


2016

Christian Rational Emotive Behavior Therapy

Lucy C. Phillips

Liberty University, lphillips14@liberty.edu

Follow this and additional works at: http://digitalcommons.liberty.edu/fidei_et_veritatis

 Part of the [Clinical Psychology Commons](#), [Counseling Psychology Commons](#), and the [Counselor Education Commons](#)

Recommended Citation

Phillips, Lucy C. (2016) "Christian Rational Emotive Behavior Therapy," *Fidei et Veritatis: The Liberty University Journal of Graduate Research*: Vol. 1 : Iss. 2 , Article 4.

Available at: http://digitalcommons.liberty.edu/fidei_et_veritatis/vol1/iss2/4

This Article is brought to you for free and open access by DigitalCommons@Liberty University. It has been accepted for inclusion in Fidei et Veritatis: The Liberty University Journal of Graduate Research by an authorized editor of DigitalCommons@Liberty University. For more information, please contact scholarlycommunication@liberty.edu.

CHRISTIAN RATIONAL EMOTIVE BEHAVIOR THERAPY

By Lucy C. Phillips

Rational emotive behavior therapy (REBT) is a type of cognitive therapy (CT) that was created by Albert Ellis in the mid 1950s. Ellis was originally trained in person-centered therapy and psychoanalysis, but he abandoned those therapies because he believed they relied too much on the client's insight and did not emphasize taking action (Ellis, 2002). The frustration with these therapies led to the development of REBT (Ellis, 2002). In his work, Ellis incorporated ancient philosophy (e.g., Epictetus, Epicurus, stoicism) as well as modern philosophers including Paul Tillich, Immanuel Kant, and John Dewey (Druden, David, & Ellis, 2010; Ellis, 2002). He based REBT findings from philosophy that "people do not merely get upset by adverse life conditions, but instead often choose to disturb themselves about these adversities" (Ellis, 2002, p. 484). In other words, Ellis believed it was not the negative things that were occurring that led to his clients' mental and emotional disturbances, but rather their thoughts and beliefs about these events. The rational and logical thought processes in the work of these philosophers informed the way Ellis worked with clients to change thoughts (Ellis, 2002).

From an REBT perspective, an individual's thoughts and beliefs impact how they interact with the environment, which can cause problems for some individuals (Ellis, 2002). Rational emotive behavior therapy explores the adversities or activating events (A) that clients encounter, their beliefs (B), and consequences (C), while teaching clients to dispute (D) their irrational beliefs (Ellis, 2002). Beliefs can be considered rational beliefs (RB) or irrational beliefs (IB).

Although Ellis was a firm opponent of religion for much of his life and believed religion was associated with poor mental health (Ellis, 1960; Nielsen & Ellis, 1994), he seemed to soften or recant this view (Johnson, Ridley, & Nielsen, 2000). Ellis believed REBT could successfully be used with Christian clients of liberal or nonabsolutistic faith (Ellis, 2000). His thoughts related to the health of religious beliefs also seemed to change. Ellis (1999) wrote that the beliefs and values individuals hold are based on their environment, culture and family. These are not inherently IBs; rather IBs develop above and beyond the beliefs people learn from the world around them (Ellis, 1999). This suggests a multiculturally sensitive view that religion is not the cause of psychopathology. Ellis (2000) wrote, "My view now is that religious and nonreligious beliefs in themselves do not help people to be emotionally "healthy" or "unhealthy." Instead, their emotional health is significantly affected by the kind of religious and nonreligious beliefs they hold" (p. 30). Instead of seeing religion or spirituality as problems, he saw them later in his life as strengths for clients. Nielsen, Johnson, and Ellis (2001) write that REBT is an unbiased, constructivist approach, and its ideologies are closer to Christianity than other therapeutic models. Johnson (2001) notes that REBT techniques can be used with religious clients because the techniques are value-neutral.

BIBLICAL SUPPORT FOR RATIONAL EMOTIVE BEHAVIOR THERAPY

Many aspects of REBT and Christianity dovetail well together. First, common arguments made by Christians against REBT will be further explored, which will include biblical support for why these arguments are incorrect and reasons the Bible actually supports REBT. Next, similarities in how Scripture and REBT conceptualize human beings will be discussed, along with how Scripture supports the practice of challenging IBs.

