT seemed to correctly operationalize a trait that worked against a more communal orientation toward social arrangements.

As Table 3 also makes clear, intrinsicness was confirmed as largely adaptive and extrinsicness as largely maladaptive. The sample-defined irrationalities therefore made sense because statistically reliable outcomes demonstrated that religious irrationalities correlated inversely with the more adjusted and directly with the more maladjusted orientation. For the RET subscales, however, only two of four significant correlations conformed with this pattern, and the IBT understanding of Perfectionism again appeared to be particularly inadequate.

Type-specific irrationalities were examined next. For all four IBT subscales, Intrinsic identified 24 proreligious and 13 antireligious items, whereas these values were 13 and 16 respectively for Extrinsic, 17 and 4 for the Indiscriminately Proreligious, and 11 and 4 for the Indiscriminately Antireligious. All other evaluations were balanced, neutral, or polarized. Again, the most coherent description of irrationality would have occurred with all six intercorrelations among the type-specific subscales being significantly positive ($p < .05$). Only the Intrinsic produced this effect, while five such linkages were observed for Extrinsic, four for the Indiscriminately Proreligious, and two for the Indiscriminately Antireligious.

Table 4 uses multiple regressions to summarize how the various constructions of irrationality served as predictors of self-functioning in the full sample. For example, the four IBT subscales were used to predict Social Responsibility, but they failed to yield a significant multiple r . In contrast, irrationalities defined by the sample, Intrinsic, Extrinsic, the Indiscriminately Proreligious, and the Indiscriminately Antireligious all produced statistically reliable outcomes. Beta weights displaying at least some tendency to contribute to the prediction equations were presented ($p < .10$). This procedure was based on the assumption that most of these measures were not formal scales in which acceptable internal reliabilities had been guaranteed. With sounder psychometrics, tendencies to be associated with a construct might be converted into more statistically reliable influences.

Table 4 most importantly demonstrates that the ideological position operationalized in the IBT offered the most inadequate definition of irrationality. Only the IBT irrationalities failed to predict all of the psychosocial variables. In addition, these subscales yielded two conceptually inconsistent outcomes. With self-esteem, for example, the beta weight for Blame-Proneness suggested that a putative "irrationality" was associated with more positive self-attitudes and that it therefore actually served as a rationality. The same conclusion applied to the Perfectionism influence on anxiety. A conceptually inconsistent outcome also appeared for the irrationalities of the Indiscriminately Antireligious and once again involved the linkage of Perfectionism with anxiety.

One final analysis of these type-specific irrationalities was deemed necessary before type differences in self-functioning could be explored. Previous research has shown that what is rational for one type of religious orientation might not be for another (Watson, Morris, & Hood, 1992); so, data more supportive of RET might appear if less religious subjects were examined. With the Indiscriminately Antireligious analyzed separately, for example, the IBT subscales or the irrationalities as defined by the Indiscriminately Antireligious might confirm the hypothesis that less religious individuals are more rational. To test to this possibility, the multiple regressions presented in Table 4 were conducted once again, but this time for each type separately. An examination of these data did nothing to change the picture of religion, rationality, and mental health suggested by Table 4.

Finally, the MANOVA uncovered significant overall type differences in the four IBT

Table 4
Multiple Regressions Comparing the Ability of Six Definitions of Irrationality to Predict Psychosocial Functioning

	Psychosocial Variables														
	Social Respon- sibility			Self- Esteem			Anxiety Scale			Depression Scale			Communal Orientation		
	Multi. r	Beta* Wgts.		Multi. r	Beta Wgts.		Multi. r	Beta Wgts.		Multi. r	Beta Wgts.		Multi. r	Beta Wgts.	
<u>Irrationalities**</u>															
IBT	.16	None	.32 ^d	.43 ^d	-.22 ^d :PA -.15 ^b :HSE .11 ^a :BP		.43 ^d	.28 ^d :PA .24 ^d :HSE -.12 ^b :P		.43 ^d	.40 ^d :PA		.25 ^c	-.22 ^c :PA -.15 ^b :BP	
Sample	.25 ^c	-.17 ^b :HSE	.33 ^d	.47 ^d	-.26 ^d :PA -.13 ^e :HSE		.47 ^d	.31 ^d :HSE .24 ^d :PA		.47 ^d	.35 ^d :PA .14 ^b :HSE		.25 ^c	-.14 ^b :PA -.12 ^a :P	
I	.24 ^c	-.20 ^c :HSE	.32 ^d	.47 ^d	-.23 ^c :PA -.14 ^b :HSE		.47 ^d	.30 ^d :HSE .21 ^c :PA		.47 ^d	.34 ^d :PA .13 ^b :HSE		.21 ^b	-.13 ^a :PA	
E	.25 ^c	-.18 ^b :HSE	.30 ^d	.41 ^d	-.24 ^d :PA		.41 ^d	.26 ^d :PA .25 ^d :HSE		.46 ^d	.37 ^d :PA .17 ^b :HSE		.30 ^d	-.22 ^c :P -.14 ^b :PA	
IP	.21 ^b	-.14 ^a :HSE -.13 ^a :PA	.33 ^d	.43 ^d	-.26 ^d :PA -.15 ^b :HSE		.43 ^d	.32 ^d :PA .21 ^c :HSE		.47 ^d	.43 ^d :PA		.28 ^d	-.20 ^c :PA -.14 ^b :BP	
IA	.28 ^d	-.23 ^d :PA	.27 ^c	.45 ^d	-.23 ^c :PA -.13 ^a :HSE		.45 ^d	.32 ^d :PA .21 ^c :HSE -.13 ^b :P		.50 ^d	.43 ^d :PA .13 ^b :HSE		.27 ^c	-.22 ^c :PA	

^ap < .10 ^bp < .05 ^cp < .01 ^dp < .001

*Beta weights are listed for all irrationalities that displayed at least a tendency (p < .10) to make a contribution to the prediction equation.

The irrational beliefs were Problem Avoidance (PA), BLAME-PRONENESS (BP), High Self-Expectations (HSE), and Perfectionism (P).

