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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-

structivist 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; McMin, 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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