Many Christians who oppose the idea of secular psychotherapy oppose REBT. This may be partially due to Ellis' outspoken anti-religious writings, hedonism, and use of profanity (Nielsen & Ellis, 1994). There are a few themes that are often mentioned by Christians when arguing against the use of REBT. Some Christians may believe REBT is incorrect because (1) sometimes God creates suffering, (2) Christians are commanded to strive to be perfect, and (3) Christians should experience guilt from time to time (Johnson, 2006). To refute the first belief, Johnson (2006) states God never creates evil or wishes it; therefore, God is not creating or wishing suffering on people. About the second belief, Johnson (2006) offers improved exegesis about the passage most often cited when discussing perfection: Matthew 5:48. Johnson (2006) believes this verse is about loving people even when it is challenging to love them, rather than the requirement of perfection from Christians. Regarding the third belief, Johnson (2006) differentiates remorse and guilt, concluding that remorse is healthy and encouraged by Scripture while guilt can contribute to depression and is not encouraged. Ellis (1999) writes that people should evaluate their actions as good or bad rather than themselves globally all good or all bad. For Christians, this holds true. Although some behaviors may be sinful and bring people apart from God, the grace of God and the creation of humanity in His image give people inherent value. According to Dryden, David, and Ellis (2010) "REBT shares with the philosophy of Christianity the view that we would do better to condemn the sin but forgive (or, more accurately, accept) the sinner" (p. 227).

The concept of rationality is a constant emphasis in REBT. Ellis (1999) states "Human beings are born with strong tendencies to be both rational and irrational, both self-helping and self-defeating" (p. 73). Similarly, Christians believe human beings can think rationally, which impacts the quality of people's lives (McMinn et al., 2011). The idea of sanctification, or the process of moving away from sin toward a holy life (Erickson, 2013), is similar to the way clients develop through CT (McMinn et al., 2011). As the Holy Spirit transforms people's thoughts and behaviors, REBT can help clients change these areas (McMinn et al., 2013).

Both REBT and Christianity emphasize change. For Christians, the Fall led to difficulty knowing God and having a relationship with Him. People must work to restore this relationship, strive to understand God's Word, and to become Christ-like. Similarly, Ellis (1999) believes people become habituated to IBs, negative affect, and behaviors. In the view of REBT, people are fallible and unlikely to become perfect due to our propensity to make errors (Dryden, David, & Ellis, 2010). This requires clients to do much hard work to create change during psychotherapy. Cognitive therapy emphasizes clients' mastery of skills. Likewise, Christians believe people are created to have dominion over the world, which should be meaningful and effective (McMinn et al., 2011). For Christians, it is important to remember God's help in developing competence and acknowledging that people cannot do these things alone (McMinn et al., 2011).

REBT underscores the acceptance of situations, people, and the world, as they are (Ellis, 1999). Mental and emotional health occurs when people accept themselves, others, and their life situations by acknowledging the negative parts of life and accepting them (Johnson, 2006). This is consistent with Christianity, in that Christians acknowledge how original sin created a state of the world in which sin pervades every aspect of people's lives. Just as God has unconditional love for us, Ellis (1999) seeks to promote the same type of unconditional self-acceptance.

Many different types of IBs exist in REBT, including *absolutistic demands* (or *musturbation*), *self- and other-rating*, *catastrophizing*, and *frustration intolerance* (Robb, 2001). Johnson (2006) describes people making demands, which are in God's control alone, leading to frustration and emotional problems for the individual. *Awfulizing* is when one sees events as completely bad, yet REBT teaches clients that bad things that happen are not terrible or earth

shattering. This is consistent with Romans 8:39, which tells readers nothing can separate people from God's love (Johnson, 2006). This means that situations may be very bad, but God's love endures through challenging times. Low frustration-tolerance is consistent with Scripture as well. Both REBT and the Bible assert that nothing is as bad as people may believe it is (Johnson, 2006). Because Christians have God's unconditional love, they are able to cope with stressful and terrible situations (Johnson, 2006). Another IB is negatively rating one's self and others (Robb, 2001). To refute this, REBT might say that a person is not bad, but his or her actions might be (Johnson, 2006) or that because the person is alive and human, they are inherently good (Ellis, 2000). Christians similarly believe that while one may be influenced by sin resulting in bad behaviors, all people are made in God's image; therefore, they are not inherently bad people (Johnson, 2006). Alternately, a Christian client could say to him or herself "because God accepts the sinner, though not his or her sins, I can accept myself" (Ellis, 2000, p. 32).