**Definitions of irrationality included the RET perspective built into the IBT plus the empirically-derived definitions based on assessments of the full sample (Sample), the Intrinsic subjects alone (I), the Extrinsic (E), the Indiscriminately Proreligious (IP), and the Indiscriminately Antireligious (IA).

subscales and in the five psychosocial variables (Wilks' $F = 1.72, p < .05$). ANOVA's demonstrated that Intrinsics were significantly less anxious than Extrinsics and the Indiscriminately Proreligious [$F(3,233) = 3.95, p < .01$] and less depressed than Extrinsics and the Indiscriminately Antireligious [$F(3,233) = 3.35, p < .05$]. Type differences failed to appear in Social Responsibility, Self-Esteem, and the Communal Orientation. Intrinsics also were lower than Extrinsics and the Indiscriminately Antireligious in the RET-defined Problem Avoidance measure [$F(3,233) = 6.54, p < .001$]. No significant differences appeared for the other three IBT subscales.

Discussion

This investigation offered no support for Ellis' description of religiosity. Indeed, the IBT yielded the most inadequate construction of irrationality. Irrational beliefs presumably should covary directly, and this result appeared with only two of the six IBT subscale intercorrelations. Perfectionism also correlated negatively with Problem Avoidance, and the IBT description of Perfectionism supported the apparently absurd generalization that higher levels of anxiety and depression are "rational."

IBT measures also failed to correlate directly with both Allport and Ross scales, as would be expected if religious commitments were uniformly irrational. Instead, Problem Avoidance displayed an inverse tie with intrinsicness. Perfectionism did correlate directly with the Intrinsic Scale, but Perfectionism also exhibited an inverse linkage with extrinsicness and did not operationalize an obvious irrationality. Furthermore, IBT measures did not always correlate negatively with the sample-defined irrationalities, which would have confirmed that irrationalities for RET were religious rationalities and vice versa. The inverse linkages that did appear were limited to a sample-defined Perfectionism measure that may have been more valid than the corresponding IBT construct. Finally, the IBT subscales were not the most predictive in the various multiple regressions, and they also yielded the largest number of conceptually inconsistent outcomes.

A second broad challenge to RET was presented by the data obtained for the Intrinsics. In recent research, Intrinsics have tended to be the most orthodox, and from Ellis' perspective, such subjects should have been the most disturbed emotionally. In actual fact, Intrinsics presented the strongest evidence of mental health. They were at the lowest levels on depression, anxiety, and the IBT Problem Avoidance measure, and the Intrinsic-based interpretations of rationality were superior to those built into the IBT.

Findings for the Indiscriminately Antireligious also failed to offer much support for Ellis' critique of religiosity. The Indiscriminately Antireligious, for example, were more depressed and had higher Problem Avoidance scores than the Intrinsics. Rationality as defined by the Indiscriminately Antireligious also was not superior to that of the Intrinsics, although this outcome may have reflected the ambiguity of having antireligious individuals evaluate beliefs in terms of their personal understandings of religion. Nevertheless, little about the Indiscriminately Antireligious in comparison to the more orthodox Intrinsics was congruent with Ellis' (1980, p. 637) hypothesis about individuals that the "less religious they are, the more emotionally healthy they will tend to be."

Of course, data for the Indiscriminately Antireligious could be criticized on the grounds that truly antireligious individuals were not sampled. Almost all undergraduates self-reported affiliation with one or another Christian denomination, and with

an analysis of even more antireligious subjects, RET could have received stronger empirical support. Such an argument undoubtedly has merit.

Nevertheless, Ellis' hypothesis specifies relative differences in religiosity, and previous research has documented that the Indiscriminately Antireligious are relatively less orthodox than the Intrinsic. Types also display predictable variations in nonreligious values that RET identifies as important in determining mental health; so, types offer valid groupings for exploring at least some issues of relevance to RET (Watson, Folbrecht, Morris, & Hood, 1990). At a minimum, therefore, these data seem to suggest a need for more cautious theorizing. If the Indiscriminately Antireligious were not less "dogmatically" religious enough to be healthier, then it becomes important to specify how much more antireligious an individual must be before the benefits of an antireligious belief system become clear.

Another criticism of the present project might center on the IBT. Perfectionism, in particular, seemed to lack validity, and with better operationalizations, Ellis' hypothesis could have received stronger support. Some truth undoubtedly exists in this argument as well because the IBT in fact has been criticized by other researchers. Smith (1982), for example, has complained that some IBT items confound an "irrationality" with the emotional reaction that it supposedly produces. Associations with maladjustment therefore might occur as an artifact produced by the emotional rather than the "irrational" cognitive content of such beliefs (also see Ramanaiah, Heerboth, & Schill, 1987; Robb & Warren, 1990).

On the other hand, at least some theorists have defended the IBT as a valid and clinically useful instrument (Woods, 1984), and such assertions suggest that the IBT has at least some face validity in operationalizing Ellis' descriptions of irrationality. For instance, to agree that "I feel I must handle things in the right way" does seem to be a plausible characterization of perfectionism.

More importantly, however, technical inadequacies associated with the IBT say nothing about the ability of Intrinsic to make sense out of subscale items that contain an "irrational" cognitive and/or a disturbed emotional content. Indeed, the demonstrable "rationality" of Intrinsic is a sufficient condition for rejecting the most extreme of Ellis' claims about religiosity, regardless of how the IBT is assessed. Other researchers have similarly documented that Ellis' pessimistic depiction of religiousness lacks predictive validity (Sharkey & Malony, 1986).

Finally, Ellis and the IBT may simply overemphasize the pathogenic potential of Perfectionism. As Timpe (1989) makes clear, evangelical theologians and personality theorists alike have admitted that perfectionism in its extreme form can have undesirable consequences, but they also have emphasized that it can promote "a gradual process of growth" (p. 33). Interestingly, Ferrari (1992) recently discovered that perfectionism loaded on different factors in subgroups of procrastinators and nonprocrastinators. In procrastinators, perfectionism seemed to be associated with an anxious self-consciousness, whereas for nonprocrastinators it appeared to reflect a more adaptive motivation to achieve excellence. Such findings support the possibility that the rationality or irrationality of perfectionism is somewhat dependent upon the research participants who are being examined.