This section has explored ways that the Bible and REBT are similar. The way Scripture views human beings has some connections with REBT. The biblical message of accepting challenges and being nonjudgmental is also consistent with REBT. Overall, there appears to be biblical support for refuting IBs. The next section will explore differences between the Bible and REBT.

INCONGRUENCE OF RATIONAL EMOTIVE BEHAVIOR THERAPY AND CHRISTIANITY

There are a few problems integrating Christianity and REBT, including the emphasis on hedonism in early REBT. Also, Ellis conceptualizes psychopathology differently than many Christian counselors. In REBT, the therapist determines which thoughts are rational or irrational, which seems inconsistent with Scripture. These differences will be discussed below.

The way the Bible and REBT conceptualize 'the good life' is quite different. Ellis emphasized hedonism in his early work (Ellis, 1994), which is contrary to Christianity. Ellis seems to advocate for making decisions based on one's enjoyment, while Christianity sees an association between hedonistic behavior and sin. While Christians acknowledge that many people are self-seeking and self-serving when living apart from God, Christians also believe people are made in God's image; therefore, people can be loving, compassionate, and self-sacrificing (McMinn et al., 2011). Although on the surface these beliefs appear inconsistent, there is some commonality between REBT and Christianity on this matter. Ellis advocated for long-term pleasure in life by avoiding short-term pleasure (Ellis & Dryden, 1997). Likewise, Christians deny short-term pleasures while on earth in favor of long-term pleasure in heaven.

The focus on biological drives in REBT (Ziegler, 2000) suggests that decisions to avoid suffering are rational and choosing to suffer is irrational. There is logic in this argument even if the biological basis of behavior is removed. People and other animals tend to avoid experiencing pain and suffering. For some Christians, suffering can be an obligation, challenging, source of meaning, way to understand God's love, and a way to experience spirituality (Gantt, 1999). While Christian counselors may try to alleviate the suffering others experience, they do so by being compassionate, emulating Christ, and sharing in clients' suffering and grief (1 Cor. 12:25-26; Gantt, 1999). Christian counselors also help clients recognize that they are not alone, that there is meaning in their suffering, and that they can have hope in God (Gantt, 1999).

Another potential problem with the use of REBT in Christian counseling is the conceptualization of psychopathology. Ellis (1960) thought religion's emphasis on sin caused people to experience unnecessary mental and emotional difficulties. Christian counselors believe psychotherapy should explore sin and repentance because sin (due to the Fall) causes psychopathology (Johnson, 2010). There appears to be more common ground on this matter. Contrary to Ellis' perception of Christianity, some Christian counselors and pastors may emphasize the role of sin in the problems clients and parishioners present with, their own sinful actions may not necessarily be conceptualized as the source of psychopathology. The broken world in which we live may be the source of the problems these individuals face.