In summary, this study failed to confirm Ellis' hypothesis that "dogmatic" religious commitments dictate irrationality. Ellis (1980) argues that moral absolutisms are pathological and that ethical relativisms are healthier. A paradox here is that researchers respond to this call for relativism by constructing scales which then are applied to the population as a whole. How can "relativisms" be applied universally

without becoming absolutes? Could not "relativism" mean that rationalities for one community can be irrationalities for another? The present data supported an affirmative response to this latter question, but such a conclusion does not mean that RET and religion are fundamentally incompatible (DiGiuseppe, Robin, & Dryden, 1990) nor that the intrinsically religious are wholly rational (Watson, Milliron, Morris, & Hood, 1994). Instead, these results demonstrate that relationships among religion, rationality, and mental health are complicated and deserve a cautious empirical examination.

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Religion and Rationality: II. Comparative Analysis of Rational-Emotive and Intrinsically Religious Irrationalities

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Abstract

Eight measures of rational-emotive irrationalities were used to test the hypothesis of Albert Ellis that traditional religiousness promotes maladjustment. As in previous studies, special procedures made it possible to score these beliefs as intrinsically religious irrationalities. Rational-emotive and intrinsically religious belief systems displayed numerous commonalities, and where disagreements did occur, each approach had contrasting strengths and weaknesses. The intrinsically religious also displayed the most consistent psychological adjustment. These data reconfirmed that rational-emotive and religious outlooks can share many assumptions, that traditional religiousness can be associated with adjustment, and that relationships among religion, rationality and mental health require a careful empirical examination.

Central to the Rational-Emotive Therapy (RET) of Albert Ellis (e.g., 1962, 1973) is the assumption that psychological disturbances are caused when individuals use irrational beliefs to interpret important life circumstances. Effective therapy requires the replacement of such irrationalities with health-promoting rationalities. In clarifying his position, Ellis (1980, 1983, 1986) has further argued that traditional religious commitments are psychopathogenic because they promote acceptance of putatively irrational dogmas. Therapy with orthodox clients therefore might require the replacement of traditional articles of faith with beliefs that Ellis would evaluate as more rational and as more empirically based.

Recent studies have examined Ellis' interpretation of religiosity by comparing rational-emotive and empirically defined religious irrationalities (Watson, Morris, & Hood, 1988, 1993, 1994). After first responding to irrationality scales under standard instructions, research participants evaluated each scale item as consistent or inconsistent with personal religious commitments. Analysis of these evaluations then made it possible to rescore the initial responses in order to create religious as well as RET-defined irrationalities. While the religious and RET interpretative frameworks exhibited considerable overlap, religious assessments of some but not all beliefs proved to be more valid, and religious versions of rationality seemed to offer a more sensitive index of a communal, interdependent form of personality. Rational-emotive irrationalities, in contrast, seemed to be better in identifying the benefits and liabilities of a more individualistic style of self-functioning (Watson, Morris, &

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Hood, 1993, 1994; Watson, Morris, Hood, & Folbrecht, 1990).

Such data conform with recent positions in philosophy that increasingly question the possibility of developing a universally applicable practical-ethical rationality (e.g., Bernstein, 1983; Placher, 1989). They also operate within a research program that describes the psychology of religion as unavoidably sociological, normative, somewhat nonempirical, and hence ideological. Systems of ethics (and of psychotherapy too) often describe humans-as-they-are, humans-as-they-should-be, and some process for moving them from the former to the latter condition. In addition, the practical rationalities of different communities frequently are based on foundational assumptions that can be neither confirmed nor falsified empirically (e.g., the existence or nonexistence of God). As a consequence, conflicts centering on different social constructions of “humans-as-they-should-be” are often difficult to resolve (MacIntyre, 1978, 1981; Watson, 1993, 1994).

In the present project, possible conflicts between religious and rational-emotive constructions of rationality were reexamined by analyzing additional irrational beliefs and by focusing on an Intrinsic type of religious motivation. Different types of religiosity can be isolated by using the Allport and Ross (1967) Religious Orientation Scales. The Intrinsic Scale was devised to measure a sincere and presumably healthy religious orientation whereas the Extrinsic Scale was designed to record a supposedly maladjusted use of religion as a means to more self-centered ends (Donahue, 1985). The discovery that some persons scored high on both scales led to procedures for identifying four religious orientation types. The Indiscriminately Proreligious display high scores on both scales. The Indiscriminately Antireligious exhibit low scores on both. Extrinsic, in contrast, are high only on the Extrinsic Scale, and Intrinsic are high only on the Intrinsic Scale.

In previous investigations, the “rationality” of all four types was examined, but in the present study, the analysis was simplified by concentrating only on the Intrinsic. Of the four types, Intrinsic alone or along with the Indiscriminately Proreligious self-report the strongest commitment to traditional Christian beliefs (e.g., “one must accept Jesus Christ as Lord and Savior to be saved from sin”). They also have offered the most consistent evidence of being psychologically adjusted (Watson, Morris, & Hood, 1989, 1990). A focus on the Intrinsic therefore seemed especially important for offering a potential challenge to Ellis’ hypothesis about the disturbing influences of “dogmatic” beliefs.

Study 1

The Irrational Beliefs Test (Jones, 1968) operationalizes ten irrationalities identified by Ellis (1962) as common causes of psychopathology. Eight of these irrationalities were examined in previous work (Watson, Morris, & Hood, 1993, 1994), and in the present study, the remaining Anxious Overconcern and Emotional Irresponsibility subscales were combined with the Irrational Beliefs Questionnaire (IBQ: Newmark, Frerking, Cook, & Newmark, 1973).

Anxious Overconcern (AO) refers to the “idea that if something is or may be dangerous or fearsome one should be terribly concerned about it and should keep dwelling on the possibility of its occurring” (Ellis, 1962, p. 75). The AO description of irrationality is illustrated by an agreement with the statement that “I worry a lot about certain things in my future.” The Emotional Irresponsibility (EI) subscale records the “idea that human unhappiness is externally caused and that people

have little or no ability to control their sorrows and disturbances" (Ellis, 1962, p. 72). The belief that "if a person wants to, he can be happy under almost any circumstances" exemplifies how the EI subscale defines an avoidance of this kind of irrationality. The Irrational Beliefs Questionnaire (IBQ) contains eleven items, one each for beliefs defined by Ellis (1962) as irrational.

Method

Subjects. Students enrolled in Introductory Psychology classes volunteered as the research participants. These 158 males and 193 females were 20.2 years old on average, and each received extra course credit for agreeing to take part in the study. Most students expressed affiliation with one Christian denomination or another with 39.3% Baptist, 13.4% Catholic, 12.0% Methodist, 6.3% Presbyterian, 4.3% Church of God, 4.0% Church of Christ, 6.3% "Other Protestant," and 14.4% simply "Other." Classification of all subjects into the four religious orientation types rested upon the use of norms defining "high" and "low" scores on both Religious Orientation Scales (Watson, Morris, & Hood, 1990). Of the 351 participants, 105 were Intrinsics, 116 Extrinsic, 40 Indiscriminately Proreligious, and 90 Indiscriminately Antireligious.

Procedure. All subjects were presented with the three measures of irrational beliefs followed by instruments monitoring Social Responsibility (Berkowitz & Lutterman, 1968), Self-Esteem (Rosenberg, 1965), Anxiety and Depression (Costello & Comrey, 1967), and a Communal Orientation (Clark, Ouellete, Powell, & Milberg, 1987). As in a companion project, use of these five psychological scales made it possible to explore strengths and weaknesses that might be associated with more communal and with more individualistic personality structures (Watson, Morris, & Hood, 1994).

After next responding to the Allport and Ross scales, subjects once again were presented the 31 AO, EI, and IBQ items, but with different instructions designed to determine if each item was consistent or inconsistent with personal religious commitments. Details of these procedures and of the associated data analyses have been discussed previously (Watson, Morris, & Hood, 1994). Interpretations of irrational beliefs were determined for the full sample and for each religious orientation type. Then the IBT subscales and the IBQ, scored both as RET and as intrinsically religious irrationalities, were correlated with each other, with the Allport and Ross scales, and with the five measures of self-functioning. Religious interpretations for the full sample and for the other three types also were examined, but these data supported no new conclusions beyond those developed in this and in previous investigations. Finally, type differences in self-functioning and irrationality were examined with a MANOVA and then with one-way ANOVA's followed by Student-Newman-Keuls post hocs ($p < .05$) where appropriate.

Results and Discussion

None of the 31 irrational belief items was assessed by the Intrinsics to be incompatible with religious commitments. Instead, nine of the EI statements offered a proreligious articulation of irrationality with one item eliciting a "balanced" reaction. For AO, seven proreligious and three "balanced" items were observed, and the IBQ yielded nine proreligious statements with one "balanced" and one "neutral" response (see Watson, Morris, & Hood, 1994, for definitions of these terms). Inter-correlations among all scorings of these beliefs proved to be positive and statistically significant (all r 's $\geq .17$, p 's $< .01$). Overall, these data most importantly

Table 1
Correlations of Rational-Emotive and Intrinsic Defined Irrationalities with Religious Orientation and with Measures of Psychosocial Functioning*

Types of Variables Scale	Rational-Emotive Measures			Intrinsic Type Measures		
	EI	AO	IBQ	EI	AO	IBQ
<u>Religious Orientation</u>						
Intrinsic Scale	-.21 ^c	-.11 ^a	-.10	-.24 ^c	-.08	-.11 ^a
Extrinsic Scale	.08	-.05	.32 ^c	.10	-.01	.34 ^c
<u>Psychosocial Functioning</u>						
Social Responsibility	-.14 ^a	-.06	-.30 ^c	-.15 ^b	-.08	-.30 ^c
Self-Esteem	-.26 ^c	-.33 ^c	-.27 ^c	-.25 ^c	-.36 ^c	-.27 ^c
Anxiety	.19 ^c	.37 ^c	.21 ^c	.17 ^b	.37 ^c	.22 ^c
Depression	.35 ^c	.26 ^c	.39 ^c	.35 ^c	.29 ^c	.39 ^c
Communal Orientation	-.15 ^b	.09	-.28 ^c	-.15 ^b	.09	-.29 ^c
^a p < .05 ^b p < .01 ^c p < .001 *Measures of irrationality are the Emotional Irresponsibility (EI) and Anxious Overconcern (AO) subscales from the Irrational Beliefs Test and the Irrational Beliefs Questionnaire (IBQ).						

supported previous demonstrations that religious and RET interpretations of irrationality can exhibit noteworthy commonalities.

Table 1 presents the correlations of the two sets of irrational beliefs with the measures of self-functioning and religious orientation. Both sets of irrationality served as valid operationalizations of pathogenic beliefs, and given the wide overlap between these two definitions of irrationality, their comparable predictiveness was of course expected.

An overall effect for types was observed in the MANOVA (Wilks' $F = 4.80$, $p < .001$). Results from the one-way ANOVA's once again identified Intrinsic as the healthiest group. In particular, Intrinsic were higher than the other three types in social responsibility and in a communal orientation, lower than Extrinsic and the Indiscriminately Antireligious in anxiety, lower than all three groups in depression, lower than Extrinsic and the Indiscriminately Antireligious on the EI subscale, and lower than Extrinsic and the Indiscriminately Proreligious on the IBQ [all F 's (3/347) ≥ 7.05 , p 's < .001]. Extrinsic also were lower than the Indiscriminately Antireligious on EI while the Indiscriminately Antireligious were lower than Extrinsic and the Indiscriminately Proreligious on the IBQ. No other post hoc comparisons proved to be reliable, and no significant differences were observed for AO or for self-esteem.

Ellis (1980, p. 637) has hypothesized about individuals that "the less religious they are, the more emotionally healthy they will tend to be." These ANOVA's once again challenged this claim. As noted previously, Intrinsic in largely Christian samples are at the highest levels in their self-reported commitment to traditional dogmas, and the Indiscriminately Antireligious are at the lowest level. As a consequence, Ellis presumably would predict that the Indiscriminately Antireligious should be more adjusted than Intrinsic. As in earlier studies, the opposite was true.

Study 2

Measures like the Irrational Beliefs Test and the Irrational Beliefs Questionnaire have been criticized for containing items that simultaneously refer to an “irrationality” and to the emotional distress supposedly produced by that irrationality (Smith, 1982). Correlations with maladapted self-functioning consequently can occur as an artifact produced by the emotional rather than the “irrational” cognitive content of questionnaire items.