The source of knowledge differs in Christianity and REBT. In REBT, people are seen as having a tendency toward irrational thoughts, although they can choose their thoughts to more rational ones (Dryden, David, & Ellis, 2010). In REBT, the therapist is often the judge of what is true or rational. Ellis (2002) sees the role of therapists as showing clients what their IBs are, how the clients are creating these IBs, and how to think in a more rational way. Through REBT, therapists promote rational and realistic thinking, helping clients decrease strong negative affect and decreasing the frequency of future dysfunctional thoughts (Ellis, 1999). This emphasis on the clinician as the expert is particularly relevant in discussions of religious beliefs in session. In Ellis' early work (e.g., Ellis, 1961), he believed religious dogma was irrational and should be confronted in therapy (Nielsen & Ellis, 1994). Ellis doubted the veracity of the Bible (Nielsen & Ellis, 1994), which is a source of disagreement with Christians, who see the Bible as true and see God as the source of truth rather than mental health professionals. Christians argue that humans, by nature, have a limited understanding of what is true (Entwistle, 2010) so therapists as well as clients may struggle with determining what is rational. Furthermore, people tend to deceive themselves, especially when they are not in communion with God (Entwistle, 2010). For Christians, therapists are not experts on what is truth versus irrational beliefs. More modern REBT, on the other hand, tends to respect clients' religious and spiritual beliefs, choosing to refute them only if they are absolutist beliefs contributing to the client's neurosis (Nielsen & Ellis, 1994). This change in REBT over time seems to reduce the divide between Christianity and Ellis' original theory.

There are some discrepancies between Christian tenants and REBT, although these differences do not appear to be so large as to be incompatible. Practitioners of Christian REBT have overcome some of these problems. This will be discussed in the next section.

CHRISTIAN RATIONAL EMOTIVE BEHAVIOR THERAPY

Christian REBT (CREBT) differs from traditional REBT in a few important ways. The goal of CREBT is to help clients strengthen their faith, to reduce IBs, and to behave in ways that are more consistent with Christianity (Johnson, 1993; Priester, Khalili, & Luvathingal, 2009). The definitions of irrational and rational are different in CREBT and secular REBT; in CREBT, these definitions come from religious doctrine (Priester et al., 2009). In CREBT, the Bible is considered to be the source of truth and is used to dispute IBs (Johnson, 1993). Prayer may be used in session. CREBT recognizes the importance of afterlife and religious meaning, while secular REBT focuses more on the physical aspects of the individual (Woldemichael, Broesterhuizen, & Liegeois, 2013). The role of the therapist or pastor in CREBT includes providing care, counseling, or joining with the client in life challenges, while the secular REBT clinician is mostly a teacher (Woldemichael et al., 2013).

Therapeutic Techniques

The main therapeutic technique used in REBT is disputing IBs. Disputing uses three steps: helping the client to detect irrational beliefs, discriminating which beliefs are rational and irrational, and using rational coping statements (Ellis, 2002). Other REBT techniques include conducting a cost/benefit analysis, considering how others who coped with similar adversities would respond, psychoeducational work, problem-solving techniques, and identifying and resisting black and white cognitions (Ellis, 2002). For Christian counselors, the emphasis in all of the work is awareness of the client's community and culture when determining whether thoughts are IBs or RBs (McMinn et al., 2011).

Johnson (2001) describes two ways to do CREBT. Most clinicians can use general disputation, while clinicians who have training in working with religious clients and have knowledge of the client's religion can employ advanced disputation (Johnson, 2001). It may also be important to consider the client when deciding which method to use.

General disputation entails the clinician respectfully discussing the client's views about religion, collaboratively discussing with the client how these beliefs relate to the client's presenting concern, speaking with the client's religious leader, and seeking supervision if needed (Johnson, 2001). Therapists might ask clients what God, the Bible, or the client's religion says about a particular issue (Pearce & Koenig, 2013). Clinicians should avoid challenging the content of the client's religious beliefs (Johnson, 2001). Counselors can use the same words or metaphors that clients use when discussing religion (Robb, 2001). For Christian counselors, taking a non-expert stance is emphasized in general disputation. This may be more appropriate for Christians who are licensed mental health providers working with Christian clients in secular settings.

Advanced disputation begins with assessment of the client's religious beliefs, and then moves to the disputation phase of therapy (Johnson, 2001). The therapist does not dispute religious dogma, but might help the client better understand the doctrines of the client's religion (Johnson, 2001). In situations where clients are accurately using their religious beliefs in a way that leads to IBs, therapists can use other teachings from the client's faith to dispute the IBs (Robb, 2001). Clinicians may use Scripture in session to help clients who are engaging in selective abstraction (Johnson, 2001). Therapists should always incorporate the Bible in a way that is appropriate and sensitive to the client's beliefs (Pearce & Koenig, 2013). It is important to note that advanced disputation "poses more substantial risk of ethical wrong-doing and, possibly, harm to the client"

(Johnson, 2001, p. 45). This type of disputation seems more appropriate for Christian counselors or pastors who are counseling Christian clients in religious counseling centers or churches.

Writers on CREBT have listed scripture references to dispute particular IBs. To dispute *self- and other-rating*, Nielsen (1994) recommends processing the parable of the sheep and goats (Matt. 25:31-40) in session. He recommends other passages for clients to repeat to themselves (Eccles. 7:20, Rom. 3:23, and 1 John 1:8; Nielsen, 1994). Robb (2011) recommends additional passages to dispute judgment of self and others (Matt. 7:1, Matt. 5:7, Matt. 5:43-45, John 8:1-22, and Luke 23:34). There are religious antidotes to *should statements*. The commandments in the Bible are conditional and God gives people free will to choose for themselves whether they wish to follow these commands or not (Nielsen, 1994; Robb, 2001). For *awfulizing*, Nielsen (1994) recommends processing Ecclesiastes 3:1-2 to teach clients to tolerate discomfort. It is important to note that some biblical-based disputations will be ineffective with some clients (Robb, 2001). Christian counselors or pastors may select other Scripture passages that may be appropriate for the client's unique presenting problems.

Homework is usually used in CREBT. Johnson's (1993) CREBT treatment manual includes the following homework assignments: review the ABC model daily and read Bible passages that relate to IBs; create a list of the client's common IBs; make a list of Scripture passages that are contrary to IBs; make a list of truth statements that refute IBs; and allow the client to choose which techniques he or she will practice for homework. Bibliotherapy, the practice of assigning outside reading related to therapy as homework, may be used, including reading the Bible or other books, such as those by Ellis (Nielsen, 1994). Behavioral experimentation, in which the client experiments with new actions in his or her church, may be used (Nielsen, 1994). A homework assignment may be to find resources through the client's church to facilitate spiritual growth, increasing social support, and aid the client in changing his or her beliefs (Pearce & Koenig, 2013).

Christian REBT can also be used with Christian couples. Johnson (2013) described providing counseling to a Christian couple having arguments about when their new baby should be baptized. Rational emotive techniques were used to help the couple recognize their demandingness was at odds with their views of God's love toward them. As a result, the couple compromised on the issue.

Clinicians have many options for using CREBT. They can incorporate techniques from other models that are consistent with REBT (Johnson, 1993). They may choose between advanced or general disputation. Bible verses or parables can be used. CREBT can be used with individuals or couples. Lastly, there are many homework assignments to choose from. The next section will look at research supporting the use of CREBT.

EMPIRICAL SUPPORT FOR RATIONAL EMOTIVE BEHAVIOR THERAPY

There is a dearth of research on the efficacy of REBT with Christian clients. Two randomized trials were conducted that support the use of CREBT. Additional literature searches failed to discover more recent research or any other information on the efficacy of CREBT. The extant studies, along with research on Christian CBT and suggestions for future research, will be discussed in this section.

Johnson and Ridley (1992) compared the efficacy of traditional REBT with CREBT using a randomized design. Their participants were Christian adults ($N = 10$) with depression. They found that both traditional and CREBT were associated with decreased depressive symptoms and

fewer automatic negative thoughts (Johnson & Ridley, 1992). The participants who received Christian REBT demonstrated fewer IBs; however, the secular group did not demonstrate significant differences in IBs (Johnson & Ridley, 1992). Despite this difference, the authors concluded that there was no difference in efficacy between secular and Christian REBT treatment protocols (Johnson & Ridley, 1992).

Johnson, Devries, Ridley, Pettorini, and Peterson (1994) conducted a similar randomized experiment comparing REBT and CREBT but used a larger sample size ($N = 32$). Three participants dropped out of the CREBT group and no participants dropped out of REBT (Johnson et al., 1994). After eight sessions, participants in both the secular and CREBT conditions exhibited decreases in depressive symptoms (Johnson et al., 1994). There were no significant differences between the efficacies of the treatments, although the REBT group demonstrated greater reduction of symptoms immediately after the study and the CREBT group demonstrated greater reduction of symptoms at a three-month follow-up (Johnson et al., 1994). Although the research on CREBT is limited to a few studies and has relatively small sample sizes, this research provides support to the efficacy of CREBT. Christian counselors can incorporate Scripture and beliefs of Christianity into counseling sessions without concern that this might decrease the benefits the client would receive from therapy.