The Survey of Personal Beliefs was developed to remedy this problem and also to operationalize irrationalities more recently identified by Ellis as being pathogenic (Demaria, Kassino, & Dill, 1989; Kassino, 1986; Muran, Kassino, Ross, & Muran, 1989). High scores on the Awfulizing Beliefs (AWF) subscale indicate that unfortunate life circumstances are seen as “terrible catastrophies.” Two other subscales “feature dictatorial demands and inflexible standards about how the world must be.” Self-Directed Shoulds (SDS) apply these demands to a person’s own life whereas Other-Directed Shoulds (ODS) apply them to other individuals. Low Frustration Tolerance (LFT) represents “an unrealistic perception that aversive situations cannot be tolerated or adapted to,” and Self-Worth (SW) reveals a generally negative “evaluation of a person’s total self, as opposed to specific behaviors or actions” (all quotes, Demaria, et al., 1989, p. 330). These five subscales were examined in the second study.

Method

Subjects. Two separate samples were utilized. All participants once again were Introductory Psychology students who earned extra course credit for their voluntary contributions to the project. The 188 males and 195 females from the first sample were 19.6 years old on average, and their ages ranged from 17 to 47. Self-reported religious affiliation was 49.1% Baptists, 10.7% Methodist, 10.2% Catholic, 5.7% Presbyterian, 5.0% Church of Christ, 3.4% Church of God, 7.0% “Other Protestant,” and 8.9% simply “Other.” In terms of religious orientation types, 125 were Intrinsics, 108 Extrinsics, 44 Indiscriminately Proreligious, and 106 Indiscriminately Antireligious.

The second sample consisted of 145 males and 174 females. Ages averaged 20.6 years and ranged from 18 to 46. No data relating to religion were obtained from this second sample because previous projects have suggested that explicit measurement of religious variables can influence the responding of some research participants, especially the Indiscriminately Proreligious (Hood, Morris, & Watson, 1990; Morris, Hood, & Watson, 1989). It consequently was of interest to explore the rational-emotive and religious “rationalities” of individuals who were completely unaware that religious issues were being investigated (Watson, Morris, Hood, & Folbrecht, 1990).

Procedure. Participants from the first sample responded to the Survey of Personal Beliefs followed by the Rosenberg Self-Esteem Scale and the Allport and Ross Religious Orientation Scales. Then the Survey of Personal Beliefs, with 10 items for each subscale, was presented again, but this time with the instructions that elicited religious evaluations of each statement. Analyses of the data followed those of the earlier studies. Religious interpretations of all irrationalities were defined statistically, and rational-emotive and Intrinsic irrationalities were correlated with each other, with religious orientation, and with self-esteem. A MANOVA followed by one-way ANOVA’s then ascertained if type differences appeared in the irrational belief subscales and in self-esteem.

In addition to the Survey of Personal Beliefs, the second sample responded to the Costello and Comrey Depression and Anxiety, the Social Responsibility, and the Communal Orientation Scales. Pseudoautonomy and Peer-Group Dependence Scales (Lapan & Patton, 1986) were also added as relevant to liabilities perhaps associated with more individualistic and with more communal personality structures, respectively. Pseudoautonomy monitors an arrogant and antisocial narcissism whereas Peer-Group Dependence records a self-immaturity characterized by a vulnerable demandingness upon others. While first designed for adolescent clinical populations, modified versions of these scales have proven to be valid measures of deficit self-functioning in undergraduate samples (Little, Watson, Biderman, & Ozbek, 1992; Sawrie, Watson, & Biderman, 1991; Watson, Biderman, & Boyd, 1989).

Along with the normal scoring procedures for all instruments, Intrinsic scorings for the Survey of Personal Beliefs were also created by using the item evaluations from the first sample. All measures obtained from the second sample then were intercorrelated.

Results and Discussion

For Intrinsic in the first sample, six AWF items were evaluated as antireligious while one was proreligious. Seven antireligious and three proreligious items appeared for SDS, and six antireligious and no proreligious statements were found in the ODS subscale. LFT included two antireligious and four proreligious assessments while SW contained one antireligious and six proreligious statements. All other items were "balanced," "neutral," or "polarized."

Intercorrelations of the various measures of irrationality in both samples revealed that the Survey of Personal Beliefs presented a highly coherent definition of irrationality. All five subscales displayed reliable positive intercorrelations (all r 's \geq .30, p 's $<$.001). In contrast, the Intrinsic produced an inconsistent description of irrationality. Intrinsic definitions of LFT and SW correlated positively with each other and with the original measures from the Survey of Personal Beliefs (r 's \geq .12, p 's $<$.05). However, positive intercorrelations among the other three Intrinsic subscales (r 's \geq .13, p 's $<$.05) were accompanied by negative relationships with all other measures of irrationality (r 's = -.13 to -.88, p 's $<$.05).

Table 2 compares the correlations of the two sets of irrationalities with the measures of self-functioning and religious orientation. Rational-emotive and Intrinsic scorings of these five beliefs were roughly equal in predicting self-esteem and depression. In contrast, the validity of the Intrinsic subscales appeared to be superior in correlations with Social Responsibility and with the Intrinsic Scale. Social Responsibility also displayed significant associations with lower depression ($r = -.39$), lower pseudoautonomy ($r = -.21$), and a stronger communal orientation ($r = .37$, p 's $<$.001); so, the Social Responsibility data could not be dismissed on grounds that this variable failed to measure an adaptive trait. Intrinsic interpretations also were slightly less likely than the Survey of Personal Beliefs to suggest that it is irrational to maintain a communal orientation. Finally, one of the Intrinsic, but none of the RET measures identified pseudoautonomy as irrational.

Other findings, however, indicated that rational-emotive understandings of these beliefs were superior. Specifically, the Survey of Personal Beliefs was identified as clearly more valid in correlations with the Extrinsic, Anxiety, and Peer-Group Dependence Scales. One or both of the Intrinsic-defined AWF and SDS subscales also yielded correlations indicating that religious beliefs might identify extrinsicness, anxiety, peer-group dependence, and pseudoautonomy as rational.