Since REBT and CBT have much in common, it may be useful to explore the efficacy of CBT with Christian populations. In a recent study conducted by Koenig and colleagues (2015), religious adults ($N = 132$) with depression and concurrent medical conditions were randomly assigned to secular or religious CBT. The religious CBT condition was similar to CREBT in that the client's religious beliefs were used to identify and dispute IBs. The authors found no significant differences in symptom reduction, response to treatment, remission rates, and changes in participants' functioning between the secular and religious CBT groups (Koenig et al., 2015).

There is a great need for researchers to continue studying Christian-based psychotherapies, especially those similar to CBT and REBT. Future research should continue to explore the efficacy of CREBT. Use of larger sample sizes, different settings, and use of clinician-rated measures (rather than self-report measures) may be beneficial. It may be interesting to compare CREBT's general and advanced disputation to determine if there is support for one technique over the other. It may benefit the field to better understand how congruence or differences in the client and therapist's religion affect treatment outcomes. It may also be helpful to the field if CREBT or religious CBT was examined in clients with treatment-resistant depression (Koenig et al., 2015). Last, research on third-generation cognitive behavior therapies (e.g., Acceptance and Commitment Therapy, Functional Analytic Psychotherapy, Dialectical Behavior Therapy, Cognitive Behavioral Analysis Systems of Psychotherapy) could be tailored for use with Christian clients; research on the efficacy of these Christian-adapted versions would be needed.

REFLECTION

Approximately 75% of Americans identify as Christian (Newport, 2015), yet many psychologists and researchers are much less religious compared to most Americans and some are even against religion (Entwistle, 2010). In counseling, it is considered a best practice for counselors not only understand a client's religious/spiritual (R/S) perspective, but also set therapy goals with these perspectives in mind and adapt therapy interventions to incorporate the client's R/S beliefs (Association for Spiritual, Ethical, and Religious Values in Counseling, 2009).

Historically there has been conflict between the cognitive-behavioral school of therapy and the Christian faith. It is possible to have detrimental results from this conflict. Non-religious clinicians counseling Christian clients might dispute the client's religious beliefs, which could damage the therapeutic relationship or result in the client having problems in their faith. Also, Christian clients may not seek help from trained psychotherapists, preferring instead to seek help from lay counselors who may not have adequate training in mental health or counseling. Christian-accommodative therapy offers a solution to the problems outlined above as well as integrating faith and evidence-based treatments.

Since many churches offer lay counseling (e.g., Steven Ministry), these lay counselors can learn through Christian-accommodative therapies about how to better serve the people they are helping. Also, pastors may benefit from understanding the background of CBRET in order to incorporate some of these interventions into their work with parishioners who are seeking guidance. The didactic nature of REBT may fit well with spiritual formation tasks of pastors. Indeed, Ellis (2000) wrote "a good number of members of Christian, Jewish, and other clergy have little trouble in using REBT principles in their counseling" (p. 30).

Since Scripture is the ultimate source of truth and discusses human nature, it is the ultimate authority on psychology (McMinn & Campbell, 2007). However, there are many topics related to mental health that the Bible does not address. For these questions, use of general revelation can be helpful in finding answers, such as REBT theory and interventions. The research on CREBT indicates the gap between Christianity and REBT, a historically secular psychotherapy model, may be smaller than previously imagined. This gives licensed mental health professionals as well as lay counselors and pastors good reason to incorporate these principles into their work.

As a licensed counselor who primarily practices cognitive-behavioral therapy and attended a secular university prior to my current studies at Liberty University, I had little training in how to integrate Christian faith into CBT. Christian-accommodative therapy offers a solution to the problems outlined above as well as my lack of training in integrating faith and evidence-based treatments. Going forward, I believe I am better prepared to counsel Christian clients using CREBT techniques.

The research on CREBT is important for many reasons. First, it is beginning to bridge the gap between Christian scholarship and psychology research, which had previously been two separate fields. For many Christian counselors, "all truth is God's truth" so "there is a basic unity between all disciplines" (Carter & Narramore, 1979, p. 14). Also, as Christians, we are commanded to care for others. Christian counselors who incorporate evidence-based treatments into psychotherapy are working towards more competent treatment of their clients.

CONCLUSION

It appears that there is a fair amount of biblical support for CREBT; however some minor differences between Christian doctrine and REBT exist. A strength of CREBT is its flexibility; clinicians can incorporate many techniques and other types of therapy that are consistent with REBT. While CREBT has had few randomized clinical trials, research suggests CREBT may be an effective treatment for Christians with depression. There is a great need for further research on CREBT as well as Christian-accommodated third wave cognitive-behavioral therapies in order to meet the needs of Christians who are experiencing psychosocial stressors, relationship problems, and a variety of mental health symptoms.

References

- Association for Spiritual, Ethical and Religious Values in Counseling. (2009). *Spiritual competencies: Competencies for addressing spiritual and religious issues in counseling*. Retrieved from <https://www.aservic.org/resources/spiritual-competencies/>
- Carter, J. D., & Narramore, B. (1979). *The Integration of Psychology and Theology: An Introduction*. Grand Rapids, MI: Zondervan.
- Dryden, W., Davis, D., & Ellis, A. (2010). Rational emotive behavior therapy. In K. S. Dobson (Ed.) *Handbook of cognitive-behavioral therapies* (3rd ed.). New York, NY: Guilford Press.
- Ellis, A. (2002). Rational emotive behavior therapy. In M. Hersen & W. Sledge (Eds.) *Encyclopedia of psychotherapy* (Vol.2), (pp. 483-487). Elsevier.
- Ellis, A. (2000). Can rational emotive behavior therapy (REBT) be effectively used with people who have devout beliefs in God and religion? *Professional Psychology: Research and Practice*, 31(1), 29-33. doi:10.1037//0735-7028.31.1.29
- Ellis, A. (1999). Early theories and practices of rational emotive behavior therapy and how they have been augmented and revised during the last three decades. *Journal of rational-emotive & cognitive-behavior therapy*, 17(2), 69-93.
- Ellis, A. (1961). *The case against religion*. [Cassette recording]. New York: Institute for Rational-Emotive Therapy.
- Ellis, A. (1960). There's no place for the concept of sin in psychotherapy. *Journal of Counseling Psychology*, 7(3), 188-192. doi:10.1037/h0048184
- Ellis, A., & Dryden, W. (1997). *The practice of rational emotive behavior therapy* (2nd ed.). New York, NY: Springer.
- Entwistle, D. N. (2010). *Integrative approaches to psychology and Christianity: An introduction to worldview issues, philosophical foundations, and models integration* (2nd ed.). Eugene, OR: Cascade Books.
- Erickson, M. J. (2013). *Christian Theology* (3rd ed.). Grand Rapids, MI: Baker Academic.
- Gantt, E. E. (1999). Hedonism, suffering, and redemption: The challenge of Christian psychotherapy. *AMCAP Journal*, 24(1), 52-79. Retrieved from <https://ojs.lib.byu.edu/spc/index.php/IssuesInReligionAndPsychotherapy/article/view/424/402>
- Koenig, H. G., Pearce, M. J., Nelson, B., Shaw, S. F., Robins, C. J., Daher, N. A., ... and King, M. B. (2015). Religious vs. conventional cognitive behavioral therapy for major