Table 2
Correlations of Rational-Emotive and Intrinsic Irrationalities* with Self-Esteem and Religious Orientation in Sample 1 (N=383) and with Other Measures of Psychosocial Functioning in Sample 2 (N=319)

Scales	Rational-Emotive Measures					Intrinsic Type Measures					
	AWF	SDS	ODS	LFT	SW	AWF	SDS	ODS	LFT	SW	
<u>Sample 1</u>											
Self-Esteem	-.06	.07	.03	-.15 ^b	-.15 ^b	.06	.02	-.07	-.14 ^c	-.18 ^c	
Intrinsic Scale	-.01	.09	.18 ^c	-.07	-.02	.05	-.02	-.21 ^c	-.12 ^a	-.08	
Extrinsic Scale	.06	.01	.09	.14 ^b	.22 ^c	-.06	-.14 ^b	-.06	.17 ^b	.16 ^b	
<u>Sample 2</u>											
Depression	.01	.03	.01	.19 ^b	.11 ^a	-.01	.08	.09	.25 ^c	.18 ^b	
Anxiety	.29 ^c	.19 ^b	.15 ^b	.38 ^c	.28 ^c	-.23 ^c	-.28 ^c	-.06	.48 ^c	.27 ^c	
Social Responsibility	.33 ^c	.36 ^c	.16 ^b	.04	.18 ^b	-.24 ^c	-.12 ^a	-.17 ^b	-.01	.09	
Communal Orientation	.15 ^c	.14 ^a	.09	.10	.08	-.10	-.06	-.06	.15 ^b	.04	
Pseudoautonomy	-.01	.02	-.07	.05	-.01	-.06	-.14 ^a	.18 ^b	.05	.05	
Peer-Group Dependence	.25 ^c	.21 ^c	.07	.19 ^b	.39 ^c	-.19 ^b	-.20 ^c	-.01	.25 ^c	.38 ^c	
^a p < .05						^b p < .01					^c p < .001
*Irrationalities include the Awfulizing Beliefs (awf), Self-Directed Shoulds (sds), Other-Directed Shoulds (ods), Low Frustration Tolerance (lft), and Self-Worth (sw) subscales of the Survey of Personal Beliefs.											

These data reconfirm the complexity of relationships between religion, rationality, and mental health. Previous studies have demonstrated that scales based upon rational-emotive assumptions can display inverse intercorrelations and can offer invalid descriptions of mental health, and the present study demonstrated that Intrinsic-defined subscales can do the same thing.

Earlier research also suggested that religious belief systems may be more sensitive to the advantages and disadvantages of a more communal personality whereas the rational-emotive perspective may illuminate a more individualistic model of mental health (e.g., Watson, Morris, & Hood, 1993). Additional support for this possibility was obtained when the Survey of Personal Beliefs, but not the Intrinsic subscales, indicated that it was irrational to be socially responsible. At the same time, rational-emotive irrationalities were superior to those of the Intrinsic in correlating positively with more dependent forms of self-immaturity, and indeed, two of the Intrinsic-defined subscales suggested that it is "rational" to have high levels of peer-group dependence.

The only finding that failed to conform with an analysis in terms of this communalism–individualism dimension was the inverse relationship between pseudoautonomy and the Intrinsic interpretation of SDS. Here, high levels of pseudoautonomy appeared to be a religious "rationality"; so, religious beliefs unexpectedly seemed congruent with a more individualistic form of narcissism. Another possibility may deserve consideration, however. Perhaps apparently irrational beliefs can have both rational and irrational implications. The unexpected inverse correlation with Pseudoautonomy might indicate that the religious SDS measure also included a "rational" element that worked against an arrogant and antisocial form of self-immaturity. The idea that traits might have positive effects within certain frames of reference and negative influences in others would be congruent with other work by Ellis and his colleagues (Leaf, DiGiuseppe, Ellis, Mass, Backx, Wolfe, & Alington, 1990).

Overall type differences appeared in the variables examined in the first sample (Wilks' $F = 1.93, p < .05$). Extrinsic and the Indiscriminately Antireligious were lower than the Indiscriminately Proreligious on the ODS subscale [$F(3/379) = 4.79, p < .01$], and Intrinsic were lower than the Indiscriminately Proreligious on SW [$F(3/379) = 4.17, p < .01$]. No other significant outcomes appeared for the Survey of Personal Beliefs nor for self-esteem. Among other things, these data again demonstrated that the Indiscriminately Antireligious could not be identified as more rational nor as psychologically healthier than the Intrinsic.

General Discussion

"Religiosity," Ellis (1980) has argued, "is in many respects equivalent to irrational thinking and emotional disturbance" (p. 637). He has not condemned all religion because a more liberal, less "absolutistic" faith may not be maladjusted (e.g., Ellis, 1981). On the other hand, commitment to theologically conservative beliefs presumably requires a believer to internalize dogmas that can serve as pathogenic irrationalities (e.g., Ellis, 1980, 1981, 1986). For research participants analyzed in terms of their affirmation of theologically conservative beliefs, it presumably remains true that the "less religious they are, the more emotionally healthy they will tend to be" (Ellis, 1980, p. 637).

The present studies conclude a series of investigations that have offered little

Table 3
 Number of Items from Scales Operationalizing Rational-Emotive Irrationalities that were Evaluated as Proreligious, Antireligious, or Other by Full Samples and by each Religious Orientation Type*

Group Assessing Irrational Belief Scale Items	Religious Interpretations of Beliefs		
	Proreligious	Antireligious	Other**
Full Sample	57	37	67
Intrinsics	83	50	28
Extrinsics	40	40	81
Indiscriminately Proreligious	41	29	91
Indiscriminately Antireligious	34	30	97

*The 161 items were the statements making up the Irrational Beliefs Test, the Irrational Beliefs Questionnaire, and the Survey of Personal Beliefs, and religious interpretations were obtained in the present and in two previous investigations (Watson, Morris, & Hood, 1993, 1994).

** Other evaluations involved items that proved to elicit "balanced," "neutral," or "polarized" reactions (see, Watson, Morris, & Hood, 1994, for definitions of these terms).

support for this analysis of religion, and comparisons between Intrinsics and the Indiscriminately Antireligious have been especially revealing (Watson, Folbrecht, Morris, & Hood, 1990; Watson, Morris, Hood, 1988, 1993, 1994; Watson, Morris, Hood, & Folbrecht, 1990). In largely Christian samples, Intrinsics reliably self-report stronger adherence to "absolutistic" Christian dogmas than do the Indiscriminately Antireligious (e.g., Watson, Morris, & Hood, 1989, 1990); so, the Indiscriminately Antireligious presumably should be healthier. Against this expectation, however, Intrinsics either were no different from or were more adjusted than the Indiscriminately Antireligious (also see, e.g., Watson, Morris, & Hood, 1989, 1990; Watson, Morris, Hood, & Biderman, 1990).

Another challenge to Ellis' position appeared when religious interpretations of putatively irrational beliefs were examined (Watson, Morris & Hood, 1993, 1994). Religious assessments of three irrationality questionnaires yielded the 161 interpretations summarized in Table 3. The Indiscriminately Antireligious identified the fewest number of proreligious and antireligious statements, an unsurprising outcome given the ambiguity of "religious" evaluations in the antireligious. Most importantly, however, Intrinsics offered the largest number of proreligious evaluations and also the highest percentage of proreligious interpretations once the more ambiguous "Other" category was eliminated. The more orthodox Intrinsics, in other words, exhibited the greatest rather than the least amount of agreement with rational-emotive operationalization of irrationality.

Also noteworthy is the fact that the Table 3 data may underestimate the agreement between the Intrinsic and rational-emotive perspectives. Ellis largely defines beliefs as "rational" in terms of their ability to promote emotional adjustment, and he simultaneously demands that assertions relating to mental health be support-

ed by empirical evidence (e.g., Ellis, 1962, 1980, 1981). In earlier studies, Intrinsic interpretations of several beliefs were empirically superior in predicting mental health than those based on RET (Watson, Morris, & Hood, 1993, 1994). From the standpoint of a commitment to empiricism, therefore, some of the "antireligious" terms presumably reflected rationalities for RET as well. Of course, the more valid Intrinsic interpretations of at least some beliefs further demonstrated that the orthodoxly religious cannot be characterized as uniformly and blatantly irrational.

At the same time, the Intrinsic system of practical rationality was not without its own liabilities. Just as RET definitions of irrationality have displayed inverse inter-correlations, so too did Intrinsic interpretations of the Survey of Personal Beliefs. Generally speaking, such data indicate that coherent and valid operationalizations of basic belief systems may require the careful efforts of both religious and antireligious researchers.

Future researchers may also need to determine if the mental health ideals of RET and of an intrinsic form of Christianity are associated with different strengths and weaknesses. Again, personality structures based on religion may have the advantages and disadvantages of a communal form of self-functioning whereas RET may emphasize an individualism that has its own positive and negative features (Watson, Morris, & Hood, 1993). Data from the Survey for Personal Beliefs offered additional support for this hypothesis. Again, RET scorings of these subscales implied that social responsibility is irrational, but Intrinsic interpretations found it to be rational. On the other hand, the RET-based subscales were much more valid in predicting anxiety and narcissistic dependency. Such data fit nicely into recent controversies over the role of individualistic assumptions in psychology and in RET (Cushman, 1991; Ellis, 1991; Sampson, 1988), and this issue clearly deserves additional research attention.

In conclusion, the practical rationalities of intrinsically religious Christians cannot easily be described as pathogenic, nor even as largely incompatible with RET. Contrasts do exist, but neither perspective is uniformly superior to the other in predicting mental health. "A tradition," MacIntyre (1988) has argued, "becomes mature just insofar as its adherents confront and find a rational way through or around those encounters with radically different and incompatible positions" (p. 327). Among other things, the present data imply that intrinsically religious Christians may need to develop a more "mature" understanding of the distinction between communal and individualistic forms of self-functioning, but the relative adjustment of Intrinsic also suggests that members of this tradition may have the ideological resources necessary to do so.

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Book Reviews

Rod Bassett

BRUISED & BROKEN. Paul Meier, Frank Minirth, and Donald Ratcliff. Grand Rapids, MI: Baker Book House, 1992. Reviewed by Don Wiger.

Bruised & Broken is an appropriate introductory text for those not trained in mental health, providing a basic reference in a variety of mental health concerns. The authors furnish scriptural references, case histories, and suggestions to help deal with many of the psychological problems addressed. It seems to be a combination of text and self-help.

The book is divided into 12 chapters in which the first two begin with the authors' definition of mental illness and an historical look at abnormality, holding that both Christians and nonbelievers may experience mental health concerns. A DSM overview aids the reader in understanding how mental health professionals categorize mental illnesses.

Three possible influences are stated as causing mental illness: 1) genetic factors, 2) early environmental factors, and 3) precipitating stress. Although all three of the factors receive mention when describing various mental illnesses, most of the emphasis seems to be on early environmental factors.

Chapters 3-11 describe nine different DSM diagnostic categories. These chapters include defining the disorders, symptoms, causes, case histories and treatment. In several instances scriptural examples of mental illness are mentioned.

Attempts to integrate psychology and religion are somewhat weak. The method used is generally quoting a scriptural passage in which a particular psychological phenomenon is mentioned, and subsequently labeling it with a psychological theory or diagnosis. That is, it generally does not link the psychological with the spiritual in an integrative manner.

For example, during a discussion about sleep disorders, several disorders are defined and categorized. Then, a number of Scriptures which simply mention sleep are listed without tying them in to the disorders. In another example schizophrenia/psychoticism are being described with a biblical analogy. The example given was the story of King Nebuchadnezzar's animal-like behavior. The authors label this as either schizophrenia or psychoticism. The biblical explanation of the etiology of the king's demise was God's intervention, not genetic, early environment, or present stress. Labeling the result of an act of God as a DSM disorder may be debatable to some, but it is suggested in this book, "God may correct by allowing psychological abnormalities" (p. 26).

The naive reader should be cautioned that a number of unsupported blanket statements about human nature are made throughout the book. Statements such as the following are not only based more on opinion than empirical research, but also potentially damaging to the families of persons with mental illness.

Specifically, the mothers of schizophrenics tend to be domineering, rejecting, overprotective parents who ignored the needs of their children ... The fathers of schizophrenic, in contrast, tend to be more distant and passive, uninvolved with his children. (p. 97)

If a little girl receives a lack of attention or inappropriate attention from her father, she is more likely to develop a histrionic personality. (p. 24)

Anger lies at the root of nearly all depression. (p. 36)

Most American marriages pair a compulsive male and a histrionic female. (p.227)

The last chapter describes the spiritual basis of emotional problems and the importance of finding an appropriate mental health professional. Christian counselors are suggested because of their biblical knowledge and understanding dealing with a client's spiritual dimension. Employing Christ as a resource and accepting Him receive primary focus.