- depression in persons with chronic medical illness: A pilot randomized trial. *Journal of Nervous and Mental Disease*, 203(4), 243-251. doi:10.1097/NMD.0000000000000273.
- Johnson, E. L. (2010). A brief history of Christians in Psychology. In E. L. Johnson *Psychology & Christianity: Five views* (2nd ed.). Downers Grove, IL: InterVarsity Press.
- Johnson, S. A. (2013). Using REBT in Jewish, Christian, and Muslim couples counseling in the United States. *Journal of Rational-Emotive Cognitive-Behavior Therapy*, 31, 84-92. doi:10.1007/s10942-013-0161-4
- Johnson, S. (2006). The congruence of the philosophy of Rational Emotive Behavior Therapy within the philosophy of mainstream Christianity. *Journal of Cognitive and Behavior Psychotherapies*, 6(1), 45-55.
- Johnson, W. B. (2001). To dispute or not to dispute: Ethical REBT with religious clients. *Cognitive and Behavioral Practice*, 8, 39-47.
- Johnson, W. B. (1993). Christian rational emotive therapy: A treatment protocol. *Journal of Psychology and Christianity*, 12(3), 254-261.
- Johnson, W. B., Devries, R., Ridley, C. R., Pettorini, D., & Peterson, D. R. (1994). The comparative efficacy of Christian and secular rational-emotive therapy with Christian clients. *Journal of Psychology and Theology*, 22(2), 130-140.
- Johnson, W. B., & Ridley, C. R. (1992). Brief Christian and non-Christian rational-emotive therapy with depressed Christian clients: An exploratory study. *Counseling & Values*, 36(3), 220-229. doi:10.1002/j.2161-007X.1992.tb00790.x
- Johnson, W. B., Ridley, C. R., & Nielsen, S. L. (2000). Religiously sensitive rational emotive behavior therapy: Elegant solutions and ethical risks. *Professional Psychology: Research and Practice*, 31(1), 14-20.
- McMinn, M. R., & Campbell, C. D. (2007). *Integrative Psychotherapy: Toward a Comprehensive Christian Approach*. Downers Grove, IL: InterVarsity Press.
- McMinn, M. R., Jones, S. L., Vogel, M. J., & Butman, R. E. (2011). Cognitive therapy. In S. L. Jones & R. E. Butman (Eds.), *Modern psychotherapies: A comprehensive Christian appraisal* (2nd ed.) (201-260). Downers Grove, IL: IVP Academic.
- Newport, F. (2015). *Percentage of Christians in U.S. drifting down, but still high*. Retrieved from <http://www.gallup.com/poll/187955/percentage-christians-drifting-down-high.aspx>
- Nielsen, S. L. (2001). Accommodating religion and integrating religious material during rational emotive behavior therapy. *Cognitive and Behavioral Practice*, 8, 34-39. doi:10.1016/S1077-7229(01)80041-9

- Nielsen, S. L. (1994). Rational-emotive behavior therapy and religion: Don't throw the therapeutic baby out with the holy water! *Journal of Psychology and Christianity*, 13(4), 312-322.
- Nielsen, S. L., & Ellis, A. (1994). A discussion with Albert Ellis: Reason, emotion and religion. *Journal of Psychology and Christianity*, 13(4), 327-341.
- Pearce, M., & Koenig, H. G. (2013). Cognitive behavioural therapy for the treatment of depression in Christian patients with mental illness. *Mental Health, Religion, & Culture*, 16(7), 730-740. doi:10.1080/13674676.2012.718752
- Priester, P. E., Khalili, S., & Luvathingal, J. E. (2009). Placing the soul back in psychology: Religion in the psychotherapy process. In S. Eshun and R. A. R. Gurung (eds.) *Culture and Mental Health: Sociocultural Influences, Theory, and Practice*. Oxford, UK: Wiley-Blackwell. doi:10.1002/9781444305807.ch6
- Robb, H. B., III (2001). Facilitating rational emotive behavior therapy by including religious beliefs. *Cognitive and Behavioral Practice*, 8, 29-34. doi:10.1016/S1077-7229(01)800407
- Scharf, R. S. (2008). *Theories of psychotherapy and counseling: Concepts and cases* (4th ed.). Belmont, CA: Cengage Learning.
- Woldemichael, M. T., Broesterhuizen, M., & Liegeois, A. (2013). Christian pastoral care and psychotherapy: A need for theoretical clarity. *Journal of Pastoral Care & Counseling*, 67(4), 1-13. doi:10.1177/154230501306700406
- Ziegler, D. J. (2000). Basic assumptions concerning human nature underlying rational emotive behavior therapy (REBT) personality theory. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 18(2), 67-85.