Finally, several scriptural suggestions are outlined supplying direction how to grow spiritually and prevent psychological problems. Thoughtful examples in marriage, parenting and Christian love are provided.

This reviewer recommends this book as a helpful introduction to learning about psychological disorders. Several case histories are given as an aid to understanding diagnoses. But, the reader must be able to sequester research-supported material from opinion.

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THE HYPERACTIVE CHILD. Grant Martin. Wheaton, IL: Victor Books, 1992. Pp. 213, \$8.99. Pb. Reviewed by Tammy L. Ruch.

Raising a child in today's society taxes the resources of any parent. When that child has attention-deficit hyperactivity disorder (ADHD), the task can seem overwhelming. Drawing from his clinical experience with children in a school setting and in private practice, Dr. Grant Martin has written a book to encourage and aid parents in facing the unique challenges and demands of parenting an ADHD child.

In the professional literature on ADHD, controversies abound as to its definition, cause, and treatment. Martin attempts to summarize the various theories and models which have been proposed and to debunk some of the myths that have been perpetuated historically. He recommends that parents find a professional who will use a multimodal approach and draw on a variety of resources (i.e., medication, family therapy, educational alternatives, cognitive-behavioral interventions, etc.) to tailor a treatment plan for the specific needs of their child. He describes the tools which may be used in the assessment process and provides a rationale for the importance of a good evaluation.

A major strength of this book is that it empowers parents to become advocates for their child. It provides them with the information they need to take responsibility for ensuring that their child is getting all the help available to him or her. It helps them to understand the difficulties their child is having and thus join the child's team instead of scapegoating him or her. The problems parents of ADHD children experience are normalized, thus providing them with relief from the sense of failure and discouragement they may feel. Martin encourages parents to grieve and express their disappointment so that they can then move on to utilize the resources they need to cope with the problem. He devotes a chapter to each of these resources and how they can help: God and the church, the school system, the physician, skills their child can develop (such as self-control techniques), and par-

enting strategies.

Some practical ideas are given for dealing with an ADHD child in the home; however, I wish Martin would have included more specific details and sample dialogues to give parents a vivid picture of how to apply the techniques. Also, though he mentions the difficulties these children may have with their peers, he does not discuss ways parents can deal with these problems; nor does he address the issue of sibling rivalries, an important problem in any family with one child who has special needs.

Despite its limitations, this book is a good educational tool to recommend to Christian parents. It provides them with an overall basic understanding of ADHD and encourages them to become an active part of the treatment process.

* * *

STORYING OURSELVES. D. John Lee (Ed.). Grand Rapids: Baker Books, 1993. Pp. 311, Pb. Reviewed by Mark E. DeVries.

What a great idea, to compile the autobiographies of several prominent Christian psychologists into a single collection. Editor D. John Lee has embarked on a very worthwhile project here.

I say embarked because this volume is very mixed and only partially successful. Lee's introduction and epilogue nicely explain the importance of reflective autobiography and narrative and how they can facilitate the processes of personal growth, self-awareness and community-making.

Unfortunately, some of the contributors didn't grasp their assignment very well. A number of these essays seem quite wooden and rote, mere recitations of educational and vocational experience. Some are riddled with Christian truisms and superficial theological reflection.

Only three of these entries demonstrate any significant depth or artistry—all three incidentally by women. Vivian Nix-Early's "God's Child" reads like a short story with both plot and character development. Mary Vander Goot's "As I Recall" beautifully portrays the wonder and puzzlement so often experienced by insightful children growing up in Dutch Calvinist homes. And Hendrika Vande Kemp's "Adrift in Pain, Anchored by Grace" is a deeply soul-searching, self-revealing, and haunting piece of work.

I commend Dr. Lee for making this contribution. His summary of the possible benefits of "storying" oneself succinctly describes the transforming potential of autobiography. Unfortunately some of his contributors missed the mark.

* * *

Notice: The editors regret the small number of book reviews in this issue of the **JPC** in what has been, and continues to be, a very popular section of the journal. However, none of the preceding articles could be reduced in length without seriously detracting from the overall cohesiveness of this special issue on Rational-Emotive Therapy. Further, budget limitations precluded adding pages (a minimum of eight, because of the printing process) to this issue. The **Book Reviews** section will be up to its normal length in the next issue of the **JPC**.

* * *

MORE ANNOUNCEMENTS

A REMINDER: CAPS HAS MOVED!

The administrative office of CAPS was moved from Temecula, California to New Braunfels, Texas during the last week of June. As announced in recent issues of the *JPC*, Randolph ("Randy") K. Sanders, Ph.D., of New Braunfels, Texas was confirmed as the new CAPS Executive Director by the CAPS Board of Directors in early 1994 after a search and evaluation process lasting several months was completed by the ad hoc Search Committee for an Executive Director.

The new mailing address of CAPS is P.O. Box 310400, New Braunfels, TX 78131-0400. (1136 Spring Hill, New Braunfels, TX 78130 for UPS and FedEx deliveries). The telephone number is (210) 629-CAPS (2277), and a 24-hr. FAX line is (210) 629-2342.

The office of the *JPC* Managing Editor remains in Temecula, at least for a contract through 1996. Address, telephone and FAX information are on the masthead inside the front cover of this *JPC*.

PREVIOUS ISSUES OF JPC STILL AVAILABLE

Some--not all--of previous *Journal of Psychology and Christianity* issues are still available. The table below gives prices per copy, including handling and postage.

Vol. 13, No. 3 (Fall, 1994) \$8.75	Vol. 13, No. 2 (Summer, 1994) \$8.75	Vol. 13, No. 1 (Spring, 1994) \$8.75	Vol. 12, No. 4 (Winter, 1993) \$8.75
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Earlier issues that are out of stock are available in microfilm format from University Microfilms International, P.O. Box 1346, Ann Arbor, MI 48106-1346.

AIR MAIL SERVICE FOR JOURNAL AVAILABLE

If you're used to the time lag (up to six to eight weeks) for surface mail of the *JPC* to countries outside of North America, fine. However, if you want air mail service, it is available for an added fee of \$14.00 for all of Volume 14 (1995).

Send your check or money order to CAPS in USA funds, with your instructions, to CAPS, Inc., P.O. Box 310400, New Braunfels, TX 78131-0400, USA.

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